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Division of Corporations

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Email Address: sandra.scott@cni.com

**Foreign Limited Liability Company**

**MAP Strategic Capital DebtCo, LLC**

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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. MAP 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.")

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

3. \_\_\_\_\_  
(FEI number, if applicable)

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

5. 450 So Orange Avenue, Suite 1400  
(Street Address of Principal Office)

6. PO Box 4920  
(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

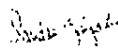
Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

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## 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, Assistant Secretary

(Registered agent's signature)

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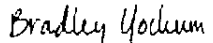
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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: <u>CNL Strategic Capital Management, LLC</u>   | <input type="checkbox"/> Manager               | Name: <u>Tracey B. Bracco</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:  
  
 80A237DD94E3435  
 Signature of an authorized person  
 Bradley Yochum  
 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 "MAP 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 ELEVENTH DAY OF JULY, A.D. 2024.

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



4129197 8300

SR# 20243111909

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 "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: 203901889

Date: 07-11-24