

Organization

Name of Organization: **Fyland Holdings LLC**
TIN or EIN: **41-2933082**

Primary Contact

| | | |
|---------------------------------------------------------------------------|------------------------|-------------------|
| First Name: Tiffany | Last Name: Tait | |
| Title: Chair | | |
| Street: 120 N. Federal Highway | | Suite: 206 |
| City: Lakeworth | State: Florida | Zip: 33460 |
| Phone: 312-977-4353 | Ext: | Fax: |
| Email: tiffanyctait@gmail.com | | |

Detailed Description of Applicant:

Fyland Holding LLC owns and operates facilities for those struggling with mental health and substance use-related disorders.

Secondary Contact

| | | |
|-------------|------------|--------|
| First Name: | Last Name: | |
| Title: | | |
| Address: | | |
| Street: | | Suite: |
| City: | State: | Zip: |
| Phone: | Ext: | Fax: |
| Email: | | |

Primary Billing Contact

| | | |
|---------------------------------------------------------------------------|------------------------|-------------------|
| Organization: Fyland Holdings LLC | | |
| First Name: Tiffany | Last Name: Tait | |
| Title: Chair | | |
| Address: | | |
| Street: 120 N. Federal Highway | | Suite: 206 |
| City: Lakeworth | State: Florida | Zip: 33460 |
| Phone: 312-977-4353 | Ext: | Fax: |
| Email: tiffanyctait@gmail.com | | |

Project Information

Project Information

Project type: **501(c)(3) Nonprofit**

Other:

Project Name: **Flyland Recovery Network**

Estimated number of jobs created during construction:

Estimated number of jobs created during the permanent financing: **700**

Facility Information

Facility #1

Facility Name: **Daylight Recovery Center**

Facility Bond Amount: **\$40,000,000.00**

Description of Project/Facility:

Substance abuse and mental health facility

Project Address:

Street or general location: **2521 Metrocentre Blvd.**

City: **West Palm Beach**

State: **Florida**

Zip: **33407**

Is Project located in an unincorporated part of the County?

Yes

No

Has the City or County in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Name of Agency:

First Name:

Last Name:

Title:

Phone:

Ext:

Fax:

Email:

Facility #2

Facility Name: **Ember Recovery Center**

Facility Bond Amount: **\$40,000,000.00**

Description of Project/Facility:

Substance abuse and mental health facility

Project Address:

Street or general location: **608 NE Second Ave**

City: **Okeechobee**

State: **Florida**

Zip: **34972**

Is Project located in an unincorporated part of the County?

Yes

No

Has the City or County in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Name of Agency:

First Name:

Last Name:

Title:

Phone:

Ext:

Fax:

Email:

Facility #3

Facility Name: **Kandela Recovery Center**

Facility Bond Amount: **\$40,000,000.00**

Description of Project/Facility:

Substance abuse and mental health facility

Project Address:

Street or general location: **1401 NW 9th Ave**

City: **Boca Raton**

State: **Florida**

Zip: **33486**

Is Project located in an unincorporated part of the County?

Yes

No

Has the City or County in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Name of Agency:

First Name:

Last Name:

Title:

Phone:

Ext:

Fax:

Email:

Facility #4

Facility Name: **Prisma Recovery Center**

Facility Bond Amount: **\$40,000,000.00**

Description of Project/Facility:

Substance abuse and mental health facility

Project Address:

Street or general location: **7205 Cypress Dr.**

City: **Fort Myers**

State: **Florida**

Zip: **33907**

Is Project located in an unincorporated part of the County?

Yes

No

Has the City or County in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Name of Agency:

First Name:

Last Name:

Title:

Phone:

Ext:

Fax:

Email:

Facility #5

Facility Name: **Radar Recovery Center**

Facility Bond Amount: **\$40,000,000.00**

Description of Project/Facility:

Substance abuse and mental health facility

Project Address:

Street or general location: **1119 28th Street**

City: **San Diego**

State: **California**

Zip: **92102**

Is Project located in an unincorporated part of the County?

Yes

No

Has the City or County in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Name of Agency:

First Name:

Last Name:

Title:

Phone:

Ext:

Fax:

Email:

Facility #6

Facility Name: **Aurora Recovery Center**

Facility Bond Amount: **\$40,000,000.00**

Description of Project/Facility:

Substance abuse and mental health facility

Project Address:

Street or general location: **210 West 6th Street**

City: **Beaumont**

State: **California**

Zip: **32223**

Is Project located in an unincorporated part of the County?

Yes

No

Has the City or County in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Name of Agency:

First Name:

Last Name:

Title:

Phone:

Ext:

Fax:

Email:

Facility #7

Facility Name: **Beacon Recovery Center**

Facility Bond Amount: **\$40,000,000.00**

Description of Project/Facility:

Substance abuse and mental health facility

Project Address:

Street or general location: **803 NW 2nd Ave.**

City: **Pompano Beach**

State: **Florida**

Zip: **33060**

Is Project located in an unincorporated part of the County?

Yes

No

Has the City or County in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Name of Agency:

First Name:

Last Name:

Title:

Phone:

Ext:

Fax:

Email:

Facility #8

Facility Name: **Skylight Recovery Center**

Facility Bond Amount: **\$40,000,000.00**

Description of Project/Facility:

Substance abuse and mental health facility

Project Address:

Street or general location: **8130 Millers Farm Ln**

City: **Dayton**

State: **Ohio**

Zip: **45458**

Is Project located in an unincorporated part of the County?

Yes

No

Has the City or County in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Name of Agency:

First Name:

Last Name:

Title:

Phone:

Ext:

Fax:

Email:

Facility #9

Facility Name: **Trost Tallahassee**

Facility Bond Amount: **\$40,000,000.00**

Description of Project/Facility:

Substance abuse and mental health facility

Project Address:

Street or general location: **113 South Monroe Street, 1st Floor**

City: **Tallahassee**

State: **Florida**

Zip: **32301**

Is Project located in an unincorporated part of the County?

Yes

No

Has the City or County in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Name of Agency:

First Name:

Last Name:

Title:

Phone:

Ext:

Fax:

Email:

Facility #10

Facility Name: **Trost Orlando**

Facility Bond Amount: **\$40,000,000.00**

Description of Project/Facility:

Substance abuse and mental health facility

Project Address:

Street or general location: **111 N. Orange Ave., Suite 800**

City: **Orlando**

State: **Florida**

Zip: **32801**

Is Project located in an unincorporated part of the County?

Yes

No

Has the City or County in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Name of Agency:

First Name:

Last Name:

Title:

Phone:

Ext:

Fax:

Email:

Facility #11

Facility Name: **Trost California**

Facility Bond Amount: **\$40,000,000.00**

Description of Project/Facility:

Substance abuse and mental health facility

Project Address:

Street or general location: **3017 Douglas Blvd., Suite 300**

City: **Roseville**

State: **California**

Zip: **95611**

Is Project located in an unincorporated part of the County?

Yes

No

Has the City or County in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Name of Agency:

First Name: Last Name:
Title:
Phone: Ext: Fax:
Email:

Facility #12

Facility Name: **Trost Texas**
Facility Bond Amount: **\$40,000,000.00**
Description of Project/Facility:

Substance abuse and mental health facility

Project Address:

Street or general location: **3730 Kirby Dr., Suite 1200**
City: **Houston** State: **Texas** Zip: **77098**
Is Project located in an unincorporated part of the County? Yes No

Has the City or County in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Name of Agency:
First Name: Last Name:
Title:
Phone: Ext: Fax:
Email:

Facility #13

Facility Name: **Trost Indiana**
Facility Bond Amount: **\$40,000,000.00**
Description of Project/Facility:

Substance abuse and mental health facility

Project Address:

Street or general location: **9465 Counselors Row, Suite 200**
City: **Indianapolis** State: **Indiana** Zip: **46840**
Is Project located in an unincorporated part of the County? Yes No

Has the City or County in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Name of Agency:
First Name: Last Name:
Title:
Phone: Ext: Fax:
Email:

Financing Information

Financing Information

Tax Exempt: **\$700,000,000.00**
Taxable: **\$100,000,000.00**
Total Principal Amount: **\$800,000,000.00**
Proposed Closing Date: **5/21/2026**
Maturity Years: **35.00**

Interest Rate Mode:

Fixed Variable Both

Denominations: **\$100,000.00**

Type of Offering:

Public Offering

Private Placement

Facility Development:

Refunding

New Construction

Note: "Please fill the percentage if the facility is "New Construction" and "Refunding"

% is projected for New Construction:

% is projected for Refunding:

Financing:

Credit Enhancement

None

Other

Letter of Credit

Name of Credit Enhancement Provider(if known):

Expected Rating:

Unrated

Moody's:

S&P:

Fitch:

Sources and Uses

[Sources and Uses](#)

Sources Of Funding

Tax-Exempt Bond Proceeds: **\$327,621,000.00**

Taxable Bond Proceeds: **\$252,000,000.00**

Other Funds (Describe):

\$ _____

\$ _____

\$ _____

\$ _____
Total Sources: **\$579,621,000.00**

Uses:
Land Acquisition: **\$12,000,000.00**
Building Acquisition: **\$504,000,000.00**
Construction or Remodel: **\$**
Equipment Cost: **\$**
Cost of Issuance: **\$10,580,000.00**
Capitalized Interest: **\$**
Reserves: **\$26,041,000.00**
Other Uses (Describe):

Extraordinary Expense Fund **\$1,000,000.00**
Working Capital **\$25,000,000.00**
Capital Expense Fund **\$1,000,000.00**

\$ _____

\$ _____
Total Uses: **\$579,621,000.00**

Financing Team Information

Bond Counsel

Firm Name: Chapman and Cutler

Primary Contact

First Name: **David**

Last Name: **Kates**

Address:

Street: **321 S. Canal Street**

Suite:

City: **Chicago**

State: **Illinois**

Zip: **60606**

Phone: **312-845-3491**

Ext:

Fax:

Email: **dkates@chapman.com**

Bank/Underwriter/Bond Purchaser

Firm Name: RBC Capital Markets

Primary Contact

First Name: **Tom**

Last Name: **O'Brien**

Address:

Street: **111 South Wacker Drive**

Suite: **32nd Floor**

City: **Chicago**

State: **Illinois**

Zip: **60606**

Phone: **847-308-3869**

Ext:

Fax:

Email: **thomas.obrien@rbccm.com**

Financial Adviser

Firm Name:

Primary Contact

First Name:

Last Name:

Address:

Street:

Suite:

City:

State:

Zip:

Phone:

Ext:

Fax:

Email: