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(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
* (Document Number)						
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1008-49803

T. HAMPTON

DEC 1 4 2009

EXAMINER

# **COVER LETTER**

TO:	Registration Se Division of Cor									
SUBJ	FCT:	Sebring S	crub	Conse	ervation, l	LLC				
	SUBJECT: Sebring Scrub Conservation, LLC  Name of Limited Liability Company									
The en	closed Articles of	Organization and fee(s) are	submitt	ed for fil	ing.					
Please	return all correspo	ndence concerning this mat	ter to th	e followi	ng:					
		D		Benbo	w					
			Name (	of Person						
	Mitigation Bank Investors, LLC									
	Firm/Company									
	P.O. Box 540285									
	Address									
	Orlando, Florida 32854									
			-	ınd Zip Co						
		victoria@n E-mail address: (to be used	nitigat for future	ionmar annual re	keting.com	<u>1</u> n)				
For fur	ther information co	oncerning this matter, please	e call:							
			_ at (	407	_)	481.0677 Telephone Number				
	Name of	Person		Area Co	ode & Daytime	l elephone Number				
Enclos	sed is a check for	the following amount:								
<b>]</b> \$125	00 Filing Fee [	\$130.00 Filing Fee & Certificate of Status	Ce	rtified C		\$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		Registr Division Clifton 2661 E	Courier Addration Section on of Corporate Building Executive Centassee, FL 3230	ions er Circle				



# FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 DEC 11 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

November 10, 2009

DENNIS BENBOW 1005 EDGEWATER DR ORLANDO, FL 32804

SUBJECT: SEBRING SCRUB CONSERVATION BANK, LLC

Ref. Number: W09000049803

We have received your document for SEBRING SCRUB CONSERVATION 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):

The registered agent must sign accepting the designation.

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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 509A00035245

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIARILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	LORIDA LIVITI ED LIADILITI CONFANT
Sebring Scrub Cons (Must end with the words "Limited Liabi	Servation, LLC lity Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Dennis Benbow 1005 Edgewater Drive Orlando, Florida 32804	Dennis Benbow P.O. Box 540285 Orlando, Florida 32854
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	d Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another
The name and the Florida street address of the r	registered agent are:
Dennis B	enbow
. Name	
1005 Edgew	
Florida street address (P.O.	. Box <u>NOT</u> acceptable)
Orlando, 32804 City, State, a	FL ppd Zin
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered Agent's Signature.  Registered Agent's Signature.	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F
(CONTIN	UED) A STORES

## 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:

	le: GR" = Manage GRM" = Mana		Name and Address:	
<u>M</u>	GRM	_	Dennis K. Benbow P.O. Box 540285 Orlando, Florida 32854	
		_		······································
		_		
`	se attachment if	• /	e of filing: (0	OPTIONAL)
(If an effec to or 90 da	tive date is liste ys after the dat	ed, the date must be spe e of filing.)	ecific and cannot be more than five bus	
RE	<u>QUIRED</u> SIG	NATURE:	Rh -	
	į	signature of a member or	an authorized representative of a member.	
		In accordance with section of this document constitute that the facts stated herein a	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury tre true.)	100
	Filing Fees:		pennis Benbow or printed name of signee	SEGNET NVISION (

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

\$ 5.00 Certificate of Status (Optional)

ON DEC 11 PH 2: 24