



6635 W Commercial Blvd. Ste. 211
Tamarac, FL 33319
954-977-9905
notary@cynanotary.com
www.cynanotary.com

Woman Owned Small Business (WOSB)
Disadvantaged Business Enterprise (DBE)
Airport Concession DBE (ACDBE)
Minority/Women Business Enterprise (M/WBE)
Small Business Enterprise (SBE)
County Business Enterprise (CBE)

Notary Application Checklist

IMPORTANT!! The Department of State requires your ORIGINAL PAPERWORK.

- The State of Florida no longer accepts notary applications with only initials in the area for the Oath of Office. A signature with a nickname or short name i.e. Joe for Joseph or Rick for Richard is acceptable.
- State WILL NOT accept electronic signatures.
- Please double check your mailing address. Your certificate and stamp will be mail to the address selected in your application. If it is incomplete and the items are lost, we will regretfully have to pass the cost of a new stamp and S&H to you.
- If you are NOT a US Citizen, you must also include a **RECORDED DECLARATION OF DOMICILE**.

NEW NOTARIES:

Once you have taken the Notary Course, print out and **sign** your Certificate of Completion.

Mail the following to *Cynanotary at 6635 W Commercial Blvd. Ste. 211, Tamarac, FL 33319*
COMPLETED & SIGNED ORIGINAL APPLICATION

- SIGNED BOND APPLICATION. Please *do not* date it.
- SIGNED CERTIFICATE OF COMPLETION
- COPY OF THE FRONT AND BACK OF YOUR **VALID** FLORIDA DRIVER'S LICENSE OR FLORIDA ID
- NOTARY INVOICE/ORDER FORM/PAYMENT RECEIPT
- PAYMENT: Credit Card, Check, or Money Order. Make checks and money order payable to **Cynanotary**.

RENEWING NOTARIES:

Please mail or deliver the following to *Cynanotary, LLC at 6635 W Commercial Blvd. Ste. 211, Tamarac, FL 33319*

- COMPLETED & SIGNED ORIGINAL APPLICATION
- SIGNED BOND APPLICATION. Please *do not* date it.
- COPY OF THE FRONT AND BACK OF YOUR **VALID** FLORIDA DRIVER'S LICENSE OR FLORIDA ID
- NOTARY INVOICE/ORDER FORM/PAYMENT RECEIPT
- PAYMENT: Credit Card, Check, or Money Order. Make checks and money order payable to **Cynanotary**.

IMPORTANT! If you answer YES to Questions 5b only, 6, 7 or 8 on the application, you *must* include an additional \$40 in cashier's check or money order for non-refundable processing fee. Your application will be sent to the Governor for his decision.

All returned checks will incur an additional charge of \$30 for Cynanotary Processing Fee.



NOTARY INVOICE/ORDER FORM

NEW NOTARY/NOTARY RENEWAL

It's easy! Complete this order form and mail it along with payment and your completed original application and signed bond to the address below. You can also pay online at www.cynanotary.com (Please note: New Notaries must take a free 3-hour online course. Please include the SIGNED Certificate of Completion with your application and payment.)

ERRORS & OMISSION INSURANCE is Affordable. *Make Sure You Are Covered!*

Premium covers you for 4 years
\$5,000 E&O - \$14.00
\$10,000 E&O - \$29.00
\$15,000 E&O - \$54.00
\$20,000 E&O - \$61.00
\$25,000 E&O - \$68.00
\$30,000 E&O - \$74.00

TRAINING COURSES

Earn extra income as a Notary and enjoy the freedom of setting your own hours.

Notary as a Business – Discover the different and various ways you can make money as a notary.

Notary Signing Agent – Learn the proper etiquette and rules of regulations of being a Signing Agent.

Permit Runner – Learn the Ins & Outs and rules & regulations of Permit Running.

ITEM	PRICE	7% TAX	QTY	TOTAL
Notary Package (incl. State Fees, \$7500 Bond, Self-Inking Stamp, Notary Commission Certificate) CHOOSE Stamp case color: Eco Black; Eco Gray; Arctic White; Apple Green; Flame Red; Fuchsia; Light Pink; Purple; Sky Blue; Orange; Lemon Yellow	\$85.00	N/A		
Errors and Omissions Insurance (See E&O page for info)		N/A		
Rectangular Self-Inking Stamp – CHOOSE Stamp case color: Eco Black; Eco Gray; Arctic White; Apple Green; Flame Red; Fuchsia; Light Pink; Purple; Sky Blue; Orange; Lemon Yellow	\$19.95	+\$1.40		
Portable Notary Stamp CHOOSE Stamp case color: Anthracite Grey; Apple Green; Flame Red; Fuchsia Pink; Glossy Silver; Lemon Yellow; Poppy Orange; Sky Blue	\$20.95	+\$1.47		
Personalized Notary Embosser	\$35.00	+\$2.45		
Bound Paper Journal and Privacy Protection Plus	\$21.95	+\$1.54		
Inkless Thumbprint Pad	\$10.00	+\$0.70		
Notary Handbook	\$11.95	+\$0.84		
Notary ID Card* (signer has the right to ask for your ID)	\$15.00	+\$1.05		
Marriage Handbook	\$14.95	+\$1.40		
2 Inch Gold Seal (Pack of 42)	\$6.99	+\$0.49		
SUBTOTAL				
MUST ADD Shipping & Handling - \$9.90				
OR For Expedited 2 nd Day Shipping of Notary Stamp AFTER application approval, add \$35				
AMOUNT ENCLOSED \$				

Note: Prices are subject to change without prior notice.

IMPORTANT! If you answer YES to Questions 5b only, 6, 7 or 8 on the application, you *must* include an additional \$40 in cashier's check or money order for non-refundable processing fee. Your application has to be mailed to the Governor.

**I paid online at
www.cynanotary.com.
My order number is:**

Please make Check or Money Order payable to Cynanotary and mail package to address below.

I hereby authorize "Cynanotary" to charge my VISA/MASTERCARD in the amount of \$_____. I agree to pay the total amount by signing below.

STAMP CASE COLOR _____

PAYMENT: ☐ CHECK # _____
☐ MONEY ORDER
☐ CREDIT CARD

How did you hear about us? _____

Applicant's Name

Email Address

Name on Credit Card

Full Address including zip code (as listed on your Credit Card bill)

Credit Card #

Expiration Date

CVV

Authorized Signature

Date Signed

Phone Number



PLEASE FILL OUT APPLICATION IN ITS ENTIRETY

NOTARY PUBLIC COMMISSION APPLICATION

Florida Department of State

Notary Commissions and Certifications Section (850) 245-6975

Please mail to:
Cynanotary, LLC
6635 W Commercial Blvd, Ste 211
Tamarac, FL 33319

PERSONAL INFORMATION

Full Name: _____
(Last) (First) (Middle)

Home Address: _____
(Street) (City) (State) (County) (Zip)

Place of Employment: _____ ☐ Unemployed ☐ Retired

Business Address: _____
(Street) (City) (State) (County) (Zip)

Mail to: ☐ Home ☐ Business ☐ Other Address: _____
(Street/P.O. Box) (City) (State) (Zip)

E-mail Address: _____ Sex: ☐ Male ☐ Female Race: ☐ Asian
(or write "NONE") ☐ Black or African American
Home Phone: _____ ☐ Native American or Alaska Native
(or write "NONE") ☐ White
Business Phone: _____ Extension: _____ ☐ Other: _____
(or write "NONE")

Florida Driver License (or other State of Florida Issued ID): _____ Date of Birth: ____/____/____
(Month/Day/Year)

Social Security Number _____ **MUST INCLUDE**

The disclosure of a Florida notary public applicant's social security number is expressly required by Fla. Stat. §117.01(2) and is imperative for processing notary public commission applications. Please be advised that social security numbers are only used for processing the notary public commission application and are exempt from disclosure pursuant to Fla. Stat. §119.071(5)(a)5.

- Are you a legal resident of Florida? ☐ Yes ☐ No (If No, you are not eligible to apply for a Florida notary public commission. Legal residency must be maintained throughout the appointment.)
- Are you a United States citizen? ☐ Yes ☐ No (If No, you must submit a recorded Declaration of Domicile. Obtain this document from your county courthouse.)
- Are you a wartime veteran with a disability rating of 50 percent or more? ☐ Yes ☐ No (If yes, you must submit a written request for the fee reduction and provide proof of exemption.)
- Are you now or have you ever been commissioned a Notary Public in the State of Florida? ☐ Yes ☐ No (If No, you, must complete a 3 hour Notary education course and submit a signed certificate of completion. Fla. Stat. §668.50 (11)(b).)

If Yes: ____/____/____
(Commission expiration date) (Commission number) (Name for which your commission was issued)

- Have you held any professional licenses or commissions (other than Notary Public) in Florida during the past 10 years? ☐ Yes ☐ No
If Yes, please list: _____
- Have you been revoked? ☐ Yes ☐ No (If Yes, you must submit a written statement about the nature of the action and a copy of the final order from the regulating agency.)
- Have you been disciplined by a regulatory agency, including the Florida Bar, and including disciplinary action that is confidential? ☐ Yes ☐ No
(If Yes, you must submit a written statement about the nature of the action and any supporting documentation, such as a copy of the final order from the regulating agency.)
- Have you been convicted of a felony, or have you had an adjudication of guilt withheld for a felony offense? ☐ Yes ☐ No
(If Yes, you must submit a written statement of the nature of the offense(s), a copy of the court judgment and sentencing order. If convicted, you must submit a certificate of Restoration of Civil Rights.)
- Are you currently on probation? ☐ Yes ☐ No

AFFIDAVIT OF CHARACTER

STATE OF _____ COUNTY

I, _____ am unrelated to and have known _____
(Print or Type Name of Affiant) (Name of Applicant)

for one year or more; and to the best of my knowledge and observation know him or her to be of good character.

My address is _____
(Street) (City) (State) (County) (Zip)

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AFFIDAVIT AND THAT THE FACTS STATED IN IT ARE TRUE.

Home Phone: _____ Work Phone: _____ X _____
(or write "NONE") (or write "NONE") (Signature of Affiant) **SIGN HERE**

OATH OF OFFICE

STATE OF FLORIDA

_____ COUNTY

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the state; that I have read Chapter 117, Florida Statutes, and any amendments thereto, and know the duties, responsibilities, limitations, and powers of a notary public; and that I will well and faithfully perform the duties of Notary Public, State of Florida, on which I am now about to enter. So help me God.*

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING APPLICATION AND OATH, AND THAT THE FACTS STATED THEREIN ARE TRUE. I accept the Office of Notary Public, State of Florida.

X _____ / ____ / ____
(Official Signature of Applicant) **SIGN HERE** (Date)

(Print or Type Name - Name for which your commission will be issued) Must use legal first name, no initial.
Acceptable options: Jonathan David Doe, Jon D. Doe, Jonathan Doe, Jonathan D. Doe

*Note: If you affirm, you may omit the words
"So help me God." Fla. Stat. §92.52.

MEMORANDUM

AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS, WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO SOCIAL SECURITY NUMBERS, PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR FLORIDA NOTARY PUBLIC COMMISSION APPLICATION SUBMISSION, PLEASE CHECK THE FOLLOWING BOX:

- ☐ Yes, I assert that identifying information provided in this application (other than my social security number, which I am aware is automatically exempt from public disclosure, pursuant to Fla. Stat. §119.071 should be excluded from inspection under Public Records Law.

If Yes, please indicate which section of Florida Statutes provides this exemption from the Public Records Exemption Guide attached:

<https://dos.myflorida.com/media/695951/dos119.pdf>

*The attached DOS Public Records Exemption Request form is to act a guide to assist applicants and does not have to be submitted if the "Yes" box is not checked.

PUBLIC RECORDS EXEMPTION REQUEST to the FLORIDA DEPARTMENT OF STATE

Florida law allows eligible persons and their employing agencies to request in writing that a non-employing agency maintain as exempt from public disclosure certain identification and/or location information contained in records within the agency's custody. **If an employing agency is requesting for the employee**, add agency name, and requester's name and title, to the signature line.

NOTE: The officer, employee, justice, judge, other person entitled to the exemption, or employing agency of the designated employee, *must* submit this written request *directly* to a custodial agency in order for the agency to maintain the exemption for the records in its custody. For records in the custody of the Department of State, please return this completed form or a written request directly to: *Department of State, Attn: Public Records Officer, R.A. Gray Building, Ste. 100, 500 S. Bronough St., Tallahassee, FL 32399*. To have an exemption maintained in the records in the custody of any other agency, please contact that agency directly for information on how to make a written request.

If your spouse and/or children are subject to your exemption (not applicable for victim* of battery, abuse, harassment, or stalking or for participant* in address confidentiality program), please check here ☐ and attach a page with the name, date of birth, and relationship of each to assist in identifying each person in any public records within the custody of the agency.

To facilitate processing your request for any of records in the custody of the Division of Corporations, please complete the Addendum for Exemption of Public Disclosure on the next page. *If not applicable, check here* ☐.

I hereby request exemption maintenance by your agency based on the following category/categories for which I qualify

- | | |
|---|--|
| <p><input type="checkbox"/> Code Enforcement Officer</p> <p><input type="checkbox"/> Dept. of Business and Prof. Reg. investigators and inspectors. †</p> <p><input type="checkbox"/> Dept. of Children and Family Services personnel whose duties involve investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities.</p> <p><input type="checkbox"/> Dept. of Health personnel whose duties support the investigations of child abuse or neglect.</p> <p><input type="checkbox"/> Dept. of Health personnel whose duties include, or result in, the determination/adjudication of eligibility for social security disability benefits, investigation/ prosecution of complaints filed against health care practitioners, or inspection of health care practitioners or health care facilities licensed by the Dept. of Health. †</p> <p><input type="checkbox"/> Dept. of Financial Services personnel whose duties include the investigation of fraud, theft, workers' compensation coverage requirements and compliance, other related criminal activities, or state regulatory requirement violations.</p> <p><input type="checkbox"/> Dept. of Revenue personnel or local government personnel whose duties include revenue collection and enforcement or child support enforcement.</p> <p><input type="checkbox"/> Emergency medical technicians or paramedics certified under chapter 401, F.S. †</p> <p><input type="checkbox"/> Firefighter certified in compliance with s. 633.408, F.S.</p> <p><input type="checkbox"/> Guardian ad litem as defined in s. 39.820, F.S. †</p> <p><input type="checkbox"/> Human resource, labor relations, or employee relations director; assistant director, manager, or assistant manager of any local government agency or water management district whose duties include hiring and firing employees, labor contract negotiation, administration, or other personnel-related duties.</p> <p><input type="checkbox"/> Impaired practitioner consultant, retained by an agency, whose duties result in determination of person's skill and safety to practice licensed profession (includes consultant's employees). †</p> <p><input type="checkbox"/> Justice of Florida Supreme Court; or judge of district court of appeal, circuit court, or county court.</p> | <p><input type="checkbox"/> County Tax Collector. †</p> <p><input type="checkbox"/> Inspector general or internal audit dept. personnel whose duties include auditing/investigating waste, fraud, abuse, theft, exploitation, or activities that could lead to criminal prosecution or admin. discipline.</p> <p><input type="checkbox"/> Judicial or quasi-judicial officer (general/special magistrate, judge of compensation claims, administrative law judge of the Div. of Admin. Hearings, and child support enforcement hearing officer). †</p> <p><input type="checkbox"/> Juvenile probation officers, juvenile probation supervisors, detention superintendents, assistant detention superintendents, juvenile justice detention officers I/II, juvenile justice detention officer supervisors, juvenile justice residential officers, juvenile justice residential officer supervisors I II, juvenile justice counselors, juvenile justice counselor supervisors, human services counselor administrators, senior human services counselor administrators, rehabilitation therapists, and social services counselors of the Dept. of Juvenile Justice.</p> <p><input type="checkbox"/> Law enforcement personnel, including civilian personnel, correctional officers and correctional probation officers.</p> <p><input type="checkbox"/> Prosecutor (state attorney, assistant state attorney, statewide prosecutor, assistant statewide prosecutor).</p> <p><input type="checkbox"/> Public defenders and criminal conflict and civil regional counsel (includes assistant public defenders, assistant criminal conflict and assistant civil regional counsel).</p> <p><input type="checkbox"/> Member of U.S. Armed Forces, reserve component of U.S. Armed Forces, or National Guard who served after 9/11/2001. †</p> <p><input type="checkbox"/> U.S. Attorney or Assistant U.S. Attorney, U.S. circuit judge, U.S. district judge or U.S. magistrate judge. †</p> <p><input type="checkbox"/> Victim* of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence-Please attach official verification that crime occurred-Exemption for 5 years from date of this request.</p> <p><input type="checkbox"/> Certified Participant* in Address Confidentiality Program under s. 741.403, F.S.-Exemption applies only to participant's name, address, and telephone number in voter registration and voting records-Please attach copy of certification or renewal.</p> |
|---|--|

Printed Name: _____ Date of Birth: _____ Phone Number: _____

Home Address: _____

Signature (and Title, if app.) of Requester:† _____ Date: _____

† If specially indicated category selected, person also certifies, by signature herein, that he or she has made reasonable efforts to protect information from being publicly accessible through other means available to the public.

**ADDENDUM FOR EXEMPTION OF PUBLIC DISCLOSURE
ONLY FOR DIVISION OF CORPORATIONS RECORDS**

Before the Florida Department of State, Division of Corporations can act on your request; it needs the following additional information from you:

1. Complete home address that is to be redacted:

2. Are you now or have you ever been listed on the Division of Corporations' records as:

- | | | |
|---|------------------------------|-----------------------------|
| a. an officer or director of a corporation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. a managing member or manager of a limited liability company? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. a general partner in a limited partnership? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. an owner of a fictitious name? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. a partner in a general partnership? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. a notary? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. an owner of a trademark registration | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

3. Have you ever had a judgment lien filed against you that would have been filed in this office after October 1, 2001
- Yes ☐ No ☐

If you answered "Yes" to one or more of the questions, we ask you provide the name of the entity, registration or filing and an alternate address that can replace the one we currently have in our records. We cannot have a record with a missing address.

Name/Names of entity or registration:

Alternate address to replace the one current on our records:

Please return this addendum with the **Public Records Exemption Request** form.
For question concerning this addendum, call 850.245.6536.

STATE OF FLORIDA BOND OF NOTARY PUBLIC

FOR OFFICE USE ONLY
Approved by Department of State:

Secretary of State
Notary Commissions

STATE OF FLORIDA

Bond No. CYN00

KNOW ALL MEN BY THESE PRESENTS, That we,

_____ as Principal, and

(Name of Applicant)

RLI Insurance Company

(Imprint Name of Surety Company)

(309) 692-1000

(Telephone Number)

as Surety Company, give bond payable to any individual who may be harmed as a result of a breach of duty by said applicant acting in his/her official capacity as Notary Public, in the amount of _____

Seven Thousand Five Hundred and No/100's

Dollars (\$ 7,500.00)

as assurance for the due discharge of the duties of his/her office of Notary Public and we do bind ourselves, and each of our heirs, executors and administrators, jointly and severally.

Applicant was, on the date of issuance of commission, bonded as a Notary Public in and for the State of Florida, to hold office for the term of four years in accordance with the Constitution and Laws of this State.

Now, therefore, if said applicant shall faithfully discharge the duties of the office of Notary Public, as prescribed by law, then this obligation shall be void.

X

(Signature of Applicant)

Signed and sealed this _____ day of _____.



(Affix Surety Seal)

Barton W. Davis

Attorney in Fact

RLI Insurance Company

(Name of Surety Company)

P.O. Box 3967

Peoria, IL 61612

(Address of Surety Company)

Cynanotary, LLC

(Name of Bonding Agency or Company)

6635 W Commercial Blvd, Ste 211, Tamarac, FL 33319

(Address of Bonding Agency or Company)

By X

(Signature of Florida Licensed Agent)

W442696

(Florida Licensed Agent Number)

Cynthia Alexander

(Printed name of Florida Licensed Agent)

Section 817.234(1)(b), F.S. "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree."

This bond shall be for Seven Thousand Five Hundred and No/100's Dollars (\$ 7,500.00).

After execution by surety company, the bond must be submitted to the Department of State for approval and filing before issuance of the notary public commission.



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Small Business Enterprise (SBE)
County Business Enterprise (CBE)

Who Protects You?

We all make mistakes, due to distraction, fatigue, or being over-worked. Unfortunately, when you make a mistake as a notary, you are dealing with sensitive and important documents. An error, however unintentional, can cost you a lot of money. Can you afford a costly lawsuit because you made a small mistake during a notarization?

Consider notary insurance as a smart investment. Don't put your business or personal assets at risk. For pennies a day you can be protected against financial loss and gain peace of mind.

Did you know? The Notary Bond Protects the Public.

Errors & Omissions Insurance Protects You!

ERRORS & OMISSION INSURANCE

is Affordable. Make Sure You Are Covered!

Premium covers you for 4 years

\$5,000 E&O - \$14.00

\$10,000 E&O - \$29.00

\$15,000 E&O - \$54.00

\$20,000 E&O - \$61.00

\$25,000 E&O - \$68.00

NO WORRIES, WE'VE GOT YOU COVERED

Insurance For Every Situation, Live Life With A
Peace Of Mind.

OUR SERVICES



Need Insurance? Looking for a better quote?

Cynanotary is a fully-licensed
Insurance Brokerage for ALL your
insurance needs.

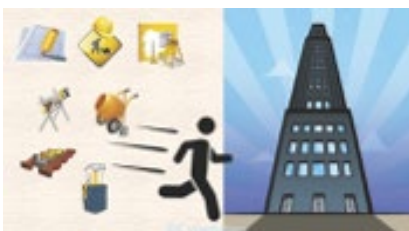
www.cynagroup.com

DO MORE with your Notary Commission GO TO: classes.cynanotary.com



Notary Signing Agent

A Notary Signing Agent is a commissioned Notary Public who specializes in the process of obtaining and notarizing the signatures of the party(ies) involved on real estate loan documents for the purpose of closing a real estate loan transaction. Learn the proper execution of loan documents, the etiquette, and rules and regulations of a being a Certified Signing Agent.



Notary Permit Runner Course

A Notary Permit Runner presents applications, plans or the necessary paperwork for a building project to the building or other local and state departments for their permission. The NPR obtains (pulls) the permit; then either faxes or mails a copy to the builder or drops the permit off to the builder. The best part of this job? You get paid IMMEDIATELY!

"Ask about RON (Remote Online Notary) and Get Info about 25 Ways to Make Money as Notary"