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DIVISION OF CORPORATIONS

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## FOREIGN PROFIT/NONPROFIT CORPORATION

Southern Independent Bancshares, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

2022 JAN 20 AM 11:05

TALLAHASSEE, FL  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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S. ROBERTS

JAN 20 2022

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1501, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Sonthorn Independent Rancharea, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "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) (FBI number, if applicable)
4. December 14, 2010 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: 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.

James H. Tanks III 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):

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## 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 Note: Use an attachment to report more than six (6). The attachment will be indexed 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. 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  
Bancshares, Inc. was formed in Covington County, Alabama on December 14,  
2010. The Alabama Entity Identification number for this entity is 265-916. 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*

20211230000016992

John H. Merrill

Secretary of State