

JOINDER IN CERTIFICATE OF PAYMENT

TO: OWNER: _____

(Name and address from Certificate of Payment)

LIENOR: _____

(Name and address from Claim of Lien)

SURETY: _____

(Name and address)

The undersigned joins in the Certificate of Payment to the Contractor recorded on _____, 20____ 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 _____, 20____.

Contractor

Address

This instrument prepared by:

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20____, by _____ 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)

(NOTARIAL SEAL)

NOTARY PUBLIC, STATE OF _____

(Commission Expiration Date)

This instrument prepared by: