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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### **WALK IN**

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#### COVER LETTER

TO:	Registration Section Division of Corporation	s					
eunara	PMAK West Palm I	Beach 5325 LLC					
SUBJE		Name of l	imited Liability C	Company			
The enci	losed "Application by For ee, and check are submitte	eign Limited Liability Comp d to register the above refere	any for Authoriza need foreign limit	tion to Tra ed liability	nsact Business in Florida,' company to transact busin	' Certific ness in Fl	ate of lorida
Please re	eturn all correspondence c	oncerning this matter to the	following:				
	Erika Yess						
		Na	ame of Person		Ĭ,	2019	
	Kayne Anderse	on Real Estate Advisors, LLC	:		ĂLLAH,	9 SEP	•
		Fi	rm/Company		(2)*	· <u>-</u>	;
	One Town Cen	ter Road, STE 300			ASSEE, FLURIDA	2019 SEP 11 PM 4: 42	:
			Address		5:	<u> </u>	i,
	Buca Raton, FI	. 33486			167	42	
	<del></del>	City/S	tate and Zip Code			-	
	eyess@kaynccat	oital.com					
		E-mail address: (to be used	for future annual	report not	ification)	-	
For furt	her information concernin	g this matter, please call:					
	Erika Yess		561 at (	300-62	85		
	Name o	of Contact Person	Area Code	Day	time Telephone Number	-	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section cuilding ecutive Center Circle see, FL 32301		
Enclose	d is a check for the follow   \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filio	_	□ \$160.00 Filing Fee, Of Status & Certified Co		c

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company." "L.L.C." or "LLC.")  Delaware    Under first transacted business in Florida if prior to registration.	PMAK West Palm Be	each 5325, LLC reign Limited Liability Company; must include "Lim	ited Liability Company," "L.L.C.," or	"(1 C")
(Our sulction under the law of which foreign limited liability supplicable)  (Date first transacted business in Florida, if prior to registration.)  (Date first transacted business in Florida, if prior to registration.)  (Date first transacted business in Florida, if prior to registration.)  (See sections 6015,0904 & 605,0905, F.S. to determine penalty liability)  (Doe Town Center Road, STE 300, Boca Raton, FL 33486  (Street Address of Principal Office)  (Street Address of Principal Office)  (Natiling Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  NRAI Services, Inc.  Office Address:  1200 South Pine Island Road  Pluntation  (City)  Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this cupacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.  NRAI Services-Inc.  By:  (Registered agent's signature)  (Registered agent's signature)  (Registered agent's signature)	(If name unavailable, enter a	alternate name adopted for the purpose of transacting		
(City)  Registered agent's acceptance:    1200 South Pine Island Road   Plantation   Plantation		3.		
One Town Center Road, STE 300, Boca Raton, FL 33486  (Street Address of Principal Office)  6. c/o Kayne Anderson Real Estate Advisors, LLC  One Town Center Road, STE 300, Boca Raton, FL 33486  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  NRAI Services, Inc.  Office Address:    1200 South Pine Island Road	company is organized)	v of which foreign limited liability	(FEI number, if applicable)	- 2
One Town Center Road, STE 300, Boca Raton, FL 33486  (Street Address of Principal Office)  6. c/o Kayne Anderson Real Estate Advisors, LLC  One Town Center Road, STE 300, Boca Raton, FL 33486  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  NRAI Services, Inc.  Office Address:    1200 South Pine Island Road	4. UPON FILING			019 AL
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(Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: NRAI Services, Inc.  Office Address: 1200 South Pine Island Road  Plantation Florida 33324  (City) (City)  Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.  NRAI Services-Inc.	5. c/o Kayne Anderson F	Deal Prints Advisors 11.0	• • •	P I
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Name:  Office Address:    1200 South Pine Island Road   Plantation   Florida   33324   (Zip code)		(Mailing Address)	<del></del>	-
Name:  Office Address:    1200 South Pine Island Road   Plantation   Florida   33324   (Zip code)	7. Name and street address	ss of Florida registered agent: (P.O. Box NOT	acceptable)	
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8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Meegan T. Motisi, Authorized Person	Having been named as re this application, I hereby with the provisions of all	otance:  egistered agent and to accept service of process  accept the appointment as registered agent an  statutes relative to the proper and complete per  ition as registered avent.	for the above stated corporation	Armelama massam da
(Registered agent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Meegan T. Motisi, Authorized Person	В		\aa C.	11 Or.1 C
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Meegan T. Motisi, Authorized Person		(Registered agent's sign	nature)	46// / My. S
1 Town Center Road, Suite 300		acity and address of the person(s) who has/have		
	l Town Center Road, Suit	te 300		<del></del>
Boca Raton, FL 33486	Boca Raton, FL 33486			
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)	Jurisdiction under the law (	or which it is organized. (If the certificate is in a	thenticated by the official having c foreign language, a translation of	ustody of records in the the certificate under oath
milaon mala		milam mais		
Signature of an authorized person		Signature of an authorized	person	
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	This document is executed submitted in a document to	in accordance with section 605 0203 (1) (b) Fit	orida Statutes I am aumo that only	false information
Meegan T. Motisi			ee leiony as provided for in \$.817.	155, F.S.

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PMAK WEST PALM BEACH 5325, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TENTH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PMAK WEST PALM BEACH 5325, LLC" WAS FORMED ON THE NINTH DAY OF SEPTEMBER A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN.

ASSESSED TO DATE.

Authentication: 203566398

Date: 09-10-19