

FILE 0000004410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

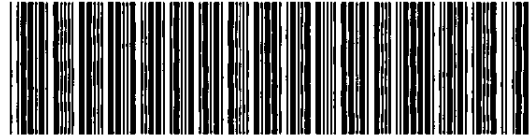
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W16-59480

Office Use Only



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08/26/16--01019--011 **87.50

FILED
08/26/16 A 11:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 29, 2016

JOHN B. GRIFFITH
100 N. MICHIGAN STREET
SOUTH BEND, IN 46601

SUBJECT: 1ST SOURCE BANK
Ref. Number: W16000059480

We have received your document for 1ST SOURCE BANK and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

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.

Tanisha L Washington
Regulatory Specialist II

Letter Number: 116A00018278

COVER LETTER

TO: Registration Section
Division of Corporations

1st Source Bank

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:
John B. Griffith

Name of Person

1st Source Bank

Firm/Company

100 N. Michigan Street

Address

South Bend, IN 46601

City/State and Zip code

maatj@1stsource.com

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

For further information concerning this matter, please call:

Gerald Mast

574

235-4109

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:

- ☐ \$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

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.

1st Source Bank

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)

2. Indiana 3. 35-0309575
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 19, 1922 5. _____
(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)

7. 1800 Second Street, Suite 712, Sarasota, FL 34236
(Principal office address)

P.O. Box 1602, South Bend, IN 46634
(Current mailing address, if different)

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

Name: CT Corporation

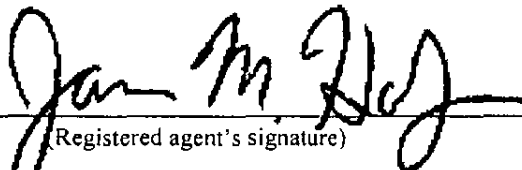
Office Address: 1200 South Pine Island Road

Plantation, 33324
(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.

C T Corporation


(Registered agent's signature)

James M. Halpin
Assistant Secretary

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.

FILED
SEP 30 A 11:00
SECRETARY OF STATE
TAMPA FLORIDA

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

A. DIRECTORS

Chairman: Christopher J. Murphy III

Address: 100 N. Michigan St.

South Bend, IN 46601

Vice Chairman: Wellington D. Jones III

Address: 100 N. Michigan St.

South Bend, IN 46601

Director: James R. Seitz

Address: 100 N. Michigan St.

South Bend, IN 46601

Director: Timothy K. Ozark

Address: 100 N. Michigan St.

South Bend, IN 46601

B. OFFICERS

President: James R. Seitz

Address: 100 N. Michigan St.

South Bend, IN 46601

Vice President: Lisa A. Pesaresi

Address: 100 N. Michigan St.

South Bend, IN 46601

Secretary: John B. Griffith

Address: 100 N. Michigan St., South Bend, IN 46601

Treasurer: Andrea G. Short

Address: 100 N. Michigan St., South Bend, IN 46601

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. John B. Griffith, Secretary

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

FILED
JUL 20 A 11:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA OFFICE OF FINANCIAL REGULATION**

www.FLOFR.com

DREW J. BREAKSPEAR
COMMISSIONER

September 23, 2016

Mr. Gerald O. Mast
100 N. Michigan St.
South Bend, IN 46601

Re: 1st Source Bank

Dear Mr. Mast:

Reference is made to your recent letter requesting approval to register the above-referenced fictitious name with the Florida Secretary of State by 1st Source Bank, which is a Indiana state-chartered bank headquartered in South Bend, Indiana.

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 dark ink, appearing to read "J. Martin Stubblefield", is written over a horizontal line.

J. Martin Stubblefield
Director
Division of Financial Institutions

SECRETARY OF STATE
TREASURY
FLORIDA
SEP 26 2016 11:00 AM

FILED

JMS:dlb

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

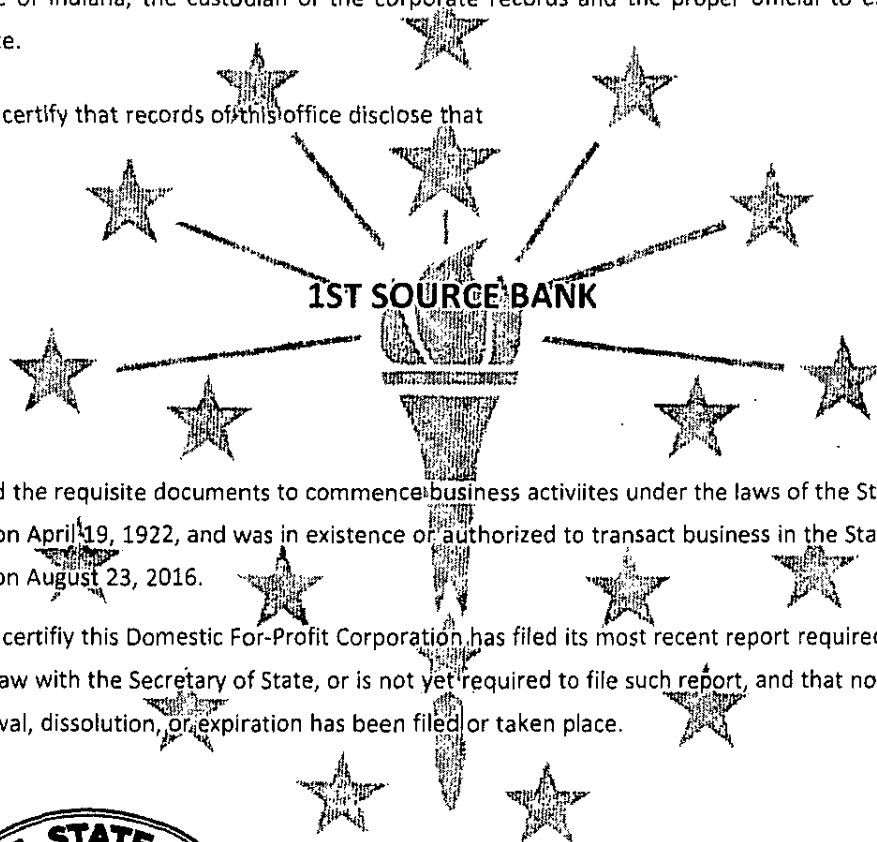
**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

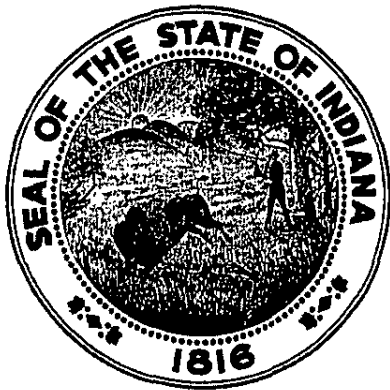
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that



duly filed the requisite documents to commence business activities under the laws of the State of Indiana on April 19, 1922, and was in existence or authorized to transact business in the State of Indiana on August 23, 2016.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 23, 2016

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

191990-025 / 201688301

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>