

F20000003904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

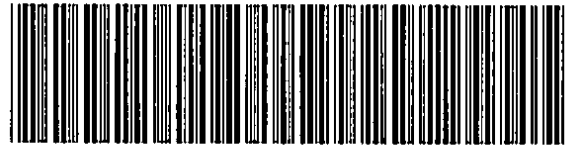
(Document Number)

Certified Copies _____ Certificates of Status _____

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Bryles to remove fee #
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SBF
9/11/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eagle Bank & Trust Company

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:

William D Bryles

Name of Person

Eagle Bank & Trust Company

Firm/Company

650 S. Shackleford Road, Suite 151

Address

Little Rock, AR 72211

City/State and Zip code

dbryles@eaglebank.com

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

For further information concerning this matter, please call:

David Bryles

at (501) 455-9677

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$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.

1. Eagle Bank & Trust Company

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Eagle Bank Mortgage

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Arkansas

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

3.

71-0005235

(FEI number, if applicable)

4. June 1, 1919

(Date of incorporation)

5.

Perpetual

(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. 650 S. Shackelford Road, Suite 151, Little Rock, AR 72211

(Principal office street address)

(Current mailing address, if different)

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(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.

Christine Kalm
Assistant Secretary

(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☒ Chairman Name: Cathy Owen
☐ Vice Chairman Address: 151 S Shackleford Road
☒ Director Suite 450
☐ President Little Rock, AR 72211
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Paul Castleberry
☐ Vice Chairman Address: 151 S Shackleford Road
☒ Director Suite 450
☐ President Little Rock, AR 72211
☒ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CFO ☐ Other _____

☐ Chairman Name: William R Edwards
☐ Vice Chairman Address: 151 S Shackleford Road
☐ Director Suite 151
☐ President Little Rock, AR 72211
☒ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Mtg Div President ☐ Other _____

☐ Chairman Name: Jeff Lynch
☐ Vice Chairman Address: 151 S Shackleford Road
☒ Director Suite 450
☒ President Little Rock, AR 72211
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Harry L Hastings Jr.
☐ Vice Chairman Address: 151 S Shackleford Road
☒ Director Suite 450
☐ President Little Rock, AR 72211
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: William D Bryles
☐ Vice Chairman Address: 151 S Shackleford Road
☐ Director Suite 151
☐ President Little Rock, AR 72211
☒ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Mtg Div COO ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. William D Bryles
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. William D Bryles, Executive Vice President
(Typed or printed name and capacity of person signing application)

A. DIRECTORS

☐ Chairman Name: Stanley Hastings
☐ Vice Chairman Address: 151 S Shackleford Road
☒ Director Suite 450
☐ President Little Rock, AR 72211
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Andrew Hastings
☐ Vice Chairman Address: 151 S Shackleford Road
☒ Director Suite 450
☐ President Little Rock, AR 72211
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

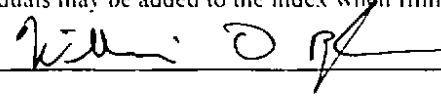
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Harry L Hastings III
☐ Vice Chairman Address: 151 S Shackleford Road
☒ Director Suite 450
☐ President Little Rock, AR 72211
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Bill Lynch
☐ Vice Chairman Address: 151 S Shackleford Road
☒ Director Suite 450
☐ President Little Rock, AR 72211
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

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13. William D Bryles, Executive Vice President
(Typed or printed name and capacity of person signing application)



**Arkansas Secretary of State
John Thurston**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

Certificate of Good Standing

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

EAGLE BANK & TRUST COMPANY

has currently met all franchise tax requirements as filed with this office.

In Testimony Whereof, I have hereunto set my hand
and affixed my official Seal. Done at my office in the
City of Little Rock, this 31st day of July 2020.

2020 JUL 31 8:33




John Thurston
Secretary of State

Online Certificate Authorization Code: 6fa37d1d5b6fc8f

To verify the Authorization Code, visit sos.arkansas.gov