

1/6/2021

Division of Corporations

Florida Department of State  
Division of Corporations  
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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**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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Corporate Filing Menu

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K. SALY

JAN 7 2021

# 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. Ventas MOB 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)

26-1306470

3.

(FEI number, if applicable)

4. December 15, 2020

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0901 & 605.0902, F.S., to determine penalty liability)

5. c/o Ventas, Inc.

(Street Address of Principal Office)

6. c/o Ventas, Inc.

(Mailing Address)

500 North Hurstbourne Parkway, Suite 200

500 North Hurstbourne Parkway, Suite 200

Louisville, Kentucky 40222

Louisville, Kentucky 40222

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.

C T Corporation System

By: Mark Holloway  
(Registered agent's signature)

Mark Holloway, Assistant Secretary

2021 JAN -6 PM 5:30  
FILED  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

**FILED**

2021 JAN -6 PM 5:30

SECRETARY OF STATE  
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:☐ Manager

Name: Christian N. Cummings

☐ Member

Address: 353 North Clark Street

☐ Authorized

Suite 3300

Person

Chicago, Illinois 60654

☒ Other President☐ Other☐ Manager

Name: James E. Mendelson

☐ Member

Address: 353 North Clark Street

☐ Authorized

Suite 3300

Person

Chicago, Illinois 60654

☒ Other Vice President☐ Other☐ Manager

Name: Brian K. Wood

☐ Member

Address: 500 North Hurstbourne Pkwy

☐ Authorized

Suite 200

Person

Louisville, Kentucky 40222

☒ Other VP & Treasurer☐ OtherTitle or Capacity:Name and Address:☐ Manager

Name: Dana J. Baker

☐ Member

Address: 500 North Hurstbourne Pkwy

☐ Authorized

Suite 200

Person

Louisville, Kentucky 40222

☒ Other Secretary☐ Other☐ Manager

Name: Michael A. Smith

☐ Member

Address: 500 North Hurstbourne Pkwy

☐ Authorized

Suite 200

Person

Louisville, Kentucky 40222

☒ Other CFO☐ Other☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ 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.

*Dana J. Baker*

Signature of an authorized person

Dana J. Baker, Secretary

Typed or printed name of signer

# Delaware

The First State

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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.

2021 JAN -6 PM 5:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



  
Jeffrey W. Bullock, Secretary of State

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SR# 20208756339

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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