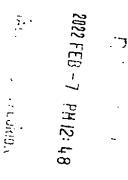
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-	Ocala 2020 APL RKC, LI	LC MENT #)
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#### COVERLETTER

Re <sub>l</sub> Div	gistration Section issued of Corporations	
SJECT:	Ocala 2020 APL RKC, LLC	
	Nar	me of Limited Liability Company
enclosed tence, ar	I "Application by Foreign Limited Liability and check are submitted to register the above	y Company for Authorization to Transact Business in Florida," Certifical ereferenced foreign limited liability company to transact business in Florida.
se return	all correspondence concerning this matter	to 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	
	C	City/State and Zip Code
	mmotisi@kaynecapital.com	
	E-mail address: (to be	e used for future annual report notification)
irther inf	formation concerning this matter, please cal	
	Yess	561 300 6285
	Name of Contact Person	Area Code Daytime Telephone Number
Regi Divi: P.O.	ng Address: stration Section sion of Corporations Box 6327 shassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Picase	sed is a check for the following amount: make check payable to: FLORIDA DEP/ 25.00 Filing Fee S130.00 Filing Fee Certificate of	ARTMENT OF STATE  *

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

IN COMPLENCE BITTLESECTION (05/080), FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMBED L'ABIUTY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA Ocaia 2020 APL RKC, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C., "or "LLC.") (If name unavailable, enter afternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Leability Company," "1, 1, 1, 1, 1 or "E ( C\* ) Delawate ilurisalistion under the law of which foreign limited liability company is negatized) Upon Filing c/o Kayne Anderson Real Estate (Siree) Address of Principal Office) One Town Center Road, 3rd Fl Boca Raton, FL 33486 7 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NRAI Services, Inc. Name: 1200 South Pine Island Road Office Address: Plantation Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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. By:

Donne CASWELL ASSI. STY.

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: Meegan T. Motisi □Малаger □ Manager Address: One Town Center Road, 3rd Fl □ Member □Member Address: Boca Raton, FL 33486 Authorized ☐ Authorized Person Person CiOther\_\_ Other\_\_\_\_\_ □Other COther\_\_\_\_ □Manager Name: □ Manager Name: □Member Address: □Member Address: ☐ Authorized □ Authorized Person Person □Other\_\_ □Other\_\_\_\_ □Other\_\_ □Other\_\_\_\_\_ □Manager □Manager Name: \_\_\_\_\_\_ □Member Address: Address: ☐Member | □ Authorized ☐ Authorized Person Person Other 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 signer

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "OCALA 2020 APL RKC, 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 SEVENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OCALA 2020 APL RKC, LLC" WAS FORMED ON THE FIRST DAY OF FEBRUARY, A.D. 2022.

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

at corp.delaware.gov/auth

Authentication: 202590636

Date: 02-07-22