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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:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

****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@cni.com

Foreign Limited Liability Company TM Strategic Capital DebtCo, LLC

Certificate of Status	0
Certified Copy	1
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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 88.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TM Strategic Capital DebtCo. 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 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Upon Qualification
(Date first transacted business in Florida - if prior to registration)
(See sections 505.0901 & 505.0905, F.S. to determine penalty liability)

5. 450 S. Orange Avenue 6. P.O. Box 4920
(Street Address of Principal Office) (Mailing Address)
Orlando, FL 32801 Orlando, FL 32802

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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: C T Corporation System Jennifer Carey Assistant Secretary
(Registered agent's signature)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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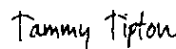
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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 type="checkbox"/> Manager	Name: <u>Tracey B. Bracco</u>
<input checked="" type="checkbox"/> Member	Address: <u>450 S. Orange Avenue</u>	<input type="checkbox"/> Member	Address: <u>450 S. Orange Avenue</u>
<input type="checkbox"/> Authorized	<u>Orlando, FL 32801</u>	<input checked="" type="checkbox"/> Authorized	<u>Orlando, FL 32801</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input checked="" type="checkbox"/> Manager	Name: <u>Levine Leichtman Strategic Capital Management, LLC</u>	<input type="checkbox"/> Manager	Name: <u>Chirag J. Bhavsar</u>
<input type="checkbox"/> Member	Address: <u>335 N. Maple Drive, STE 130</u>	<input type="checkbox"/> Member	Address: <u>450 S. Orange Avenue</u>
<input type="checkbox"/> Authorized	<u>Beverly Hills, CA 90210</u>	<input checked="" type="checkbox"/> Authorized	<u>Orlando, FL 32801</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u>Tammy Tipton</u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u>450 S. Orange Avenue</u>	<input type="checkbox"/> Member	Address: <u></u>
<input checked="" type="checkbox"/> Authorized	<u>Orlando, FL 32801</u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TM 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 TWENTIETH DAY OF MARCH, A.D. 2023.

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



7356720 8300

SR# 20231069980

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JWB", 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: 202957713

Date: 03-20-23