



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:
Cyanotary, LLC
7061 W Commercial Blvd, Ste 5H
Tamarac, FL 33319

PERSONAL INFORMATION

Form fields for personal information including Full Name (Doe John), Home Address (1234 Street Apt 124), Place of Employment (ABC Company), Business Address (1234 NW 1), Florida Driver License (D000-111-11-111-1), Social Security Number (111-11-1111), and Date of Birth (11/11/1981).

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.

- 1. Are you a legal resident of Florida?
2. Are you a United States citizen?
3. Are you a wartime veteran with a disability rating of 50 percent or more?
4. Are you now or have you ever been commissioned a Notary Public in the State of Florida?

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

- 5. Have you held any professional licenses or commissions (other than Notary Public) in Florida during the past 10 years?
6. Have you been disciplined by a regulatory agency, including the Florida Bar, and including disciplinary action that is confidential?
7. Have you been convicted of a felony, or have you had an adjudication of guilt withheld for a felony offense?
8. Are you currently on probation?

AFFIDAVIT OF CHARACTER

STATE OF FLORIDA BROWARD COUNTY

I, Mary Smith am unrelated to and have known John Doe

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 2222 SW 3rd Tamarac FL Broward 12345

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

Home Phone: 954-555-5555 Work Phone: NONE Mary's signature SIGN HERE



OATH OF OFFICE

Broward COUNTY

STATE OF FLORIDA

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.

➔ YOU MUST SIGN

(Official Signature of Applicant) **SIGN HERE**

➔ 1 / 1 / 2024
(Date)

➔ **John Doe**

(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

MEMORAN UM

AS A GENERA MATTER A I ATIONS OR A OSITIONS IT IN STATE GO ERNMENT ARE U I RE OR S I MAY E IE E Y ANYONE U ON RE UEST O E ER T ERE ARE SOME E EM TIONS ROM T E U I RE OR S A ORI ENTI YING IN ORMATION RE ATING TO ERTAIN ENUMERATE ERSONS IN U ING UT NOT IMITE TO AST AN RESENT A EN OR EMENT O I ERS AN T EIR AMI IES I TIMSO ERTAIN RIMES ET SEE SE TION ORI A STATUTES I YOU E IE E ANE EM TION ROM T E U I RE OR S A A IES TO YOUR ORI A NOTARY U I OMISSION A I ATION SU MISSION EASE O TAIN A U I RE OR S E EM TION ORM ROM T E ORI A E ARTMENT O STATE YA ESSING T E O O ING IN AN O O ING T E INSTRU TIONS ON T E ORM tt s s y ri a sun i ter ser i es su enas an u i re r see ti n re uests

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,

John Doe

as Principal, and

(Name of Applicant)

RLI Insurance Company

(309) 692-1000

(Imprint Name of Surety Company)

(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.

PLEASE SIGN HERE

(Signature of Applicant)

Signed and sealed this _____ day of _____.

Barton W. Davis

Attorney in Fact



(Affix Surety Seal)

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)

7061 W Commercial Blvd, Ste 5H, 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.

DS/DE 76 (3/04)

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