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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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 Ventas MOB Holdings, LLC

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Certificate of Status	U
Certified Copy	1
Page Count	04
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Help

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Paga: 3 of 5

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

IN COMPLIANCE WITH SECTION 605.0002, FLORID ESTATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Ventas MOB Holdings,	L.L.C. amited Lashility Company; must include "Umited"			
(Name of Foreign I	amited Lashelity Company; must include "Limited"	Damitty Company, T. 177C., For T.E.C., 3		
tione missailable, enter alternate is	and adopted for the purpose of transacting business in Flor	ide. The all emace using most urclode "Limited Liability Company," "L.I.	. C," or "L1 C."	
Delaware		26-1306470		
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI menter, if applicable)		
December 15, 2020				
	(Date first transacted business in Florida, if prior to re (See sections 605,090) & 605,0905, F.S. to determine	gistration.) penalty habitity)		
c/o Ventas, Inc.		c/o Ventas. Inc.		
reet Address of Principal Office)		(Nailing Address)		
500 North Hurstbourne	Parkway, Suite 200	500 North Hurstbourne Parkway, Suite 200		
Louisville, Kentucky 40222		Louisville, Kentucky 40222		
Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	71 JAN -6	
Name:	C T Corporation System		: 말	
Office Address:	1200 South Pine Island Road	——————————————————————————————————————	5: 30 5: 30	
	Plantation	33324 , Florida	~	
	(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.

C T Corporation System	31 3 33 31 3 3 3 3 3 3 3 3 3 3 3 3 3 3
By: Clark Sailey Mak Advery heat Co.	Mark Holloway, Assistant Secretary
(Registered agent's signature)	

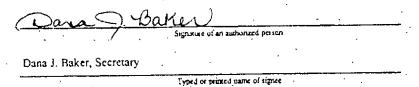
FILED
JAN -E
TALLAHASSEE FLORIDA

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:	•
Manager	Name: Christian N. Cummings	Manager -	Name: Dana J. Baker
Member	Address: 353 North Clark Street	Member	Address: 500 North Hurstbourne Pkwy
Authorized	Suite 3300	. Authorized	Suite 200
` Person	Chicago, Illinois 60654	Person	Louisville, Kentucky 40222
Other President	Other	Other Secretary	Other
		· · · · · ·	
Manager	James E. Mendelson	Manager	Name: Michael A. Smith
Member	Name:	Member	Address: 500 North Hurstbourne Pkwy
Authorized	Suite 3300	Authorized	Suite 200
Person	Chicago, Illinois 60654	Person	Louisville, Kentucky 40222
	dentOther	CFO CFO	Other
Manager	Name: Brian K. Wood	Manager Manager	Name:
Member	Address: 500 North Hurstbourne Pkwy	Member	· Address:
	Suite 200	Authorized	
· Person .	Louisville, Kentucky 40222	Person	
Other VP & Tre	asurer Other	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.





2021-01-06 10:24:20 CST

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VENTAS MOB 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 TWENTY-FOURTH DAY OF DECEMBER, A.D. 2020.

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

4312213 8300

SR# 20208756339

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

Authentication: 204413795

Date: 12-24-20