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(City/State/Zip/Phone #)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2024

JULIE SHELDON
13865 SUNRISE VALLEY DR STE 300
HERNDON, VA 20171

SUBJECT: NAVIENT B.P.O., LLC
Ref. Number: W24000141121

We have received your document for NAVIENT B.P.O., LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 624A00022777

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. Navient B.P.O., 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-1187899
(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. 13865 Sunrise Valley Drive, Ste 300
(Street Address of Principal Office)

6. 13865 Sunrise Valley Drive, Ste 300
(Mailing Address)

Herndon, VA 20171
Herndon, VA 20171

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

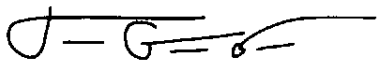
Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee . Florida 32301
(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.



Joshua Goodman, Assistant Secretary

(Registered agent's signature)

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STATE OF FLORIDA
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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Navient Business Processing Group, LLC</u>	<input type="checkbox"/> Manager	Name: <u>Chad Wilson</u>
<input checked="" type="checkbox"/> Member	Address: <u>13865 Sunrise Valley Dr.</u>	<input type="checkbox"/> Member	Address: <u>20 Parker Lane</u>
<input type="checkbox"/> Authorized	<u>Ste 300</u>	<input type="checkbox"/> Authorized	<u>Perry, NY 46037</u>
Person	<u>Herndon, VA 20171</u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u>Eric Kiss</u>	<input type="checkbox"/> Manager	Name: <u>Elizabeth Han</u>
<input type="checkbox"/> Member	Address: <u>13865 Sunrise Valley Dr.</u>	<input type="checkbox"/> Member	Address: <u>13865 Sunrise Valley Dr.</u>
<input type="checkbox"/> Authorized	<u>Ste 300</u>	<input type="checkbox"/> Authorized	<u>Ste 300</u>
Person	<u>Herndon, VA 20171</u>	Person	<u>Herndon, VA 20171</u>
<input checked="" type="checkbox"/> Other <u>Treasurer</u>	<input type="checkbox"/> Other <u></u>	<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

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.

Chad Wilson

Signature of an authorized person

Chad Wilson - President

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NAVIENT B.P.O., LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NAVIENT B.P.O., LLC" WAS FORMED ON THE SIXTH DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



6337306 8300

SR# 20243618226

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204328108

Date: 09-06-24