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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

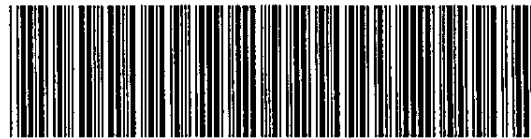
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MAR 30 2017  
S. YOUNG

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STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
17 MAR 29 PM 12:31

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Peterson's Nelnet, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Dennis Little

Name of Person

Peterson's Nelnet, LLC

Firm/Company

121 S. 13th Street, Suite 100

Address

Lincoln, NE 68508-1904

City/State and Zip Code

Jill.McCabe@nelnet.net

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301  
17 MAR 29 PM 12:31

For further information concerning this matter, please call:

Susan E. Campbell

303

696-3505

Name of Contact Person

at ( )

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Peterson's Nelnet, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Petersons Nelnet, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Nebraska 3. 20-5228719  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 121 S. 13th Street, Suite 100  
Lincoln, NE 68508-1904  
(Street Address of Principal Office)

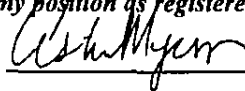
6. 121 S. 13th Street, Suite 100  
Lincoln, NE 68508-1904  
(Mailing Address)

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

Name: CT Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)

**Registered agent's acceptance:**

*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 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.*

 CT Corporation System  
Cristie Myers, Assistant Secretary  
(Registered agent's signature)

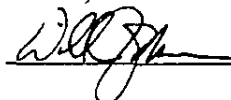
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Dominc Rotondi - President - 121 S. 13th Street, Lincoln, NE 68508-1904

James D. Kruger - Treasurer - 121 S. 13th Street, Lincoln, NE 68508-1904

William J. Munn - Secretary - 121 S. 13th Street, Lincoln, NE 68508-1904

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

  
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

William J. Munn  
Typed or printed name of signee

1470  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304  
17 MAR 29 PM 12:31

**Taxpayer Identification Number (TIN) and Certification**  
(Substitute for IRS Form W-9)

County of Volusia, Florida  
Accounting  
123 W Indiana Ave, Room 302  
DeLand, Florida 32720

Certification of TIN and business name are required for all successful bidders prior to issuing a contract or purchase order. Completion of this form is necessary to meet IRS regulations.

List your legal business name below as shown on your income tax return. Sole proprietors should list their individual name as noted on your social security card on Name line (1). You may enter a business name on Business Name line (2). Other entities must list your business name as shown on Federal tax documents on Name line (1). This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the Business Name line (2). For limited liability companies (LLC) that are owned by an individual, the owner's name must be listed in the Name line (1) and the business name may be listed on the Business Name line (2). For limited liability companies that are corporations, partnerships, etc., enter the business name on Name line (1)

1. Name (as shown on your income tax return) <b>Peterson's Nelnet, LLC</b>		
2. Business name, if different from above <b>Peterson's Nelnet, LLC</b>		
Address <b>121 S. 13th Street, Suite <del>100</del> 301</b>		
City <b>Lincoln</b>	State <b>NE</b>	Zip Code + 4 <b><del>86508-1904</del> 68508</b>
Remittance Address, if different from above <b>PO Box 30316</b>		
City <b><del>Lincoln</del> Omaha</b>	State <b><del>NE</del> NE</b>	Zip Code + 4 <b><del>86508-1904</del> 68103-1316</b>
Contact Person <b>Dennis Little</b>	Title <b>Senior Vice President</b>	
Phone Number <b>(402) 486 - 5273</b> Ext.	Fax Number <b>(877) 221 - 6757</b>	
E-mail address <b>Dennis.Little@Petersons.com</b>		

<b>Taxpayer Identification Number (TIN)</b>	
<p>The County of Volusia collects your social security number and may disclose your social security number to a commercial entity in order to comply with Section 119.071(5), Florida Statutes, for the following purposes, including but not limited to: tax reporting, and/or for use in identification of County vendors for any purpose allowed under law not limited by protection under state or federal privacy laws. Social security numbers are also used as a unique numeric identifier and may be used for verification or search purposes. The County may disclose social security numbers to another agency or governmental entity if it is necessary for the receiving agency or governmental agency to perform its duties and responsibilities.</p> <p>Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN). Note, this is the TIN shown on your federal tax documents.</p>	
Social security number	or Employer identification number <b>20-5228719</b>

<input type="checkbox"/> CHECK HERE IF YOU ARE EXEMPT FROM BACK-UP WITHHOLDING <input type="checkbox"/> CHECK HERE IF YOU ARE TAX-EXEMPT; Check one:		<input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership	<input type="checkbox"/> Government <input type="checkbox"/> Other-Explain
Filing Status (Ownership) (LLC IS NOT ACCEPTABLE) <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Other: (explain)			

<b>CERTIFICATION: Under penalties of perjury, I certify that:</b>	
1. The number shown on this form is my correct tax payer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U. S. person (including a U.S. resident alien).	
Signature of U. S. Person	Date <b>3-7-17</b>

# STATE OF NEBRASKA

United States of America,        } ss.  
State of Nebraska                }

Secretary of State  
State Capitol  
Lincoln, Nebraska

I, John A. Gale, Secretary of State of the  
State of Nebraska, do hereby certify that

**PETERSON'S NELNET, LLC**

**was duly formed under the laws of Nebraska on July 19, 2006;**

**all fees, taxes, and penalties due under the Nebraska Uniform Limited  
Liability Company Act or other law to the Secretary of State have been paid;**

**the Company's most recent biennial report required by section 21-125 has  
been filed by the Secretary of State;**

**the Secretary of State has not administratively dissolved the company;**

**the Company has not delivered to the Secretary of State for filing a Statement  
of Dissolution;**

**a Statement of Termination has not been filed by the Secretary of State.**

*This certificate is not to be construed as an endorsement,  
recommendation, or notice of approval of the entity's financial  
condition or business activities and practices.*

In Testimony Whereof,

I have hereunto set my hand and  
affixed the Great Seal of the  
State of Nebraska on this date of

**March 7, 2017**



*John A. Gale*  
Secretary of State

SECRETARY OF STATE  
STATE OF NEBRASKA  
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