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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (350) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 260-3336
Fax Number : (954) 202-0845

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

Email Address: _____

Foreign Limited Liability Company
INH Aggregator Holdings, LLC

Certificate of Status	0
Certified Copy	1
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4/11/19 DS

FILED

2019 APR 10 P 5:51

TALLAHASSEE, FLORIDA

2019 APR 10 P 2:52

**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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. INH AGGREGATOR HOLDINGS, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6675 Westwood Blvd Ste 475

(Street Address of Principal Office)

Orlando, FL 32821-6027

6. _____

6675 Westwood Blvd Ste 475

(Mailing Address)

Orlando, FL 32821-6027

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

C T Corporation System

Office Address:

1200 South Pine Island Road

Plantation

(City)

Florida

33324

(Zip code)

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.

By:

C T Corporation System

(Registered agent's signature)

Peter Trawinski
Assistant Secretary

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:

☐ Manager Name: Mark Carter

☒ Member Address: 200 Clarendon St

☐ Authorized 56th Floor

Person Boston, MA 02116

☐ Other ☐ Other

☒ Manager Name: Craig Albright

☐ Member Address: 6675 Westwood

☐ Authorized Boulevard Ste 475

Person Orlando, FL 32821

☐ Other ☐ Other

☐ Manager Name: Nelson Richards

☒ Member Address: 111 Webb Drive

☐ Authorized Davenport, FL 33837

Person

☐ Other ☐ Other

Title or Capacity: Name and Address:

☐ Manager Name: Ethan Lieberman

☒ Member Address: 200 Clarendon St

☐ Authorized 56th Floor

Person Boston, MA 02116

☐ Other ☐ Other

☒ Manager Name: Armando Cremata

☐ Member Address: 6675 Westwood

☐ Authorized Boulevard Ste 475

Person Orlando, FL 32821

☐ Other ☐ Other

☒ Manager Name: Sarah Rodriguez

☐ Member Address: 6675 Westwood

☐ Authorized Boulevard Ste 475

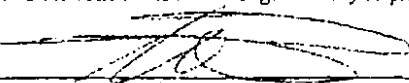
Person Orlando, FL 32821

☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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
Armando Cremata
 Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "INH AGGREGATOR HOLDINGS, 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 TENTH DAY OF APRIL, A.D. 2019.

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

FILED
2019 APR 10 P 5:51
STATE
DELAWARE
ALLAHASSIE, FLORIDA



7145953 8300

SR# 20192717655

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202614344

Date: 04-10-19