

M22000009424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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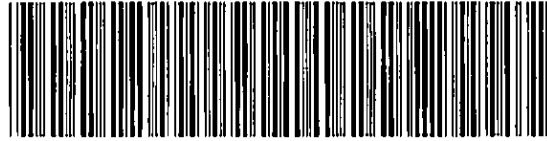
(Business Entity Name)

(Document Number)

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S. ROBERTS

JUN 16 2022

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 06/16/2022

Acc#120160000072

Am: C DW

Name:	VTR SRM HOLDCO, LLC
Document #:	
Order #:	14388401

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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Amount: \$ 155.00

Thank you!

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. VTR SRM Holdco, 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 3. 88-2501844
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 500 North Hurstbourne Pkwy 6. 500 North Hurstbourne Pkwy
(Street Address of Principal Office) (Mailing Address)
Suite 200 Suite 200
Louisville, KY 40222 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)

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TALLAHASSEE, FL

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: Sandra Zwijack C T Corporation System
Sandra Zwijack, Assisant Secretary
(Registered agent's signature)

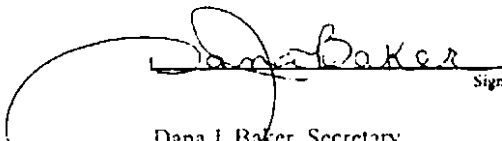
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

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



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 "VTR SRM HOLDCO, 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 MAY, A.D. 2022.



6818356 8300

SR# 20222262853

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.

Jeffrey W. Bullock, Secretary of State

Authentication: 203511041

Date: 05-24-22