

Florida Department of State  
 Division of Corporations  
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To:  
 Division of Corporations  
 Fax Number : (850)617-6383

From:  
 Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (614)280-3338  
 Fax Number : (954)208-0845

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

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

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Southern Independent Bank**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

APPROVED  
 AND  
 FILED  
 2022 JAN 21 PM 12:01  
 CLERK OF STATE  
 TALLAHASSEE, FLORIDA

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. Southern Independent 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. Alabama 3. (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/22/2006 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)

7. 503 North Main Street, Opp, Alabama 36467  
(Principal office street address)

(Current mailing address, if different)

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

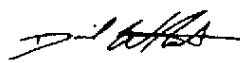
Name: CT Corporation System

Office Address: 1700 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.



David Westcott 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

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]

APPROVED  
AND  
FILED  
2022 JAN 21 PM 12  
CLERK OF THE  
COURT  
JAN 21 2022

A. DIRECTORS

☐ Chairman Name: John D. Adams  
☐ Vice Chairman Address: 503 N. Main Street  
☐ Director Opp. AL 36467  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other CFO ☐ Other \_\_\_\_\_

☐ Chairman Name: Dr. Robert S. Boothe  
☐ Vice Chairman Address: 503 N. Main Street  
☒ Director Opp. AL 36467  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Dr. Robert B. Burkhardt  
☐ Vice Chairman Address: 503 N. Main Street  
☒ Director Opp. AL 36467  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Mr Micah Garner  
☐ Vice Chairman Address: 503 N. Main Street  
☐ Director Opp. AL 36467  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other CFO ☐ Other \_\_\_\_\_

☐ Chairman Name: Olan H. Harden  
☐ Vice Chairman Address: 503 N. Main Street  
☒ Director Opp. AL 36467  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Norman E. Hobson  
☐ Vice Chairman Address: 503 N. Main Street  
☒ Director Opp. AL 36467  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**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 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 § 817.155, F.S.

13. John Adams, CFO  
 (Typed or printed name and capacity of person signing application)

**ADDITIONAL  
DIRECTORS**

<b>Name</b>		<b>Address</b>
Johnny M. Jackson III	Director	503 N. Main Street, Opp. AL 36467
Wesley L. Laird	Director	503 N. Main Street, Opp. AL 36467
Charles T. Smith	Director	503 N. Main Street, Opp. AL 36467
Gary L. Smith	Director	503 N. Main Street, Opp. AL 36467
James H. Tillman, Jr.	Director	503 N. Main Street, Opp. AL 36467
Donna Youmans	Director	503 N. Main Street, Opp. AL 36467

John H. Merrill  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the  
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Southern Independent Bank  
was formed in Covington County, Alabama on November 22, 2006. The Alabama  
Entity Identification number for this entity is 250-010. I further certify that the  
records do not disclose that said entity has been dissolved, cancelled or terminated.



In Testimony Whereof, I have hereunto set my  
hand and affixed the Great Seal of the State, at the  
Capitol, in the city of Montgomery, on this day.

12/30/2021

Date

*J. H. Merrill*

20211230000017014

John H. Merrill

Secretary of State



Commissioner Russell C. Weigel, III

January 7, 2022

John Adams, CFO  
503 N. Main Street  
Opp, Alabama 36467

Re: Southern Independent Bank

Dear Mr. Adams:

Reference is made to your recent letter requesting approval to register the above-referenced name with the Florida Secretary of State by Southern Independent Bank. The bank is a Alabama state-chartered bank, headquartered in Opp, Alabama, and regulated by the Alabama State Banking Department.

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,

Russell C. Weigel, III  
Commissioner  
Office of Financial Regulation

RCW:jrr

cc: Gina McLeod, Chief, Bureau of Commercial Recordings, Division of Corporations,  
Department of State