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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)
Account Number : I200300000004
Phone : (407)835-6769
Fax Number : (407)843-4076

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

Email Address: corpmail@shutts.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Metropolitan Commercial Bank

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$870.00

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2023 AUG 16 PM 12:05

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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AUG 17 2023

T. LEMMON

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Metropolitan Commercial Bank Application for Certificate of Authorization

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:

Michael Guarino, General Counsel & EVP, Legal

Name of Person

Metropolitan Commercial Bank

Firm/Company

99 Park Avenue 13th Floor

Address

New York, NY 10016

City/State and Zip code

mguarino@mcbankny.com

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

For further information concerning this matter, please call:

Michael Guarino

at (212) 365-6747

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. Metropolitan Commercial Bank
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New York 3. 13-4047042
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. June 6, 1999 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon approval of authorization to conduct business in Florida.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 99 Park Avenue, 12th Floor, New York, NY 10016
(Principal office street address)

(Current mailing address, if different)

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

Name: Corporation Company of Miami
Office Address: 200 South Biscayne Blvd, Suite 4100 (B1M)
Miami, Florida 33131
(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: Mark DeFazio
99 Park Avenue, 12th fl
☐ Vice Chairman Address: New York, NY 10016
☐ Director _____
☒ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Dixiana Berrios
99 Park Avenue, 12th fl
☐ Vice Chairman Address: New York, NY 10016
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other COO _____ ☐ Other _____

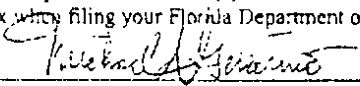
☒ Chairman Name: William Reinhardt
99 Park Avenue, 12th fl
☐ Vice Chairman Address: New York, NY 10016
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Terry Mitchell
99 Park Avenue, 12th fl
☐ Vice Chairman Address: New York, NY 10016
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Greg Seigrist
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other CFO _____ ☐ Other _____

☐ Chairman Name: Laura Capra
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other EVP, Retail _____ ☐ 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. Michael Guarino, General Counsel & EVP, Legal
 (Typed or printed name and capacity of person signing application)

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Commissioner Russell C. Weigel, III

September 29, 2021

Gary A. Lax, Esq.
Lusc Gorman, P.C.
5335 Wisconsin Avenue, NW
Suite 780
Washington, DC 20015

Re: Metropolitan Commercial Bank

Dear Mr. Lax:

Reference is made to your recent letter requesting approval to register the above-referenced name with the Florida Secretary of State by Metropolitan Commercial Bank. The bank is a New York state-chartered bank, headquartered in New York, New York, and regulated by the New York State Department of Financial Services.

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 "Russell C. Weigel, III", is written over a horizontal line.

Russell C. Weigel, III
Commissioner
Office of Financial Regulation

RCW:jrj

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

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**Department of
Financial Services**

KATHY HOCHUL
Governor

SHIRIN EMAMI
Acting Superintendent

August 31, 2021

Gary A Lax, Esq.
Luse Gorman, PC
Attorneys at Law
5335 Wisconsin Avenue, N.W., Suite 780
Washington, DC 20015

Dear Mr. Lax:

Reference is made to your letter dated August 30, 2021, in accordance with Supervisory Policy G 8, advising the Department of the intention of Metropolitan Commercial Bank to establish a representative office at 1111 Brickell Avenue, Miami, Miami-Dade County, Florida 33131.

This is to confirm that the representative office has been duly registered with this Department. Please be reminded that Supervisory Policy G 8 specifies that a representative office may not disburse or transmit funds, accept loan repayments, or accept or contract for deposits or deposit-type liabilities on behalf of a banking institution. Also, please note that any material changes in the information you supplied must be promptly reported to the Acting Superintendent of Financial Services.

Please inform us of the date on which the office commences operation.

Gerald J. Stein

Gerald J. Stein
Senior Bank Examiner

cc: Florida Office of Financial Regulation, Division of Financial Institutions
Federal Reserve Bank of New York

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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, METROPOLITAN COMMERCIAL 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 99 Park Avenue, New York, 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 bank 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 26th day of June the Year two thousand and twenty-three.



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

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