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Florida Department of State  
Division of Corporations  
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From: Account Name : ROGERS, TOWERS, BAILEY, ET AL  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

Star 4 Mitigation ~~Bank~~, LLC

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Florida Dept of State



September 30, 2008

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ROGERS, TOWERS, BAILEY ET AL

SUBJECT: STAR 4 MITIGATION BANK, LLC  
REF: W08000045057

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration Section

FAX Aud. #: H08000225488  
Letter Number: 408A00052022

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

*Revised without the word "Bank".  
Please file with September 29, 2008 effective date.  
Please send Certified Copy and good standing.*

*Thank you,*

P.O BOX 6327 - Tallahassee, Florida 32314

*Susan Bortolotti*  
904-346-5556

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ARTICLES OF ORGANIZATION  
TALLAHASSEE, FLORIDA  
STAR 4 MITIGATION, LLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

These Articles of Organization are submitted for the purpose of forming a limited liability company pursuant to the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, as the same may from time to time be amended (the "Act").

**ARTICLE I - NAME**

The name of this limited liability company (the "Company") is **STAR 4 MITIGATION, LLC.**

**ARTICLE II - ADDRESS**

The address of the principal office and mailing address of the Company is 4300 County Road 208, St. Augustine, Florida 32092.

**ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the Company is 1301 Riverplace Boulevard, Suite 1500, Jacksonville, Florida 32207, and the name of its initial registered agent at such address is Michael A. Wodrich.

**ARTICLE IV - MANAGEMENT OF THE COMPANY**

The Company will be member managed.

**ARTICLE V - LIMITED LIABILITY**

Except as otherwise expressly provided by the Act, no member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of a Member of the Company, has executed these Articles of Organization this 29th day of September, 2008. In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
Michael A. Wodrich - Authorized Representative

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the below named limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is:

**STAR 4 MITIGATION, LLC**

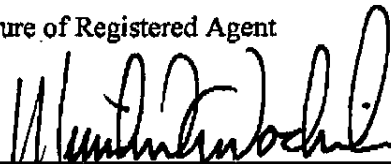
2. The name and address of the registered agent and office are:

**Michael A. Wodrich  
1301 Riverplace Boulevard, Suite 1500  
Jacksonville, Florida 32207**

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.

Dated: September 29, 2008

Signature of Registered Agent

  
\_\_\_\_\_  
Michael A. Wodrich

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