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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
VOP Stanley House, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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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. VOP Stanley House, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

2. Delaware 3. 87-2729962
(Jurisdiction under the law of which foreign limited liability company is organized) (LLC number, if applicable)

4. 10/01/2021
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 500 North Hurstbourne Pkway 6. _____
(Street Address of Principal Office) (Mailing Address)

Suite 200

Louisville, KY 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, 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.

Shirley Zyzals

(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers of persons authorized to manage [up to six (6) total]

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Christian N. Cummings</u>	<input type="checkbox"/> Manager	Name: <u>Brian K. Wood</u>
<input type="checkbox"/> Member	Address: <u>353 N. Clark Street</u>	<input type="checkbox"/> Member	Address: <u>500 N. Hurstbourne Pkwy</u>
<input type="checkbox"/> Authorized	Suite <u>3300</u>	<input type="checkbox"/> Authorized	Suite <u>200</u>
Person	<u>Chicago, IL 60654</u>	Person	<u>Louisville, KY 40222</u>
<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>VP & Treasurer</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name <u>Michael A. Smith</u>	<input type="checkbox"/> Manager	Name <u>Dana J. Baker</u>
<input type="checkbox"/> Member	Address: <u>500 N. Hurstbourne Pkwy</u>	<input type="checkbox"/> Member	Address: <u>500 N. Hurstbourne Pkwy</u>
<input type="checkbox"/> Authorized	Suite <u>200</u>	<input type="checkbox"/> Authorized	Suite <u>200</u>
Person	<u>Louisville, KY 40222</u>	Person	<u>Louisville, KY 40222</u>
<input checked="" type="checkbox"/> Other <u>CFO</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name <u>James E. Mendelson</u>	<input type="checkbox"/> Manager	Name _____
<input type="checkbox"/> Member	Address: <u>353 N. Clark Street</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Suite <u>3300</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Chicago, IL 60654</u>	Person	_____
<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

DocuSigned by:

Dana Baker

Signature of an authorized person

Dana J. Baker, Secretary

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 "VOP STANLEY HOUSE, 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 SIXTEENTH DAY OF SEPTEMBER, A.D. 2021.

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

A handwritten signature of Jeffrey W. Bullock in black ink, 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: 204179980

Date: 09-16-21