

FO40000006204

2004 OCT 25 P 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

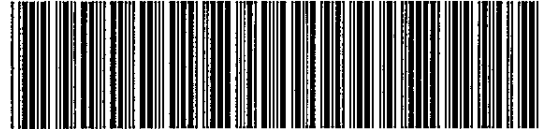
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

1004-36934

Office Use Only



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10/05/04--01046--023 **70.00



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

FILED

2004 OCT 25 P 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 8, 2004

KEVIN B. POWELL
725 BOARDMAN CANFIELD ROAD #L3
BOARDMAN, OH 44512

SUBJECT: AMERISTATE BANCORP INC.
Ref. Number: W04000036934

We have received your document for AMERISTATE BANCORP 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.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 104A00058143

Oct. 28. 2004 2:42PM DIVISION OF SECURITIES & FINANCE

No. 6941 P. 2/3 003



DON B. SAXON
DIRECTOR

OFFICE OF FINANCIAL REGULATION

OCTOBER 27, 2004

90 DAY EXPIRATION DATE: 01/25/05

AMERISTATE MORTGAGE
725 BOARDMAN-CANFIELD RD BLDG 6 UNIT 3
YOUNGSTOWN, OH 44512

FINANCIAL SERVICES
COMMISSION

JER BUSH
GOVERNOR
2004 OCT 25 P 1:41
TOM GALLACHER
CHIEF FINANCIAL OFFICER
SECRETARY OF STATE
CHARLIE CRIST
ATTORNEY GENERAL
TALLAHASSEE, FLORIDA

CHARLES BRONSON
COMMISSIONER OF
AGRICULTURE

RE: REG. LICENSE ID: LI00000514001 SEQ: 000 BRN: 000000

DEAR APPLICANT:

YOUR APPLICATION FOR LICENSURE AS A MORTGAGE LENDER HAS BEEN RECEIVED BY THIS OFFICE.

A REVIEW OF YOUR APPLICATION HAS DISCLOSED THE FOLLOWING DEFICIENCIES:

- OBTAIN ALTERNATE NAME WITH FL SEC OF STATE & AMMEND NAME ON APP.
- FLORIDA LAW PROHIBITS THE WORD "BANK" OR SIMILAR WORDS IN ONE'S NAME.

ALL DEFICIENCIES MUST BE RESOLVED BEFORE THE NINETY (90) DAY EXPIRATION DATE LISTED ABOVE. FAILURE TO RESOLVE THE DEFICIENCIES WITHIN THE NINETY (90) DAY PERIOD WILL RESULT IN DENIAL OF THE APPLICATION.

IN ORDER TO EXPEDITE THE PROCESSING OF YOUR APPLICATION, PLEASE RETURN A COPY OF THIS LETTER WITH YOUR RESPONSE. FOR MORE INFORMATION VISIT OUR WEBSITE AT: WWW.DBF.STATE.FL.US/LICENSING.

SINCERELY,

COPY

SANDRA GREEN
FINANCIAL EXAMINER/ANALYST
MAIL YOUR RESPONSE TO:
200 E. GAINES STREET
TALLAHASSEE, FLORIDA 32399-0376
(850)410-9799

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

2004 OCT 25 P 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Ameristate Bancorp 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:

Kevin B Powell
(Name of Person)
Ameristate Bancorp Inc
(Firm/Company)
725 Bonarman Camino Road # C3
(Address)
Bonarman Ohio 44517
(City/State and Zip code)

For further information concerning this matter, please call:

Kevin B Powell at (330) 679-8500
(Name of Person) (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

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

FILED

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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Ameristate Bancorp Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Ameristate mortgage INC.

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

2. OHIO

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

3. 34-1775565

(FEI number, if applicable)

4. 5/1994

(Date of incorporation)

5. Perpetual

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

6. N/A

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

7. 725 Boardman - Canfield Road unit L3 Boardman

(Principal office address)

OHIO 44512

Same

(Current mailing address)

8. mortgage lending corporation

(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: Peter Rosace

Office Address: 166 Hickory stick CT

DeBary

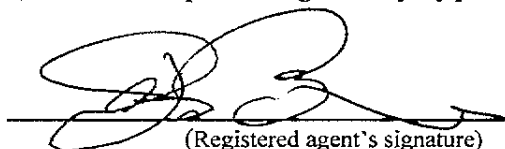
(City)

, Florida, 32713

(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.


(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

Chairman: Kevin B Powell
Address: 614 Cathy Ann Dr
Youngstown Ohio 44512

Vice Chairman: Daniel G Darko
Address: 1563 Barrington Ct
Lebanon Ohio 45036

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS


President: Kevin B Powell
Address: 614 Cathy Ann Dr
Youngstown Ohio 44512

Vice President: Daniel G Darko
Address: 1563 Barrington Ct
Lebanon Ohio 45036

Secretary: Daniel G Darko
Address: 1563 Barrington Ct Lebanon Ohio 45036

Treasurer: Kevin B Powell
Address: 614 Cathy Ann Drive Youngstown Ohio 44512

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. Dan Darko vice president
(Typed or printed name and capacity of person signing application)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**United States of America
State of Ohio
Office of the Secretary of State**

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show AMERISTATE BANCORP INC., an Ohio corporation, Charter No. 873186, having its principal location in Youngstown, County of Mahoning, was incorporated on May 31, 1994 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 28th day of September, A.D. 2004*

J. Kenneth Blackwell

Ohio Secretary of State