

F12000004340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

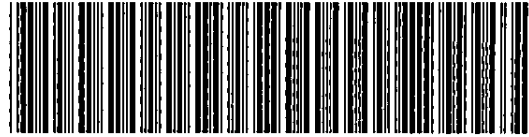
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

MRB
10/24/12

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MBank

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:

Michael Gottlieb

Name of Person

Firm/Company

8630 SW Scholls Ferry Road, Ste. #302

Address

Beaverton, OR 97008

City/State and Zip code

michael@gottlieb-law.com

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

For further information concerning this matter, please call:

Michael Gottlieb

Name of Person

at (503) 546-0498

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



STREET ADDRESS: 101 East Gaines Street, Suite 636 • PHONE (850) 410-9800 • FAX (850) 410-9548
MAILING ADDRESS: Division of Financial Institutions, 200 East Gaines Street, Tallahassee, FL 32399-0371
Visit us on the web: WWW.ITSYOURMONEYFLORIDA.COM • 850-487-9687

LINDA B. CHARITY
INTERIM COMMISSIONER

October 4, 2012

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Mr. Michael Gottlieb, PC
Attorney at Law
8630 S.W. Scholls Ferry Road, Suite 302
Beaverton, OR 97008

Re: MBank

Dear Mr. Gottlieb:

Reference is made to your recent letter requesting approval of the above name, which is a Oregon state-chartered bank located in Gresham, Oregon.

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,

Linda B. Charity
Director

LBC:bk

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

FINANCIAL SERVICES COMMISSION

RICK SCOTT
GOVERNOR

PAM BONDI
ATTORNEY
GENERAL

JEFF ATWATER
CHIEF FINANCIAL
OFFICER

ADAM PUTNAM
COMMISSIONER OF
AGRICULTURE

**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. MBank
(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. Oregon 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/1/1995 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "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. 1290 NE Burnside Rd., Gresham, OR 97030
(Principal office address)

P.O. Box 504, Gresham, OR 97030
(Current mailing address)

8. Any lawful purpose
(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)

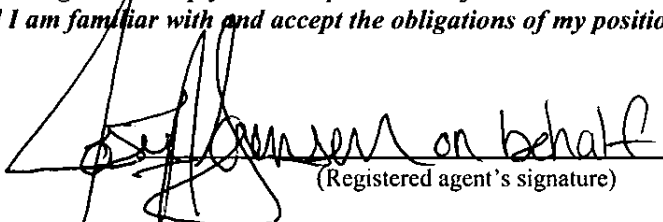
Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(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.

 on behalf of InCorp Services, Inc.
(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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TALLAHASSEE, FLORIDA

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: _____

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, F.S.

14. Jef Baker, President

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

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

Officers

Jefry Baker	President	1290 NE Burnside Rd. Gresham, OR 97030
Thomas N. Sciarretta	Secretary	1290 NE Burnside Rd. Gresham, OR 97030

Directors

Jefry Baker	Director	1290 NE Burnside Rd. Gresham, OR 97030
Stan Morris	Director	1290 NE Burnside Rd. Gresham, OR 97030
Fred Bruning	Director	1290 NE Burnside Rd. Gresham, OR 97030
Chuck Maples	Director	1290 NE Burnside Rd. Gresham, OR 97030
Rex Brittle	Director	1290 NE Burnside Rd. Gresham, OR 97030



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**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
DIVISION OF FINANCE AND CORPORATE SECURITIES**

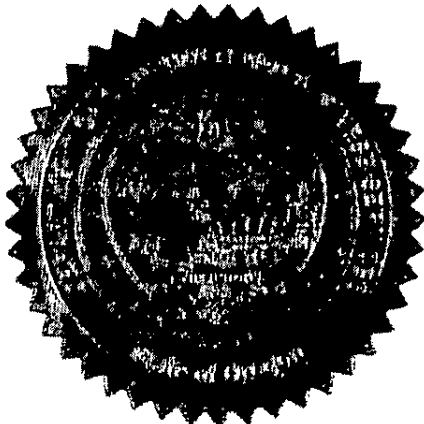
CERTIFICATE OF GOOD STANDING

**MBank
Gresham, Oregon**


I, David C. Tatman, Administrator of the Division of Finance and Corporate Securities, Department of Consumer and Business Services of the State of Oregon,

DO HEREBY CERTIFY:

That the records in my office and in my care and custody show that the above Oregon banking corporation was incorporated under the Oregon banking statutes the 1st day of December 1995 and is an existing Oregon banking corporation in good standing, having filed all reports and made all payments to this office that are required by the laws of this State.



In testimony whereof, I have hereunto set my hand and affixed the seal of the Department of Consumer and Business Services of the State of Oregon this 3rd day of October, 2012.


David C. Tatman, Administrator