

112500007169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

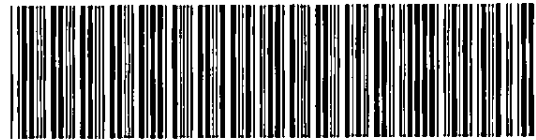
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000450615040

FILED

2025 MAY 16 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2025 MAY 16 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEMIEUX
MAY 19 2025

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 05/16/2025
Acc#120160000072

mic DW

Name:	DSC OPCO HOLDCO, LLC
Document #:	
Order #:	16321830

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:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
	Plain: <input type="checkbox"/>	
	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **155.00**

Thank you!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DSC Opco Holdco, 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:

Kristin Ashley

Name of Person

Ventas, Inc.

Firm/Company

500 N Hurstbourne Parkway, Suite 200

Address

Louisville, KY 40222

City/State and Zip Code

kashley@ventasreit.com

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

For further information concerning this matter, please call:

Kristin Ashley

502

593-1425

Name of Contact Person

at (_____) _____

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. DSC Opco 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
(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 605.0904 & 605.0905, F.S. to determine penalty liability)

500 N Hurstbourne Parkway
(Street Address of Principal Office)

500 N Hurstbourne Parkway
(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)

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, Assistant Secretary
(Registered agent's signature)

FILED
2025 MAY 16 AM 9:06
RECEIVED
TALLAHASSEE, FL

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: ARHC TRS Holdco, LLC

☒ Member Address: 500 N Hurstbourne Pkwy

☐ Authorized Suite 200

Person Louisville, KY 40222

☐ Other ☐ Other

☐ Manager Name: Michael A. Smith

☐ Member Address: 500 N Hurstbourne Parkway

☐ Authorized Suite 200

Person Louisville, KY 40222

☒ Other CFO ☐ Other

☐ Manager Name: Brian K. Wood

☐ Member Address: 500 N Hurstbourne Parkway

☐ Authorized Suite 200

Person Louisville, KY 40222

☒ Other VP & Treasurer ☐ Other

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

☐ Manager Name: Christian N. Cummings

☐ Member Address: 300 North LaSalle Street

☐ Authorized Suite 1600

Person Chicago, IL 60654

☒ Other President ☐ Other

☐ Manager Name: Brian G. Fry

☐ Member Address: 300 North LaSalle Street

☐ Authorized Suite 1600

Person Chicago, IL 60654

☒ Other Vice President ☐ Other

☐ Manager Name: Dana J. Baker

☐ Member Address: 500 N Hurstbourne Parkway

☐ Authorized Suite 200

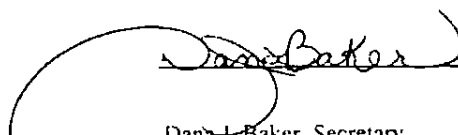
Person Louisville, KY 40222

☒ Other Secretary ☐ 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, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DSC OPCO 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 SIXTEENTH DAY OF MAY, A.D. 2025.

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



C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203711413

Date: 05-16-25

4186968 8300

SR# 20252357212

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