2/23/2018



Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

LINDA A. SCARCELLI

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626

: (407)650-1552

Fax Number

: (407)540-2699

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Email Address: linda, scarcellia enl. com

FOREIGN PROFIT/NONPROFIT CORPORATION

CNL Strategic Capital InvestCo, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help S. WARREN FEB 2 6 2018

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

CNL Strategic (Capital InvestCo, Inc.	<u>:</u>		
(Enter name of o	corporation; must include "TNCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,		
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of wansacting	business in Florida)	
2. Delaware	3	82-4214416		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
4. January 23, 201	8 5.			
(Date of incorporation) (Date		(Date of duration, if other the	(Date of duration, if other than perpetual)	
6. Upon qualificat	ion			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15		y)	
7 450 So. Orange A	Avenue, Orlando, FL 32801			
/·	(Principa	al office address)		
PO Box 4920, O	rlando, FL 32802		ਜ਼ੂ ਜ਼ੂ-ਪਾ _	
	(Current mailing	g address, if different)	837 837	
8. Name and stre	et address of Florida registered agent: (P.O	. Box NOT acceptable)	26 ASSS	
Name:	Linda A. Scarcelli	_		
Office Address:	450 So. Orange Avenue		57 A 16 S	
	Orlando	, Florida 32801		
	(City)	(Zip code)		

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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 dutles, and I am familiar with and accept the obligations of my position as registered agent.

By: Scarcell (Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: James M. Seneff, Jr.	
450 So. Orange Avenue, Orlando, FL 32801	
Address:	
Vice Chairman:	
Address:	
Director:	
A.13	
Director:	<u> </u>
Address:	
B. OFFICERS	*****
President: Chirag J. Bhavsar, Chief Executive Officer	### 18
450 So. Orange Avenue, Orlando, FL 32801	
Address:	8 P
Vice President:	
Address:	22-1 49
Secretary: Holly J. Greer	
450 So. Orange Avenue, Orlando, FL 32801	
Temmy I Tinton	
Treasurer: 450 So. Orange Avenue, Orlando, FL 32801	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing addition	al officers and/or directors.
12	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above)	affirms that the facts stated herein
are true and that he or she is aware that 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.	
13. Tammy J. Tipton Treasurer (Typed or printed name and capacity of person signing applied)	cation)

Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL STRATEGIC CAPITAL INVESTCO, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF JANUARY, A.D. 2018.

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

.

6723599 8300 SR# 20180470626

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

Authentication: 202028216

Date: 01-24-18