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(R	equestor's Name)	
(Ad	ddress)	
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(Ci	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Be	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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MICHAEL B GOTTLIEB, PC

November 24, 2014

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

VIA EXPRESS MAIL

Re: Application for Authority to Transact Business

To whom it may concern:

Please file the enclosed Application by Foreign Corporation for Authorization to Transact Business in Florida. Please return the filed documents directly to this office, or contact me regarding any questions, at:

Michael B Gottlieb, PC 17898 SW McEwan Rd., Ste. 100 Tigard, OR 97224 503-546-0498 503-546-0499 fax michael@gottlieb-law.com

Sincerely,

Enc.

COVER LETTER

	w Filing Section vision of Corporations						
SUBJECT	r: MBank, Inc.						
Name of corporation - must include suffix							
Dear Sir or	Madam:						
"Certificate	ed "Application by Foreign Corporation for Authorization of Existence," or "Certificate of Good Standing" and che renced foreign corporation to transact business in Florida.						
Please return	rn all correspondence concerning this matter to the follow	ing:					
Michael	Gottlieb						
	Name of Person						
	Firm/Company						
17898	SW McEwan Rd., Ste. 100						
	Address						
Tigard, 0	OR 97224						
	City/State and Zip code						
michael@	@gottlieb-law.com						
	E-mail address: (to be used for future ann	ual report notification)					
For further i	information concerning this matter, please call:						
Michael	at (
Nai	ame of Person Area Code & Dayti	me Telephone Number					
Nev Div Clif 266	w Filing Section New Vision of Corporations Diversity from Building P.C.	Willing ADDRESS: w Filing Section vision of Corporations D. Box 6327 llahassee, FL 32314					
Enclosed is	a check for the following amount:						
✓ \$70.00	Filing Fee \$\square\$ \$78.75 Filing Fee & \$\square\$ \$78.75 Filing Certificate of Status \$\square\$ Certified C	· 1 /					



LINDA B. CHARITY
INTERIM COMMISSIONER

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.itsyourmoneyfloripa.com • 850-487-9687

October 4, 2012

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

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, Inc.	<u></u>					
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	ED.	" "COMPANY," "CORPORATION,"			-
	orp, ino, co, or corp.			ALLA	14 M	
(If name unavail	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting busin-	ess in Fl	ार्वेंब)	
2. Oregon		3.	93-1188748 (FEI number, if applicable)	SE	9	
(State or country	under the law of which it is incorporated)	٠.	(FEI number, if applicable)	77	×	
4. 12/1/1995		5.	perpetual	202 203	::	, , ,
(Date	of incorporation)		(Duration: Year corp. will cease to exist or	Perpe	tu ni' ()	•
6						-
	(Date first transacted busines (SEE SECTIONS 607.1501 & 607	ss ii 7. 1 :	n Florida, if prior to registration) 502, F.S., to determine penalty liability)			
7. 1290 NE BI	urnside Rd., Gresham, OR 9	971	030			
	(Principal office a	ıdđ	ress)			
P.O. Box 5	04, Gresham, OR 97030					
	(Current mailing a	add	ress)			
8. Any lawful	nurnosa					
·	of corporation authorized in home state or	r cc	ountry to be carried out in state of Florida)			
	t address of Florida registered agent: (I					
Name:	InCorp Services, Inc.					
Office Address:	17888 67th Court North		····			
	Loxahatchee		, Florida 33470			
	(City)		(Zip code)			
designated in this further agree to co	ed as registered agent and to accept set application, I hereby accept the appoi	ntm s re po:	ce of process for the above stated corpornent as registered agent and agree to actel elative to the proper and complete performance is registered agent.	in this rmance	capae of my	city. I v duties,

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: See Attached						
Address:						
Vice Chairman:	<u> </u>					
Address:	- C					
	కు≳ం ∾ ా					
Director:	To Receive the					
Address:						
	Dr. 7					
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 addition 13.	nal officers and/or directors.					
Signature of Director or Officer						
The officer or director signing this document (and who is listed in number 12 above) are true and that he or she is aware that false information submitted in a document to third degree felony as provided for in s.817.155, F.S.						
14 lef Baker President						

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

MBank An Oregon chartered commercial bank

9415 SE Stark St.

1290 NE Burnside Rd. Gresham, OR 97030

1290 NE Burnside Rd. Gresham, OR 97030

1290 NE Burnside Rd.

1290 NE Burnside Rd.

Gresham, OR 97030

Gresham, OR 97030

Officers

Jefry A. Baker

Fred Bruning

Erinn Jaksich

Mark New

Gary Delorit

Randy Blake

Secretary

9415 SE Stark St.
Portland, OR 97216

Directors

Jefry A. Baker

Director

1290 NE Burnside Rd.
Gresham, OR 97030

Stanley Morris

Director

1290 NE Burnside Rd.
Gresham, OR 97030

President

Director

Director

Director

Director

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State of Oregon

OFFICE OF THE SECRETARY OF STATE Corporation Division

Certificate of Existence 923V715X9

I, Kate Brown, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

MBANK, INC.

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

Kate Brown, Secretary of State

10/24/2014