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MAY 18 2018



FLORIDA OFFICE OF FINANCIAL REGULATION

www.FLOFR.com

DREW J. BREAKSPEAR COMMISSIONER

May 14, 2018



Ms. Cathy Crittenden Balch & Bingham LLP P.O. Box 306 Birmingham, AL 35201

Re: Digital Era Banking Services, LLC

Dear Ms. Crittenden:

Thank you for your recent correspondence requesting approval for use of the above-referenced name.

It is the opinion of this Office that the corporate name (Digital Era Banking Services, LLC) is definitive enough to differentiate the business being conducted from that of a commercial bank, trust company or credit union. Therefore, the Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida. However, this does not give one 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 LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN, LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: ._!

1. DigitalEraBankingServices,LLC

Alabama	me adopted for the purpose of transacting business in I		63-1263830	• •••••••••	• • •
(Jurisdiction under the law of which foreign limited hability company is organized)			(FEI uurster, it applicable)		
09/01/2010					<u>د</u>
	(Date first ininaacted husiness in Florida, if prior (See sections 605,0004 & 605 0005, F.S. to deter	in registration maine penalty	L) liabdity)		51 2 6
505WekivaSpringsR (Sirvet Address of P	oád	6.	500 Amity Road	, Suite 5b #132	12 J = 1
(Sirvet Address of P Suite650	ກ່າວງາຍ Office)			(Mailing Aikhes)	
		Conway,AR72032			
Longwood,FL32779 Name and street address	<u>s</u> of Florida registered agent: (P.O. Be	ox <u>NOT</u> a)32	
	CTCorporationSystem	ox <u>NOT</u> 1)32	
Name and street addres		0X <u>NOT</u> 8)32	
Name and <u>street addres</u> Name:	CTCorporationSystem	ox <u>NOT</u> :	icc.p(able)		
Name and <u>street addres</u> Name:	CTCorporationSystem 1200SouthPincIslandRoad Plantation (City)	ox <u>NOT</u> :			

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Name and Address: Title or Capacity: VienDensid Ull askarh@b

President	GeorgeShamburger	vicePresident	EuzabethShamburger
	500 Amity Rd, Ste 5b #132		500 Amity Rd, Ste 5b #132
	Conway,AR72032		Conway, AR 72032
			······································
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(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree wiony as provided for in \$.817.155, F.S.

- 17 Server the Signature of an authorized person

GeorgeShamburger

Typed or printed name of signee



2018-05-07 10 24 06 CST

