

M24000013404

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(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

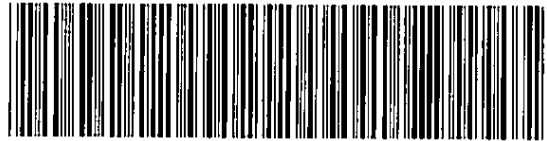
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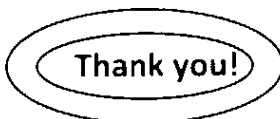
Name:	VOP Camellia Deerwood, LLC
Document #:	
Order #:	15929923

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Amount: \$ **155.00**



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VOP Camellia Deerwood, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Theresa M. Smith

Name of Person

Ventas, Inc.

Firm/Company

500 N. Hurstbourne Parkway, Suite 200

Address

Louisville, KY 40222

City/State and Zip Code

theresa.smith@ventasreit.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Theresa Smith

502

357-9524

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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 Camellia Deerwood, 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 33-1340272
(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 N. Hurstbourne Pkwy., Suite 200 500 N. Hurstbourne Pkwy., Suite 200
(Street Address of Principal Office) (Mailing Address)
Louisville, KY 40222 Louisville, KY 40222

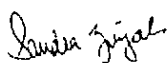
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

2024 OCT 21 PM 2:00

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.



Sandra ZwiJack

(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]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Christian N. Cummings

☐ Member Address: 353 N. Clark Street, Suite 3300

☐ Authorized Chicago, IL 60654

Person _____

☒ Other President ☐ Other _____

☐ Manager Name: Brian G. Fry

☐ Member Address: 353 N. Clark Street, Suite 3300

☐ Authorized Chicago, IL 60654

Person _____

☒ Other Vice President ☐ Other _____

☐ Manager Name: Brian K. Wood

☐ Member Address: 500 N. Hurstbourne Pkwy

☐ Authorized Suite 200

Person Louisville, KY 40222

☒ Other VP & Treasurer ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Dana J. Baker

☐ Member Address: 500 N. Hurstbourne Pkwy

☐ Authorized Suite 200

Person Louisville, KY 40222

☒ Other Secretary ☐ Other _____

☐ Manager Name: Michael A. Smith

☐ Member Address: 500 N. Hurstbourne Pkwy

☐ Authorized Suite 200

Person Louisville, KY 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.

Designed by:
Dana J. Baker
0057C32478304E8

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 CAMELLIA DEERWOOD, 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 EIGHTEENTH DAY OF OCTOBER, A.D. 2024.

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




Jeffrey W. Bullock, Secretary of State