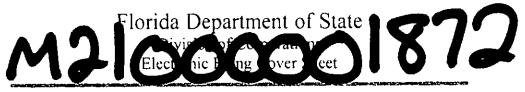
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Division of Corporations

: (850)617-6383 Pax Number

From:

Linda A. Scarcelli

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626 : (407)650-1552 Phone : (407)540-2699 Pax Number

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

> linda.scarcelli@cnl.com Email Address:

## Foreign Limited Liability Company SAF Sub Holdings, LLC

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From: CNL Fax

APPLICATION BY FORE	EIGN LIMITED LIA	BILITY COMPANY IN FLORII		~ >	BRAÑSĄCT BUSIN	ESS
IN COMPLIANCE WITH SE FOREIGN LIMITED LIAB	ECTION'605.0902, FL H.ITY COMPANY TO	ORIDA STATUTES, I TRANSACT BUSINES	THE FOLLOWIN SS IN THE STA	IG IS SUBMITTE TE OF FLORIDA	D TÖ RÉGISTER A :	
1. SAF Sub Holding	s, LLC nited Liability Company; mu	ur include "Limited Lighili	to Company ""I T (	" " or "! I (" ")	<del> </del>	<del></del>
			3333333333			·~ ···.
(If name unavailable, enter alternate nau	e adopted for the purpose of tra	insacting husiness in Florida - F	he alternate name must	melude "Lantiled Lanbury	y Company, 1.1.2. or 1.1.	}
2. Delaware		3	86-185120	(FFI number, it	andisables	
(Jurisdiction under the law of which	th foreign limited liability comp	any is organized)		(FFF number, G	аррислотет	
a sa						
4. Upon Qualification		ss in Florida, if prior to registra 05,0905, F.S. to determine pena			_	
	`					
5. 450 So. Orange Avenue, (Street Address of Principal Office)	Orlando, FL 32801	<del></del>				
	P. 22002				2021	
6. P.O. Box 4920, Orlando, (Mailing Address)	<u></u>				2021 FEB	<b>&gt;</b>
7. Name and street address	of Florida registered a	gent: (P.O. Box <u>NO</u>	<u> </u>			三至
Name: <u>Lind</u>	A. Scarcelli		-		: <b>P</b>	E SUN
Office Address:	450 So. Orange Aver	nue, Orlando, FL 328	301		7. 3	***
Registered agent's accepta	ince:		Con the above	reacad limited liab	Gilita aanunann at tha	nlace
Having been named as reg designated in this applicati to comply with the provisio and accept the obligations	on, I hereby accept the ns of all statutes relati	e appointment as regi ive to the proper and (	istered agent and	l agree to act in ti	his capacity. I furthe	er agree
	Docu Signed					
<del></del>	Spic 0.	SECULARIA SECULA				
8. For initial indexing purp manage [up to six (6) tot		r capacity and address	ses of the primary	y members/manag	ers or persons author	rized to
Title or Capacity:	<u>N</u>	ame and Address:				
X Manager	Name: <u>C</u>	NL Strategic Asset M	anagement, LLC			
□Member	Address: 4	50 So. Orange Avenu	e, Orlando, FL 3	2801		
□Authorized Person				H2100	0063145 3	

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- 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.

(	Spila O. Desusa:
	Signature of an authorized person
A . A . A	
Linda A. Scarcelli	Typed or printed name of signee

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "SAF SUB HOLDINGS, 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-SIXTH DAY OF JANUARY, A.D. 2021.

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

Authentication: 202366549

Date: 01-26-21