

State of Florida

Secretary of State

Division of Elections

Room 1802, The Capitol
Tallahassee, Florida 32399-0250

Bond

County of _____

KNOW ALL MEN BY THESE PRESENTS, That we, _____

(Official's Name)

as Principal, and _____

as Surety, are bound unto the Governor of the State of Florida, and his successors in office, in the sum of \$ _____ Dollars, we hereby bind ourselves and each of our heirs, executors, administrators, successors and assigns, jointly and severally.

THE CONDITION OF THIS OBLIGATION IS SUCH, That, whereas, said official was **appointed** _____ to hold this office for a term

(Name of Office)

beginning _____ and ending _____ and until his/her

successor is qualified according to the Constitution and Laws of the State of Florida.

NOW, THEREFORE, If the official shall faithfully perform the duties of his/her office as provided by law, this obligation is void.

X

(Signature of Official)

Signed and Sealed this _____ day of _____, 20____.

(Address of Main Surety Company)

(Name of Local Bonding Company)

(Address of Local Bonding Company)

(SEAL)

By **X**

(Signature of Licensed Resident Agent)

(Social Security Number of Licensed Resident Agent)

(Type Name of License Resident Agent)

The above is approved this _____ day of _____, 20____.

Signature: _____

Approved by: _____

OATH OF OFFICE

STATE OF FLORIDA

COUNTY OF _____

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, and that I will well and faithfully perform the duties of

_____ of which I am now about to enter, so help me God.

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

(1) _____ Date Signed

Signature

ACCEPTANCE

SECRETARY OF STATE
THE CAPITOL
TALLAHASSEE, FLORIDA 32399-0250

I accept the office of _____
_____ The above is the oath of office taken by me.

In addition to the above office I also hold the office of _____.

My mailing address is: home office

(2) _____
Street or Post Office Box

(3) _____
Sign as you desire commission issued

City, State, Zip Code

Print or type name as signed above

Person taking oath sign on line (1) above. Sign acceptance on line numbered (3) after giving address on line (2).

CERTIFICATE FOR FACSIMILE SIGNATURE

(Section 116.34, Florida Statutes)

State of Florida

County of _____

I, _____ being
(print name as to be signed below)

Duly appointed as _____
(state complete title or position)

Do hereby file with the Secretary of State my official signature for the purpose of complying with Section 116.34, Florida Statutes, and do hereby certify that the signature below is true, correct and manually subscribed by me.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE
READ THE FOREGOING OATH AND THAT THE FACTS
STATED IN IT ARE TRUE .**

Signature

Date signed

Print Name as signed

Business Address

City

State

Zip Code

