

File 000003223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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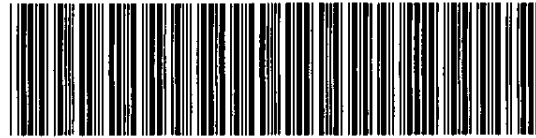
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 21 2016

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive
Tallahassee, Florida 32312

(850) 656-4724


SUNSHINECORPORATE2014@GMAIL.COM

Date: 7-19-16

ENTITY NAME:

Capital Confirmation, Inc.

****PLEASE FILE THE ATTACHED AND RETURN:****



Plain Copy

Certified Copy

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:****

Document Number: _____

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE'/NOTARIAL CERTIFICATION:****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED_____

TOTAL AMOUNT OWED: 2,220.00

CHECK NUMBER: 2693

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPITAL CONFIRMATION, INC.

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:
BETH MOORE

Name of Person

SHERRARD ROE VOIGT & HARBISON, PLC

Firm/Company

150 THIRD AVENUE SOUTH, SUITE 1100

Address

NASHVILLE, TENNESSEE 37201

City/State and Zip code

SWEEDMAN@SRVILAW.COM

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

For further information concerning this matter, please call:

DAVID CRENSHAW

615

844-6222

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.*

CAPITAL CONFIRMATION, INC.

1. _____
(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. TENNESSEE 3. 62-1825416
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/20/2000 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. January 1, 2005
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 214 CENTERVIEW DRIVE, SUITE 265, BRENTWOOD, TENNESSEE 37027
(Principal office address)

(Current mailing address, if different)

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

Name: ATTN: SURESH BABU

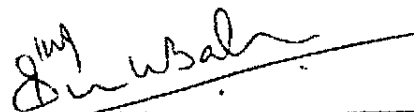
Office Address: 220 CONGRESS PARK DRIVE STE 304

DELRAY, Florida 33445
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: SEE ATTACHED

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: CHRISTOPHER F. SCHELLHORN

Address: 214 CENTERVIEW DRIVE

BRENTWOOD, TN 37027

Vice President: N/A

Address:

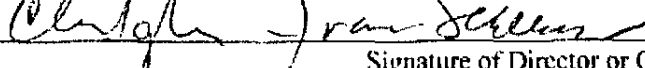
Secretary: CHARLES BRIAN FOX

Address: 214 CENTERVIEW DRIVE, BRENTWOOD, TN 37027

Treasurer: N/A

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.

13. Christopher F. Schellhorn, President

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

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

CHAIRMAN: Christopher F. Schellhorn
214 Centerview Drive, Suite 265
Brentwood, TN 37027

DIRECTOR: Charles Brian Fox
214 Centerview Drive, Suite 265
Brentwood, TN 37027

DIRECTOR: Stanley S. Litow
214 Centerview Drive, Suite 265
Brentwood, TN 37027

DIRECTOR: Charles W. Schellhorn
214 Centerview Drive, Suite 265
Brentwood, TN 37027

DIRECTOR: Oliver Cromwell Carmichael III
214 Centerview Drive, Suite 265
Brentwood, TN 37027

DIRECTOR: Townes Duncan
214 Centerview Drive, Suite 265
Brentwood, TN 37027

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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

NICOLE JUMPER
150 3RD AVENUE SOUTH, SUITE 1100
NASHVILLE, TN 37201

July 19, 2016

Request Type: Certificate of Existence/Authorization
Request #: 0208665

Issuance Date: 07/19/2016
Copies Requested: 1

Document Receipt

Receipt #: 002803368

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3678800772

\$20.00

Regarding: CAPITAL CONFIRMATION INC.
Filing Type: For-profit Corporation - Domestic
Formation/Qualification Date: 06/20/2000
Status: Active
Duration Term: Perpetual
Business County: WILLIAMSON COUNTY

Control #: 391354
Date Formed: 06/20/2000
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

CAPITAL CONFIRMATION 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

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