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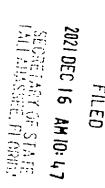


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COVER LETTER

TO: F	Registration Section Division of Corporations	
SUBJECT	DELRAY MP RK6, LLC	
		e of Limited Liability Company
	and the register tile above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.
Please retu	irn all correspondence concerning this matter t	o the following:
	Meegan T. Motisi	
		Name of Person
	Kayne Anderson Real Estate	
		Firm/Company
	One Town Center Road, 3rd Fl	
		Address
	Boca Raton, FL 33486	
	С	ity/State and Zip Code
	mmotisi@kaynecapital.com	
	E-mail address: (to be	used for future annual report notification)
For further	information concerning this matter, please cal	l:
Er	rika Yess	561 300-6285
	Name of Contact Person	at () Area Code Daytime Telephone Number
Re Di P.0	ailing Address: egistration Section ivision of Corporations O. Box 6327 illahassec, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Ple	closed is a check for the following amount: ease make check payable to: FLORIDA DEP/ \$125.00 Filing Fee Certificate of	& 🗍 \$155.00 Filing Fee & 🗍 \$160.00 Filing Fan Comit

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

IN COMPLEMEE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN, LIMITED HABILITY.
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Name of Foreig	in Limited Liability Company, must include "Limit	ird Liability Company,"	"L I. C ," or "LI.C ")		
ame unavailable enter alterna-	Commandant Control				
Pelaware	n name adopted for the purpose of transacting business in	Florida, The alternate name	must include "Limited Liabi	lity Company," "L.L.C," or "ELC	C ")
		7			
Curisdiction under the law of	which foreign limited liability company is organized)	3	(FEI number,	(Capolicable)	
Upon Filing				,,,,,,	
	(Date that transacted business in Florida, if prior to (Son sections 605 0904 & 605 0905, F.S. to determ	o registration)			
c/o Kayne Anderson I		mae penutry hability)			
t Address of Principal Office)		6.			
or rancipal Crines)		(Marting	R Address)		
ne Town Center Roa	ıd, 3rd Fl				
					
Boca Raton, FL 33486					
·					
				772	
lame and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)		121	
		,		조취 유	
	NRAI Services, Inc.			五元 <u>C</u>	٠
Name:				三 資料 6	<u>;=</u>
	1200 South Pine Island Road			- S	
Office Address:				温気量	_
	Plantation			용기유	
	Plantation	***	33324	ララ 5	
	(City)	Flo	(Aip code)	_	
			(rap asce)		
stered agent's asses					
istered agent's accep	distance account and an			m	
ing been named as re Rnated in this applica	gistered agent and to accept service of p	rocess for the abov	e stated limited liab	uity company at the pla	uce
ing been named as re nated in this applicat mply with the provisi	gistered upent and to accept service of p tion, I hereby accept the appointment as ons of all statutes educing as the	rocess for the above registered agent at	e stated limited liab nd agree to act in th	uny company at the pla is capacity. I further a	uce agre
ing been named as re nated in this applicat mply with the provisi	gistered upent and to accept service of p tion, I hereby accept the appointment as ons of all statutes educing as the	rocess for the abov registered agent a and complete perfo	e stated limited liab nd agree to act in th ermance of my dutle	utty company at the pla is capacity. I further a s, and I am fumiliar w	uce agre ith
ng been named as re nated in this applicat mply with the provisi	gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper of tof my position as registered agent.	rocess for the abov registered agent a and complete perfo	e stated limited liab nd agree to act in th ormance of my dutie	uty company at the pli is capacity. I further o s, and I am familiar wi	uce agre ith
ng been named as re nated in this applica mply with the provisi accept the obligations	gistered upent and to accept service of p tion, I hereby accept the appointment as ons of all statutes educing as the	and complete perfo	na agree to act in the irmance of my dutie	ils capacity. I further o s, and I am fumiliar wi	uce agre ith
emply with the provisi accept the obligations	gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper of of my position as registered agent. NRAL Services, Inc.	and complete perfo	e stated limited liab. Ind agree to act in the formance of my dutie. O Awi: Ass. Ass. Sec.	ils capacity. I further o s, and I am fumiliar wi	uce agri ith

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity; Name and Address: Title or Capacity: Name and Address: Name: Meegan T. Motisi □ Manager □Manager Address: One Town Center Road, 3rd F! □Member ☐ Member Address: Boca Raton, FL 33486 Authorized ☐ Authorized Person Person □Other__ □Other____ □Other____ Other____ ☐ Manager Name: □Manager Name: □Member Address: □Member Address: \square Authorized ☐ Authorized Person Person ☐Other____ □Other____ □Other____ □Other___ □Manager Name: □ Manager Name: ____ ☐ Member Address: ☐ Member Address: ☐ Authorized □ Authorized Person Person Other____ ☐ Other_____ □Other____ Important Notice; Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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 10. 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. Meegan T. Motisi Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DELRAY MP RK6, 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 SIXTEENTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DELRAY MP RK6, LLC" WAS FORMED ON THE NINTH DAY OF DECEMBER, A.D. 2021.

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

Authentication: 204995935

Date: 12-16-21

6463216 8300 SR# 20214113780