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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM
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Phone : (614)280-3338
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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
MAP Strategic Capital Equity Co, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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JUL 12 2024

K. Brumley

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MAP Strategic Capital Equity Co., 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. 99-3844756
 (Jurisdiction under the laws of which foreign limited liability company is organized) (EIN number, if applicable)

4. _____
 (Date first transacted business in Florida, if prior to registration)
 (See sections 605.0004 & 605.0005, F.S., to determine penalty liability.)

5. 450 So Orange Avenue, Suite 1400 6. 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.

Sandra Zwijack
 Sandra Zwijack, Assistant Secretary
 (Registered agent's signature)

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 CLERK OF DISTRICT COURT
 MIAMI-DADE COUNTY

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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. Bracen</u>
<input type="checkbox"/> Member	Address: <u>450 So Orange Avenue</u>	<input type="checkbox"/> Member	Address: <u>450 So 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 type="checkbox"/> Manager	Name: <u>Tammy Tipton</u>	<input type="checkbox"/> Manager	Name: <u>Chirag J. Bhavsar</u>
<input type="checkbox"/> Member	Address: <u>450 So Orange Avenue</u>	<input type="checkbox"/> Member	Address: <u>450 So Orange Avenue</u>
<input checked="" 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, LLC</u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u>335 N. Maple Drive, STE 130</u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u>Beverly Hills, CA 90210</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
Bradley Yochum
86A257DD9453435
Signature of an authorized person

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MAP 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 ELEVENTH DAY OF JULY, A.D. 2024.

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



4129140 8300

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203901686