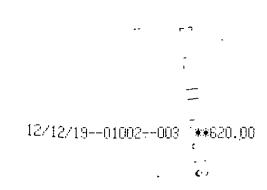
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(Ad	ddress)				
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PICK-UP	MAIT	MAIL			
(B	usiness Entity Nam	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

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CORPORATE ACCESS, _

When you need ACCESS to the Frld

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

XX	CERTIFIED COPY		
	РНОТОСОРУ		2019 DEC
	CUS		EC I
xx	FILING	FOREIGN	
	KAPG ST. AUGUSTIN	E SENIOR HOUSING OPCO (LEUMENT #)	C STATES STATES
(4	CORPORATE NAME AND DOC	TUMENT #)	
((CORPORATE NAME AND DOC	TUMENT #)	<u> </u>
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	CORPORATE NAME AND DOC	UMENT #)	
((CORPORATE NAME AND DOC	UMENT #)	

COVER LETTER

то:	Registration Section Division of Corporation	005					
SUBJE	KAPG ST. AUGU	STINE SENIOR HOUSING	OPCO, LLC				
		Name of	Limited Liability	Company			
The enc Existen	losed "Application by Fo	oreign Limited Liability Com ed to register the above refer	pany for Authoriza enced foreign limi	ation to Tra ited liabilit	ansact Business in cy company to trans	Florida," C sact busines	Certificate of ss in Florida
Please r	eturn all correspondence	concerning this matter to the	following:				
	Erika Yess						
	Kayne Anders	N on Real Estate Advisors, LL	ame of Person		TALL	2019 DEC 11	'=ï' 1
			irm/Company		- ASS	E 1	
	One Town Cer	nter Road, STE 3(X)			ļ.,	75. PR	П
			Address		r 0	PH 4: 45	U
	Boca Raton, F	L 33486			į.	5 5	١
		City/S	itate and Zip Code				
	eyess@kayneca	pital.com					
		E-mail address: (to be use	d for future annual	report no	tification)		
For furt	ner information concernir	ng this matter, please call:					
	Erika Yess		561 at (300-62	85		
	Name o	of Contact Person	Area Code	Day	time Telephone N	umber	
	MAILING ADDRESS: Division of Corporation: Registration Section P.O. Box 6327 Tallahassee, FL 32314	i S		Division Registrat Clifton B 2661 Exc	I ADDRESS: of Corporations ion Section Building ecutive Center Circ see, FL 32301	ele	
Enclosed	is a check for the follow ☐ \$125.00 Filing Fee	ving amount: S130.00 Filing Fee & Certificate of Status	S155.00 Filit Certified Copy	ng Fee &	☐ \$160.00 Filin of Status & Cert		ificate

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

IN COMPLANCE WITH SECTION 605-0502, FLORIDA STATUTES, THE FOLLOWING INSUBMITTED TO REGISTER A FOREIGN TIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA

	NE SENIOR HOUSING OPCO, LLC		
(Name of Force	rign Limited Liability Company; must include	"Limited Fiability Company," "L.I.	C.," or "L1 (C.")
Of name unavailable, enter al Liability Company," "L.L.C.	ternate name adopted for the purpose of transa" or "LLC.")	neting business in Florida. The altern	nate name must include "Limited
, Delaware	3		
(Jurisdiction under the law company is organized)	er the law of which foreign limited liability (FEI number, if applicable) anized)		
4. UPON FILING			•
	(Date first transacted business in Flor (See sections 605,0904 & 605,0905, F.S		7. 29
5. c/o Kayne Anderson R	eal Estate Advisors, LLC	- to determine penalty nativity	FILE
One Town Center Road	d, STE 300, Boca Raton, FL 33486		
	(Street Address of Principal C	Office)	- I
6. c/o Kayne Anderson Re	eal Estate Advisors, LLC		THE P
One Town Center Road	d, STE 300, Boca Raton, FL 33486		PH 4: 45
	(Mailing Address)		Total in
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	NRAI Services, Inc.		
Office Address:	1200 South Pine Island Road	 	
	Plantation	, Florida 33324	
	(City)	(Zip co	xie)
this application, I hereby with the provisions of all s the obligations of my posi	gistered agent and to accept service of practice of practice accept the appointment as registered agestatutes relative to the proper and completion as registered agent. NRAI Services.	nt and agree to act in this capua ete performance of my duties, at . Inc.	city. I further agree to comply nd I am familiar with and accept
	(Registered agent	i's signature) Soque Gs	well, Asst. Jan.
8. The name, title or capa	icity and address of the person(s) who has		• ,
Meegan T Motisi, Author			
1 Fown Center Road, Suit	e 300		
Boca Raton, FL 33486			
9. Attached is a certificate jurisdiction under the law of the translator must be su	of existence, no more than 90 days old, do of which it is organized. (If the certificate abmitted) Signature of an auth	is in a foreign language, a transla	naving custody of records in the ation of the certificate under oath
This document is executed	•		de la companya de la
submitted in a document to	in accordance with section 605.0203 (1) (the Department of State constitutes a third	(0), riorida Statutes, I am aware t d degree felony as provided for it	inat any false information n s.817,155, F.S.

Typed or printed name of signee

Meegan T. Motisi

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "KAPG ST. AUGUSTINE SENIOR HOUSING

OPCO, 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 ELEVENTH DAY OF DECEMBER,

A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KAPG ST.

AUGUSTINE SENIOR HOUSING OPCO, LLC" WAS FORMED ON THE TENTH DAY OF

DECEMBER, A.D. 2019.

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

Authentication: 204190051

Date: 12-11-19

7744522 8300 SR# 20198571278