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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

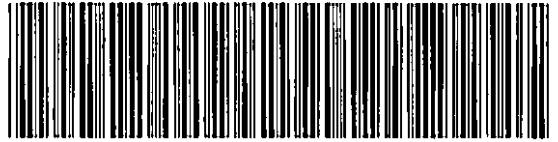
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 JAN 14 PM 4: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DA
1/17/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ascendium Education Solutions, Inc.

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Patricia Kingston

Name of Person

Ascendium Education Group, Inc.

Firm/Company

2501 International Lane

Address

Madison, WI 53704

City/State and Zip Code

Corptax@GLHEC.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Kingston at (608) 733-2559

Name of Person Area Code Daytime Telephone Number

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

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

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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Ascendium Education Solutions, Inc.
 (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

Ascendium Education Group, Inc.
 (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Wisconsin 3. 39-1853833
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/30/1996 5. _____
 (Date of Incorporation) (Date of duration, if other than perpetual)

6. _____
 (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 2501 International Lane Madison, WI 53704
 (Principal office address)

 (Current mailing address, if different)

8. Ascendium is a nonprofit, student loan guarantor. We provide services that drive college completion and lifelong success.
 (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Business Filings Incorporated
 Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
 (City) (Zip Code)

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 TALLAHASSEE, FLORIDA

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 AND
 FILED

10. 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.

Krista Bern Asst. Sec. Business Filings Incorporated
 (Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Richard George
Address: 2501 International Lane
Madison, WI 53704

Vice Chairman: Emerson Brumback
Address: 13635 Carnoustie Cir.
Dade City, FL 33525

Director: David Hanson
Address: One S. Pinckney St.
Madison, WI 53701

Director: Mary Burke
Address: 1702 Fisher St
Madison, WI 53703

B. OFFICERS

President: Richard George
Address: 2501 International Lane
Madison, WI 53704

COO Vice President: Jeff Crosby
Address: 2501 International lane
Madison, WI 53704

Asst. Secretary: Rebecca Rapp
Address: 2501 International Lane Madison, WI 53704

FO Treasurer: Hope Merry
Address: 2501 International lane Madison, WI 53704

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

13. [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Rebecca Rapp
(Typed or printed name and capacity of person signing application)

DOM
180 181 183

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

ASCENDIUM EDUCATION SOLUTIONS, INC.

is a domestic corporation or limited liability company organized under the laws of this state and that its date of incorporation or organization is May 30, 1996.

I further certify that the Articles of Incorporation, filed May 30, 1996, under the name GREAT LAKES HIGHER EDUCATION GUARANTY CORPORATION; and, Restated Articles of Incorporation, filed October 15, 2018, changing the name to the present name of ASCENDIUM EDUCATION SOLUTIONS, INC. are the only charter documents filed with this department for said corporation.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120, Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on December 4, 2018.

A handwritten signature in cursive script that reads "Mary Ann McCoshen".

MARY ANN McCOSHEN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

BY:

A handwritten signature in cursive script, appearing to be "Fred Ky", written over a horizontal line.