

AFFIDAVIT

I, the undersigned, _____ (name),
being the _____ (position)
of _____
("Company"),

duly organized in the state of _____, United States of America, hereby
confirm that the attached document is a true a complete photocopy of the
_____ (document
description)

Date:

Signature

STATE OF FLORIDA

COUNTY OF _____

*The foregoing instrument was acknowledged before me this (numeric date) day of (month), (year),
by (name of person) as (type of authority, e.g. officer, trustee, attorney in fact) for (name of
party on behalf of whom instrument was executed)*

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced: _____