

F 13000002877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

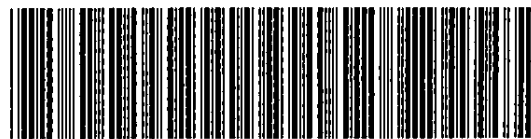
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Certificate OK
per
Diane Cushing

7/5/13

Office Use Only



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DEPARTMENT OF STATE
13 JUN 19 PM 4:20

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUN 19 AM 8:54

7/5/13

11/13-35630



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 672004 7553544
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 78.75

ORDER DATE : June 3, 2013
ORDER TIME : 3:59 PM
ORDER NO. : 672004-005
CUSTOMER NO: 7553544

FOREIGN FILINGS

NAME: NORTHPOINTE BANK INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

612 004
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13 JUL -3 AM 10:47

June 20, 2013

CSC

WALK-IN

RESUBMIT

Please give original
submission date as file date.

SUBJECT: NORTHPOINTE BANK INC.
Ref. Number: W13000035630

We have received your document for NORTHPOINTE BANK INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Corporate Name Approval Request" form to be completed 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 the approval letter to the Division of Corporations for filing. The Office of Financial Institutions' phone number is 850-410-9800.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6052.

Maryanne Dickey
Regulatory Specialist II

Letter Number: 613A00015487

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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

DREW J. BREAKSPEAR
COMMISSIONER

June 27, 2013

Mr. Thomas Sall
Vice President
Northpointe Bank
3333 Deposit Drive N.E.
Grand Rapids, MI 49546

Re: Northpointe Bank

Dear Mr. Sall:

Reference is made to your recent correspondence requesting approval of the above name, which is a state chartered bank headquartered in Grand Rapids, Michigan.

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,

Robert Hayes
Director

RH:bk

cc: Brenda Tadlock, Chief, Bureau of Commercial Recordings, Division of Corporations,
Department of State

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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. **NORTHPOINTE BANK 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. **Michigan**

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

3. **38-3448372**

(FEI number, if applicable)

4. **May 21, 1999**

(Date of incorporation)

5. **Perpetual**

(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. **3333 Deposit Drive NE, Grand Rapids MI 49546**

(Principal office address)

3333 Deposit Drive NE, Grand Rapids MI 49546

(Current mailing address)

8. **Purchase and originate mortgage loans**

(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: **Corporation Service Company**

Office Address: **1201 Hayes Street**

Tallahassee

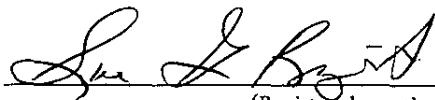
(City)

Florida 32301

(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)

**Sue G. Knight
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.

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

13 JUN 19 AM 8: 54

A. DIRECTORS

Chairman: Bruce Edger

Address: 3333 Deposit Drive NE, Grand Rapids MI 49546

Vice Chairman: R. Jeff Dean

Address: 3333 Deposit Drive NE, Grand Rapids MI 494546

Director: David Hooker

Address: 3333 Deposit Drive NE, Grand Rapids MI 494546

Director: Harvey Gainey

Address: 3333 Deposit Drive NE, Grand Rapids MI 494546

B. OFFICERS

President: Charles Williams

Address: 3333 Deposit Drive NE, Grand Rapids MI 49546

Vice President: Thomas Sall

Address: 3333 Deposit Drive NE, Grand Rapids MI 494546

Secretary: Steve Germond

Address: 3333 Deposit Drive NE, Grand Rapids MI 494546

Treasurer: Steve Germond

Address: 3333 Deposit Drive NE, Grand Rapids MI 494546

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

13. Thomas Sall

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. Thomas Sall, Vice President

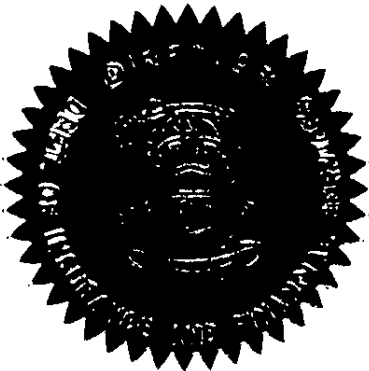
(Typed or printed name and capacity of person signing application)

STATE OF MICHIGAN
DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES

I, R. Kevin Clinton, Director of the Department of Insurance and Financial Services, State of Michigan, do hereby certify the records of this office reflect

Northpointe Bank

is a Michigan banking corporation headquartered in the City of Grand Rapids, County of Kent, State of Michigan, United States of America, and is duly authorized to transact business under its charter, pursuant to the provisions of applicable statutes of this State.



SIGNED AND SEALED this 18th day of
June, 2013, at Lansing, Michigan.

R. Kevin Clinton

R. Kevin Clinton
Director

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