E15000 003131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

JUL 20 2015
J SHIVERS

Reunion Student Loan Finance Corporation

105 S 1st Ave
Aberdeen, SD 57401

State of Florida
FL Reg Section Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: **Reunion Student Loan Finance Corporation**

To Whom It May Concern:

Enclosed you will find our completed application.

Please mail all correspondence to:

Sheri Engleking
Reunion Student Loan Finance Corporation
124 S 1st St
Aberdeen, SD 57401

If you have any questions regarding this application, please contact:

Sheri Engleking
Reunion Student Loan Finance Corporation
Phone: (605) 622-4952
Fax: (605) 622-4952
Email: sherie@slfc.com

Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Reunion Student Loan Finance Corporation
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Sheri Engleking
Name of Person

Reunion Student Loan Finance Corporation
Firm/Company

105 S 1st Ave
Address

Aberdeen, SD 57401
City/State and Zip code

sherie@slfc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheri Engleking at (605) 622-4952
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ $70.00 Filing Fee
- ☐ $78.75 Filing Fee & Certificate of Status
- ☒ $78.75 Filing Fee & Certified Copy
- ☐ $87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Reunion Student Loan Finance Corporation
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

N/A
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. South Dakota
(State or country under the law of which it is incorporated)

3. 46-4405176
(FEI number, if applicable)

4. 12/30/2013
(Date of incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 105 S 1st Ave, Aberdeen, SD 57401
(Principal office address)

124 S 1st St, Aberdeen, SD 57401
(Current mailing address)

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8. 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)

9. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation 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.

C T Corporation System
By: Michele Miller
Assistant Secretary
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: *N/A*

Address: _____

_____

Vice Chairman: N/A

Address: _____

_____

Director: Alfred Norgrin Sanderson

Address: 105 S 1st Ave

Aberdeen, SD 57401

Director: _____

Address: _____

_____

B. OFFICERS *SEE ATTACHMENT*

President: Steve Kohles

Address: 105 S 1st Ave

Aberdeen, SD 57401

Vice President: N/A

Address: _____

_____

Secretary: N/A

Address: _____

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Angela Butera
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Angela Butera, Attorney In Fact
(Typed or printed name and capacity of person signing application)

Attachment to Florida
Officers & Directors

1	Full Name:	John Heier
	Officer/Director:	Officer
	Officer's Title:	VP of Loan Servicing
	Director's Title:	
	Business Address:	105 S 1st Ave
	City:	Aberdeen
	State:	SD
	ZIP Code:	57401

State of South Dakota

OFFICE OF THE SECRETARY OF STATE

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TALLAHASSEE, FLORIDA

Certificate of Existence
Domestic Corporation

ORGANIZATIONAL ID #: DB058479

I, **Shantel Krebs**, Secretary of State of the State of South Dakota, do hereby certify that **REUNION STUDENT LOAN FINANCE CORPORATION** was duly incorporated under the laws of this state on **December 30, 2013** for **perpetual** term of existence.

I, further certify that said corporation has complied with the laws of this State relative to the formation of corporations of its kind and is now a regularly and properly organized and existing corporation under the laws of this State and is in good standing, as shown by the records of this office. The annual report required by law has been filed with our office and articles of dissolution have not been filed. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the corporation's financial condition or business activities and practices. Such information is not available from this office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this June 17, 2015.

Shantel Krebs

Shantel Krebs
Secretary of State

Collectors Insurance Agency, Inc.
Power of Attorney

NOTICE IS HEREBY GIVEN THAT Reunion Student Loan Finance Corporation, ("Entity") an entity organized under the laws of South Dakota, does hereby appoint, Angela Butera, Lisa M. Eubanks, Megan Rinsem and Janis St. Martin while employed by Collectors Insurance Agency, Inc. as attorney-in-fact for the entity to act for the entity and affiliates and subsidiaries of the entity attached hereto as Exhibit A, specifically organized herein by reference ("the Subsidiaries") in the Entities' and Subsidiaries' names for the limited purposes authorized herein.

The Entity and Subsidiaries, having taken all necessary steps to authorize the changes, hereby grants it's attorney-in-fact the power to execute the documents necessary to file qualifications, certificates of authority, registrations, business registrations, licenses, permits and forms of similar import on behalf of the Entity and Subsidiaries in any state, jurisdiction, the District of Columbia and Puerto Rico.

This Power of Attorney expires when revoked by the Entity or Affiliates or Subsidiaries.

IN WITNESS WHEREOF, the undersigned have executed this Power of Attorney on the 6 day of July, 2015.

Steve Kohles

Signature of Authorized Entity Representative

Steve Kohles, President/Owner

Print Name and Title

Sworn to and subscribed before me
this 6 of July, 2015

Notary Public, State of South Dakota
Commission Expires: 6-22-2017

Carla Krogh