

According with Chapter 117, Florida Statutes, and Chapter 1N-7.001, Florida Administrative Code, this law authorizes Florida notaries to perform online remote notarizations using an audio-video technology provider in compliance with the law, after the completion of an application and training requirements.

Invoice/Receipt



REMOTE ONLINE NOTARY PACKAGE

\$25,000 RON Bond for 4 years = \$60.00
\$25,000 RON Bond for 3 years left on your Commission = \$45.00
\$25,000 RON Bond for 2 years left on your Commission = \$30.00
\$25,000 RON Bond for 1 year left on your Commission = \$25.00
\$25,000 RON E&O Insurance = \$50.00
\$50,000 RON E&O Insurance = \$100.00
\$100,000 RON E&O Insurance = \$200.00
Dept. of State - Registration Fee = \$10.00
Processing Fee (INCLUDING S&H) = \$15.00
Total \$_____

Aaron Notary Appointment Services Inc. offers a complete RON Package, in compliance with Chapter 117.225. (Not to be sold separately)

		Chapter 117.225. (Not to be sold separately)	
Please fill out the following inform		Funitation Date:	
Commission Number:		Expiration Date:	
		Date of Birth:	
Print as your name appears on your com	nmission		
Home Address (City, State, and Zip Code	e)		Mail to Home
Place of Employment and Business Add	ress (City, State, and	Zip Code) If Applicable	Mail to Business
Phone		Email Address	
X		Date:	
Sign as your name appears on your	commission		
	ADDITIONAL N	IOTARY SUPPLIES	
Self-Inking Rectangular Stamp	\$29.00	Desk Embosser	\$30.00
Self-Inking Round Stamp	\$35.00	Pre-Inked Pocket Stamp	\$36.00
Notary Public Journal	\$20.00	Duplicate Notary Certificate	\$25.00
Embosser Seal	\$39.00	E-Notary Seal	\$25.00
		TOTAL AMOUNT ENCLOSED	Ś
DAVMENT ODTI	IONS: CHECK	MONEY ORDER CREDIT CARD	Ψ
		ble to Aaron Notary Appointment Se	rvices, Inc.
•		es, Inc. PO Box 69-3002 Miami, F	•
		ervices, Inc." to charge my VISA/MASTE	
in the amount of \$_	By sign	ning below, I agree to pay the above amo	ount.
Name on Credit Card	Full address ((as listed on your Credit Card bill including Zip Cod	de)
Credit Card #		Expiration Date	CVV2 Code
Authorized Signature		Date Signed	

CREDIT CARD CHARGEBACK WILL NOT BE ALLOWED ONCE YOUR APPLICATION IS SUBMITTED TO THE STATE.



Aaron Notary Appointment Services, Inc.

"The Professional Florida Notary Public Appointment Company"

www.AaronNotary.com

P.O. Box 693002 Miami, FL 33269-3002 Phone: (305) 654-8887 Fax: (305) 493-3339

Application Registration for Online Notary Public

INSTRUCTIONS

- 1. Provide your Last Name, First Name and Middle Name (if applicable).
- 2. Name for which your notary commission has been issued.
- **3.** Provide your physical Home Address. (P.O. Box is not allowed).
- 4. Provide Email address and Phone number.
- **5.** Provide your Florida Notary Commission and Expiration Date.
- **6.** Provide your Florida Notary Id.
- **7.** If you are a Civil-Law Notary, you must provide the Florida Bar Number and the Expiration Date.
- **8.** If you are a Commissioner of Deeds, please provide the expiration Date.
- **9.** <u>IMPORTANT</u> Please provide the name(s) of the RON service provider that you will use. (Required).
- **10.**Please Notarize the Registration Form by another notary public.

	mine section are \$2.00 Number Memory No. Name	nortes PO Bro SEET, Editabassos, PS, 12352 1810, Yallahassos FX, 12367	
	PERSONAL INFORMATI	ION	
Fell name:	(Smpat)	(Maddle)	
Name as Commissioned	(2")	(State)	
Home Address: 3	100		
(Street)	4 (0 (17)	(State) (County)	(Zip)
Email Address:	Phosps Num	Ar	_
Florida Notary Commission Namh	5	t/unication:	
Florida Notary ID: 6			
		(7)	
Civil-Law Notary- Plorida Bur Nur	mber	Date appointed	
Commissioner of Deeds Expiration	n date: 8		\
I will use the following MON Service	Provider in compliance on Plorie	da t.awo 9	1
The applicant confirms:			
The technology and processes they be fresh in Ch. 3.12. Physiological and	have chosen for use in performing only al Ch. 5N-7, Florida Administrative C	ne notarizations must eatisfy the requires	neads set
2. They have inhunited evidence of ob-	taining a bond in the amount of \$25,00	06.	
 They have submitted evidence of the They have submitted a copy of their 			
Doods.			
 They have submitted payment of reg They understand that suspension, rev 			en cer
appointment as a Civil-Law Notary,		ly descrivates un Online Notary Public's	
registration. 7. They have submitted evidence of co-		covering the daties, obligations and tech	usology
requirements for serving as online to	stary public.		
Under penalties of perjury, I declare	e that I have read the foregoing Rep	pistration for Online Notary and that	be
facts stated in it are true.			
	Print Name:		- (0)
STATEOFFLORIDA			
COUNTY OF	_ ()		
	(10)		
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		usity almown to the 10 west has	
Day of by			
produced			
	Notary Signature:		
produced			

WHITE-OUTS AND CROSS-OUTS ARE NOT ALLOWED ON THE REGISTRATION FORM

PLEASE PROVIDE YOUR EMAIL ADDRESS (In the event that we need additional information)

* Please Note:

- Aaron Notary Appointment Services Inc. offers a complete RON Package, in compliance with Florida Statute Chapter 117.225. (Not to be sold separately)
- ➤ Once your registration is approved by the state, we will send you an email notification with important information. (Please make sure to check your spam folder)
- ➤ A copy of your approved registration form will be mailed back to you for your records.
- We will provide you with a link where you can verify your name as an Approved Remote Online Notary Public in the State of Florida.

Fla. Stat. § 117.265 (5) An online notary public may change his or her RON service provider or providers from time to time but shall notify the Department of State of such change within 30 days thereafter.

Aaron Notary Appointment Services Inc. is not a RON Service Provider.

MAIL YOUR CERTIFICATE OF COMPLETION, NOTARIZED REGISTRATION FORM, A COPY OF YOUR CURRENT NOTARY COMMISSION CERTIFICATE AND THE RON \$25,000 BOND SIGNED ALONG WITH YOUR INVOICE AND PAYMENT TO:

Aaron Notary Appointment Services, Inc. P.O. BOX 69-3002 MIAMI, FL 33269-3002

Application Registration for Online Notary Public

Mail to: Florida Department of State, Division of Corporations, ATTN: Notaries PO Box 6327, Tallahassee, FL 32314

In person or courier service to: 2415 North Monroe St., Suite 810, Tallahassee FL 32303

PERSONAL INFORMATION

Full name:				
(Last) Name as Commissioned:	(Fir	/	(Middle)	
Home Address:(Street)	(City)	(State)	(County)	(Zip)
Email Address:	———— Phone N	(gtate)	(County)	
Florida Notary Commission Number				
Florida Notary ID:				
Civil-Law Notary- Florida Bar Numl	ber:	Date appoint	ed:	
Commissioner of Deeds Expiration of	date:			
I will use the following RON Service Pr	rovider in compliance with F	lorida Law:		
The applicant confirms:				
 The technology and processes they have forth in Ch. 117, Florida Statutes, and 2. They have submitted evidence of obtain 3. They have submitted evidence of Error 4. They have submitted a copy of their concepts. They have submitted payment of register 6. They understand that suspension, revolution appointment as a Civil-Law Notary, or registration. They have submitted evidence of comprequirements for serving as online notated. Under penalties of perjury, I declare the facts stated in it are true. 	Ch. 1N-7, Florida Administrative ining a bond in the amount of \$2 rs and Omission (E&O) insurance ommission or appointment as a Nutration fee of \$10 by check payal cation, expiration, or termination or Commissioner of Deeds immediately pleting a classroom or online contary public.	re Code. 25,000. ce policy in the minin Notary Public, Civil-L ble to the Florida Dep n of the applicant's N diately deactivates an urse covering the duti	num amount of \$25,0 aw Notary, or Comn partment of State. otary Public commiss Online Notary Public es, obligations and te	00. nissioner of sion or c's
national state of the state of	Signature:			
	· ·			
STATE OF FLORIDA				
COUNTY OF	_			
Sworn to, affirmed, and subscribed beDay of20, by		-	* /	
produced	as identification.			
[PLACE NOTARIAL SEAL]	Notary Signature: _ PrintName:			
	Notary Public, State			
	My Commission I	Expires:		

STATE OF FLORIDA **BOND OF NOTARY PUBLIC OR ONLINE NOTARY PUBLIC**

Secretary of State **Notary Commissions** Form: DOC IN-7, R. 1N-7.001, F.A.C, effective 01/2020

FOR OFFICE USE ONLY

Approved by Department of State:

STATE OF FLORIDA Bond No.:		
KNOW ALL MEN BY THESE PRESE	ENTS, That we,	
		as Principal, and
	(Name of Registra	nt)
		(Telephone Number)
(Imprint Name of Surety C	* *	• • • • • • • • • • • • • • • • • • • •
acting in his/her official capacity as a No Dollars (\$25,000) as assurance for the du Public and we do bind ourselves, and eac	otary Public OR Online discharge of the of our heirs, execu	hay be harmed as a result of a breach of duty by said applicant line Notary Public in the amount of Twenty-Five Thousand duties of his/her office of Notary Public OR Online Notary tors and administrators, jointly and severally. Liability under pacity of a Notary Public pursuant to section 117.01(7)(a),
Applicant was, on the date of issuance of office for the term of four years in accord		d as a Notary Public in and for the State of Florida, to hold itution and Laws of this State.
then this obligation shall be void	_	duties of the office of Notary Public, as prescribed by law,
APPLICANT SIGN HERE	\mathbf{X}	
		(Signature of Registrant)
Signed and sealed this	day of	20
		(Name of Surety Company)
		(Address of Surety Company)
SURANCE COM		(Name of Bonding Agency or Company)
SEAL SEAL	ву Х	(Address of Bonding Agency or Company)
SEAL	Бу 21	(Signature of Florida Licensed Agent)
MARKET NOIS		(Florida Licensed Agent Number)
		(Printed name of Florida Licensed Agent)

This bond shall be for Twenty-Five Thousand Dollars (\$25,000).

After execution by surety company, the bond must be submitted to the Department of State for approval and filing before issuance of the registration of online notary public.

Section 817.234(1)(b), F.S. "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree."



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

ONLINE NOTARY PUBLIC: REQUIRED INFORMATION

Name:				
Notary Commission:				
Identify in the chart below any Remote Online Notary Service Providers you have used since January 1, 2022, to the date of your submission of this form, to perform remote online notarizations. (Use as many lines as necessary)				
Remote Online Notary Service Provider Name	Effective Start Date	Effective End Date (if applicable)		



If applicable, identify any secured repositories to which you have delegated your duty to retain your electronic journal pursuant to s. 117.245(4), F.S, since January 1, 2022, to the date of your submission of this form.

Secure Repository Name	Address	Email or Phone Number	Effective Start Date	Effective End Date (if applicable)
Notary signature:				

Submit your information form to the Division of Corporations by either completing the form online at online-notary.sunbiz.org or by submitting a completed copy of this form by email at NotariesCorpHelp@DOS.MyFlorida.com. If you have questions, please contact the Notary Section at (850) 245-6975.

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RON PACKAGE FOR MID TERM COMMISSIONS CHECK LIST

 _ Invoice and Payment
Registration Form – must be notarized
RON Bond – must be signed
DC-DOS-50 – must be filled out completely and signed
Copy of Commission Notary Certificate
Copy of RON Course Certificate of Completion

Keep a copy of your Invoice/Receipt for your records.

MAIL TO:

Aaron Notary Appointment Services, Inc. PO Box 69-3002 Miami, FL 33269-3002 www.AaronNotary.com