

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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DIVISION OF CORPORATIONS
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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 PROFIT/NONPROFIT CORPORATION
Pacific Western Bank Corporation

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$70.00

7/20/14

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FLORIDA OFFICE OF FINANCIAL REGULATION

DREW J. BREAKSPEAR
COMMISSIONER

June 25, 2014

Ms. Kori Ogrosky
5404 Wisconsin Avenue
2nd Floor
Chevy Chase, MD 20815

Re: Pacific Western Bank

Dear Ms. Ogrosky:

Reference is made to your recent letter requesting approval of the above name, which is a California non-member bank headquartered in Los Angeles, California. As stated in your correspondence, Pacific Western Bank will only be collecting and preparing closing documents for credit transactions.

As Section 655.922, Florida Statutes, exempts a financial institution, holding company or its subsidiaries from the prohibition of using the word "bank," "banco," "banque," "banker," "banking," "trust company," "savings and loan association," "savings bank," or "credit union," or words of similar import, in any context or in any manner in its corporate name.

Therefore, this Office will not object to the use of the above referenced name being registered to transact business in the state of Florida. However, this correspondence is not intended to grant the authority to act in any licensed capacity until all licensing requirements have been met within this state.

Sincerely,

A handwritten signature in black ink that reads "Robert D. Hayes". The signature is fluid and cursive.

Robert D. Hayes
Director

RDH:bk

cc: Brenda Tadlock, Chief, Bureau of Commercial Recordings, Division of Corporations,
Department of State

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Pacific Western Bank Corporation

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:

Kori Ogrosky

Name of Person

Pacific Western Bank

Firm/Company

5404 Wisconsin Avenue, 2nd Floor

Address

Chevy Chase, MD 20815

City/State and Zip code

Mchlds@pacificwesternbank.com

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

For further information concerning this matter, please call:

Michela Childs

at (301) 820-8762

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$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. Pacific Western Bank Corporation
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. 95-3671242
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. September 12, 2006 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. April 8, 2014
(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 10250 Constellation Boulevard, Suite 1640, Los Angeles, CA 90067
(Principal office address)
- 5404 Wisconsin Avenue, 2nd Floor, Chevy Chase, MD 20815
(Current mailing address)

8. Commercial Lending
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. 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)

10. 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.

C T Corporation System

By: Todd B. Proper
(Registered agent's signature)

11. 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.

Todd B. Proper
Vice President and Assistant Secretary

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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, P.S.

14. Kori Ogrosky, Secretary

(Typed or printed name and capacity of person signing application)

Names and Addresses of Pacific Western Bank Board of Directors

Name	Business Address
Douglas (Tad) Lowrey – Chairman	569 Woodland Resort Pasadena, CA 91106
George Langley	21225 Meserica Road Covina, CA 91724
Arnold Messer	10203 Santa Monica Blvd. Suite 400 Los Angeles, CA 90067
James Pieczynski	3027 Townsgate Road Suite 300 Westlake Village, CA 91361
Victor Santoro	10250 Constellation Blvd. Suite 1640 Los Angeles, CA 90067
Mathew Wagner	10250 Constellation Blvd. Suite 1640 Los Angeles, CA 90067
Jared Wolff	10250 Constellation Blvd. Suite 1640 Los Angeles, CA 90067

Names and Addresses of Pacific Western Bank Corporate Officers

Name	Title	Business Address
Holly Hayes	Assistant Secretary	444 South Flower Street 14th Floor Los Angeles, CA 90071
Lynn Hopkins	Assistant Secretary	275 N. Brea Boulevard Brea, CA 92821
Kori Ogrosky	EVP, Secretary	5404 Wisconsin Avenue 2 nd Floor Chevy Chase, MD 20815
Victor Santoro	EVP, Chief Financial Officer	10250 Constellation Blvd. Suite 1640 Los Angeles, CA 90067
Jared Wolff	President, Pacific Western Bank	10250 Constellation Blvd. Suite 1640 Los Angeles, CA 90067

*Other VPs and AVPs have been appointed as corporate officers and can be provided upon request.

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

PACIFIC WESTERN BANK

FILE NUMBER: C2926405
FORMATION DATE: 09/12/2006
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of June 18, 2014.

Debra Bowen

DEBRA BOWEN
Secretary of State

RYM