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SECRETARY OF STATE SIVISION OF CONTURATION



#### **COVER LETTER**

TO:		tration Section ion of Corporations			
SUBJI	ret.	5280 Solutions LLC			
SODJI	eci.	(Name of	Limited Liability Company)	-	
Florida	a," Cer		d Liability Company for Authorization are submitted to register the above refer da		
Please	return	all correspondence concerning t	his matter to the following:		
		Scott Gubbels			
			(Name of Person)	-	1 91VIS 2006
		Nelnet, Inc.			
			(Firm/Company)		ON OF CO
		121 S. 13th St., Suite 201			<b>13</b>
			(Address)		2: 37
		Lincoln, NE 68508			
		(Ci	ty/State and Zip Code)		
For fu	rther in	nformation concerning this matte	r, please call:		
	Scott	t Gubbels	at ()458-3041		
		(Name of Person)	(Area Code & Daytime Telep	hone Nu	mber)
	Divis P.O. I	LING ADDRESS: ion of Corporations Box 6327 hassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	· ·-	
Enclos		check for the following amount 5.00 Filing Fee \$\square\$			ee, Certificate s & Certified Copy

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	5280 Solutions LLC		<u> </u>			<u> </u>
	(Name of Foreign Limited	I Lia	bility Company)			
2	Colorado	3	20-3756873			
(	Jurisdiction under the law of which foreign limited liability ompany is organized)	,	(FEI number, i	f applicable)		_
4.	11/07/2005	5.	perpetual	_		
Ŧ.	(Date of Organization)	٦.	(Duration: Year limited liab exist or "perpetual")	ility company v	vill cease to	5
5.	11/07/2005					
	(Date first transacted business in I (See sections 608.501 & 608.502 F			-		
7.	121 S. 13th St., Suite 201 Lincoln, NE 68508		coordinate politics and analysis	m	2006,	SEV
•					<b>A</b>	오추
				<del></del>	ယ	_유로:
	(Street Addres	ss of	Principal Office)			
2	If limited liability company is a manager-manage	d c	omnany check here		3	37
٠.	if infined habitty company is a manager-manage	u c	ompany, oncek here [v]	_	$\ddot{\wp}$	A
<b>)</b> .	The name and usual business addresses of the ma	ınag	ing members or manager	s are as follo	ws: 3	, <u>j</u>
	Ray Ciarvella 3015 S. Parker Road #400, Aurora CO 80	014		·-		
				;=		<del>-</del> · ·
he rar	Attached is an original certificate of existence, no more than 9 jurisdiction under the law of which it is organized. (A photocostation of the certificate under oath of the translator must be sundature of business or purposes to be conducted	opy i Ibmi	s not acceptable. If the certificat tted.)	_	•	
				4.5 <del></del>		_
	Mishbur				<u>-</u>	
	Signature of a member or an a (In accordance with section 608.408(3), an affirmation under the penalties of pe	, F.S.	, the execution of this document of	constitutes		·
	Terry Heimes, CFO Typed or printe	Of ed +	~ . ~	on Loan No	twork,	Inc.,
	- Typed of print	-u 1	mine or signee	nember		

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

2. The name	and the Florida street address of	the register	red agent and office are:	2006 JAN 30	MOISTAID
	Corporation Service Company			<u>Σ</u>	
		(Name)		_	MOG
	1201 Hays Street			PH 2:	PARU
	Florida Street Addre	ss (P.O. Box	NOT ACCEPTABLE)	37	,NO.
	Tallahassee	FL	32301		
		City/State/	Zîp	-,	

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Corporation Service Company

1. The name of the Limited Liability Company is:

Jacqueline N. Casper Assistant Vice President

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

#### CERTIFICATE

I, Ginette Dennis, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

5280 Solutions LLC

#### is a Limited Liability Company

formed or registered on 11/07/2005 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20051414999 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/13/2006 that have been posted, and by documents delivered to this office electronically through 01/20/2006 @ 10:04:06.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 01/20/2006 @ 10:04:06 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 6394675.



Sinette Dennis

Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <a href="http://www.sos.state.co.uv/biz/CertificateSearchCriteria.do">http://www.sos.state.co.uv/biz/CertificateSearchCriteria.do</a> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select 'Frequently Asked Questions.''

\*\*\*\*\*End of Certificate\*\*\*\*\*\*\*\*\*\*\*\*\*