

F24000001325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

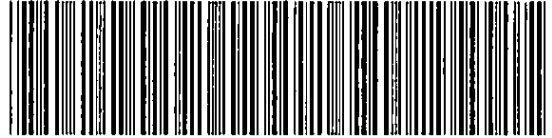
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600423419376

02/07/24--01016--011 ++87.50

2024 FEB -7 PM 12:24
CLERK OF STATE
MASSACHUSETTS

FILED

M. SOLOMON

MAR 11 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Origin 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:

Geoffrey S. Kay

_____ Name of Person	FILED 2024 FEB -7 PM 12:24 CLERK OF STATE TALLAHASSEE, FL 32314
Fenimore Kay Harrison, LLP	
_____ Firm/Company	
812 San Antonio Street, Suite 600	
_____ Address	
Austin, Texas 78701	
_____ City/State and Zip code	
gkay@fkhpartners.com	
_____ E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Geoffrey S. Kay	at (512)	583-5909
_____ 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**

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$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. Origin Bank
(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. Louisiana 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/23/1912 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 3921 Elm Street, Choudrant, Louisiana 71227
(Principal office street address)
- _____
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Robin Donlon
- Office Address: 105 Lewis Street, Suite 103
- Fort Walton Beach, Florida 32547
(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.



(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]:

SECRETARY OF STATE
STATE OF FLORIDA

2024 FEB - 7 PM 12:24

FILED

A. DIRECTORS

PLEASE SEE APPENDIX A

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ 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. Derek McGee
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. Derek McGee, Chief Legal Counsel
(Typed or printed name and capacity of person signing application)

FILED
2024 FEB - 7 PM 12:24
CLERK OF STATE
TALLAHASSEE, FLORIDA

APPENDIX A

A. Directors

Drake Mills (Chairman)
Lance Hall
Daniel Chu
James D'Agostino, Jr.
James Davison, Jr.
Jay Dyer
A. La'Verne Edney
Meryl Farr
Richard Gallot, Jr.
Stacey Goff
Michael Jones
Gary Luffey
Farrell Malone
Lori Sirman
Elizabeth Solender
Steve Taylor

B. Executive Officers

Lance Hall – President and Chief Executive Officer
Stephen Brolly – Chief Accounting Officer
Jim Crotwell – Chief Risk Officer
Derek McGee – Chief Legal Counsel
Preston Moore – Chief Credit & Banking Officer
Wally Wallace – Chief Financial Officer

The business address for each of the individuals listed above is

c/o Origin Bank
3921 Elm Street
Choudrant, LA 71227

CLERK OF STATE
JAN 31 2024 10:10 AM
CLASSIFIED

2024 FEB - 7 PM 12:24

FILED



Commissioner Russell C. Weigel, III

VIA ELECTRONIC MAIL

January 29, 2024

Mr. Geoffrey S. Kay
Fenimore Kay Harrison LLP
812 San Antonio Street, Suite 600
Austin, TX 78701

Re: **Origin Bank**

Dear Mr. Kay:

Reference is made to your recent letter requesting approval to register the above-referenced name with the Florida Secretary of State by Origin Bank. The bank is a Louisiana state-charted bank, headquartered in Choudrant, Louisiana, and regulated by the Louisiana Office of Financial Institutions.

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,

Jason M. Guevara
Financial Administrator
Division of Financial Institutions
Office of Financial Regulation

JMG:td

cc: Lee Yarbrough, Chief, Bureau of Commercial Recordings, Division of Corporations,
Department of State



STATE OF LOUISIANA
OFFICE OF FINANCIAL INSTITUTIONS
BATON ROUGE, LOUISIANA



IT IS HEREBY CERTIFIED THAT

THE BANK OF CHOUDRANT,

domiciled in Choudrant, Lincoln Parish, Louisiana,

was issued a Certificate of Authority

to conduct the business of banking under

the laws of the State of Louisiana, effective November 13, 1912,

and on August 10, 1987, changed its name to

COMMUNITY TRUST BANK,

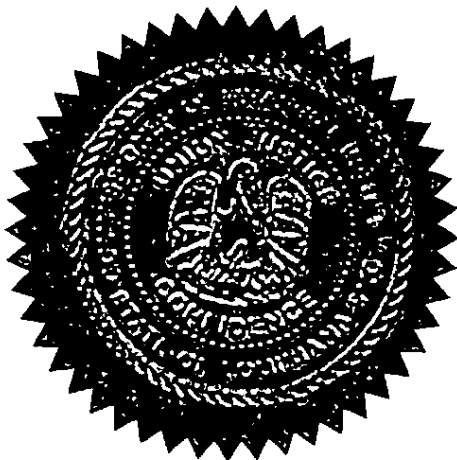
domiciled in Choudrant, Lincoln Parish, Louisiana,

and on October 8, 2015, changed its name to

ORIGIN BANK,

domiciled in Choudrant, Lincoln Parish, Louisiana

and has operated continuously since the date of opening.



In testimony whereof, I have hereunto set
my hand and caused the seal of my Office
to be affixed at the City of Baton Rouge
on January 30, 2024.

A handwritten signature in black ink, reading "P. Scott Jolly".

P. Scott Jolly
Commissioner of Financial Institutions