

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: _____

Florida Copy Certification

This certificate may be used by Florida Notaries to certify true copies of original tangible or electronic records, or printouts of electronic records.

The record may not be a vital or public record, or a publicly recordable document, such as a birth certificate or deed.

This certificate should be attached to the front page of the certified photocopy or printout. It is a good policy to keep an additional copy of the

original document as an official notarial record.

The optional section at the bottom can deter alteration of the document or fraudulent reattachment of this form to an unintended document. The insertions in this section are not required by law. Failure to fill out this section will not affect the validity of the certificate.

Instructions:

1 NAME OF COUNTY where Notary performs notarization.

2 DATE OF NOTARIZATION. Actual day, month and year in which custodian presents original to Notary for copy certification.

3 TYPE OF CERTIFICATION being performed. Check the first box if a tangible or electronic record, submitted by the document's custodian, is being copied. Check the second box if the Notary is printing out a copy of an electronic record.

4 SIGNATURE OF NOTARY, exactly as name appears on commissioning papers, in space 5 and in seal.

5 NAME OF NOTARY, typed, printed or stamped exactly as name appears on commissioning papers, in space 4 and in seal.

6 NOTARY SEAL IMPRINT, clearly and legibly affixed.

SPACES 7-12 ARE OPTIONAL.

Omission of information here will not affect the document's validity. However, completing these spaces can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

FLORIDA COPY CERTIFICATION
FS 117.05(12)

State of Florida
County of Orange **1**


On this 2nd day of July, 20XX. **2**
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. **3**

6  **4**
Place Notary Seal and/or Stamp Above

Pat R. Jones **4**
Signature of Notary Public — State of Florida

Pat R. Jones **5**
Commissioned Name of Notary Public Typed, Printed or Stamped

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: 125 S. Main St., Orlando, FL **7**

Capacity/Title Claimed by Custodian: Individual **8**

Original Document Date: 6/10/20XX **9** Number of Pages: 1 **10**

Signer(s) or Issuing Agency: Univ. of Miami **11**

Additional Pertinent Information: Original document size is 9" x 12" **12**

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7 CUSTODIAN'S ADDRESS where the original document is kept.

8 CAPACITY/TITLE CLAIMED BY CUSTODIAN. This indicates whether the custodian is acting as an individual or a representative of a company, institution, agency or other organization.

9 DOCUMENT DATE. The original's date of signing, effect, issuance or expiration may be noted here. If none, insert "No Date."

10 NUMBER OF PAGES IN THE ORIGINAL DOCUMENT. This may point out fraudulent addition or removal of pages. Do not count the certificate as a page. However, the certificate will be regarded as a page by recording officials in assessing recording fees.

11 SIGNER(S) OR ISSUING AGENCY. The name of any person who may have signed the original document, along with the person's title, and/or the agency, firm or institution that issued the original, such as "University of Miami."

12 ADDITIONAL PERTINENT INFORMATION may be entered here, such as a description of the document, the size of the original if the copy is smaller or larger, etc.



NATIONAL
NOTARY
ASSOCIATION