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LINDA A. SCARCELLE

Account Name : CNL FINANCIAL GROUP, INC.

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linds. Scarcelli @ Col. Com. Email Address:

Foreign Limited Liability Company LD Strategic Capital DebtCo, LLC

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S. WARREN

FEB 2 3 2018

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	alama team	710° . F	
LD Strategic Capital D (Name of Foreign	Limited Liability Company; must include "Limit		
	same adopted for the purpose of manasching business in Pl	oride. The alternate name must include "Limited Lic	bility Company," "L.L.C," or "LLC.")
Delaware		3. 82-4128268	
(Intrinsicting under the law at w	hich foreign limited liability company is organized)	~ (አደነ ነሳህ ነ	ber, if applicable)
Upon qualification			
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, 7.5. to determ	registration.) tine permity linbility)	
450 So. Orange Avenue (Sirect Address of Priscipal Office)		6. PO Box 4920	
(Sirect Address of Orlando, FL 32801	Priscipal Office)	(Meiling Add Orlando, FL 32802	lien)
Oriando, PE 32001		Ottalido, FL 32802	-
			CO T
Name 4 -4 4 d		- \ [\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ASSI
Name and street address	ss of Florida registered agent: (P.O. Box	(NOT acceptable)	
Name:	Linda A. Scarcelli		FLC
Office Address:	450 So. Orange Avenue		
Office Hadicas,	0.1	20001	중금 '8
	Orlando (City)	, Florida 32801	
comply with the provisi	ition, 1 nereby accept the appointment to ions of all statutes relative to the prope. s of my position as registered agent.	is registered agent and agree to act r and complete performance of my 	in this capacity. I further duties, and I am familiar w
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comply with the provised accept the obligation The name, title or capa Title or Capacity:	By: (Registered agent) acity and address of the person(s) who h Name and Address: CNL Strategic Capital Manag 450 So, Orange Avenue	as/have authority to manage is/are:	duties, and I am familiar w
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comply with the provised accept the obligation The name, title or capatitle or Capacity: Manager Sub-Manager Use attachments if neces Attached is a certificate risdiction under the law	ions of all statutes relative to the propers of my position as registered agent. By: (Registered agent active to the propers of my position as registered agent. (Registered agent active to the person(s) who have and Address: CNL Strategic Capital Manages and Address: CNL Strategic Capital Manages active Collando. FL 32801 Levine Leichtman Stratetic Collando. FL 32801 Levine Leichtman Stratetic Collando. FL 32801 Sary) of existence, no more than 90 days old, of which it is organized. (If the certifical	and complete performance of my signature) as/have authority to manage is/are: Title or Capacity: ap ita	Name and Address:
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Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "LD STRATEGIC CAPITAL DEBTCO, LLC" IS
DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FASTAS 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 TAXES HAVE BEEN ASSESSED TO DATE.

t:

6723575 8300

SR# 20180470273

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

MSRS. Berney of State

Authentication: 202028045

Date: 01-24-18