

M19000003643

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H190001186873)))



H190001186873ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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
Page Count	04
Estimated Charge	\$155.00

2019 APR 10 10:52

TALLAHASSEE, FLORIDA

2019 APR 10 P 5: 51

FILED

4/11/19 DS

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

2019 APR 10 P 5:51
SECRET
TALLAHASSEE FLORIDA

FILED

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, Florida 33324
(City) (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 _____

Title or Capacity: Name and Address:

Manager Name: Ethan Liebermann

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: Armando Cremata

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 _____

Manager Name: Sarah Rodriguez

Member Address: 6675 Westwood

Authorized Boulevard Ste 475

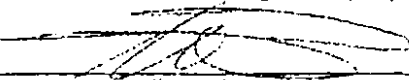
Person Orlando, FL 32821

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 OF DELAWARE
ALLAHASSI, E. FLORIDA



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

7145953 8300

SR# 20192717655

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

Authentication: 202614344

Date: 04-10-19