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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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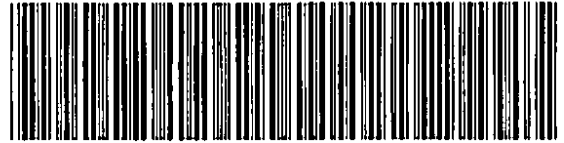
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Naviant, Inc.

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:

Jason Bruner

Name of Person

Naviant, Inc

Firm/Company

201 Prairie Heights Drive

Address

Verona, WI 53593

City/State and Zip code

jbruner@naviant.com

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

For further information concerning this matter, please call:

Jason Bruner

at (608) 848-0905

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. Naviant, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. Wisconsin 3. 39-1568840
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/18/1986 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 01/01/2021
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 201 Prairie Heights Drive, Verona, WI 53593
(Principal office street address)

(Current mailing address, if different)

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

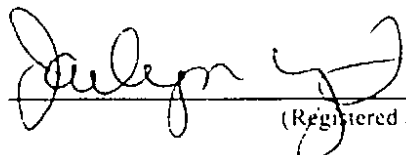
Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Dr., Suite A

Tallahassee, Florida 32301
(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.

 Jaclyn Wright, Asst. Sec.
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☒ Chairman Name Michael Suter
 Vice Chairman Address 201 Prairie Heights Drive
 Verona, WI 53593
☐ Director
☐ President
☐ Vice President
☐ Secretary ☒ Treasurer
☐ Other ☐ Other
Uncheck, please

☐ Chairman Name
 Vice Chairman Address
☐ Director
☐ President
☐ Vice President
☐ Secretary Treasurer
☐ Other Other

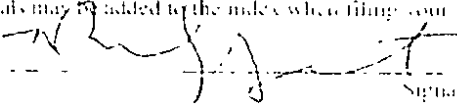
☐ Chairman Name
 Vice Chairman Address
☐ Director
☐ President
☐ Vice President
☐ Secretary Treasurer
☐ Other Other

☐ Chairman Name Lisa Suter
 Vice Chairman Address 201 Prairie Heights Drive
 Verona, WI 53593
☐ Director
☐ President
☐ Vice President
☐ Secretary Treasurer
☐ Other Other

☐ Chairman Name
 Vice Chairman Address
☐ Director
☐ President
☐ Vice President
☐ Secretary Treasurer
☐ Other Other

☐ Chairman Name
 Vice Chairman Address
☐ Director
☐ President
☐ Vice President
☐ Secretary Treasurer
☐ Other 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.

12  _____
Signature of Director or Officer

The officer or director signing this document and 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 a third degree felony as provided for in § 817.155, F.S.

13 Michael Suter, Founder, Chairman of the Board of Directors

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

United States of America
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Patti Epstein, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

NAVIANT, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is December 18, 1986.

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 March 18, 2021.

PATTI EPSTEIN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

