

STATE OF **FLORIDA**

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_, who provided  
\_\_\_\_\_ as identification and  
by \_\_\_\_\_, who provided  
\_\_\_\_\_ as identification.

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(Printed name of Notary Public)

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

----- **Optional** -----

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

**Description of Attached Document**

Title of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer**

- Individual
- Corporate Officer – Title(s): \_\_\_\_\_
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: \_\_\_\_\_