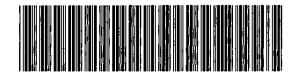
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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08 AUG 11 PM 2: 42

SECRETARY OF STATE

COVER LETTER

Registration Section

Division of Co	orporations	,	•				
SUBJECT: South	port Mitigation Bar	nk, LLC					
	(Name of Limit	ted Liability Con	npany)				
The enclosed Articles of	of Organization and fee(s) are	submitted for fil	ing.				
Please return all corresp	ondence concerning this mat	ter to the followi	ing:				
Dennis K.	Benbow						
		(Name of Person)					
Mitigation	Bank Investors, L	LC					
		(Firm/Company)					
1005 Edg	ewater Drive						
•		(Address)					
Orlando, I	Florida 32804			ALL	SECI	98 AU	-
	(Cit	y/State and Zip Co	ode)		上二	<u>ත</u>	ا ا سب
For further information	concerning this matter, please	e call:		•	3388 787 0	- Ph	ににと
Dennis K. Ben	how	407	481-067	7	FST	PH 2: 42	C
	of Person)	at ((Area C	481-067 de & Daytime Tele	phone Number	<u></u> 쯤	2	
`	•		•		>		
Enclosed is a check for	or the following amount:						
✓ \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.00 Fill Certified C		\$160.00 Fili Certificate (Certified Co (additional co	of Statu opy	ıs &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registr Divisio Clifton 2661 E	Courier Address ation Section on of Corporations Building executive Center C assee, FL 32301				



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 21, 2008

DENNIS K. BENBOW 1005 EDGEWATER DRIVE ORLANDO, FL 32804

SUBJECT: SOUTHPORT MITIGATION BANK, LLC

Ref. Number: W08000014887

We have received your document for SOUTHPORT MITIGATION BANK, LLC and your check(s) totaling \$125.00. 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, BANCUE, 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) 245-6917.

Gretchen Harvey
Document Specialist Supervisor

Letter Number: 708A00017032



OFFICE OF FINANCIAL REGULATION

FINANCIAL SERVICES COMMISSION

CHARLIE CRIST GOVERNOR

BILL MCCOLLUM ATTORNEY GENERAL

ALEX SINK
CHIEF FINANCIAL OFFICER

CHARLES BRONSON COMMISSIONER OF AGRICULTURE

April 7, 2008

Ms. Victoria Colangelo Post Office Box 540285 Orlando, Florida 32854

Dear Ms. Colangelo:

DON B. SAXON

COMMISSIONER

Re: Southport Mitigation Bank

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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is		
The name of the Emitted Liability Company is	•	
Southport Mitigation Bank, LLC		
(Must end with the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the p	rincipal office of the Limited Liability Compar	ıy is:
Principal Office Address:	Mailing Address:	
1005 Edgewater Drive	PO Box 540285	
Orlando, Florida 32804	Orlando, Florida 32854	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.) The name and the Florida street address of the manual Mitigation Bank Inve	registered agent are:	7
Name		n j
Orlando, Florida 328	dress (P.O. Box NOT acceptable)	3
City, State, a	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

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

		Name and Address:			
"MGR" = Mar "MGRM" = M	nager Ianaging Member				
mon member	•	Kevin Burkett			
		1701 South Mills Avenue		_	
		Orlando, Florida 32806		_	
MGRM		Mitigation Bank Investors, LLC			
		1005 Edgewater Drive		_	
		Orlando, Florida 32804		_	
				-	
				-	
				_	
(Use attachmer	nt if necessary)				
CLE V: Effectiv	nt if necessary)	e date of filing:	(OPTI		•
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)