

F15000004033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

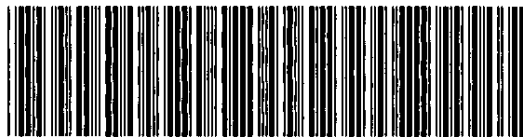
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Banc, Cust & Sign W15-55124

Office Use Only



100275438411

08/14/15--01010--013 **70.00

FILED
2015 SEP -9 PM12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
SEP 14 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 SEP -9 PM 2: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 17, 2015

EVA MATHIS
BANC CARD OF AMERICA, INC.
7135 CHARLOTTE PIKE, STE. 200
NASHVILLE, TN 37209

SUBJECT: BANC CARD OF AMERICA, INC.
Ref. Number: W15000055124

We have received your document for BANC CARD OF AMERICA, 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):

- ✕ Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

~~Enclosed~~ is a "Corporate Name Approval Request" form to be completed and sent to the address indicated on the form. If the proposed name is approved by the Office of Financial Institutions, resubmit the document and the approval letter to the Division of Corporations for filing. The Office of Financial Institutions' phone number is 850-410-9800.

- ✕ 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.
- ✕ The signature of the authorized person is not acceptable for scanning.,

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 415A00017321



FLORIDA OFFICE OF FINANCIAL REGULATION

www.FLOFR.com

DREW J. BREAKSPEAR
COMMISSIONER

August 31, 2015

Ms. Eva Mathis
7135 Charlotte Pike
Suite 200
Nashville, TN 37209

FILED
2015 SEP -9 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Banc Card of America, Inc.

Dear Ms. Mathis:

Thank you for your recent correspondence requesting approval for use of the above-referenced name.

It is the opinion of this Office that the corporate name (Banc Card of America, Inc.) is definitive enough to differentiate the business being conducted from that of a commercial bank, trust company or credit union. Therefore, the Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida. However, this does not give one 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 "M. Barry Gilman", is written over a horizontal line.

M. Barry Gilman
Director
Division of Financial Institutions

BG/dlb

cc: Lyn Shoffstall, Chief, Bureau of Commercial Recordings, Division of Corporations,
Department of State

COVER LETTER

TO: Registration Section
Division of Corporations
Banc Card of America, Inc.

SUBJECT: _____
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:
Eva Mathis

_____	Name of Person
Banc Card of America, Inc.	
_____	Firm/Company
7135 Charlotte Pike, Suite 200	
_____	Address
Nashville, TN 37209	
_____	City/State and Zip code
emathis@banccard.com	

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

For further information concerning this matter, please call:

Eva Mathis	615	352-6956
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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**

*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.*

Banc Card of America, Inc.

1. _____
(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)
Tennessee 62-1830337

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
08/31/2000

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7135 Charlotte Pike, Suite 200, Nashville, TN 37209

7. _____
(Principal office address)

(Current mailing address, if different)

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

NRAI Services, Inc.

Name: _____

1200 South Pine Island Road

Office Address: _____

Plantation

33324

(City)

_____, Florida _____
(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.

Nicole Chouinard

Nicole Chouinard - 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.

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TALLAHASSEE, FLORIDA

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2015 SEP -9 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Charles H. Geny

Chairman:

7135 Charlotte Pike, Suite 200

Address:

Nashville, TN 37209

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

Mark A. Barrett

President:

7135 Charlotte Pike, Suite 200

Address:

Nashville, TN 37209

Stephen G. Volz

Vice President:

7135 Charlotte Pike, Suite 200

Address:

Nashville, TN 37209

Eva Mathis

Secretary:

7135 Charlotte Pike, Suite 200, Nashville, TN 37209

Address:

Treasurer:

Address:

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

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.

Eva Mathis, Secretary

13.

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



FILED

2015 SEP -9 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

EVA MATHIS
STE 200
7135 CHARLOTTE PIKE
NASHVILLE, TN 37209

August 6, 2015

Request Type: Certificate of Existence/Authorization
Request #: 0171462

Issuance Date: 08/06/2015
Copies Requested: 1

Document Receipt

Receipt #: 002181367

Filing Fee: \$22.25

Payment-Credit Card - State Payment Center - CC #: 164052484

\$22.25

Regarding: BANC CARD OF AMERICA, INC.

Filing Type: For-profit Corporation - Domestic

Formation/Qualification Date: 08/31/2000

Status: Active

Duration Term: Perpetual

Business County: DAVIDSON COUNTY

Control #: 395108

Date Formed: 08/31/2000

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

BANC CARD OF AMERICA, INC.

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 013095217