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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

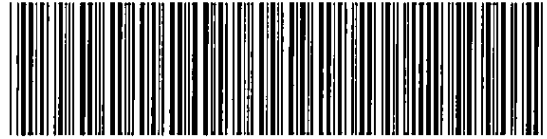
(Business Entity Name)

(Document Number)

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1 of 2 - 2023

### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Settlers bank  
\_\_\_\_\_  
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:

Atty. Christopher M. Schmidt  
\_\_\_\_\_  
Name of Person  
Boardman & Clark LLP  
\_\_\_\_\_  
Firm/Company  
1 S. Pinckney St., Suite 410  
\_\_\_\_\_  
Address  
Madison, Wisconsin 53703  
\_\_\_\_\_  
City/State and Zip code  
pneuman@boardmanclark.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Atty. Christopher M. Schmidt at ( 608 ) 286-7232  
\_\_\_\_\_  
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. Settlers bank  
\_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "In.," "Co.," or "Corp.")

Settlers bank Co  
\_\_\_\_\_  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

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

4. September 13, 2007 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. As of registration.  
\_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4021 Meridian Drive, Windsor, Wisconsin 53598  
\_\_\_\_\_  
(Principal office street address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: David M. Fink  
\_\_\_\_\_

Office Address: 10307 Heritage Bay Blvd. #1222  
\_\_\_\_\_

Naples, Florida 34120  
\_\_\_\_\_, Florida \_\_\_\_\_  
(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.*

DocuSigned by:  
David M. Fink  
35CC6361366D404 (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: Thomas Spitz

Vice Chairman Address: 6632 Stepping Stone Dr.

Director Sun Prairie, WI 53590

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other CEO  Other \_\_\_\_\_

Chairman Name: David M. Fink

Vice Chairman Address: 10307 Heritage Bay Blvd. #1222

Director Naples, FL 34120

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Pat Gill

Vice Chairman Address: 501 S. Nicolet Rd.

Director Appleton, WI 54914

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: John Stoneman

Vice Chairman Address: 2268 Caine Rd.

Director Fitchburg, WI 53575

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Eric Schwartz

Vice Chairman Address: 4934 Lake Mendota Dr.

Director Madison, WI 53705

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Marilyn Holt Smith

Vice Chairman Address: 6357 Heatherstone Ct.

Director Sun Prairie, WI 53590

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. David M. Fink  
35CC6361366D404 Signature of Director or Officer

The officer or director signing this document (and who is 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 s.817.155, F.S.

13. David M. Fink, Director  
(Typed or printed name and capacity of person signing application)

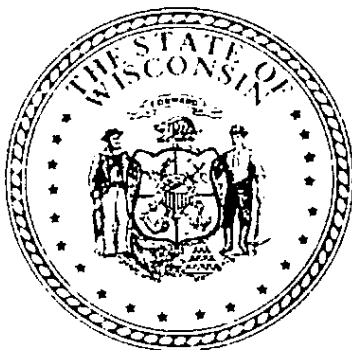
# State of Wisconsin

## DEPARTMENT OF FINANCIAL INSTITUTIONS

I, Kim Swissdorf, Administrator, Division of Banking, being the duly constituted authority having supervision of Settlers Bank, a state bank organized and existing under and by virtue of the laws of the State of Wisconsin, and having its principal place of business at DeForest, Wisconsin, hereby certify:

THAT Settlers Bank, DeForest, Wisconsin, was granted a charter to transact the business of banking on December 3, 2007, and

THAT Settlers Bank, DeForest, Wisconsin, has been in continuous operation in the banking business and is at the present time an operating bank in good standing.



Dated at Madison, Wisconsin, this 11th day of  
April 2023.

*Kim Swissdorf*