

RESOLUTION NO. 2016- 21

A RESOLUTION BY THE COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, AUTHORIZING THE EXECUTION OF UPDATED BANKING DOCUMENTATION RELATED TO ACCOUNTS WITH TD BANK, N.A. AND HARBOR COMMUNITY BANK

WHEREAS, TD Bank, NA and Habor Community Bank currently provide certain banking services including, but not limited to money market investments, and qualified public deposit accounts; and

WHEREAS, banking documents necessary to facilitate such services require updating to reflect changes in the agents authorized to act on behalf of St. Johns, Florida.

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

Section 1. The above recitals are hereby incorporated into the body of this Resolution, and adopted as findings of fact.

Section 2. The attached Governmental Entity Certificate of Resolution for Deposit Accounts by TD Bank, NA is hereby approved and adopted.

Section 3. The attached Resolution of Lodge, Association or Other Similar Organization and the Money Services Business Certification by Harbor Community Bank are hereby approved and adopted.

Section 4. The Chair and Clerk of Court are hereby duly authorized to execute each of the documents described above.

Section 5. To the extent that there are any typographical and/or administrative errors and/or omissions that do not change the tone, tenor, or context of this Resolution, then this Resolution may be revised, without subsequent approval of the Board of County Commissioners.

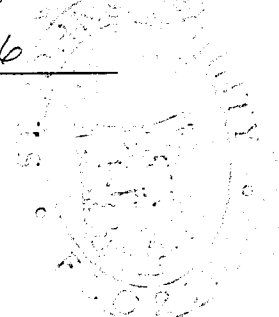
PASSED AND ADOPTED by the Board of County Commissioners of St. Johns County, Florida, this 19 day of January, 2016.

ATTEST: Clerk of Courts
By: Rene Halterman
Deputy Clerk

BOARD OF COUNTY COMMISSIONERS
OF ST. JOHNS COUNTY, FLORIDA
By: Jeb S. Smith
Jeb S. Smith, Chair

Effective Date: 1/19/16

Rendition Date: 1/21/16





BUSINESS ACCOUNT MAINTENANCE

REGION: Florida RC #: 6085 ACCOUNT NUMBER: 4303122496
BANK REPRESENTATIVE: Seana Lassiter DATE FORM PRINTED:

BUSINESS TYPE: Public/Municipal ADD'L ACCOUNT*:
STATUS: Updating Authorized Signer ADD'L ACCOUNT*:

* Must have the same titling; if not a separate form must be completed.

BUSINESS NAME / MAILING ADDRESS: TIN:
ST JOHNS CO BOARD OF COUNTY COMMISSIONER 59-6000825
LEGAL ADDRESS: (No PO Boxes)
4010 LEWIS SPEEDWAY
ST AUGUSTINE, FL 32084
BUSINESS PHONE: 9048193669
4010 LEWIS SPEEDWAY ST AUGUSTINE, FL 32084

Updated Business Documentation Obtained (ATTACH TO FORM) : Government Banking Account (Exempt from CIP)

IMPORTANT INFORMATION

Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

If you, the undersigned, as authorized representative(s) of the business named above (the "Accountholder") are personally liable for the Accountholder's obligations with respect to the account (such as the Accountholder's principal(s), owner(s) or guarantor(s)), you hereby authorize the Bank to, from time to time, request consumer reports containing references about you from third parties, such as a consumer reporting agency, in connection with opening and maintaining the account. If TD Bank, N.A. (the "Bank") declines or is otherwise unable to open a deposit account as a result of any information contained in such consumer report(s), the Bank will provide such notice containing data regarding the consumer reporting agency as required by applicable law.

This section does not apply to U.S. non-resident aliens. Under penalty of perjury, you, the undersigned certify that:

- 1. The number shown on this form is the Accountholder's correct taxpayer identification number (or the Accountholder is waiting for a number to be issued to the Accountholder); and
2. The Accountholder is not subject to backup withholding because: (a) the Accountholder is exempt from backup withholding, or (b) the Accountholder has not been notified by the Internal Revenue Service (IRS) that the Accountholder is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Accountholder that the Accountholder is no longer subject to backup withholding; and
3. The Accountholder is a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if the Accountholder has been notified by the IRS that the Accountholder is currently subject to backup withholding because the Accountholder has failed to report all interest and dividends on the Accountholder's tax return or for any other reason. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide the Accountholder's correct TIN.

The Internal Revenue Service does not require your or the Accountholder's consent to any provision of this document other than the certifications required to avoid backup withholding.

Relationship Consent

By checking this box and signing below, you, N/A, authorize the Bank to use the balance from N/A (last 4 digits of account number), your personal checking account to meet the balance requirement on the Accountholder's Business Convenience Checking Plus or Business Premier Checking account. See Business Deposit Account Agreement for details.

Authorized Representative(s)/Signers:

Signature of Allen Mac Donald

Signature

Allen MacDonald- Finance Director

Printed Name

N/A

Date of Birth

Verification: Current Signer

If Existing Personal Customer, Enter the RM Number:

Date Signed:

Signature of Michael Branson

Signature

Michael Branson- Asst. Finance Director

Printed Name

N/A

Date of Birth

Verification: Verification Completed

If Existing Personal Customer, Enter the RM Number:

Date Signed:

Signature of Jeb S. Smith

Signature

Jeb S. Smith- Chair

Printed Name

N/A

Date of Birth

Verification: Verification Completed

If Existing Personal Customer, Enter the RM Number:

Date Signed:

Signature of Hunter S. Conrad

Signature

Hunter S. Conrad- Clerk of Courts

Printed Name

N/A

Date of Birth

Verification: Verification Completed

If Existing Personal Customer, Enter the RM Number:

Date Signed:



America's Most Convenient Bank®

GOVERNMENTAL ENTITY CERTIFICATE OF RESOLUTION
(For Deposit Accounts)

Depositor (Name of Governmental Entity): ST JOHNS CO BOARD OF COUNTY COMMISSIONER Address: ST JOHNS CO BOARD OF COUNTY COMMISSIONER 4010 LEWIS SPEEDWAY ST AUGUSTINE FL 32084 TIN: 59-6000825	Financial Institution: TD Bank, N.A 11000 Atrium Way Mt. Laurel, NJ 08054
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I HEREBY CERTIFY that I am the duly elected and qualified Authorized Governmental Agent and keeper of records for the Depositor (also referred to as "Governmental Entity") named above, that the following is a true and complete copy of a Resolution duly adopted at a meeting of the Governing Body of said Governmental Entity held on, or dated on _____, 20__ in accordance with the law and the by-laws of, or consent of, said Governmental Entity, and that my delivery of this Certificate of Resolution to Financial Institution certifies to Financial Institution that such Resolution is still in full force and effect.

I FURTHER CERTIFY that the name of the Depositor set forth above is the complete and correct name of the Governmental Entity and that the Governmental Entity is organized and existing under and by virtue of the laws of the State/Commonwealth/District of Florida a Governmental Entity.

RESOLVED, that the Financial Institution named above, at any one or more of its offices or branches, be and it hereby is designated as a Financial Institution of and depository for the funds of this Governmental Entity, which may be withdrawn on checks, drafts, advices of debit, notes or other orders for the payment of monies (including electronic orders) bearing the signature of, or as otherwise authorized by, any one (1) of the following officers, employees or agents of this Governmental Entity ("Agents"), whose actual signatures are shown below:

Title	Name	Signature
Finance Director	Allen MacDonald	
Assistant Finance Director	Michael Branson	

FURTHER RESOLVED, the Agents, whose names and signatures appear above, are hereby authorized to open and maintain a deposit account or accounts of the Governmental Entity with the Financial Institution, subject to the terms and conditions of the Business Deposit Account Agreement, as it may be amended from time to time (the "Account Agreement").

FURTHER RESOLVED, that the Financial Institution is hereby directed to accept and pay without further inquiry any item or payment order drawn against any of the Governmental Entity's accounts with the Financial Institution bearing the signature of or as otherwise authorized by any such Agents even though drawn or endorsed to the order of any Agent signing or tendered by such Agent for cashing or in payment of the individual obligation of such Agent or for deposit to the Agent's personal account, and the Financial Institution shall not be required or be under any obligation to inquire as to the circumstances of the issue or use of any item signed, or payment order authorized, in accordance with the resolutions contained herein, or the application or disposition of such item or payment order or the proceeds of the item or payment order.

FURTHER RESOLVED, that any one of such Agents is authorized to endorse all checks, drafts, notes and other items payable to or owned by this Governmental Entity for deposit with the Financial Institution, or for collection or discount by the Financial Institution, and to accept drafts and other items payable at the Financial Institution.

FURTHER RESOLVED, that the above named agents are authorized and empowered to execute such other agreements, including, but not limited to, special depository agreements and arrangements regarding the manner, conditions or purposes for which funds, checks or items of the Governmental Entity may be deposited, collected, or withdrawn and to perform such other acts as they deem reasonably necessary to carry out the provisions of these resolutions.

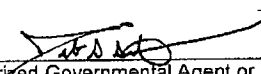
FURTHER RESOLVED, that the authority hereby conferred upon the above named Agents shall be and remains in full force and effect until written notice of the revocation thereof shall have been delivered to and received by the Financial Institution at the location where an account of the Governmental Entity is maintained and Financial Institution has had a reasonable period of time to act upon such notice.

I FURTHER CERTIFY that the persons named above occupy the positions set forth opposite their respective names and signatures; that the foregoing resolutions now stand of record on the books of the Governmental Entity; that they are in full force and effect and have not been modified in any manner whatsoever.

IN TESTIMONY WHEREOF, I have hereunto set my hand on _____ and attest that the signatures set opposite the names listed above are their genuine signatures.

CERTIFIED TO AND ATTESTED BY:

X



Authorized Governmental Agent or Assistant Authorized Governmental Agent

Jeb S. Smith, Chair

(Title)

Note: In case the Authorized Governmental Agent or other certifying officer is designated by the foregoing resolutions as one of the signing officers, this certificate should also be signed by a second Officer or Director of the Governmental Entity and that the Financial Institution shall be and is authorized to honor and pay the same whether or not they are payable to bearer or to the individual order of any Agent or Agents signing the same.

Rev. 11/2014 | TD Bank, N.A.

HARBOR COMMUNITY BANK
 2991 SW HIGH MEADOWS AVE
 PALM CITY, FL 34990

Ownership of Account - Consumer (Select One and Initial)

- Single-Party Account _____ Trust-Separate Agreement _____
 Multiple-Party Account _____
 Multiple-Party Account - Tenancy by the Entireties _____
 Other _____

Rights at Death (Select One and Initial)

- Single-Party Account _____
 Multiple-Party Account With Right of Survivorship _____
 Multiple-Party Account Without Right of Survivorship _____
 Single-Party Account With Pay On Death _____
 Multiple-Party Account With Right of Survivorship and Pay On Death _____

Pay-On-Death Beneficiaries. To Add Pay-On-Death Beneficiaries Name One or More:

Ownership of Account - Business Purpose

- Sole Proprietorship or Single Member LLC Partnership
 LLC-enter tax classification (C Corp S Corp Partnership)
 C Corporation S Corporation PUBLIC FUNDS
 Authorization Dated: _____ See Resolution _____

Account Number and Description	Initial Deposit/Source
Acct. No.: 1023059 PUBLIC FUNDS MMA	\$ 10,000,000.00 <input type="checkbox"/> cash <input type="checkbox"/> check <input type="checkbox"/> 11/17/2015
Acct. No.: N/A	\$ _____ <input type="checkbox"/> cash <input type="checkbox"/> check <input type="checkbox"/> _____
Acct. No.: N/A	\$ _____ <input type="checkbox"/> cash <input type="checkbox"/> check <input type="checkbox"/> _____

Backup Withholding Certifications

(If not a "U.S. Person", certify foreign status separately)

By signing signature field (1) on this document, I certify under penalties of perjury that the statements made in this section are true and that I am a U.S. citizen or other U.S. person (as defined in the instructions).

Taxpayer I.D. Number - TIN: 59-6000825
 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

Backup Withholding. I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Exempt Recipients. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Account Owner(s) Name & Address

COUNTY OF ST. JOHNS
 BOARD OF COUNTY COMMISSIONERS

4010 LEWIS SPEEDWAY
 ST AUGUSTINE FL 32084

Additional Terms:

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

- Terms & Conditions Truth in Savings Funds Availability
 Electronic Fund Transfers Privacy Substitute Checks
 Common Features _____

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1): [X *Allen Mac Donald*]
 ALLEN MACDONALD

I.D. # 174-46-8200 D.O.B. 11/18/1954

(2): [X *Michael Branson*]
 MICHAEL BRANSON

I.D. # 262-79-3475 D.O.B. 02/16/1962

(3): [X]

I.D. # _____ D.O.B. _____

(4): [X]

I.D. # _____ D.O.B. _____

Convenience Account Agent (Single-Party Accounts Only)

[X]

I.D. # _____ D.O.B. _____

RESOLUTION OF LODGE, ASSOCIATION OR OTHER SIMILAR ORGANIZATION

HARBOR COMMUNITY BANK
2991 SW HIGH MEADOWS AVE
PALM CITY, FL 34990

By: COUNTY OF ST. JOHNS
BOARD OF COUNTY COMMISSIONERS

4010 LEWIS SPEEDWAY
ST AUGUSTINE FL 32084

Referred to in this document as "Financial Institution"

Referred to in this document as "Association"

I, HUNTER S CONRAD, certify that I am Secretary (clerk) of the above named association organized under the laws of Florida, Federal Employer I.D. Number 59-6000825, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Association duly and properly called and held on 10/30/2015 (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 <u><i>Allen Mac Donald</i></u> X	_____
B. <u>MICHAEL BRANSON, ASSISTANT FINANCE DIRECTOR</u>	X <u><i>Michael Branson</i></u> X	_____
C. _____	X _____ X	_____
D. _____	X _____ X	_____
E. _____	X _____ X	_____
F. _____	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. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
_____	(1) Exercise all of the powers listed in this resolution.	_____
_____	(2) Open any deposit or share account(s) in the name of the Association.	_____
<u>A, B</u>	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	<u>ONE</u>
_____	(4) Borrow money on behalf and in the name of the Association, 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 Association 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 Financial Institution.	_____
_____	(7) Other _____	_____

LIMITATIONS ON POWERS The following are the Association's express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated 9/22/2015. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the Association has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

If checked, the Association is a non-profit lodge, association or similar organization.

X *Hunter Conrad*
 (Secretary)
 X *Mr. Conrad*
 X *Mr. Smith*
 (Attest by Other Officer)
 (Attest by Other Officer)

RESOLUTIONS

The Association named on this resolution resolves that,

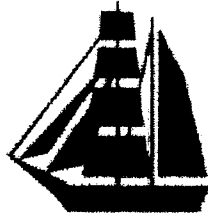
- (1) The Financial Institution is designated as a depository for the funds of the Association and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Association and certified to the Financial Institution as governing the operation of this association's account(s), are in full force and effect, until the Financial Institution 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 Financial Institution, 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 Association. Any Agent, so long as they act in a representative capacity as an Agent of the Association, 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 Financial Institution, 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 Association with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) The Association agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Association. The Association authorizes the Financial Institution, at any time, to charge the Association for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Association acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Association 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 Association acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, 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 Association with the Financial Institution from time to time) the Financial Institution 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 Association authorizes each Agent to have custody of the Association's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

Pennsylvania. The designation of an Agent does not create a power of attorney; therefore, Agents are not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code) unless the agency was created by a separate power of attorney. Any provision that assigns Financial Institution rights to act on behalf of any person or entity is not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code).

FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on _____ (date) by _____ (initials) This resolution is superseded by resolution dated _____

Comments:



HARBOR COMMUNITY BANK

Banking the way it used to be.

Money Service Business and Internet Gambling Certification

With respect to the business named below, please answer Yes or No to each of the items below ("Y"/"N"):

2	Is a dealer in foreign exchange
2	Accepts and cashes checks
2	Accepts and cashes checks in amounts greater than \$1,000 for any person in one day
2	Issues or sells traveler's checks or money orders.
2	Issues or sells traveler's checks or money orders as an agent for an issuer or seller of traveler's checks or money orders
2	Issues or is an agent for an issuer/seller of traveler's checks or money orders in amounts greater than \$1,000 to any person on any day in one or more transactions
2	Is a provider of prepaid access
2	Provides money transmission services
2	Engages in an Internet gambling business within the meaning of Federal Reserve Regulation GG

The undersigned hereby attests to the fact that the information provided in this certification is correct and that it accurately reflects the services provided by the business, named below for which this account is being opened.

Hunterscavao

Representative's Name

County of St. Johns

on behalf of

Board of County C.

Business Name

Mr. Corrad

Scan to Director under TIN- CF 980 Misc.