

M2300003904

Florida Department of State
Division of Corporations
Lynn Hammill Tower Street

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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 EquityCo, LLC

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

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2023 MAR 24 PM 2:23
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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MAR 24 AM 5:11
TALLAHASSEE, FL

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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. TM Strategic Capital Equity Co, 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
Jurisdiction under the law of which foreign limited liability company is organized)
3. (F.T.I. number, if applicable)

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

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

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)

FILED
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TALLAHASSEE, FL

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 Assistant Secretary
(Laura Zujal)
(Registered agent's signature)

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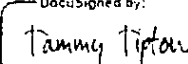
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<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 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 Person	<u>Orlando, FL 32801</u>	<input checked="" type="checkbox"/> Authorized Person	<u>Orlando, FL 32801</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<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 Person	<u>Beverly Hills, CA 90210</u>	<input type="checkbox"/> Authorized Person	<u>Orlando, FL 32801</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Tammy Tipton</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>450 Orange Avenue</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized Person	<u>Orlando, FL 32801</u>	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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

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The First State

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

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



Jeffrey W. Bullock

 Jeffrey W. Bullock, Secretary of State

7356723 8300

SR# 20231069982

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202957729

Date: 03-20-23