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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

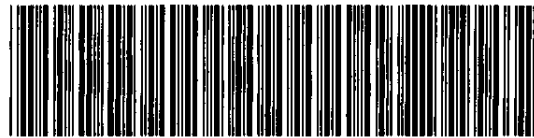
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DIVISION OF CORPORATIONS
09 DEC -3 PM 3:37



OFFICE OF FINANCIAL REGULATION

J. THOMAS CARDWELL
COMMISSIONER

**FINANCIAL SERVICES
COMMISSION**

CHARLIE CRIST
GOVERNOR

BILL MCCOLLUM
ATTORNEY GENERAL

ALEX SINK
CHIEF FINANCIAL OFFICER

CHARLES BRONSON
COMMISSIONER OF
AGRICULTURE

November 30, 2009

Mr. David M. Calico
101 W. Robert E. Lee Blvd.
Suite 400
New Orleans, LA 70124

Dear Mr. Calico:

Re: Gulf Coast Bank & Trust Co.

Reference is made to your recent e-mail requesting approval of the above-referenced name which is a state chartered Louisiana bank located in New Orleans, Louisiana.

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. The Office will not object to the use of the above name being registered to transact business in the state of Florida. This does not authorize the institution to engage in banking, trust or insurance business or any other licensed activity in the state of Florida. Proper regulatory approvals will be required.

Sincerely,

A handwritten signature in cursive script, appearing to read "Linda B. Charity".

Linda B. Charity
Director

LBC:bk

cc: Karon Beyer, Chief, Bureau of Commercial Recordings, Division of Corporations,
Department of State

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: GULF COAST BANK & TRUST CO.

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:

DAVID M. CALICO

Name of Person

GULF COAST BANK & TRUST CO.

Firm/Company

101 W ROBERT E LEE SUITE 400

Address

NEW ORLEANS / LOUISIANA 70124

City/State and Zip code

davidcalico@gulfbank.com

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

For further information concerning this matter, please call:

JUDY PELITERE

at

(504) 599-5720

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 Cop ☒ \$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. GULF COAST BANK & TRUST Co.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. LOUISIANA 3. 72-1167423
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JUNE 1990 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 12889 EMERALD COAST PARKWAY 104A DESTIN, FL 32550
(Principal office address)
101 W ROBERT E LEE BLVD, SUITE 400 NEW ORLEANS, LA 70124
(Current mailing address)

8. MORTGAGE LOAN ORIGINATIONS
(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: KRISTEN POPE

Office Address: 12889 EMERALD COAST PKWY 104A
DESTIN, Florida 32550
(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.


(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.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC -3 PM 3:07

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

A. DIRECTORS

Chairman: GUY T. WILLIAMS

Address: 200 ST. CHARLES AVE
NEW ORLEANS, LA 70130

Vice Chairman: _____

Address: _____

Director: DIETER MICHAEL HUGEL

Address: 2626 N. ARNOULT
METairie, LA 70002

Director: DALE HIGGINS

Address: 2626 N. ARNOULT
METairie, LA 70002

B. OFFICERS

President: GUY T. WILLIAMS

Address: 200 ST. CHARLES AVE
NEW ORLEANS, LA 70130

Vice President: BRUCE FALKENSTEIN

Address: 1825 VETERANS BLVD.
METairie, LA 70005

Treas/Secretary: GREGORY J. HOLLIER

Address: 200 ST. CHARLES AVE, NEW ORLEANS, LA 70130

Treasurer: _____

Address: _____

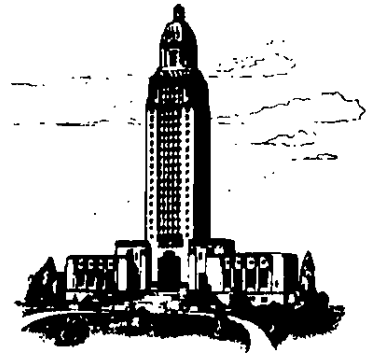
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Guy Williams
(Signature of Director or Officer listed in number 12 of the application)

14. Guy Williams
(Typed or printed name and capacity of person signing application)



STATE OF LOUISIANA
OFFICE OF FINANCIAL INSTITUTIONS
BATON ROUGE, LOUISIANA



IT IS HEREBY CERTIFIED THAT

GULF COAST BANK AND TRUST COMPANY,

domiciled in New Orleans, Orleans Parish, Louisiana,

was issued a Certificate of Authority

to conduct the business of banking under

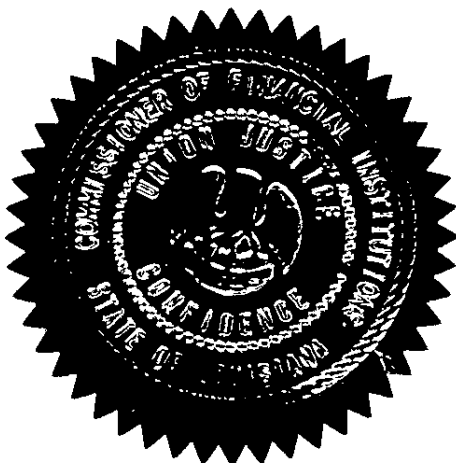
the laws of the State of Louisiana, effective June 11, 1990,

and that

GULF COAST BANK AND TRUST COMPANY,

domiciled in New Orleans, Orleans Parish, Louisiana,

is currently operating pursuant to said Certificate.



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 November 12, 2009.

A handwritten signature in cursive script, reading "John Ducrest".

John Ducrest, CPA
Commissioner of Financial Institutions