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Florida Department of State
Division of Corporations
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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)540-2699

****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
Clarion Strategic Capital EquityCo, LLC ✓

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2021 DEC -9 PM 12:00

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2021 DEC -9 PM 10:18
STATE OF FLORIDA
CLERK OF THE SUPREME COURT

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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. Clarion Strategic Capital Equity Co, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

Delaware
2. (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)

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

450 So. Orange Avenue PO Box 4920
5. (Street Address of Principal Office) 6. (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. Scarcelli
Office Address: 450 So. Orange Avenue
Orlando 32801
(City) , Florida (Zip code)

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STATE OF FLORIDA
TALLAHASSEE

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. Scarcelli
(Registered agent's signature)

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

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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 "CLARION 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 SECOND DAY OF DECEMBER, A.D. 2021.

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



6431418 . 8300

SR# 20213962739

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204849712

Date: 12-02-21

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