

RESOLUTION NO. 2003- 205

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA AUTHORIZING THE CLERK OF COURTS TO EXECUTE AND DELIVER THE ATTACHED AUTHORIZED SIGNATURE CERTIFICATION TO THE FLORIDA DIVISION OF TREASURY.

WHEREAS, the Florida Department of Financial Services Division of Treasury (the "Treasury") requires that St. Johns County complete and execute the attached authorized signature certification with regard to the County's withdrawal of funds from an escrow account administered by the Treasury with regard to a memorandum of agreement among St. Johns County, the Treasury and the Florida Department of Transportation that pertains to the County's performance of certain activities that are related to the NPDES Phase II Municipal Storm Sewer System (MS4) generic permit program, pursuant to the Federal Clean Water Act and Section 403.0885, F.S.

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of St. Johns County that the following person:

Ben W. Adams, Jr., County Administrator

be identified on the attached Treasury Authorized Signature Certification form as persons that are empowered to issue instructions and enter into agreements/contracts with the Chief Financial, State of Florida concerning all cash, book entry, and security transactions on behalf of Saint Johns County, Florida, with regard to the above described MS4 project and that the form be executed by the Clerk of the Circuit Court and delivered to the Treasury.

PASSED AND ADOPTED by the Board of County Commissioners of St. Johns County, Florida this 4 day of November, 2003.

BOARD OF COUNTY COMMISSIONERS  
OF ST. JOHNS COUNTY, FLORIDA

By: James E. Bryant  
James E. Bryant, Chair

ATTEST: Cheryl Strickland, Clerk

By: Patricia DePrende  
Deputy Clerk

MAIL TO: Division of Treasury  
Bureau of Collateral Management  
Hermitage Centre, 4<sup>th</sup> Floor  
200 East Gaines Street  
Tallahassee, FL 32399-0345

**AUTHORIZED SIGNATURE CERTIFICATION**

The undersigned officer/official of 59-60000825  
(FEDERAL TAX ID NUMBER OF ORGANIZATION)  
St. Johns County  
(EXACT NAME OF ORGANIZATION)  
4020 Lewis Speedway  
(COMPLETE ADDRESS OF ORGANIZATION)  
St. Augustine, Florida 32084

hereby certifies that the persons named below are duly empowered to issue instructions and enter into agreements/contracts with the Chief Financial Officer, State of Florida concerning all cash, book-entry, and security transactions on behalf of this organization\*. Once filed, the Chief Financial Officer, State of Florida shall accept any one of the following signatures for these purposes until countermanded in writing or superseded by a new certification.

**A RESOLUTION AND MINUTES ADOPTING THE RESOLUTION FROM THE BOARD OF DIRECTORS  
MUST BE ATTACHED TO BE USED TO VERIFY THE PERSONS AND POSITIONS WITH AUTHORITY TO  
ACT ON BEHALF OF THE ORGANIZATION.**

NAME & TITLE

SIGNATURE

Ben W. Adams, Jr., County Administrator

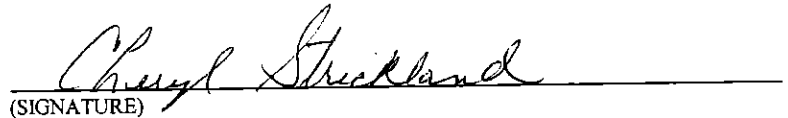


\*with regard to the Memorandum of Agreement among FDOT, the Division of Treasury, and St. Johns County, Florida for Financial Project 21425617478

Dated this 7<sup>th</sup> day of November, 2003

(SEAL OF ORGANIZATION)

IF NONE HAVE FORM BELOW COMPLETED



(SIGNATURE)

**Cheryl Strickland, Clerk**

(CLERK OF COURT)

**THIS CERTIFICATE MUST BE EXECUTED BY AN OFFICER/OFFICIAL RESPONSIBLE FOR MAINTAINING THE ORGANIZATION'S RECORDS. AN OFFICER WHO CERTIFIES HIS OWN SIGNATURE WILL NOT BE RECOGNIZED UNLESS ANOTHER OFFICER WHO HAS ACCESS TO THE RECORDS ALSO CERTIFIES.**

(ADDITIONAL SIGNATURE & TITLE)

**(THE FORM BELOW MUST BE COMPLETED IF THE ORGANIZATION HAS NO SEAL.)**

Subscribed and sworn/certified to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_

by the above-named person(s) as described, whose identity (or the identity of each of whom) is well known or proved to me.

(OFFICIAL STAMP OR SEAL)

(SIGNATURE OF NOTARY PUBLIC)

(ADDRESS)

My commission expires \_\_\_\_\_

MAIL TO: Division of Treasury  
Bureau of Collateral Management  
Hermitage Centre, 4<sup>th</sup> Floor  
200 East Gaines Street  
Tallahassee, FL 32399-0345

**AUTHORIZED SIGNATURE CERTIFICATION**

The undersigned officer/official of 59-6000825  
(FEDERAL TAX ID NUMBER OF ORGANIZATION)  
St. Johns County  
(EXACT NAME OF ORGANIZATION)  
4020 Lewis Speedway  
(COMPLETE ADDRESS OF ORGANIZATION)  
St. Augustine, Florida 32084

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NAME & TITLE

SIGNATURE

Ben W. Adams, Jr., County Administrator

\*with regard to the Memorandum of Agreement among FDOT, the Division of Treasury, and St. Johns County, Florida for Financial Project 21425617478

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL OF ORGANIZATION)  
IF NONE HAVE FORM BELOW COMPLETED

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(CLERK OF COURT)

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(OFFICIAL STAMP OR SEAL)

\_\_\_\_\_  
(SIGNATURE OF NOTARY PUBLIC)

\_\_\_\_\_  
(ADDRESS)

My commission expires \_\_\_\_\_.