

## 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

Phone

: (407)650-1552

Fax Number

: (407)540-2599

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

linda. scarcelli e cnl. com

## Foreign Limited Liability Company LD Strategic Capital EquityCo, LLC

Certificate of Status	.ek.27 27 0
Certified Copy	1
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S. WARREN

FEB 2 6 2018

## 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LD Strategic Capital E	EquityCo, LLC	,êFeş÷ r	
(Name of Foreign	n Cimited Liability Company; must include "Cimite	d Linbility Company," "L.L.C.,"	or "Q.C.")
_			
mano unavailable, enter alterrata	name adopted for the purpose of transacting business in Flor	ida. The alternate name must include "	Limited Liability Company," "L L.C." or "LLC."
`Delamate		3. 82-4146759	
(threatened finds he like 01.6	which foreign limited liability company is organized)		(FEI number, If applicable)
Upon qualification			
	(Data first transacted business in Florida, if prior to r (See sections 605.0904 & 505.0905, F.S. to determine	egistration.)	
450 So. Orange Avent	uc		
450 So. Orange Avent	Principal Office)	6. PO Box 4920	dailing Address)
Orlando, FL 32801		Orlando, FL 3280	2 注
			- B T
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT accentable)	SSE CE
	Linda A. Scarcelli		
Name:	Corda At. Scatterii		70 <b>-</b>
Office Address:	450 So. Orange Avenue		97
	Orlando		현재 <b>각</b>
	(City)	, Florida 328	
gistered agent's accep	tance:		(Zip code)
The same date	(Registered agent's vi	natine)	
Title or Capacity:	city and address of the person(s) who has.  Name and Address:	have authority to manage i <u>Title or Capacity:</u>	
Manager	CNL Strategic Capital Manage		Name and Address:
	450 So. Orange Avenue	= <del>4                                     </del>	
	Orlando, FL 32801		
Sub Manager		•	
Sub-Manager	Levine Leichtman Stratetic Cap	ita/	
	335 N. Maple Drive. Stc. 130 Beverly Hills, CA 90210		
se attachments if necess			
strature is a ceruificate (	of existence, no more than 90 days old, du	ly authenticated by the offi	cial having custody of records in the
he translator must be sul	· when it is digatificate the comments t	s in a forcign language, a b	ranslation of the certificate under o
	·		
nis document is execu-	ted in accordance with section 605,0203 (	l) (b), Florida Statutes. I ar	n aware that any false information
ee in a dôcmieur to	the Department of State constitutes a third	degree feigny as provided	for in s.817.155, P.S.
-	Jank of St	acce! 2	
	Signature of a	n cushorized person	
	<i>O</i>	- 0	
-	- Cutho se	ed Representation	Letrois
	i ypod on gypt	ica name of signer /	

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LD STRATEGIC CAPITAL EQUITYCO, 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 TWENTY-FOURTH DATE OF JANUARY, A.D. 2018.

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

7 -

6723580 8300 5R# 20180470274

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