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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6393

From:

Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (954) 208-0545
Fax Number : (614) 473-1996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

EMail@eFileAlliedFirst.com

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Allied First Bank, sb

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

S. ROBERTS

DEC 21 2022

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Corporate Filing Menu

Help



Commissioner Russell C. Weigel, III

VIA ELECTRONIC MAIL

November 30, 2022

Adam Skeffington
Chief Compliance Officer
3201 Orchard Road
Oswego, Illinois 60543

Re: **Allied First Bank, sb dba Servbank**

Dear Mr. Skeffington:

Reference is made to your recent letter requesting approval to register the above-referenced name with the Florida Secretary of State by Allied First Bank, sb dba Servbank. The bank is a Illinois state-chartered bank, headquartered in Oswego, Illinois, and regulated by the Illinois Department of Financial & Professional Regulation – Division of Banking.

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:jrg

cc: Lee Yarbrough, Chief, Bureau of Commercial Recordings, Division of Corporations,
Department of State

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. Allied First Bank, sb
(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. Illinois 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 09/01/2001 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon Filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 3201 Orchard Rd, Attn. Adam Skeffington, Oswego, IL 60534
(Principal office street address)
- _____
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: C T Corporation System
- Office Address: 1200 South Pine Island Road
- Plantation FL 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 System

By: Sean L. Emerick SEAN L. EMERICK, 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: Kenneth Bertrand

☐ Vice Chairman Address: 3201 Orchard Rd

☐ Director Attn: Adam Skeffington

☐ President Oswego, IL 60534

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other CEO ☐ Other _____

☐ Chairman Name: Mark Fritz

☐ Vice Chairman Address: 3201 Orchard Rd

☐ Director Attn: Adam Skeffington

☐ President Oswego, IL 60534

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other CFO ☐ Other _____

☐ Chairman Name: Adam Skeffington

☐ Vice Chairman Address: 3201 Orchard Rd

☐ Director Attn: Adam Skeffington

☐ President Oswego, IL 60534

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other CCO ☐ Other _____

☐ Chairman Name: Stavros Papastavrou

☐ Vice Chairman Address: 1800 Walt Whitman Rd

☒ Director Suite 130

☐ President Melville, NY 11747

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Ali Vafai

☐ Vice Chairman Address: 3138 E. Elwood Street

☒ Director Phoenix, AZ 85034

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

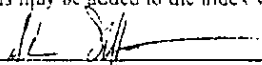
☐ President _____

☐ 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. 
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. ADAM SKEFFINGTON, CHIEF COMPLIANCE OFFICER
(Typed or printed name and capacity of person signing application)



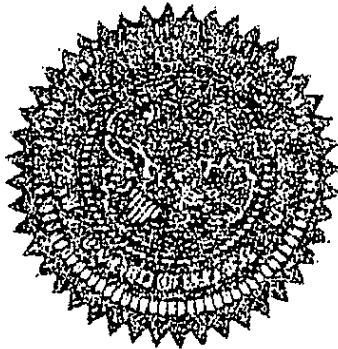
State of Illinois
Department of Financial and Professional Regulation
Division of Banking

Date: November 21, 2022

Certificate

I, CHASSE REHWINKEL, do hereby certify that, according to the records maintained by the Illinois Department of Financial and Professional Regulation, Division of Banking, ALLIED FIRST BANK, SB, KENDALL COUNTY, OSWEGO, ILLINOIS, has held and continues to hold authority to do a general banking business as provided by the Savings Bank Act and as permitted by its charter.

IN TESTIMONY WHEREOF, I hereby subscribe
my name.



DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION of the
State of Illinois:
MARIO TRETO, JR., SECRETARY

DIVISION OF BANKING

Chasse Rehwinkel
Director