

CERTIFICATE OF PAYMENT TO THE CONTRACTOR

TO: _____

(Name and address of Lienor)

(Name and address of Contractor)

(Name and address of Surety)

Under penalties of perjury, the undersigned certifies that the bond recorded with this certificate conforms with section 713.245, Florida Statutes; that the bond is in full force and effect, and that the contractor has been paid _____ for the labor, services, and materials described in the Claim of Lien filed by _____ dated _____, 20____, and recorded _____, 20____, in Official Records Book _____ at Page _____ of the Public Records of _____ County, Florida.

Dated _____, 20____.

Contractor

Owner

Address

Address

This instrument prepared by: _____

STATE OF _____
COUNTY OF _____

SWORN TO and subscribed before me this ___ day of _____, 20___,
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)

STATE OF _____
COUNTY OF _____

SWORN TO and subscribed before me this ___ day of _____, 20___,
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)

This instrument prepared by: _____