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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

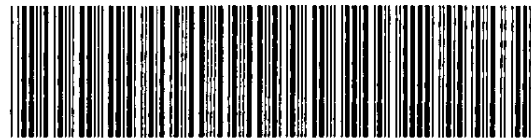
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
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W11-13449

am 3/7/11



STREET ADDRESS: 101 East Gaines Street, Suite 636 • PHONE (850) 410-9800 • FAX (850) 410-9548  
MAILING ADDRESS: Division of Financial Institutions, 200 East Gaines Street, Tallahassee, FL 32399-0371  
Visit us on the web: [www.floridagr.com](http://www.floridagr.com) • Toll Free: (800) 848-3792

**J. THOMAS CARDWELL**  
COMMISSIONER

March 17, 2011

Mr. Gregg Porter  
330 N. Andrews Avenue, Suite 101  
Ft. Lauderdale, FL 33301

Re: Capital Banking Solutions, Inc.

Dear Mr. Porter:

Thank you for your recent letter/fax requesting approval for use of the above-referenced name.

It is the opinion of this Office that the above-referenced corporate name is definitive enough to differentiate the business being conducted from that of a commercial bank or trust company. 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,

Linda B. Charity  
Director

LBC:bk

cc: Karon Beyer, Chief, Bureau of Commercial Recordings, Division of Corporations,  
Department of State

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FINANCIAL SERVICES COMMISSION

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JEFF ATWATER  
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OFFICER

ADAM PUTNAM  
COMMISSIONER OF  
AGRICULTURE

**DONNELLY & RUSSO, P.A.**

ATTORNEYS AT LAW

3708 W. EUCLID AVENUE, TAMPA, FLORIDA 33629

**SEAN V. DONNELLY\***

**JOSEPH C. RUSSO**

\*ALSO ADMITTED IN ILLINOIS

(813) 832-9790 PHONE

(813) 832-9739 FAX

March 3, 2011

Secretary of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl. 32314

Re: Filing of Articles of Incorporation for Capital Banking Solutions, Inc

To Whom It May Concern:

Please find enclosed the Articles of Incorporation for referenced corporation, along with a check for \$78.75 for the filing fees.

Please file the Articles of Incorporation and provide our office with a Certificate of Good Standing.

Thank you for your attention to this matter. If you have any questions, please feel free to contact me.

Sincerely,



Vikki Brown

Legal Assistant to Joseph C. Russo

Enc.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 9, 2011

VIKKI BROWN  
DONNELLY & RUSSO, P.A.  
3708 W EUCLID AVENUE  
TAMPA, FL 33629

SUBJECT: CAPITAL BANKING SOLUTIONS, INC  
Ref. Number: W11000013449

We have received your document for CAPITAL BANKING SOLUTIONS, INC and your check(s) totaling \$70.00. 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 the corrected original and one copy of 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) 245-6931.

Becky McKnight  
Regulatory Specialist II Supervisor  
New Filing Section

Letter Number: 711A00005778

**ARTICLES OF INCORPORATION  
OF  
CAPITAL BANKING SOLUTIONS, INC**

The undersigned hereby organizes a corporation for profit under the provisions of the Florida Business Corporation Act, and pursuant to the following Articles of Incorporation.

ARTICLE 1

Name

The name of this corporation is: **Capital Banking Solutions, Inc**

ARTICLE 2

Mailing Address/Principal Office

The mailing address and the street address of the principal office is: **330 North Andrews Ave., Suite 101, Ft. Lauderdale, Fl. 33301.**

ARTICLE 3

Shares

This corporation is authorized to issue Seven Thousand Five Hundred (7,500) shares of One Dollar (\$1.00) par value common stock.

ARTICLE 4

Initial Registered Office and Agent

The street address of the initial registered office of this corporation is: **14125 Whisperwood Drive., Clearwater, Fl. 33762**, and the name of the initial registered agent of this corporation at that address is: **Greg Porter.**

ARTICLE 5

Incorporator

The name and address of the person signing these Articles is: **Greg Porter - 14125 Whisperwood Drive., Clearwater, Fl. 33762.**

ARTICLE 6

Initial Board of Directors

This corporation shall have **TWO (2)** director(s) initially. The number of directors may be either increased or diminished from time to time by the Bylaws, but shall never be less than one (1). The name and address of the initial director(s) of this corporation is/are:

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- a) Greg Porter - 14125 Whisperwood Drive., Clearwater, FL 33762; and  
b) Greg Curley - 900 SE 2nd Street, Ft. Lauderdale, FL 33301.

The method of election of directors will be as stated in the Bylaws.

ARTICLE 7  
Indemnification

The corporation may enter into indemnification agreements and adopt Bylaw provisions for indemnification of any officer or director, or any former officer or director, or may provide, at the corporation's election, for indemnification of any officer or director, or any former officer or director, without agreement or Bylaw provisions to the full extent permitted by law. The corporation shall not be subject to court-ordered indemnification pursuant to Section 607.0850(9), Florida Statutes.

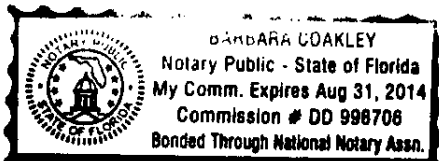
IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation, this 25<sup>th</sup> day of FEBRUARY, 2011.

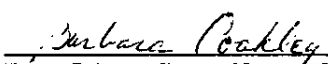
  
Greg Porter

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 25<sup>th</sup> day of February 2010 by Greg Porter.

SEAL



  
Type, Print or Stamp Name of Notary

Personally known ☒

or Produced Identification ☐

Type of Identification Produced ☐

Acceptance of Registered Agent

Having been named as registered agent to accept service of process for the above-stated corporation at the place designated in this certificate, I hereby accept the appointment of 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.

  
Greg Porter

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