

RESOLUTION NO. 2014- 126

**A RESOLUTION BY THE COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, ADOPTING AND AUTHORIZING FOR EXECUTION MUNICIPAL/GOVERNMENTAL UNIT CORPORATE AUTHORIZATION RESOLUTION IN REFERENCE TO TD BANK, N.A.**

WHEREAS, TD Bank has been selected by the County and the Clerk of Court to provide certain banking services including, but not limited to money market investments, at a Qualified Public Deposit account; and

WHEREAS, the St. Johns County Clerk of Court has requested the approval of a municipal/governmental unit corporate authorization resolution for the purposes of facilitating greater earnings for the County surplus funds that are invested by the Clerk's Finance Department.

**NOW, THEREFORE, BE IT RESOLVED** by the Board of County Commissioners of St. Johns County, Florida, as follows:

Section 1. The attached Municipal/Governmental Unit Corporate Authorization Resolution is adopted and approved.

Section 2. The Chair and Clerk of Court are hereby authorized to execute the attached Municipal/Governmental Unit Corporate Authorization Resolution as part of this present St. Johns County Resolution.

PASSED AND ADOPTED by the Board of County Commissioners of St. Johns County, Florida, this 20<sup>th</sup> day of May, 2014.

ATTEST: Clerk of Courts  
  
By: Pam Waltherman  
Deputy Clerk

BOARD OF COUNTY COMMISSIONERS  
OF ST. JOHNS COUNTY, FLORIDA  
  
By: [Signature]  
John H. Morris, Chair

Effective Date: 5/20/14

Rendition Date: 5/20/14

**MUNICIPAL / GOVERNMENTAL UNIT CORPORATE AUTHORIZATION RESOLUTION**

TD BANK, N.A.

ST. JOHNS COUNTY, FLORIDA  
COUNTY OF ST. JOHNS, BOARD OF COUNTY COMMISSIONERS

Hereinafter referred to as "Bank"

Hereinafter referred to as "Governmental Unit"

I, Cheryl Strickland, certify that I am Clerk of the above named Governmental Unit organized under the laws of Florida, Federal Employer I.D. Number 59-6000825 and that the resolutions on pages 1 & 2 of this document are a correct copy of the resolutions adopted at a meeting of the Governmental Unit Officers (check one:  City Councilors  Town Councilors  Town Selectmen  Other Elected Governing Body (specify) Board of County Commissioners) duly and properly called and held on \_\_\_\_\_ (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS. Any agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>Allen MacDonald, Finance Director</u>	X _____	X _____
B. <u>Linda Payne, Assistant Finance Director</u>	X _____	X _____
C. _____	X _____	X _____
D. _____	X _____	X _____

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power.)

Indicate A, B, C, D, E and/or F	Description of Power
_____	(1) Exercise all the powers listed in this resolution
_____	(2) Open all deposit or share account(s) in the name of the Governmental Unit
_____	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with the Bank
_____	(4) Borrow money on behalf and in the name of the Governmental Unit, sign, execute and deliver promissory notes or other evidences of indebtedness
_____	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Governmental Unit as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest, and notice of non-payment.
_____	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Bank
_____	(7) Other: _____

EFFECT ON PREVIOUS RESOLUTIONS: This resolution supersedes resolution dated \_\_\_\_\_. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY: I further certify that the Governmental Unit Officers have, and at the time of adoption of this resolution had, full power and lawful authority to adopt the foregoing resolutions and to confer the powers granted to the persons named who have full power and lawful authority to exercise the same.

Apply seal below where appropriate

In Witness Whereof, I have subscribed my name to this document and affixed the seal of the Governmental Unit on this date: \_\_\_\_\_

\_\_\_\_\_  
Attest by One Other Officer  
John H. Morris, Chair

\_\_\_\_\_  
Governmental Unit Clerk  
Cheryl Strickland

**RESOLUTIONS**

The Governmental Unit named on this resolution resolves that:

- (1) The Bank is designated as a depository for the funds of the Governmental Unit and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Bank. Any and all prior resolutions adopted by the Governmental Unit Officers of the Governmental Unit and certified to the Bank as governing the operation of this Governmental Unit's account(s) are in full force and effect, until the Bank receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Bank, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Governmental Unit. Any Agent, so long as he/she acts in a representative capacity as agent of the Governmental Unit, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Bank, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Governmental Unit with the Bank prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) The Governmental Unit agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Governmental Unit. The Governmental Unit authorizes the Bank, at any time, to charge the Governmental Unit for all checks, drafts, or other orders, for the payment of money, that are drawn on the Bank, so long as they contain the required signature for this purpose.
- (6) The Governmental Unit acknowledges and agrees that the Bank may furnish at its discretion automated access devices to Agents of the Governmental Unit to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Governmental Unit acknowledges and agrees that the Bank may rely on alternative signature and verification codes issued to or obtained from the Agents named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Bank, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution (or that are filed separately by the Governmental Unit with the Bank from time to time), the Bank is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Governmental Unit authorizes each Agent to have custody of the Governmental Unit's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Bank shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

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**FOR BANK USE ONLY**

Acknowledged and received on \_\_\_\_\_ (date) by \_\_\_\_\_ (initials). This Resolution is superseded by Resolution dated \_\_\_\_\_.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BUSINESS SIGNATURE CARD  
TD BANK, N.A. ("Bank")**

**Account Holder Name:**  
County of St. Johns, Board of County Commissioners  
Attn: Clerk of Courts

Account:

Account Type: Municipal

ACCOUNT PURPOSE:

ACCOUNT TYPE: Municipal

DATE OPENED:

SPECIAL INSTRUCTIONS:

Address: 4010 Lewis Speedway, St. Augustine, FL 32084

**Number of Signatures Required: 4**

Phone: (904) 819-3669

Each of the authorized individual(s) certify that they have all required authority to act with respect to this account(s) and, jointly and severally, agree to indemnify and hold "Bank" harmless from and against any loss or damage arising from such authority or lack thereof. "Bank" has no responsibility or duty to assure or verify that Authorized individual(s) have or are acting within the authority given them by the authorizing document or that such authorizing document is genuine or valid, even if "Bank" has seen or retained a copy of such document.

The Authorized individual(s) signing agree(s), jointly and severally if multiple signers, to the terms set forth in the Deposit Account Rules as amended by the "Bank" from time to time. Each of the Authorized Individual(s) signing also acknowledge that "Bank" provided at least one copy of these deposit account documents.

Important: Under penalties of perjury, I certify that the number shown above is my correct taxpayer identification number, I am a U.S. person (including a U.S. resident alien), and that (check appropriate box):

TIN/BACKUP WITHHOLDING -

Reporting 59-6000825  
SSN/TIN:

I am not subject to backup withholding, because I am exempt from backup withholding, or because I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or because the IRS has notified me that I am no longer subject to backup withholding.

I am subject to backup withholding.

Signature of Authorized Individual X \_\_\_\_\_ Date: \_\_\_\_\_

For instructions, see Internal Revenue Service Form W-9 that is available at the financial institution.

\_\_\_\_\_  
Signature  
Johns H. Morris  
\_\_\_\_\_  
Name  
Chair  
\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature  
Cheryl Strickland  
\_\_\_\_\_  
Name  
Clerk of Courts  
\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature  
Rachael L. Bennett  
\_\_\_\_\_  
Name  
Vice-Chair  
\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature  
Ronald F. Sanchez  
\_\_\_\_\_  
Name  
Commissioner  
\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature  
William A. McClure  
\_\_\_\_\_  
Name  
Commissioner  
\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature  
Cyndi Stevenson  
\_\_\_\_\_  
Name  
Commissioner  
\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Name  
\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Name  
\_\_\_\_\_  
Title



**STATE OF FLORIDA**  
Office of the Chief Financial Officer  
Division of Treasury  
Bureau of Collateral Management

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**CERTIFICATE OF QUALIFIED PUBLIC DEPOSITORY  
UNDER THE FLORIDA SECURITY FOR  
PUBLIC DEPOSITS ACT**

This is to certify that

**TD BANK, N.A.  
2035 LIMESTONE ROAD  
WILMINGTON, DELAWARE 19808**

has fully qualified as a public depository pursuant to Chapter 280, Florida Statutes, otherwise known as the Florida Security for Public Deposits Act. As such, said bank or savings association is hereby designated to receive public deposits, as defined in Subsection 280.02(13), Florida Statutes.

Given under my hand this 14th day of April, 2011.

A handwritten signature in black ink, appearing to read "Jeff Atwater", written over a horizontal line.

**CHIEF FINANCIAL OFFICER, STATE OF FLORIDA**