

**FLORIDA COPY CERTIFICATION**  
**FS 117.05(12)**

State of Florida

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
Day Month Year

I attest that the preceding or attached document is a true, exact, complete, and unaltered

☐ Copy of a tangible or an electronic record presented to me by the document's custodian.

— OR —

☐ Printout made by me from an electronic record presented to me by the document's custodian. If a printout, I further attest that, at the time of printing, no security features, if any, present on the electronic record, indicated that the record had been altered since execution.

\_\_\_\_\_  
*Signature of Notary Public — State of Florida*

\_\_\_\_\_  
*Commissioned Name of Notary Public Typed,  
Printed or Stamped*

*Place Notary Seal and/or Stamp Above*

**OPTIONAL**

*Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*

**Description of Attached Document**

Custodian's Address Where Original Is Kept: \_\_\_\_\_

Capacity/Title Claimed by Custodian: \_\_\_\_\_

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

Signer(s) or Issuing Agency: \_\_\_\_\_

Additional Pertinent Information: \_\_\_\_\_