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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H150000367163)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION: SYSTEM

Account Number : FCA000000023

: (850)222-1092

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

 \exists $ext{LP/LLLP}$ AMENDMENT/RESTATEMENT/CORRECTION SAMERICAN REALTY CAPITAL HEALTHCARE TRUST OPERATING Purmership, L.P.

> Certificate of Status Ð Certified Copy 0 067 Page Count Estimated Charge \$52.50

Electronic Filing Menu

Corporate Filing Menu

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: American Realty Capital Healthcare Trust Operating Partnership, L.P. Name of Foreign Limited Partnership or Limited Liability Limited Partnership The enclosed amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Kristin Ashley Contact Person Ventas, Inc. Firm/Company 10350 Ormsby Park Place, Suite 300 Address Louisville, KY 40223 City, State and Zip Code kashley@ventasrelt.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 357-9062 at (______)_ Kristin Ashley Area Code and Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount: 361.25 Filling Fee ___ \$52.50 Filing Fee \$105.00 Filing Fee \$113.75 Filling Fee, Certified Copy, and and Certificate of and Certified Copy Certificate of Status Status **MAILING ADDRESS:** STREET ADDRESS: Registration Section Division of Corporations

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

P. O. Box 6327 Tallahasseo, FL 32314

AMENDMENT TO CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

appears on the records of the Florida	hip or limited liability limited partnership a Department of State is: ealthcare Trust Operating Partnership	
2. The jurisdiction of its formation is	s: Delaware	
3. The date the entity was authorized	d to transact business in Florida is:	10/18/2013
limited partnership, enter the new na	me of the limited partnership or limited lame: althcare Trust Operating Partnership	
Acceptable Limited Partnership suffixes: L Acceptable Limited Liability Limited Partne or LLLP.	imited Parmership, Limited, L.P., LP, or Ltd. ership suffixes: Limited Liability Limited Partne	ership, LLLP.
each general partner:	neral partner(s), list the name and busine	ess address of
Name:	Business Address:	
Stripe Sub, LLC	10350 Ormsby Park Place, S Louisville, KY 40223	Ste. 300
		15 FEB
		-2 AM
		8:5

 If the amendment changes the jurisdiction of organization, indicate new jurisdiction. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction: 	
8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:	
The entity elects to be a limited liability limited partnership.	
The entity is no longer a limited liability limited partnership.	
9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.	
10. Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Filippertment of State.)	lorida
Signature of a general partner:	15
Typed or printed name:	## FB
Brian K. Wood, VP, Secretary & Treasurer	2
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	AH 8:54

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE CERTIFICATE OF MERGER, WHICH MERGES:

"STRIPE OP, LP", A DELAWARE LIMITED PARTNERSHIP,

WITH AND INTO "AMERICAN REALTY CAPITAL HEALTHCARE TRUST OPERATING PARTNERSHIP, L.P." UNDER THE NAME OF "VENTAS REALTY CAPITAL HEALTHCARE TRUST OPERATING PARTNERSHIP, L.P.", A LIMITED PARTNERSHIP ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELANARE, WAS RECEIVED AND FILED IN THIS OFFICE THE SIXTEENTH DAY OF JANUARY, A.D. 2015, AT 1:06 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED PARTNERSHIP SHALL BE GOVERNED BY THE LAWS OF THE STATE OF DELAWARE.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE SIXTEENTH DAY OF JANUARY, A.D. 2015, AT 4:02 O'CLOCK P.M.

4862409 8330

DATE: 02-11-15

TION: 2114444

Delaware

PACE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VENTAS REALTY CAPITAL HEALTHCARE TRUST OPERATING PARTNERSHIP, L.P." 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 SIXTH DAY OF FEBRUARY, A.D. 2015.

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

15 FEB - 2 AM 8: 54

4862409 8300

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You may verify this cartificate online at corp.delaware.gov/authver.shtml

jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 2102956

DATE: 02-06-15