

F04000002314

2004 APR 28 P 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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03/09/04--01066--002 **70.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W04-11121

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 19, 2004

FILED

2004 APR 28 P 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GENE TURNER
6390 STE A CYPRESS GARDENS BLVD. S.E.
WINTER HAVEN, FL 33884

SUBJECT: FIRST CAPITAL FINANCIAL INC.
Ref. Number: W04000011121

We have received your document for FIRST CAPITAL FINANCIAL INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 904A00018374

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

2004 APR 28 P 1:54

SUBJECT: First Capital Financial, Inc.
(Name of corporation - must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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:

Gene Turner
(Name of Person)
First Capital Financial, Inc.
(Firm/Company)
6390 Ste "A" Cypress Gardens Blvd. S.E.
(Address)
Winter Haven, FL 33884
(City/State and Zip code)

For further information concerning this matter, please call:

Gene Turner at (863) 318-1010
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$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**

FILED

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.

2004 APR 28 P 1:

1. First Capital Financial, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

First Capital Services, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Georgia 3. _____
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. 1-30-04 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 8464 Vickers Rd Hahira GA 31632
(Principal office address)

6390 Ste. A Cypress Gardens Blvd. S.E. Winter Haven
(Current mailing address) FL 33884

8. Marketing Insurance Products
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Randy P Menne

Office Address: 6612 Blue Heron DR S
St Petersburg FL, Florida 33707
(City) (Zip code)

10. 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.

Randy P Menne
(Registered agent's signature)

11. 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.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Gene Turner **FILED**
Address: 8464 Vickers Rd
Hahira, GA. 31632 2004 APR 28 P 1:54
Vice Chairman: " SECRETARY OF STATE
Address: " TALLAHASSEE, FLORIDA
"
Director: "
Address: "
"
Director: "
Address: "
"

B. OFFICERS

President: Gene Turner
Address: 8464 Vickers Rd.
Hahira, GA. 31632
Vice President: "
Address: "
"
Secretary: "
Address: "
"
Treasurer: "
Address: "
"

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Gene Turner
(Signature of Director or Officer listed in number 12 of the application)
14. Gene Turner
(Typed or printed name and capacity of person signing application)

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 041050583
CONTROL NUMBER : 0405395
DATE INC/AUTH/FILED: 01/30/2004
JURISDICTION : GEORGIA
PRINT DATE : 04/14/2004
FORM NUMBER : 211

FIRST CAPITAL FINANCIAL, INC.
ATTN: GENE TURNER
8464 VICKERS ROAD
HAHIRA, GA 31632

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

FIRST CAPITAL FINANCIAL, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox

Cathy Cox
Secretary of State