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Division of Corporations

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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 : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: sam.crain@ventasreit.com

**Foreign Limited Liability Company
VOP SG FLEMING, LLC**

Certificate of Status	0
Certified Copy	1
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 OCT 16 PM 4:01

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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 SG Fleming, 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.")

Delaware

2. _____
(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 605.2904 & 605.0905, F.S. to determine penalty liability)

500 North Hurstbourne Parkway, Suite 200

5. _____
(Street Address of Principal Office)

500 North Hurstbourne Parkway, Suite 200

6. _____
(Mailing Address)

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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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: /s/Sandra Zwijack Assistant Secretary

(Registered agent's signature)

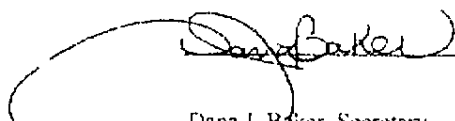
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>VTR SRM Holdeo, LLC</u>	<input type="checkbox"/> Manager	Name: <u>Christian N. Cummings</u>
<input checked="" type="checkbox"/> Member	Address: <u>500 N. Hurstbourne Pkwy</u>	<input type="checkbox"/> Member	Address: <u>353 North Clark Street</u>
<input type="checkbox"/> Authorized	<u>Suite 200, Louisville, KY 40222</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 3300, Chicago, IL 60654</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Brian K. Wood</u>	 <input type="checkbox"/> Manager	Name: <u>Michael A. Smith</u>
<input type="checkbox"/> Member	Address: <u>500 N. Hurstbourne Pkwy</u>	<input type="checkbox"/> Member	Address: <u>500 N. Hurstbourne Pkwy</u>
<input checked="" type="checkbox"/> Authorized	<u>Suite 200, Louisville, KY 40222</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 200, Louisville, KY 40222</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Dana J. Baker</u>	 <input type="checkbox"/> Manager	Name: <u>Brian G. Fry</u>
<input type="checkbox"/> Member	Address: <u>500 N. Hurstbourne Pkwy</u>	<input type="checkbox"/> Member	Address: <u>353 North Clark Street</u>
<input checked="" type="checkbox"/> Authorized	<u>Suite 200, Louisville, KY 40222</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 3300, Chicago, IL 60654</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<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

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "VOP SG FLEMING, 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 FIFTEENTH DAY OF OCTOBER, A.D. 2024.

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



5321174 8300

SR# 20243954314

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 204636243

Date: 10-15-24