

N11 000002286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

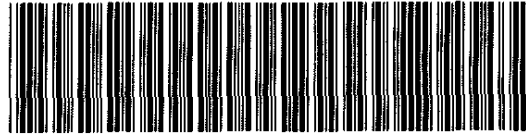
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800196524888

03/08/11--01032--019 \*\*78.75

RECEIVED  
11 MAR -8 PM 2:30  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
11 MAR -8 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 MAR 08 2



*Reply To: Tallahassee*

March 7, 2011

VIA HAND DELIVERY

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: Mitigation Banking Alliance of Florida, Inc.  
Document Number W11000012747**

To whom it may concern:

Enclosed is a filing for the domestic not for profit corporation MITIGATION BANKING ALLIANCE OF FLORIDA, INC. Originally the Articles of Incorporation were filed along with the filing fee on March 3, 2011 by electronic filing.

We received notice on March 7, 2011 that we needed to receive written approval and clearance to use the term "BANKING" by tracking number 000196736310. We have the required clearance and approval letter and will need to re-file the Articles. Therefore we are asking of a refund of the filing fee associated with the electronic filing of the Articles. Please make the refund check payable to: **Lewis, Longman & Walker, P.A** and send it to the following address:

ATTN: Kim Lippman  
Lewis, Longman, & Walker, P.A.  
2600 Centennial Place, Suite 100  
Tallahassee, Florida 32308

Thank you of your time and prompt attention to this mater.

Sincerely,

Kimberly D. Lippman

**FILED**  
**11 MAR -8 PM 2:35**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

/Enclosure(s)

*Helping Shape Florida's Future®*

BRADENTON  
1001 Third Avenue West  
Suite 670  
Bradenton, Florida 34205

p | 941-708-4040 • f | 941-708-4024

JACKSONVILLE  
245 Riverside Avenue  
Suite 150  
Jacksonville, Florida 32202

p | 904-353-6410 • f | 904-353-7619

TALLAHASSEE  
2600 Centennial Place  
Suite 100  
Tallahassee, Florida 32308

p | 850-222-5702 • f | 850-224-9242

WEST PALM BEACH  
515 North Flagler Drive  
Suite 1500  
West Palm Beach, Florida 33401

p | 561-640-0820 • f | 561-640-8202



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.FLOFR.COM](http://WWW.FLOFR.COM) • Toll Free: (800) 848-3792

**J. THOMAS CARDWELL**  
COMMISSIONER

March 7, 2011

Ms. Kim Lippman  
2600 Centennial Place, Suite 100  
Tallahassee, FL 32308

Re: Mitigation Banking Alliance of Florida, Inc.

Dear Ms. Lippman:

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

**FILED**  
11 MAR - 8 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FINANCIAL SERVICES COMMISSION

RICK SCOTT  
GOVERNOR

PAM BONDI  
ATTORNEY  
GENERAL

JEFF ATWATER  
CHIEF FINANCIAL  
OFFICER

ADAM PUTNAM  
COMMISSIONER OF  
AGRICULTURE

## **ARTICLES OF INCORPORATION**

Pursuant to Chapter 617, F.S. (2010) Not-For-Profit Corporation

### **ARTICLE I. NAME**

The name of the corporation shall be: MITIGATION BANKING ALLIANCE OF FLORIDA, INC., (hereinafter referred to as the "Corporation").

### **ARTICLE II. PRINCIPAL OFFICE**

The principal place of business and mailing address is:  
614 East Highway 50, #323  
Clermont, FL 34711

### **ARTICLE III. PURPOSE**

The purpose for which the Corporation is organized is to provide a medium for its members to develop and implement regulatory and legislative initiatives relating to mitigation banking that promote the common interests of its members.

### **ARTICLE IV. MANNER OF ELECTION**

The manner in which the directors are elected or appointed: The initial Board has been appointed by the Incorporator.

### **ARTICLE V. INITIAL DIRECTORS AND/OR OFFICERS**

#### **Board of Directors**

Sheri Lewin  
614 East Highway 50, Suite 323  
Clermont, Florida 34711

Donald H. Ross  
2579 N. Toledo Blade Blvd.  
North Port, FL 34289

M. Gray Stevens  
5300 Golf road  
Skokie, IL 60077

**FILED**  
11 MAR -8 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI. INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida Street address (P.O. Box not acceptable) of the registered agent is:

Lori Killinger  
Lewis, Longman & Walker, P.A.  
2600 Centennial Place, Suite 100  
Tallahassee, FL 32308-0572

**ARTICLE VII. INCORPORATOR**

The name and address of the incorporator is:

Lori Killinger  
Lewis, Longman & Walker, P.A.  
2600 Centennial Place, Suite 100  
Tallahassee, FL 32308-0572

**ARTICLE VIII. LIMITATIONS**

The corporation shall have all powers authorized by law.

**ARTICLE IX. BYLAWS**

The initial Board of Directors shall adopt Bylaws for the Corporation which shall, among other things, determine the requirements for membership in the Corporation.

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Lori K. Killinger  
Signature/Registered Agent

3-8-11  
Date

Lori Killinger  
Signature/Incorporator

3-8-11  
Date

FILED  
11 MAR -8 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Mitigation Banking Alliance of Florida, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Sheri Lewin

Name (Printed or typed)

614 East Highway 50 #323

Address

Clermont, Florida 34711

City, State & Zip

850-222-5702

Daytime Telephone number

sheri@erm-consultingservices.com

E-mail address: (to be used for future annual report notification)

**FILED**  
11 MAR -8 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NOTE:** Please provide the original and one copy of the articles.