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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

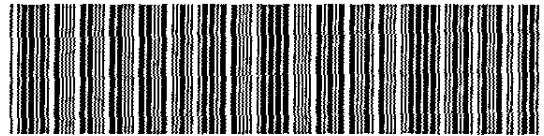
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Office Use Only

W04-4800



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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sterling Bank Services, Inc.

(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", 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:

Stephen R. Brown

(Name of Person)

199 West Pine Street

(Firm/Company)

Missoula, MT 59807-7909

(Address)

(City/State and Zip code)

For further information concerning this matter, please call:

Stephen R. Brown

(Name of Person)

at (406) 523-2500

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration 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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 4, 2004

STEPHEN R. BROWN
199 WEST PINE STREET
MISSOULA, MT 59807-7909

SUBJECT: STERLING BANK SERVICES, INC.
Ref. Number: W04000004800

We have received your document for STERLING BANK SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Written approval and clearance of the terms BANK, BANKER, BANKING, TRUST COMPANY, BANCSHARES, SAVINGS & LOAN ASSOCIATION, SAVINGS BANK, or CREDIT UNION or words of similar import, must be obtained from the Office of Financial Institutions, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Name Approval Request" form to be filled out and sent to the address indicated on the form. If the proposed name is approved by the Office of Financial Institutions, resubmit the document and approval letter to the Division of Corporations for filing.

The document must have original signatures.

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 304A00007458



OFFICE OF FINANCIAL REGULATION

DON B. SAXON
DIRECTOR

FINANCIAL SERVICES
COMMISSION

JEB BUSH
GOVERNOR

TOM GALLAGHER
CHIEF FINANCIAL OFFICER

CHARLIE CRIST
ATTORNEY GENERAL

CHARLES BRONSON
COMMISSIONER OF
AGRICULTURE

March 9, 2004

Ms. Lisa W. Delano
Paralegal
Garlington, Lohn & Robinson, PLLP
Post Office Box 7909
Missoula, Montana 59807-7909

Dear Ms. Delano:

Re: Sterling Bank Services, Inc.

Reference is made to your recent request for approval of the use of the above-referenced corporate name.

The use of the words "bank", "banker", "banking", "trust company", "savings and loan", "credit union" or other words of similar import, by any person other than a bank or trust company, in any manner which indicates or reasonably implies that the business being conducted or advertised is that of a bank or trust company or holding company is prohibited by Section 655.922, Florida Statutes.

This office has previously approved the use of the words "bank" or "trust company" by non-banking companies where they are used in connection with other words which serve to distinguish the type of business being conducted from that of a bank, trust company or holding company.

Since the above-referenced name does not provide any descriptive distinction sufficient to avoid the implication that the nature of the business is that of a banking corporation, domestic or international banking office, we are unable to approve your request for use of the above-referenced corporate name.

Should you wish to resubmit another name or change your choice of names to clearly indicate that your company is not a commercial bank, holding company, savings and loan or credit union, we will be glad to give it our consideration.

Sincerely,

Linda B. Charity
Deputy Director
Financial Institutions

LBC:ker

cc: Karon Beyer – Chief, Bureau of Commercial Recordings
Division of Corporations, Secretary of State's Office

**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. Sterling Bank Services, Inc.

(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. Montana

(State or country under the law of which it is incorporated)

3. 81-0511176

(FEI number, if applicable)

4. 11/05/1999

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 04/15/2004

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 800 Kensington, Suite 212, Missoula, MT 59801

(Principal office address)

same

(Current mailing address)

8. the cleaning of ATM's and other bank equipment

(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 or Mail Drop Box **NOT** acceptable)

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine Island

Plantation

(City)

, Florida

33324

(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: _____

(Registered agent's signature)

Jack Caskey, Assistant Vice President

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.

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

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(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/05/1999 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
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(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 800 Kensington, Suite 212, Missoula, MT 59801
(Principal office address)

same
(Current mailing address)
8. the cleaning of ATM's and other bank equipment
(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 or Mail Drop Box NOT acceptable)

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine Island

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: Jack Cast, Asst VP
(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.
12. Names and business addresses of officers and/or directors:

A. DIRECTORS *SEE ATTACHMENT*

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS *SEE ATTACHMENT*

President: Rick Adams

Address: P.O. Box 1120

Missoula, MT 59806

Vice President: _____

Address: _____

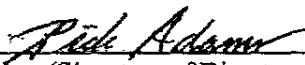
Secretary: W.C. Ditch

Address: 3075 St. Thomas Dr. Missoula, MT 59801

Treasurer: Audrie Allyn

Address: 3075 St. Thomas Dr. Missoula, MT 59803

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

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Rick Adams, President

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

Attachment to Florida

Officers & Directors

-
- | | | |
|----|-------------------|--------------------------|
| 1. | Full Name: | Rick Adams |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | President |
| | Business Address: | P.O. Box 1120 |
| | City: | Missoula |
| | State: | MT |
| | ZIP Code: | 59806 |
| 2. | Full Name: | Audrie Allyn |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | Treasurer |
| | Business Address: | 3075 St. Thomas Dr. |
| | City: | Missoula |
| | State: | MT |
| | ZIP Code: | 59803 |
| 3. | Full Name: | W.C. Ditch |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | Secretary |
| | Business Address: | 3075 St. Thomas Dr. |
| | City: | Missoula |
| | State: | MT |
| | ZIP Code: | 59801 |
| 4. | Full Name: | Robert Erwin |
| | Officer/Director: | Director |
| | Officer's Title: | |
| | Business Address: | P.O. Box 1120 |
| | City: | Missoula |
| | State: | MT |
| | ZIP Code: | 59801 |
| 5. | Full Name: | Con Malee ^{"a"} |
| | Officer/Director: | Director |
| | Officer's Title: | |
| | Business Address: | P.O. Box 1120 |
| | City: | Missoula |
| | State: | MT |
| | ZIP Code: | 59806 |

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SECRETARY OF STATE

STATE OF MONTANA

CERTIFICATE OF EXISTENCE

I, Bob Brown, Secretary of State of the State of Montana, do hereby certify that

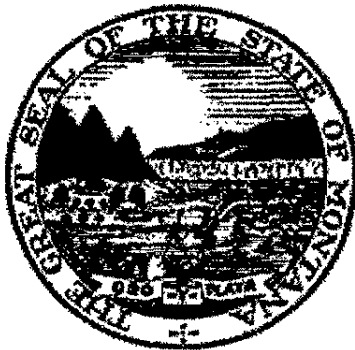
STERLING BANK SERVICES, INC.

duly filed its Articles of Incorporation in this office on 5 November 1999, and on that date was created a body politic and corporate.

I further certify that all fees reflected in the records of the Secretary of State have been paid by said corporation and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said corporation and my records indicate the corporation is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto
set
my hand and affixed the Great Seal of the
State
of Montana, at Helena, the Capital, this 13
January 2004.

Bob Brown

BOB BROWN
Secretary of State

Certified File Number: D100759