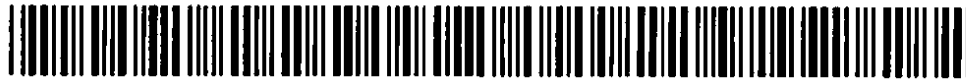


**F23000004633**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.  
 Account Number : I2016000017  
 Phone : (855)498-5500  
 Fax Number : (800)432-3622

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

Email Address: \_\_\_\_\_

RECEIVED

2023 JUL 11 PM 4:15

DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

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**FOREIGN PROFIT/NONPROFIT CORPORATION  
 ANTHEM BANK & TRUST**

Certificate of Status	0
Certified Copy	1
Page Count	07
Estimated Charge	<del>\$1,628.75</del>

\*\*\*\*\*please adjust to \$1,128.75

H23000243290

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ANTHEM BANK & TRUST

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:

URIEL A. MENDIETA

Name of Person

HUNTON ANDREWS KURTH LLP

Firm/Company

333 S.E. 2ND AVE., SUITE 2400

Address

MIAMI, FLORIDA 33131

City/State and Zip code

mendietau@hunton.com

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

For further information concerning this matter, please call:

URIEL A. MENDIETA

at (305) 536 2729

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

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# 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. ANTHEM BANK & TRUST  
(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. LOUISIANA 3. 72-0218544  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JANUARY 1, 1915 5. PERPETUAL  
(Date of incorporation) (Date of duration, if other than perpetual)
6. JULY 5, 2016  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1 ALHAMBRA PLZ, SUITE 100, CORAL GABLES, FL 33134  
(Principal office street address)
- (Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: AARON N. RODRIGUEZ  
Office Address: 1 ALHAMBRA PLZ, SUITE 100  
CORAL GABLES, Florida 33134  
(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):

H23000243290

**A. DIRECTORS**

SEE ATTACHMENT.

H23000243290

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ 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. AARON N. RODRIGUEZ, EXECUTED VICE PRESIDENT, CHIEF FINANCIAL OFFICER

(Typed or printed name and capacity of person signing application)

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Directors and Officers

ANTHEM BANK & TRUST  
A Federal Saving Bank

<u>Name</u>	<u>Title</u>	<u>Address</u>
Rodger D. Shay, Jr	Chairman	1 Alhambra Plaza, Suite 100 Coral Gables, FL 33134
Danny Strickland	Director, President, Chief Executive Officer	23910 Railroad Ave., Plaquemine, LA 70764
Edward Steinmetz	Director	1 Alhambra Plaza, Suite 100 Coral Gables, FL 33134
John H Mackey	Director	2300 Lohmans Spur Rd., Suite 180 Lakeway, TX 78734
David Konfino	Director	1 Alhambra Plaza, Suite 100 Coral Gables, FL 33134
Ronnie LaBorde	Director	23910 Railroad Ave. Plaquemine, LA 70764
Aaron N. Rodriguez	Executive Vice President, Chief Financial Officer	1 Alhambra Plaza, Suite 100 Coral Gables, FL 33134
Eric Guevara	Executive Vice President, Trade Finance Manager	1 Alhambra Plaza, Suite 100 Coral Gables, FL 33134
Dianna Gordon	Secretary, Senior Vice President, Chief Compliance Officer	2300 Lohmans Spur Rd., Suite 180 Lakeway, TX 78734

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Commissioner Russell C. Weigel, III

VIA ELECTRONIC MAIL

July 5, 2023

Aaron N. Rodriguez  
1 Alhambra Plaza  
Suite 100  
Coral Gables, Florida 33134

Re: **Anthem Bank & Trust**

Dear Mr. Rodriguez:

Reference is made to your recent letter requesting approval to register the above-referenced name with the Florida Secretary of State by Anthem Bank & Trust, which is a Federal Savings Bank regulated by the Office of the Comptroller of the Currency and located in Plaquemine, Louisiana.

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,

A handwritten signature in black ink, appearing to read "JWS", is placed above the typed name of the signatory.

Jeremy W. Smith  
Director  
Division of Financial Institutions  
Office of Financial Regulation

JWS:jrj

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

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Office of the Comptroller of the Currency

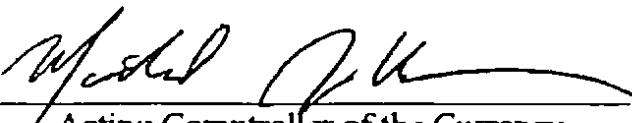
Washington, DC 20219

**CERTIFICATE OF CORPORATE EXISTENCE  
OF A FEDERAL SAVINGS ASSOCIATION**

I, Michael J. Hsu, Acting Comptroller of the Currency, do hereby certify that, according to the records of the Office of the Comptroller of the Currency, successor to the Office of Thrift Supervision:

1. "Anthem Bank & Trust," Plaquemine, Louisiana (Docket No. 3874), was chartered under the laws of the United States as a federal savings association.
2. This charter is in full force and effect as of the date of this certificate.

IN TESTIMONY WHEREOF, today, July 10, 2023, I have hereunto subscribed my name and caused my seal of office to be affixed to these presents at the U.S. Department of the Treasury, in the City of Washington, District of Columbia.

  
Acting Comptroller of the Currency



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