

4/29/2021

Division of Corporations

M2100007147

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383
LINDA A. SCARCELLI

From: Account Name : CNL FINANCIAL GROUP, INC.
Account Number : 113615003626
Phone : (407)650-1552
Fax Number : (407)540-2699

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

Email Address: linda_scarcelli@cnl.com

Foreign Limited Liability Company UM Strategic Capital EquityCo, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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Corporate Filing Menu

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2021-06-10 12:28:30 EDT

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5/3/2021 11:56:00 AM PAGE 1/001 Fax Server



May 3, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CNL FINANCIAL GROUP, INC.

SUBJECT: UM STRATEGIC EQUITYCO, LLC
REF: W21000060043

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list the complete business name for the managers listed.,

If you have any further questions concerning your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor
Registration Section

FAX Aud. #: H21000172939
Letter Number: 321A00009108

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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. UM Strategic Capital EquityCo, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FIC number, if applicable)

4. Upon qualification
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 450 So. Orange Avenue
(Street Address of Principal Office)

6. PO Box 4920
(Mailing Address)

Orlando, FL 32801

Orlando, FL 32802

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Linda A. Scurelli

Office Address: 450 So. Orange Avenue

Orlando 32801
(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: Linda A. Scurelli
(Registered agent's signature)

2021 JUN 10 PM 4:28
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TALLAHASSEE, FLORIDA

FILED

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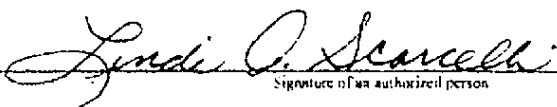
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>CNL Strategic Capital Management, LLC</u>	<input checked="" type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>450 So. Orange Avenue</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Orlando, FL 32801</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Tammy Tipton</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>450 So. Orange Avenue</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Orlando, FL 32801</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Levine Leichtman Strategic Capital, LLC</u>	<input checked="" type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>335 N. Maple Drive, Ste 130</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Beverly Hills, CA 90210</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

LINDA A. SCARCELLI

Typed or printed name of signer

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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 "UM 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-NINTH DAY OF APRIL, A.D. 2021.

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

FILED
2021 JUN 10 PM 4:28
TALLAHASSEE, FLORIDA



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SR# 20211516097

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

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Date: 04-29-21

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