

JOINDER IN CERTIFICATE OF PAYMENT

TO: OWNER

(Name and address from Certificate of payment)

TO: LIENOR

(Name and address from Claim of Lien)

TO: SURETY

(Name and address)

The undersigned joins in the Certificate of Payment to the Contractor recorded on _____, _____ in Official Records Book _____ at Page _____ of the Public Records of _____ County, Florida, and certifies that the facts stated in the Certificate of Payment to the Contractor are true and correct.

Dated _____, _____.

Contractor

Address

STATE OF _____
COUNTY OF _____

SWORN TO and subscribed before me this _ day of _____, _____ by (name), as _____ (title) of (name of corporation), a _____ (State) corporation, on behalf of the corporation. He/She [please check as applicable] / _____ / is personally known to me, or has produced / _____ his/her (state) driver's license, or / _____ / his/her _____ (type of identification) as identification.

(Signature)

(Printed Name)

NOTARY PUBLIC, STATE OF _____

(Commission Expiration Date)