

# F19000001498

(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:

W19-29870 Bank in name

Office Use Only



600326647026

FILED

2019 MAR 25 AM 11:19

CLERK OF COURT  
HALLANDALE BEACH, FL

19 MAR 25 PM 5:30

CLERK OF COURT

MAR 28 2019  
S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

19 MAR 27 PM 4:41

March 26, 2019

CT CORP

SUBJECT: THE FIRST PORT CITY BANK  
Ref. Number: W19000029870

We have received your document for THE FIRST PORT CITY BANK and the authorization to debit your account in the amount of \$78.75. However, the document has not been filed and is being returned for the following:

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.

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.

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.

Stacy Prather  
Regulatory Specialist III

Letter Number: 719A00005967

3/27/19

Corrected

Please use original file date.

Thank you.

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 3/25/2019 3/27/19

Acc#I20160000072

*en: c DW*

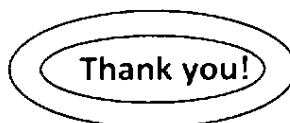
|             |                          |
|-------------|--------------------------|
| Name:       | THE FIRST PORT CITY BANK |
| Document #: |                          |
| Order #:    | 11563853                 |

|                                   |                          |                         |  |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> |                         |  |
| Plain Copy:                       | <input type="checkbox"/> |                         |  |
| Certificate of Good Standing:     | <input type="checkbox"/> |                         |  |
|                                   | <input type="checkbox"/> |                         |  |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: |  |
|                                   |                          | Number of Certs:        |  |

|   |  |
|---|--|
| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> |
|   | Plain: <input type="checkbox"/>                |
|   | COGS: <input type="checkbox"/>                 |

|                     |
|---------------------|
| Availability _____  |
| Document _____      |
| Examiner _____      |
| Updater _____       |
| Verifier _____      |
| W.P. Verifier _____ |
| Ref# _____          |

|            |       |
|------------|-------|
| Amount: \$ | 78.75 |
|------------|-------|



FLORIDA OFFICE OF  
**FINANCIAL REGULATION**

www.flofr.com

February 7, 2019

Mr. John W. Gerl, Esquire  
Alston & Bird  
1201 West Peachtree Street  
Atlanta, Georgia 30309

via Email: john.gerl@alston.com

Re: First Port City Bank

Dear Mr. Gerl:

Reference is made to your recent letter requesting approval to register the above-referenced name with the Florida Secretary of State by First Port City Bank. The bank is a Georgia state-chartered bank, headquartered in Bainbridge, Georgia, and regulated by the Georgia Department of Banking and Finance.

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,



Jeremy W. Smith  
Director  
Division of Financial Institutions

JWS/trd

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

**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. The First Port City Bank  
(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)

2. Georgia 3. 58-1178459  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/3/1974 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 400 West Shotwell Street, Bainbridge, Georgia 39818  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.*

C T Corporation System

By: Nathan Giffin Nathan Giffin, 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.

**FILED**  
2019 MAR 25 AM 11:20  
CLERK OF THE COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: See attached for Director information.

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: See attached for Officer information.

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

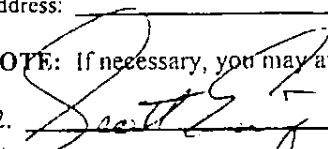
Secretary: \_\_\_\_\_

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.

13. Scott Ewing

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

FILED  
2019 MAR 25 AM 11:20  
HALL COUNTY FL

## **FIRST PORT CITY BANK OFFICERS AND DIRECTORS**

The address for each of the below officers and directors is 400 West Shotwell Street, Bainbridge, GA 39818.

### **OFFICERS:**

L. Scott Ewing - President & CEO

Nancy Jernigan – Executive Vice President/Chief Lending Officer

Durand Childers – Executive Vice President

Marvalynn W. Carroll – Senior Vice President/Chief Financial Officer

Kristy Harrell – Senior Vice President/Chief Operating Officer

Melvin H. Nussbaum, III - Vice President/Security Officer

Brian Smith – Vice President/ Information Security Officer

Jenny S. Herring - Assistant Vice President/Secretary

Wanda Thomas – Assistant Vice President /Branch Manager

Bree Maxwell – Assistant Vice President/Loan Operations Manager

Sheryl Rogers – Assistant Vice President/Branch Manager

Stephanie Ivey – Assistant Vice President, Compliance/Internal Auditor, BSA/CRA/OFAC/Red Flag

Tiffany Singleton – Assistant Vice President/Branch Manager

Elva McNair – Assistant Vice President/Branch Manager

### **BOARD OF DIRECTORS:**

Major H. Brannen, Chairman

William R. Burke, Vice Chairman

L. Scott Ewing, President & CEO

B. Thomas Conger

Jerry D. Sharber

Perry Clements III

Robert M. Palmer

Marvalynn W. Carroll

Don A. Whaley

Thomas H. Dollar, II

Billy K. Reynolds

\*Durand Childers – Elected 2/2019

\*Nancy Jernigan – Elected 2/2019



# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### THE FIRST PORT CITY BANK

a Domestic Bank

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below 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.

Docket Number : 16875690  
Date Inc/Auth/Filed: 04/03/1974  
Jurisdiction : Georgia  
Print Date : 03/15/2019  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State