L09000097394

(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:
0081
w9-9081. LUNT
MAR 20 2009
EXAMINER



000143856030

02/24/09--01014--012 **180.00

PILED

2009 MAR 19 PM 2: 20

SECRETARY OF STATE
TALLAHASSEF F TATE

Office Use Only



February 26, 2009

JACK G. WILLIAMS P.O. BOX 2176 PANAMA CITY, FL 32402

SUBJECT: PC BANKCO, LLC Ref. Number: W09000009081

We have received your document for PC BANKCO, LLC and your check(s) totaling \$180.00. 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.

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) 245-6094.

Letter Number: 209A00006634

Agnes Lunt Regulatory Specialist II

JACK G. WILLIAMS ATTORNEY AT LAW 502 HARMON AVENUE

PANAMA CITY, FLORIDA 32401

MAILING ADDRESS:
P.O. BOX 2176
PANAMA CITY, FLORIDA 32402

TELEPHONE NO. (850) 763-5368 FACSIMILE NO. (850) 763-1806

March 12, 2009

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

ATTN: Agnes Lunt, Regulatory Specialist II

RE: PC BANKCO, LLC Ref Number: W09000009081

Dear Ms. Lunt:

Pursuant to your letter to me of February 26, 2009, a copy of which is attached for your convenience, I am resubmitting the documents on the conversion involving PC BANKCO, LLC as well as a copy of the letter received from the Office of Financial Regulation authorizing the use of the name.

If you should need anything further, please do not hesitate to give me a call.

Very truly yours,

Jack G. Williams

JGW:mp Enclosures

cc: Bay Bank & Trust Co.



OFFICE OF FINANCIAL REGULATION

ALEX HAGER ACTING COMMISSIONER

FINANCIAL SERVICES COMMISSION

CHARLIE CRIST GOVERNOR

BILL MCCOLLUM ATTORNEY GENERAL

ALEX SINK
CHIEF FINANCIAL OFFICER

CHARLES BRONSON COMMISSIONER OF AGRICULTURE

March 4, 2009

Ms. Shirley Carroll
Bay Bank & Trust Co.
509 Harrison Avenue
Panana City, FL 32412-0350

Dear Ms. Caroll:

Re: PC Bankco, LLC

Reference is made to your recent letter/fax requesting approval of the above-referenced name which is an affiliate of Bay Bank & Trust Co., located in Panama City, Florida.

As 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. The Office will not object to the use of the above name being registered to transact business in the state of Florida. This does not authorize the institution to engage in banking, trust or insurance business or any other licensed activity in the state of Florida. Proper regulatory approvals will be required.

Sincerely,

Linda B. Charity

Director

LBC:bk

cc: Karon Beyer, Chief, Bureau of Commercial Recordings, Division of Corporations,
 Department of State
 Office of Financial Regulations – Division of Securities

RECEIVED MAR 0 6 2009

COVER LETTER

	gistration S			
Div	ision of C	orporations		
SUBJECT	: PC	BANKCO, LLC		
		(Name of Resulting	Florida Limited Cor	npany)
convert an	"Other Bu			ation, and fees are submitted to Liability Company" in
Please retu	rn all corre	espondence concerning	g this matter to:	
Jack G. V	Villiams			
		(Contact Person)		
Attorney				
Post Off	ce Box	(Firm/Company) 2176		
	····	(Address)		
Panama Ci	lty, FL	32402		
	((City, State and Zip Code)		
For further	informatio	on concerning this ma	tter, please call:	
Jack G. V	/illiams		_at (_850	763-5368
(Na	me of Conta	ct Person)	(Area Code	and Daytime Telephone Number)
Enclosed is	a check f	or the following amou	nt:	
\$150.00 F (\$25 for Conv & \$125 for A of Organization	ersion rticles	\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing I and Certified Copy	
STREET A Registration Division of Clifton Bui 2661 Execu	n Section Corporati Iding Itive Cente	ons er Circle	Registra Division P. O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314

FILED

Certificate of Conversion For "Other Business Entity" Into Florida Limited Liability Company

2009 MAR 19 PM 2: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

	(Enter Name of Other Business Entity)
	(Enter Name of Other Dusiness Entity)
2. The "Oth	er Business Entity" is a General Partnership
(Enter enti	ty type. Example: corporation, limited partnership, sole proprietorship,
	general partnership, common law or business trust, etc.)
first organize	ed, formed or incorporated under the laws ofFlorida
	(Enter state, or if a non-U.S. entity, the name of the country)
on Sente	
OII SOPOS	mber 29, 1983
	te "Other Business Entity" was first organized, formed or incorporated)
(Enter day) 3. If the juris	
(Enter da	te "Other Business Entity" was first organized, formed or incorporated) sdiction of the "Other Business Entity" was changed, the state or country
3. If the jurisunder the law N/A 4. The name	te "Other Business Entity" was first organized, formed or incorporated) sdiction of the "Other Business Entity" was changed, the state or country
(Enter da 3. If the juris under the law N/A 4. The name Articles of C	te "Other Business Entity" was first organized, formed or incorporated) sdiction of the "Other Business Entity" was changed, the state or country as of which it is now organized, formed or incorporated: of the Florida Limited Liability Company as set forth in the attached
(Enter da 3. If the juris under the law N/A 4. The name Articles of C	selection of the "Other Business Entity" was first organized, formed or incorporated) soliction of the "Other Business Entity" was changed, the state or country as of which it is now organized, formed or incorporated: of the Florida Limited Liability Company as set forth in the attached organization:
3. If the jurisunder the law N/A 4. The name Articles of C	diction of the "Other Business Entity" was first organized, formed or incorporated) soliction of the "Other Business Entity" was changed, the state or country as of which it is now organized, formed or incorporated: of the Florida Limited Liability Company as set forth in the attached Organization:

Signed this Odd day of February	20 <u>09</u> .	FILED
Signature of Member or Authorized Represent	ative of Limited Liability Co	MANUEL O DA O
Signature of Member or Authorized Representativ Printed Name: <u>Shirley Carroll</u>	e: Philip Carro Title: Managing Membe	CRETARY OF STAT LAHASSEE, FLORU
Signature(s) on behalf of Other Business Entity:	[See below for required signa	ture(s).]
Signature:		
Printed Name: E Clay Lewis, III	Title: Partner	· · · · · · · · · · · · · · · · · · ·
Signature:		·····
Printed Name: J.G. Hindsman, III		
Signature Shirty Carrol	$\boldsymbol{\omega}$	
Printed Name: Shirley Carrol	Title:Partner	
Signatura		
Signature:	Title:	
Signature:Printed Name:	Title	
Timed Name	Truc.	
Signature:Printed Name:		
Printed Name:	Title:	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or		
If Directors or Officers have not been selected, an In-	corporator must sign.	
<u>If Florida General Partnership or Limited Liabili</u>	ty Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		
Fees:	•	
Certificate of Conversion:	\$25.00	
Fees for Florida Articles of Organization:	\$125.00	
Certified Copy:	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 20

ARTICLE I - Name:

The name of the Limited Liability Company is:

PC BANKCO, LLC

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

509 Harrison Avenue Panama City, FL 32401 Post Office Box 59350 Panama City, FL 32402

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Name
509 Harrison Avenue

Florida street address (P.O. Box NOT acceptable)

Panama City, FL 32401

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in

Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

CONTINUED) Page 1 of 2

Itie:	naging Member(s): ger or Managing Member is as follows: Name and Address: SECRETAR
MGR" = Manager MGRM" = Managing Member	Name and Address: Name And Address: TALLAHASSEE
MGRM	E. Clay Lewis, III
	509 Harrison Avenue
	Panama City, FL 32401
MGRM	J.G. Hindsman, III
	509 Harrison Avenue
	Panama City, FL 32401
MGRM	Shirley Carroll
	509 Harrison Avenue
	Panama City, FL 32401
	
	(Use attachment if necessary)
	•
EV: Effective date, if other than the	•
ctive date: 1) cannot be prior to to the control of	e date of filing:
ctive date: 1) cannot be prior to to to the filed by the Florida Departmentive date listed in the attached C	e date of filing: (OPTIONAL) nor more than 90 days after the date the ent of State; <u>AND</u> 2) must be the same is
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ctive date: 1) cannot be prior to a t is filed by the Florida Departmentive date listed in the attached (ted therein.) EQUIRED SIGNATURE: Signature of a member or an au (In accordance with section 608. of this document constitutes an af	(OPTIONAL) nor more than 90 days after the date the ent of State; AND 2) must be the same Certificate of Conversion, if an effective thorized representative of a member. 408(3), Florida Statutes, the execution firmation under the penalties of perjury

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)
Page 2 of 2