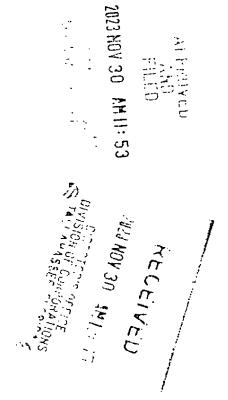
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(Requestor's Name)	
(,	Address)	
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	City/State/Zip/Phone #)	
(City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL MAIL
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(Business Entity Name)	
	Document Number)	
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Certified Copies	Certificates of	Status
Certified Copies	Certificates of	Status
Special Instructions to F	iling Officer:	
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Office Use Only



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CEC 0 1 2023 K. Brumbley

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE11/30/2023	**WALK IN**
ENTITY NAME OCA	ALA 2111 MP RK6, LLC
DOCUMENT NUMB	ER
	PLEASE FILE THE ATTACHED AND RETURN
xxxxxxxxxxx	Plain Copy
	Certificate of Status
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY
	Certified Copy of Arts & Amendments
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
	Certificate of Status Certificate of Status Reflecting:
	APOSTILLE' / NOTARIAL CERTIFICATION
COUNTRY OF DESTIN NUMBER OF CERTIFI	
TOTAL OWED \$ 125	5.00 ACCOUNT # 120160000072 4: 1
Please call Tina at	t the above number for any issues or concerns. Thank you so much!

COVER LETTER

UFCT: Nam		
	ne of Limited Liability Company	
	Company for Authorization to Transact Business in Florida," Certificate referenced 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	
1 Town Center Road, 3rd FL		
	Address	
Dans Date - Pt 27407		
Boca Raton, FL 33486		
	City/State and Zip Code	
mmotisi@kaynecapital.com		
	e used for future annual report notification)	
further information concerning this matter, please co	all:	
Erika Yess	561 300-6200	
Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section Registration Section		
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount:		

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Ocala 2111 MP RK6, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L L C.," or "LLC.") (If name unavailable, care: Alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Compuny," "L.L.C." or "LLC.") (Jurisdiction under the law of which foreign limited liability company is organized) Upon Filing (Date first transacted business in Florida, if prior to registration.)
(See sections 605,0904 & 605,0905, F.S. to determine penalty (ability) 1 Town Center Road, 3rd Fl. I Town Center Road, 3rd Fl. 6. (Mailing Address) 5. (Street Address of Principal Office) Boca Raton, FL 33486 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.

(Registered agent's signature)

Serance Chanell Mast. Sory

8. For initial indexing purposes, fist names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total): Name and Address: Title or Capacity: Title or Capacity: Name and Address: Name: Meegan T. Motisi Peter Westmeyer □ Manager □ Manager Address: _____ 800 W Madison St., ste 400 I Town Center Rd, 3rd Fl Address: □Member ☐Member Chicago, 1L 60607 Boca Raton, FL 33486 Authorized Authorized Person Person Other____ Other_____ Other____ □Other Name: □ Manager □Manager Name: Address: _____ □Member □Member Address: _____ □ Authorized □ Authorized Person Person Other □Other__ Other Other. Name: □Manager Name: _____ □ Manager 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 of the translator must be submitted) 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. Signature of an authorized person Meegan T. Motisi

Lyped or printed name of signee

Delaware

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "OCALA 2111 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 THIRTIETH DAY OF NOVEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OCALA 2111 MP RK6, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2023.

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



Jettrey W. Buflock, Secretary of State

Authentication: 204692770