

8/20/2021

Division of Corporations

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (514)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
NELNET GOVERNMENT SERVICES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2021 AUG 20 PM 12: 04

TALLAHASSEE FLORIDA

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SALE
AUG 20 2021

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. Nelnet Government Services, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. S1-2493976
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(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 6. 121 S. 13th Street
(Street Address of Principal Office) (Mailing Address)

Suite 100 Suite 100
Lincoln, NE 68508 Lincoln, NE 68508

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

Name: C T 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.

By: C T Corporation System
Denise Bell Asst. Secretary Denise Bell
(Registered agent's signature)

FILED
2021 AUG 20 PM 4:25
TALLAHASSEE, FLORIDA

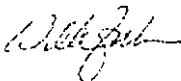
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

Title or Capacity:		Name and Address:		Title or Capacity:		Name and Address:	
<input type="checkbox"/> Manager	Name:	Joe Popevis		<input type="checkbox"/> Manager	Name:	Jeffrey Noordhoek	
<input type="checkbox"/> Member	Address:	121 S. 13th Street		<input type="checkbox"/> Member	Address:	121 S. 13th Street	
<input type="checkbox"/> Authorized	Suite 100			<input type="checkbox"/> Authorized	Suite 100		
Person	Lincoln, Nebraska, 68508			Person	Lincoln, Nebraska, 68508		
<input checked="" type="checkbox"/> Other	Director			<input checked="" type="checkbox"/> Other	Director		
	President				Other		
<input type="checkbox"/> Manager	Name:	John Turner		<input type="checkbox"/> Manager	Name:	Terry Hennes	
<input type="checkbox"/> Member	Address:	121 S. 13th Street		<input type="checkbox"/> Member	Address:	121 S. 13th Street	
<input type="checkbox"/> Authorized	Suite 100			<input type="checkbox"/> Authorized	Suite 100		
Person	Lincoln, Nebraska, 68508			Person	Lincoln, Nebraska, 68508		
<input checked="" type="checkbox"/> Other	Vice President			<input checked="" type="checkbox"/> Other	Director		
	Other				Other		
<input type="checkbox"/> Manager	Name:	William J Munn		<input type="checkbox"/> Manager	Name:	Nehet Servicing, LLC	
<input type="checkbox"/> Member	Address:	121 S. 13th Street		<input checked="" type="checkbox"/> Member	Address:	121 S. 13th Street	
<input checked="" type="checkbox"/> Authorized	Suite 100			<input type="checkbox"/> Authorized	Suite 100		
Person	Lincoln, Nebraska, 68508			Person	Lincoln, Nebraska, 68508		
<input checked="" type="checkbox"/> Other	Secretary			<input type="checkbox"/> Other			
	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.

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)

10. 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.



Signature of an authorized person

William J. Munn

Typed or printed name of signer

STATE OF NEBRASKA

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

Secretary of State
State Capitol
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the
State of Nebraska, do hereby certify that

NELNET GOVERNMENT SERVICES, LLC

was duly formed under the laws of Nebraska on April 15, 2016;

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

August 11, 2021



Robert B. Evnen

Secretary of State