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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 : CNL FINANCIAL GROUP, INC.
Account Number : 113615003626
Phone : (407) 630-1352
Fax Number : (407) 540-2670

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

Email Address: _____

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STATE OF FLORIDA
TALLAHASSEE

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STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE

Foreign Limited Liability Company
USAW Strategic Capital DebtCo. LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

K. SALY

FEB - 6 2024

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. USAW Strategic Capital DebtCo, L.L.C.
(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.")

2. Delaware 99-1078314
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. Upon Qualification
(Date first transacted business in Florida, if prior to registration)
(See sections 605.001 & 605.002, F.S., to determine penalty liability)

5. 450 So Orange Avenue, Suite 1400 PO 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: CT Corporation Services
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.

Lisa DuBois, Assistant Secretary
(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:	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 checked="" 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	
<input checked="" type="checkbox"/> Manager	Name:	Levine Leichman Strategic Capital Management, 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	

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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:
Sandra Scott
Signature of an authorized person
Sandra Scott
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 "USAW 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 FIRST DAY OF FEBRUARY, A.D. 2024.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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You may verify this certificate online at corp.delaware.gov/authver.shtmlHandwritten signature of Jeffrey W. Bullock, Secretary of State.
Jeffrey W. Bullock, Secretary of State

Authentication: 202719557

Date: 02-01-24

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