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SECRETARY OF STATE

J-4-19

COVER LETTER

TO:	Registration Sec Division of Corp	orations				
SUBJ	ECT:	NA	via	Ben	efit	Solutions, INC
		Name of o	orporation	n - must inc	lude suffix	
Dear S	ir or Madam:					
"Certii	ficate of Existence		Good Star	nding" and	check are su	act Business in Florida," bmitted to register the
Please	return all correspo	ondence concerning	this matte	r to the fol	lowing:	
		-	- in i	Box	d	
		<i>-</i>	Name of	Person	1d	
		1/40	ia B	enet	97 So	lutions, INC.
		600 N Ren	<u>AChe</u>	s A	ve S	$\omega_{}$
			Addr	ess		>
		<u> </u>	ton	u	A 98	057
		(City/State a	and Zip coo	le	
		thoyd 6 E-mail address: () nai	ia be	enefits	s.cm
		E-mail address: (to be used	for future a	annual report	notification)
For fu	rther information o	oncerning this matt	er, please	call:		
	Tina Bo	<u>yd</u> at	(425		152 -	3510
	Name of Person	•	Area Coc	te f	Daytime Telep	ohone Number
	STREET/COUR Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	orations Center Circle			MAILING A Registration S Division of C P.O. Box 632 Tallahassee. I	Section Corporations 77
Enclos	sed is a check for t	he following amour	it:			
□ \$70	0.00 Filing Fee	☐ \$78.75 Filing F Certificate of S		3 \$78.75 I Certified	Filing Fee & I 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. Navia Benefit So	olutions, Inc.		
	orporation; must include "INCORPORATI orp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION	.,
(If name unavaila	able in Florida, enter alternate corporate na	ame adopted for the purpose of transacting	g business in Florida)
Washington Stat	e	3. 91-1467758	
(State or countr	y under the law of which it is incorporated) (FEI number, if app	plicable)
4. January 18, 199		5,	
(Date	of incorporation)	(Date of duration, if other t	
6. <u>We hired</u>	Date first transacted busine (SEE SECTIONS 607.1501 & 60	on Feb 11, 2019. PR ess in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability	<u>lov we ad</u> minister Employee Benefit plu Store WA State V
7.600 N	Adres Ave SW, Ke	enton un 98057 incipal office address)	internet and
11	(1		,
<u> </u>	(Current m	nailing address, if different)	20 20 20 20 20 20 20 20 20 20 20 20 20 2
8. Name and stree	et address of Florida registered agent:	(P.O. Box NOT acceptable)	TEB 22
Name:	URS Agents, LLC		Right St. Mill
Office Address:	3458 Lakeshore Drive		
	Tallahassee	, Florida 32312	9 1 2
	(City)	(Zip code)	-
9. Registered ag	ent'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.

> URS Agents, LLC Sy: Christian Eubanks, 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 Please see attached. Chairman: Address: ___ Vice Chairman: **B. OFFICERS** CEO - Hilarie Aitken 600 Naches Ave SW, Renton WA 98057 Address: _ Justin Ishbia Vice President: 1 East Wacke Drive, Suite 2900, Chicago, IL 60601 Address: _ α Justin Ishbia Secretary: _ Address: _ Chairman - Ryan Kellev Treasurer: 1 East Wacke Drive, Suite 2900, Chicago, IL 60601 NOTE: If necessary, you may attack an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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

(Typed or printed name and capacity of person signing application)

a third degree felony as provided for in s.817.155, F.S.

List of Directors

- 1) William Clendenen
 - a. Navia Benefit Solutions, Inc. 600 Naches Ave SW, Renton WA 98057
- 2) James Forrest
 - a. Navia Benefit Solutions, Inc. 600 Naches Ave SW, Renton WA 98057
- 3) Greg Bell
 - a. Navia Benefit Solutions, Inc. 600 Naches Ave SW, Renton WA 98057
- 4) Justin Ishbia VICE Chairman
 - a. Navia Benefit Solutions, Inc. 600 Naches Ave SW, Renton WA 98057
- 5) Ryan Kelley Chairman
 - a. Navia Benefit Solutions, Inc. 600 Naches Ave SW, Renton WA 98057
- 6) Tim Danison
 - a. Navia Benefit Solutions, Inc. 600 Naches Ave SW, Renton WA 98057
- 7) Hilarie Aitken
 - a. Navia Benefit Solutions, Inc. 600 Naches Ave SW, Renton WA 98057
- 8) Matt Aitken
 - a. Navia Benefit Solutions, Inc. 600 Naches Ave SW, Renton WA 98057



Secretary of State

1, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

NAVIA BENEFIT SOLUTIONS, INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 01/18/1990.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

> Issued Date: 02/19/2019

UBI Number: 601 223 858

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Kin Ulyna

Date Issued: 02/19/2019