

**F16000000968**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

**\*RE-SUBMIT\***

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA0000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

**Please retain original filing date of submission 1/15**

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**Midland States Bank, Inc.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 078     |
| Estimated Charge      | \$78.75 |

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TALLAHASSEE, FLORIDA

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3/1/2016 11:41:01 AM From: To: 8506176383( 2/8 )  
850-617-8381 1/19/2016 12:12:30 PM PAGE 1/001 Fax Server



January 19, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CT CORPORATION SYSTEM

**\*RE-SUBMIT\***

SUBJECT: MIDLAND STATES BANK, INC.  
REF: W16000003393

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

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) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

FAX Aud. #: H16000012531  
Letter Number: 516A00001110

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## FLORIDA OFFICE OF FINANCIAL REGULATION

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DREW J. BREAKSPEAR  
COMMISSIONER

February 24, 2016

Ms. Allison Finkelmeyer  
6100 Tower Circle  
Suite 200  
Franklin, TN 37067

Re: Midland States Bank, Inc.

Dear Mr. Tucker:

Reference is made to your recent letter requesting approval of the above referenced name, which is a state member bank located in Effingham, Illinois.

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.

Therefore, this Office will not object to the use of the above referenced name being registered to transact business in the state of Florida. However, this correspondence is not intended to grant the authority to act in any licensed capacity until all licensing requirements have been met within this state.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Martin Stubblefield", is written over a horizontal line.

J. Martin Stubblefield  
Director  
Division of Financial Institutions

JMS:dlb

cc: Lyn Shaffstall, Chief, Bureau of Commercial Recordings, Division of Corporations,  
Department of State

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
Midland States Bank, Inc.

**SUBJECT:** \_\_\_\_\_  
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:  
Allison Finkelmeyer

|                              |  |
|------------------------------|--|
| _____                        | Name of Person   |
| Thompson Burton PLLC         |  |
| _____                        | Firm/Company   |
| 6100 Tower Circle, Suite 200 |  |
| _____                        | Address  |
| Franklin, TN 37067           |  |
| _____                        | City/State and Zip code  |
| allison@thompsonburton.com   |  |
| _____                        | E-mail address: (to be used for future annual report notification) |

For further information concerning this matter, please call:

|                     |              |                          |
|---------------------|--------------|--------------------------|
| Allison Finkelmeyer | 615          | 465-6009                 |
| _____               | at ( _____ ) | _____                    |
| Name of Person      | Area Code    | Daytime Telephone Number |

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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.**

Midland States Bank, Inc.

1. \_\_\_\_\_  
(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)  
Illinois 37-0259550

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
10/25/2010
4. \_\_\_\_\_ 5. Perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
1201 Network Centre Drive, Effingham, IL 62401

7. \_\_\_\_\_  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.

Office Address: \_\_\_\_\_

1200 South Pine Island Road

Plantation

33324  
\_\_\_\_\_, Florida

(City)

(Zip code)

**9. 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.*

Nile Chauranch

(Registered agent's signature)

10. 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.

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

**A. DIRECTORS**

Chairman: John Schultz  
1201 Network Centre Drive  
Address: Effingham, IL 62401

Vice Chairman: Leon Holschbach  
1201 Network Centre Drive  
Address: Effingham, IL 62401

Director: Robert Schultz  
1201 Network Centre Drive  
Address: Effingham, IL 62401

Director: Jeffrey Smith  
1201 Network Centre Drive  
Address: Effingham, IL 62401

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JAMES E. FLORID  
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JAMES E. FLORID

**B. OFFICERS**

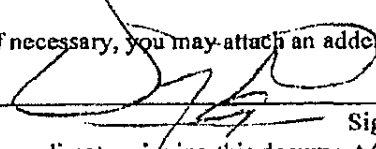
President: Leon Holschbach  
1201 Network Centre Drive  
Address: Effingham, IL 62401

Vice President: Jeffrey Ludwig  
1201 Network Centre Drive  
Address: Effingham, IL 62401

Secretary: Douglas Tucker  
1201 Network Centre Drive, Effingham, IL 62401  
Address:

Treasurer: Michael Karibian  
1201 Network Centre Drive, Effingham, IL 62401  
Address:

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

12.  Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Douglas Tucker, Senior Vice President and Corporate Counsel, *Secretary*  
(Typed or printed name and capacity of person signing application)

3/1/2016 11:41:01 AM From: To: 8506176383( 7/8 )

**Additional Directors - Midland States Bank, Inc.**

Richard Ramos  
1201 Network Centre Drive  
Effingham, IL 62401

Thomas Shaw  
1201 Network Centre Drive  
Effingham, IL 62401

Jerry McDaniel  
1201 Network Centre Drive  
Effingham, IL 62401

Dwight Miller  
1201 Network Centre Drive  
Effingham, IL 62401

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*State of Illinois*  
*Department of Financial and Professional Regulation*  
*Division of Banking*

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16 MAR - 1 PM 12:46  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

*Date:* December 14, 2015

*Certificate*

I, **SCOTT D. CLARKE**, do hereby certify that, according to the records maintained by the Illinois Department of Financial and Professional Regulation, Division of Banking, **MIDLAND STATES BANK, EFFINGHAM COUNTY, EFFINGHAM, ILLINOIS**, has held and continues to hold authority to do a general banking business as provided by the Illinois Banking Act and as permitted by its charter.

IN TESTIMONY WHEREOF, I hereby subscribe  
my name.

DEPARTMENT OF FINANCIAL AND  
PROFESSIONAL REGULATION of the  
State of Illinois;  
BRYAN A. SCHNEIDER, SECRETARY

DIVISION OF BANKING



*Scott D. Clarke*

Scott D. Clarke  
Assistant Director