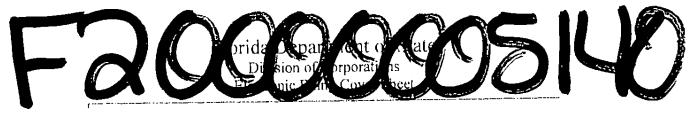
Division of Corporations

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(((H20000395289 3)))



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To:

Division of Corporations

Fax Number : (350)617-6393

From:

Account Name : WILLIAMS, PARKER, HARRISON, DIETZ & GETTEN, BLIC Account Number: 072720000765

Phone : (941)366-4800 Fax Number : (941)552-7141 : (941)552-7141

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

Email Address: lpigg@ipavastatebank.com

FOREIGN PROFIT/NONPROFIT CORPORATION ISB BANCSHARES, INC.

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$87.50

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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.

ISB BANCSHA		OR A TED	" "COLORADO" " "CODRODATION"			
(Enter name of co	rporation; must include "INCORPC rp," "Inc," "Co," or "Corp.")	JKA I ED,	" "COMPANY," "CORPORATION,"			
(If name unavaila	ble in Florida, enter alternate corpo	rate name	adopted for the purpose of transacting busin	ess in Flori	da)	
2. DELAWARE		3.	36-3857203			
(State or country	under the law of which it is incorp	orated)	(FEI number, if applicable	E)		
December 9, 199	2	5.	(Date of duration, if other than per			
	of incorporation)		(Date of duration, if other than per	rpetual)	282	
6.				, -	Z	
o	(Date first transacted (SEE SECTIONS 607.150	business i 1 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)) I AC	
, 123 E. PINE STR	EET, CANTON, IL 61520			,		:
·	(Pr	incipal off	fice street address)	÷, `	<u>×</u>	
same				<u> </u>	:2	•
	(Cur	rent maili	ng address, if different)	- (3) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	16	
8. Name and stree	t address of Florida registered a		O. Box NOT acceptable)			
Name:	Cross Street Corporate Services,	LLC				
Office Address:	200 South Orange Avenue					
	Sarasota		, Florida 34236 (Zip code)			
	(City)		(Zip code)			
designated in this further agree to co	ed as registered agent and to 40	e appoint Statutes	vice of process for the above stated corp Iment as registered agent and agree to a relative to the proper and complete perj osition as registered agent.			
		4	H			
_		(Registe	ered agent's signature)			
	Michael	I J. Wilsor	n, As its Vice President			

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:	Chairman	Name:				
□Vice Chairman	Address:	□ Vice Chalrman Address: 123 E. Pine Street					
Director	Canton, IL 61520	Director	Canton, IL 61520				
President		□President					
□Vice President		☐Vice President					
Secretary	Treasurer	Secretary	☐ Treasurer				
CEO		Other	Other				
MOUR!							
□ Chairman	William T. Branson	Chalman	Name:				
	123 E. Pine Street	☐ Vice Chairman	Address:				
	Canton, IL 61520	Director	Canton, IL 61520				
Director		President	, N				
□President		□Vice President	·				
☐ Vice President			Treasurer O				
Secretary	☐ Treasurer	☐ Secretary					
Other		Other					
	Rvan Baker	00 1 :	Name: Marilyn Barker				
☐ Chairman	Name: 123 F. Pine Street	Chairman	123 E. Pine Street				
☐ Vice Chairman	Address: 123 E. Pine Street Canton, IL 61520	□Vice Chairman	Canton, IL 61520				
Director	Caritor, IL 01020	□Director					
☐ President		□President					
□ Vice President	*	□Vice President					
Socretary	☐ Treasurer	Secretary	Tressurer				
☐ Other	OOther	□0thæ					
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						
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.							
JOSEPH DIETZ, As its CEO, Chairman & Director							
(Typed or printed name and capacity of person signing application)							

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Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ISB BANCSHARES, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ISB BANCSHARES,"

INC." WAS INCORPORATED ON THE NINTH DAY OF DECEMBER, A.D. 1992

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE IN BEEN PAID TO DATE.

2318370 8300 SR# 20208196264

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bushace, Entertary of Size

Authentication: 203999246

Date: 11-03-20