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(Re	equestor's Name)
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PICK-UP	WAIT MAIL
(Ві	usiness Entity Name)
(Do	ocument Number)
	Certificates of Status
Special Instructions to	Filing Officer: WO7 -P404
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	Office Use Only



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SECRETARY OF STATE
AND AHASSEE, FLORIDA

DATE 4-17-17

## **COVER LETTER**

Division of Co			,	
<sub>subject:</sub> Heath	er Ísland Mitigatior	n Bank, LLC		
		d Liability Company)		
The enclosed Articles of	of Organization and fee(s) are so	ubmitted for filing.		
Please return all corresp	condence concerning this matte	er to the following:		
Gordon H	l. Harris, Esq.			
	(	Name of Person)		
			- <del>I</del>	
	(	Firm/Company)	APR ECRE LLAH.	T.
1201 E.	Robinson Street		R IS	Titel:
		(Address)	PH SEEL OF	,22
Orlando,	, FL 32801		F SI	
	(City	/State and Zip Code)	1.53 AIF 0810	* 531.
For further information	concerning this matter, please	call:	, <b>&gt;</b>	
Gordon H. Ha		at (407 843-04		
(Name	e of Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check f	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	✓ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
,	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle	



### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

April 20, 2007

GORDON H. HARRIS, ESQ. 1201 E. ROBINSON STREET ORLANDO, FL 32801

SUBJECT: HEATHER ISLAND MITIGATION BANK, LLC

Ref. Number: W07000019404

We have received your document for HEATHER ISLAND MITIGATION BANK, LLC and your check(s) totaling \$160.00. However, the enclosed document has

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 part to the Division of Corporate Name Approval Regulation.

to the Division of Corporations for filing.

Please return your document, along with a copy of this letter, within 60 days or vour filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce **Document Specialist** 

Letter Number: 607A00026960



### OFFICE OF FINANCIAL REGULATION

DON B. SAXON COMMISSIONER

# FINANCIAL SERVICES COMMISSION

CHARLIE CRIST GOVERNOR

BILL MCCOLLUM ATTORNEY GENERAL

ALEX SINK
CHIEF FINANCIAL OFFICER

CHARLES BRONSON COMMISSIONER OF AGRICULTURE

May 4, 2007

Mr. Dennis Benbow 1005 Edgewater Drive Orlando, Florida 32804

Dear Mr. Benbow:

Re: Heather Island Mitigation Bank, LLC

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

It is the opinion of this Office that the above-referenced 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 the use of the above name being registered to transact business as a foreign corporation in the state of Florida. The company may not transact commercial banking business and may not advertise, solicit or otherwise market such services to the general public in the state of Florida.

Sincerely,

Linda B. Charity

Director

LBC:ker

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	s:	
Heather Island Mitigation Bank, LLC (Must end with the words "Limited Liability Company, "Limited Liability Company,"	nited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is	s:
Principal Office Address:	Mailing Address:	
Post Office Box 540285 Orlando, FL 32854 1005 Edgewater Prive	Post Office Box 540285 Orlando, FL 32854	
Orlando, 7L 32884  ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered sentity with an active Florida registration.)  The name and the Florida street address of the Gordon H. Harris	gistered Agent. You must designate an individual or where of the series	Carlo
Nam	TO P	
1201 E. Robinson Str	eet COR T	
Florida street a	address (P.O. Box NOT acceptable)	
Orlando	<sub>FL</sub> 32801	
City, State	e, and Zip	
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of a performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S	ıll

EFFECTIVE DATE 4-17-07

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Ma: $"MGRM" = M$	nager Ianaging Member	Name and Address:	
MGR		Dennis Benbow	
· ************************************		Post Office Box 540285	···
		Orlando, FL 32854	
MGRM		Guy Rizzo	
		123 Wisteria Drive	
		Longwood, FL 32779	<u> </u>
MGRM		Gordon H. Harris	
		1201 East Robinson Street	· · · · · ·
		Orlando, FL 32801	
(Use attachme	ent if necessary)		
LE V: Effecti		he date of filing: April 17, 2007 t be specific and cannot be more than five	. (OPTIONAL) business days p
LE V: Effecti ffective date is days after the	ve date, if other than the listed, the date must		
LE V: Effecti ffective date is days after the	ve date, if other than the listed, the date must be date of filing.)  SIGNATURE:	t be specific and cannot be more than five	business days p
LE V: Effecti ffective date is days after the	ve date, if other than to listed, the date must e date of filing.)  SIGNATURE:	t be specific and cannot be more than five	business days p
LE V: Effecti ffective date is days after the	ve date, if other than the listed, the date must be date of filing.)  SIGNATURE:  Signature of a mem (In accordance with of this document contains the listed and the liste	section 608.408(3), Florida Statutes, the execution nstitutes an affirmation under the penalties of perjui	O7 APR 19 SECRETAR TALLAHASS
LE V: Effecti ffective date is days after the	ve date, if other than to listed, the date must e date of filing.)  SIGNATURE:  Signature of a mem  (In accordance with of this document contact the facts state	aber or an authorized representative of a member section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjunded herein are true.)	SECRETARY TALLAHASSEE
LE V: Effecti ffective date is days after the	ve date, if other than to listed, the date must be date of filing.)  SIGNATURE:  Signature of a mem  (In accordance with of this document conthat the facts state Gordon H. Harri	aber or an authorized representative of a member section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjunded herein are true.)	O7 APR 19 SECRETAR TALLAHASS

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