

F24000004195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

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Special Instructions to Filing Officer:

W24-106528

Office Use Only



600433208316

APPROVED
AND
FILED

2024 JUL 22 PM 5:02

CLERK OF DISTRICT
CLERK OF DISTRICT



RECEIVED

2024 JUL 22 PM 12:00

DIRECTOR OF
CORPORATIONS
TALLAHASSEE, FLORIDA

AUG 09 2024

K. Brumbley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2024

COGENCY GLOBAL

SUBJECT: THE CLAXTON BANK
Ref. Number: W24000106528

RECEIVED
2024 AUG -9 AM 11:51
Division of Corporations

We have received your document for THE CLAXTON BANK and your check(s) totaling \$. 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.

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.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 724A00016169

PLEASE
KEEP
ORIGINAL
FILE
DATE



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I200000000088
For any issues please contact
Cheyanne Davis
(850) 202-1882

Date: 08/09/2024

Name: Cheyenne Davis

Reference #: 2441948

Entity Name: THE CLAXTON BANK

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

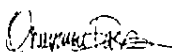
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other appropriate letter is attached at the back

Authorized Amount: \$70.00

Signature: 

• CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40TH ST, 10TH FL
NY, NY 10016
D: +1.212.947.7200
P: 800.221.0102
F: 800.944.6607

• EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES,
REGISTRY #3010712
6 LLOYDS AVE, UNIT 4CL
LONDON EC3N 3AX
+44 (0)20.3961.3080

• ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
UNIT B, 11/F, LIPPO LEIGHTON TOWER
103 LEIGHTON RD, CAUSEWAY BAY
HONG KONG
P: +852.2682.9633
F: +852.2682.9790



Commissioner Russell C. Weigel, III

VIA ELECTRONIC MAIL

July 25, 2024

Jack Greeley
Smith Mackinnon, PA
301 East Pine Street, Suite 750
Orlando, Florida 32801

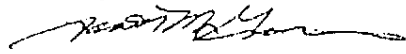
Re: The Claxton Bank

Dear Jack:

Reference is made to your recent letter requesting approval to register the above-referenced name with the Florida Secretary of State. The bank is a Georgia state-chartered bank, headquartered in Claxton, 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,


Jason M. Guevara
Financial Administrator
Division of Financial Institutions
Office of Financial Regulation

JMG:td

cc: Lee Yarbrough, Chief, Bureau of Commercial Recordings, Division of Corporations,
Department of State

APPROVED
AND
FILED
2024 JUL 22 PM 5:02
CLERK OF THE COURT
JUL 22 2024

**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 Claxton 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. GA 3. 58-0196521
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/24/1941 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. 1 Independent Drive, Suite 1800, Jacksonville, Florida 32202
(Principal office street address)

(Current mailing address, if different)

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

Name: Scott C. Verlander
Office Address: 1 Independent Drive, Suite 1800
Jacksonville, Florida 32202 , Florida 32202
(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.

/s/ Scott C. Verlander
(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
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2024 JUL 22 PM 5:02
CLERK OF THE COURT
JACKSONVILLE, FLORIDA

A. DIRECTORS

☐ Chairman Name: Robert M. Clements
☐ Vice Chairman Address: 4667 Ortega Blvd
☒ Director Jacksonville, FL 32210
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Don Glisson, Jr.
☐ Vice Chairman Address: 319 Ponte Vedra Boulevard
☒ Director Ponte Vedra Beach, FL 32082
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

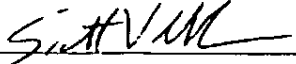
☐ Chairman Name: Paul E. Parker
☐ Vice Chairman Address: PO Box 728
☒ Director Claxton, GA 30417
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: George M. Egan
☐ Vice Chairman Address: 4211 Yacht Club Road
☒ Director Jacksonville, FL 32210
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Chalton Jerome Lane, Jr.
☐ Vice Chairman Address: 509 Crestview Drive
☒ Director Claxton, GA 30458
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: John S. Surface
☐ Vice Chairman Address: 3680 Richmond Street
☒ Director Jacksonville, FL 32205
☐ 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 s.817.155, F.S.

13. Scott Verlander
(Typed or printed name and capacity of person signing application)

ADDITIONAL DIRECTORS

☐ Chairman Name: W. Ross Singletary II
☐ Vice Chairman Address: 3781 Ortega Blvd.
☒ Director Jacksonville, FL 32210
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Philip G. Williams
☐ Vice Chairman Address: 585 Benjamin Road
☒ Director Claxton, GA 3041
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Scott C. Verlander
☐ Vice Chairman Address: 830 Point La Vista Road N
☐ Director Jacksonville, FL 32207
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: Scott C. Verlander
☐ Vice Chairman Address: 830 Point La Vista Road N
☒ Director Jacksonville, FL 32207
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☒ Chairman Name: Robert M. Clements
☐ Vice Chairman Address: 4667 Ortega Blvd.
☐ Director Jacksonville, FL 32210
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

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 CLAXTON 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 : 27774201
Date Inc/Auth/Filed: 02/24/1941
Jurisdiction : Georgia
Print Date : 07/22/2024
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State