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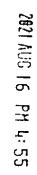
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### Commissioner Russell C. Weigel, III

August 5, 2021

Michael Curry, General Counsel Meridian Bank 9 Old Lincoln Highway Malvern, Pennsylvania 19355

Re: Meridian Bank

Dear Mr. Curry:

Reference is made to your recent letter requesting approval to register the above-referenced name with the Florida Secretary of State by Meridian Bank. The bank is a Pennsylvania state-chartered bank, headquartered in Paoli, Pennsylvania, and regulated by the Pennsylvania Department of Banking and Securities.

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.

Russell C. Weigel, III

Commissioner

Office of Financial Regulation

RCW:jrj

ce: Gina McLeod, Chief, Bureau of Commercial Recordings, Division of Corporations, Department of State

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: MERIDIAN BANK				
	ne of corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign "Certificate of Existence," or "Certificate of Existence," or services above referenced foreign corporation to	ate of Good Stanc	ling" and check are sub	et Business in F mitted to registe	lorida," er the
Please return all correspondence conc	erning this matter	to the following:		
Michael Curry, Esq.				
	Name of I	Person		
Meridian Bank				282 1.119 16
	Firm/Com	pany		=======================================
9 Old Lincoln Highway - Legal Departmo	ent		•	 
	Addre	SS		PH
Malvem, PA 19355				- I
mcurry@meridianbanker.com	City/State an	d Zip code		2.5
	ress: (to be used fo	or future annual report r	otification)	<del></del>
For further information concerning thi	s matter, please ca	ail:		
Michael Curry	at (	235 0420		
Name of Person	Area Code	Daytime Telepl	hone 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: Please make check payable to: FLORIDA  S70.00 Filing Fee  Certifica	DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Fi Certificat Certified	e of Status &

# 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.

	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	COMPART, CONTONATION,		
n/a [Sec attache	d name approval letter from FLOFR.]			
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Florida		
Pennsylvania	3.	3 32-0116054		
	ry under the law of which it is incorporated)	corporated) (FBI number, if applicable)		
3/16/04	\$			
(Date	of incorporation) 5.	(Date of duration, if other than perpetual)		
n/a				
	•	02, F.S., to determine penalty liability)		
	(SEE SECTIONS 607.1501 & 607.15 ni Trail, Berwood Shoppes, Building D, Suite 3	02, F.S., to determine penalty liability)		
	(SEE SECTIONS 607.1501 & 607.15 ni Trail, Berwood Shoppes, Building D, Suite 3 (Principal offic	02, F.S., to determine penalty liability) , Bonita Springs, FL 34134 se street address)		
24860 S. Tamia	(SEE SECTIONS 607.1501 & 607.15 ni Trail, Berwood Shoppes, Building D, Suite 3 (Principal offic	O2, F.S., to determine penalty liability) , Bonita Springs, FL 34134  be street address)  g address, if different)  Box NOT acceptable)		
24860 S. Tamia	(SEE SECTIONS 607.1501 & 607.15 ni Trail, Berwood Shoppes, Building D, Suite 3 (Principal office) (Current mailing)	22, F.S., to determine penalty liability) , Bonita Springs, FL 34134  be street address)  g address, if different)  Box NOT acceptable)		
. 24860 S. Tamiai	(SEE SECTIONS 607.1501 & 607.15 mi Trail, Berwood Shoppes, Building D, Suite 3  (Principal offic  (Current mailing) et address of Florida registered agent: (P.O.)	O2, F.S., to determine penalty liability) , Bonita Springs, FL 34134  se street address)  g address, if different)  Box NOT acceptable)		
. 24860 S. Tamiai . Name and <u>stre</u> Name:	(SEE SECTIONS 607.1501 & 607.15 ni Trail, Berwood Shoppes, Building D, Suite 3 (Principal office) (Current mailing) et address of Florida registered agent: (P.O.) URS Agents	22, F.S., to determine penalty liability) , Bonita Springs, FL 34134  be street address)  g address, if different)  Box NOT acceptable)		

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.

(Registered agent's signature) Kristen Ellison,

Asst. 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.

A. DIRECTORS						
<b>■</b> Chairman	Christopher Annas Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director	9 Old Lincoln Highway	Director	9 Old Lincoln Highway			
<b>■</b> President	Malvern, PA 19355	□President	Malvern, PA 19355			
□Vice President	,	□Vice President				
☐ Secretary	□Treasurer	☐ Secretary	Treasurer			
□Other	Other	Other CFO	□Other			
□Chairman □Vice Chairman □Director □President	Charles Kochka Name:	□Chairman □Vice Chairman □Director □President	Name: Meridian Bank Address: 9 Old Lincoln Highway Malvern, PA 19355			
		■ Vice President				
CISecretary	□Treasurer	☐ Secretary	☐Treasurer			
□Other		□Other	□Other 28			
	Name: Erica Burns Name: Meridian Bank Address: 9 Old Lincoln Highway	□Chairman □Vice Chairman	Name: Randy McGarry  Address: Meridian Bank  9 Old Lincoln Highway			
□Director	Malvern, PA 19355	□Director	Malvern, PA 19355			
□President	Marvetti, 177 15555	□President				
☐ Vice President  ☐ Secretary	☐ Treasurer	□ Vice President □ Secretary □ Chief Tec	□Treasurer			
Other	□Other	Other	Other			
12The officer or direction	ctor signing this document (and who is listed in number also information submitted in a document to the Departm	nt of State Annual Re Officer H above) affirms th	at the facts stated herein are true and that he or			
(Typed or printed name and capacity of person signing application)						

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 08/13/2021

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

#### **MERIDIAN BANK**

is duly registered as a Pennsylvania PA Financial Institution under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC210813100529-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify