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To:

Division of Corporations  
Fax Number : (850) 617-6383

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: sandra.scott@cnl.com

**FOREIGN PROFIT/NONPROFIT CORPORATION****VekteK Strategic Capital DebtCo, LLC**

Certificate of Status	1
Certified Copy	1
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S. FRANKLIN  
APR 27 2022

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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. Vektex Strategic Capital DebtCo, 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

88-1882020

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

3. (EIN number, if applicable)

Upon Qualification

4. (Date first transacted business in Florida, if prior to registration)  
(See sections 605.0901 & 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: Ryan Furman

Office Address: 450 So. Orange Avenue

Orlando, Florida 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.

DocuSigned by:  
By: Ryan Furman  
(Registered agent's signature)

2022 APR 26 PM 12:18

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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]:

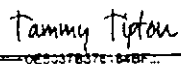
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: CNL Strategic Capital Manage	<input type="checkbox"/> Manager	Name: Tracey B. Bracco
<input type="checkbox"/> Member	Address: 450 So. Orange Avenue	<input type="checkbox"/> Member	Address: 450 So. Orange Avenue
<input type="checkbox"/> Authorized	Orlando, FL 32801	<input type="checkbox"/> Authorized	Orlando, FL 32801
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 Capit	<input type="checkbox"/> Manager	Name: Chirag J. Bhavsar
<input type="checkbox"/> Member	Address: 335 N. Maple Drive, Ste 130	<input type="checkbox"/> Member	Address: 450 Orange Avenue
<input type="checkbox"/> Authorized	Beverly Hills, CA 90210	<input type="checkbox"/> Authorized	Orlando, FL 32801
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

2022 APR 26 PM 12:18

**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.

DocuSigned by:  
  
 Signature of an authorized person  
 Tammy Tipton  
 Typed or printed name of signer

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H22000146116 3

Complete name of Managers:

CNL Strategic Capital Management, LLC

Levine Leichtman Strategic Capital Management, LLC

2022 APR 26 PM 12:18

.FL

H22000146116 3

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "VEKTEK STRATEGIC CAPITAL DEBT CO, 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 NINETEENTH DAY OF APRIL, A.D. 2022.

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

2022 APR 26 PM 12:18



6741202 8300

SR# 20221511649

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A 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.

Authentication: 203209747

Date: 04-19-22