

F22000006167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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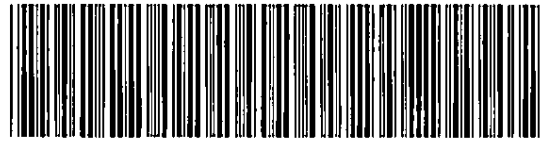
(Business Entity Name)

(Document Number)

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S. ROBERTS

OCT 04 2022



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I200000000088

Date: 10/04/2022

Name: Merritt Walker

Reference #: 1804456

Entity Name: TOMPKINS COMMUNITY BANK

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☒ Other CERTIFIED COPY OF THE FILING EVIDENCE

Authorized Amount: \$78.75

Signature: 

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tompkins Community Bank
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:

Jennifer L. Alfieri

Name of Person

Tompkins Financial Advisors

Firm/Company

118 E. Seneca Street, PO Box 6437

Address

Ithaca, New York 14851

City/State and Zip code

jalfieri@tompkinsfinancial.com

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

For further information concerning this matter, please call:

Jennifer L. Alfieri

at (607)

274-7475

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

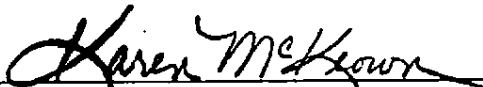
Tompkins Financial Advisors
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New York 3. N/A
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. September 18, 1891 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. Please see enclosed Supplemental Response
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 900 Linton Blvd, Suite 209, Delray Beach, Florida 33444
(Principal office street address)

Same as above
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Cogency Global Inc.
Office Address: 115 North Calhoun Street, Suite 4
Tallahassee, Florida 32301
(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.


(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]:

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A. DIRECTORS

☐ Chairman Name: John M. McKenna
☐ Vice Chairman Address: Tompkins Community Bank
☐ Director 90 Main Street
☒ President Batavia, New York 14020
☐ Vice President _____
☐ Secretary ☐ Treasurer
CEO, Tompkins
☒ Other Community Bank ☐ Other _____

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

☐ Chairman Name: Brian A. Howard
☐ Vice Chairman Address: Tompkins Financial Advisors
☐ Director 118 E. Seneca Street
☐ President PO Box 6437
☐ Vice President Ithaca, New York 14851
☐ Secretary ☐ Treasurer
President, Tompkins
☒ Other Financial Advisors ☐ Other _____

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

☐ Chairman Name: Jennifer L. Alfieri
☐ Vice Chairman Address: Tompkins Financial Advisors
☐ Director 118 E. Seneca Street
☐ President PO Box 6437
☐ Vice President Ithaca, New York 14851
☐ Secretary ☐ Treasurer
CFO, Tompkins
☒ Other Financial Advisors ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ 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 Jennifer L. Alfieri
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.

Jennifer L. Alfieri, Chief Fiduciary Officer, Tompkins Financial Advisors

New York State
Department of Financial Services

I, YOLANDA FORD, Deputy Superintendent, Community and Regional Banks, Banking Division, New York State Department of Financial Services, **DO HEREBY CERTIFY:**

THAT, TOMPKINS COMMUNITY BANK, is a corporation duly organized and existing under the laws of the State of New York and has its principal office and place of business at 118 East Seneca Street, Ithaca, New York. Such corporation is validly existing as a banking organization under the Banking Law of the State of New York. The authorization certificate of such corporation has not been revoked or suspended and such corporation is a subsisting **trust company** under the supervision of this Department.

WITNESS, my hand and official seal of the Department of Financial Services at the City of New York, this 22nd day of September the Year two thousand and twenty-two.



By: /s/ Yolanda Ford
Yolanda Ford
Deputy Superintendent
Community and Regional Banks
One State Street
New York, New York 10004