(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: W18 -94504
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Office Use Only



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DEC 2.1 %

S. PRATHER



October 26, 2018

SHIRLEY K. HODGE 201 NORTH UNION STREET DANVILLE, VA 24541

SUBJECT: MOVEMENT BANK Ref. Number: W18000094564

We have received your document for MOVEMENT 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):

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.

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.

The registered agent must sign accepting the designation.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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) 245-6900.

Stacy Prather

Regulatory Specialist III

Letter Number: 918A00022108



FLORIDA OFFICE OF FINANCIAL REGULATION

www.FLOFR.com

PAMELA P. EPTING INTERIM COMMISSIONER

November 19, 2018

Mr. Eric Anderson 4101 Lake Boone Trail, Suite 300 Raleigh, NC 27607

Re: Movement Bank

Dear Mr. Anderson:

Reference is made to your recent correspondence requesting approval of the above name, which is an FDIC regulated state chartered bank located in Danville, Virginia.

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

Director

Division of Financial Institutions

JWS/trd

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

COVER LETTER

TO:	Registration Se Division of Cor				
CLIB		ent Bank			
SUBJ	JECT:	Name of	corporation	- must include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existence		f Good Stan	ding" and check are sub	nct Business in Florida," Dmitted to register the
Please	return all corres	oondence concerning	g this matter	to the following:	
		Shirley K. F	-	_	
			Name of I	Person	
		Movement l	Bank		
			Firm/Com	pany	
		201 North U	Inion Street		
			Addre	ss	
		Danville, V	A 24541		
			City/State ar	d Zip code	
		shirley.hodg	e@movemen	thank.com	
		E-mail address: (to be used for	or future annual report	notification)
For fu	rther information	concerning this mat	ter, please c	all:	
Shirley K. Hodge		434	792-4178		
	Name of Perso		Area Code	Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7
Enclo:	sed is a check for	the following amou	nt:		
□ \$7°	0.00 Filing Fee	☐ \$78.75 Filing I Certificate of		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1	.k	<u>*** </u>	2018 DE(
(Enter name of a "Inc.," "Co.," "C	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")		20	
201 North Unio	on Street	<u>ක්</u> ප ක්ප	PM 3	
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	3: 1.6	
Virginia 2.	2	54-0188370	φ,	
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)	-	
04/30/1919 4.	•	Perpetual		
(Date	5 of incorporation)	(Date of duration, if other than perpetual)		
N/A 5.	•			
7	(Prince	pal office address)	-	
	(Commant monit	ing address, if different)	-	
	(Current mair	ing address, it differently		
) N				
3. Name and <u>stre</u>	et address of Florida registered agent: (P.			
. Name and <u>stre</u> Name:				
Name:	et address of Florida registered agent: (P. C T Corporation			
Name:	et address of Florida registered agent: (P. C T Corporation	O. Box NOT acceptable)		
	et address of Florida registered agent: (P. C T Corporation 1200 South Pine Island Road	O. Box <u>NOT</u> acceptable)		
Name: Office Address: Registered ag Iaving been nan lesignated in this	et address of Florida registered agent: (P. C T Corporation 1200 South Pine Island Road Plantation (City) ent's acceptance: and as registered agent and to accept server application, I hereby accept the appoint	O. Box NOT acceptable) 33324 Zip code) vice of process for the above stated corporation at the iment as registered agent and agree to act in this cape	acity.	
Name: Diffice Address: Office Address:	et address of Florida registered agent: (P. C T Corporation 1200 South Pine Island Road Plantation (City) ent's acceptance: and as registered agent and to accept server application, I hereby accept the appoint	O. Box NOT acceptable) , Florida 33324, Florida (Zip code) vice of process for the above stated corporation at the ment as registered agent and agree to act in this caparelative to the proper and complete performance of the	acity.	

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. DIR.	ECTORS			
Chairman	Casey Crawford			
Address:	8024 Calvin Hail Road			
	Indian Land, SC 29797			
Vice Chai	Laura Bowles			
Address:	8024 Calvin Hall Road			
	Indian Land, SC 29797			
Director:	Apostle Lawrence G. Campbell			
Address:	128 Larchmont Way			
Murcos.	Danville, VA 24541			
Director:	Diron Clement			
Address:	115 Ridgeway Drive			
	Danville, VA 24541			
B. OFF	ICERS			
President:	Thomas E. Smith			
Address:	2506 Brandt Forest Court			
	Greensboro, NC 27455			
Vice Presi	Laurence J. Trapp ident:			
Address:	861553 N Hampton Clubway	Ç.	2018	
, tutt v.s.	Fernandina Beach, FL 32034	\$2¢	10.81	
Secretary:	Shirley K. Hodge	£1.	C 2	nate ', rea
	455 Dogwood Drive, Martinsville, VA 24112	185	-O	
		mo	္	, p. 2.
Address:			16	
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or	r director	S.	
12	The 2 Aut Presison & CE	50		
	Signature of Director or Officer			
are true a	er or director signing this document (and who is listed in number 11 above) affirms that the find that he or she is aware that false information submitted in a document to the Department orgree felony as provided for in s.817.155, F.S.			
	Thomas E. Smit Provident & CA	T(,		
1.0.	(Typed or printed name and capacity of person signing application)	<u> </u>		

ADDITIONAL BOARD OF DIRECTORS

Director

Dr. Zachary P. Hairston e/o Movement Bank 201 N Union Street Danville, VA 24541

President/CEO & Director

Thomas E. Smith c/o Movement Bank 201 N Union Street Danville, VA 24541

Director

Jerry L. Williams, Jr. c/o Movement Bank 201 N Union Street Danville, VA 24541

Director

Dr. Donald Fuller c/o Movement Bank 201 N Union Street Danville, VA 24541

Commonwealth & Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That Movement Bank is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is April 30, 1919;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: November 13, 2018

Joel H. Peck, Clerk of the Commission