

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 _____, (year), 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 this _____ day of _____, (year).

(Name)

(Address)

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, (year), by (name of person making statement).

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____