

Invoice/Receipt

REMOTE ONLINE NOTARY (RON) PACKAGES FOR 1ST TIME APPLICANTS AND RENEWALS

PON DACKAGE #2

RON PACKAGE #1

- All State Fees
- \$25,000 RON Bond
- \$25,000 RON E&O Insurance
- Official State Logo Self-Inking Rectangular Stamp (Black Case)
- S&H and Taxes Included

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- All State Fees
- \$25,000 RON Bond
- \$50,000 RON E&O Insurance
- Official State Logo Self-Inking Rectangular Stamp (Black Case)
- S&H and Taxes Included

RON PACKAGE #3

- All State Fees
- \$25,000 RON Bond
- \$100,000 RON E&O Insurance
- Official State Logo Self-Inking Rectangular Stamp (Black Case)
- S&H and Taxes Included

Total \$189.00	_ Total \$239.00	0 Total \$33	9.00				
	ONAL \$6.00 CHOOS CHSIA PINK	SE YOUR STAMP CASE COLOI PURPLE GREEI					
ADDITIONAL NOTARY SUPPLI	ES AND SERVICES						
E-Notary Seal			\$25.00				
Notary Public Journal – Protec	ts the Notary, highly	RECOMMENDED	\$17.00				
Thumbprint Pad	\$13.00						
Rush Service - Approx. 20 Bus	iness Days. (Normal proc	essing time is approx. 35 business days).	\$20.00				
Rectangular Self-Inking Stamp		\$29.00					
Round Self-Inking Stamp	\$30.00						
Pre-Inked Pocket Stamp	\$36.00						
Embosser Seal (Black).			\$36.00				
Nameplate with desk holder 2"	x10": Silver	White Gold	\$35.00				
If you answered YES to question	on #5B, #6, #7 or #8. (See Instructions page)	\$40.00				
NO HIDDEN FEES - TOTAL AMOUNT ENCLOSED \$							
PAYMENT OPTIC	ONS: CHECK MON	EY ORDER CREDIT CARD					
Make your check or mone	ey order payable to A	aron Notary Appointment Serv	ices, Inc.				
	original application, sig	nc. PO Box 69-3002 Miami, Igned, and dated bond, and your sopy of this Invoice/Receipt for yo	igned course				
I hereby authorize "Aaron Notary Appointment Services, Inc." to charge my VISA/MASTERCARD in the amount of \$ By signing below, I agree to pay the above amount.							
Name on Credit Card	Full address (as liste	ed on your Credit Card bill including Zip C	ode)				
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

INSTRUCTIONS

PART I: Become or Renew Florida Notary

- 1. First Time Applicant for a notary commission must take 3-hours of interactive education course. The course is offered by the Florida Department of State and the Governor's Office on the Internet at no cost, at Notaries.dos.state.fl.us/education. After completing the course, you will receive an individual Certificate of Completion, print certificate of completion, and sign it. (If applicable).
- 2. After printing out the application have the "Affidavit of Character" filled out and signed by someone who has known you for one (1) year or longer and is not related to you (Affiant). Complete all fields in blue or black ink. DO NOT leave any questions blank. DO NOT use N/A. Enter "None" where applicable. When you PRINT & SIGN your name in the Oath of Office section at the bottom of the page, your name must appears as the following example: John R. Doe or J. Richard Doe are acceptable but not J.R. Doe, J. Doe or R. Doe. However, a signature with a nickname or shortened name is acceptable (Joe for Joseph/Sue for Susan).
- 3. Sign and date the Bond. Your signature must be a WET INK SIGNATURE and be the same on the notary application and bond. E-signatures or signature stamps are not allowed.

Important Notice only if you answered <u>YES</u> to question #5 (second part of the question only), #6, #7 or #8 on the Application. You must include a Cashier Check or Money Order for \$40.00 (Non-Refundable Processing Fee), in addition to the package that you select.

- If any of your professional licenses or commission have been revoke or if you have been disciplined by a regulatory agency, including the Florida Bar, and including disciplinary action that is confidential. Please submit the following information (YES to question #5 or #6):
 - A written statement about the nature of the action.
 - Any supporting documentation, such as a copy of the Final order from the regulating agency.
- If you have been convicted of a felony, had adjudication of guilt withheld, or are on probation, you must submit the following documents (YES to question #7):
 - A written statement regarding the nature and circumstances of the charges.
 - A copy of the Judgment and Sentencing Order; and,
 - If convicted, a copy of the Certification of Restoration of Civil Rights (or pardon). The name of this document may vary depending on the state where the conviction occurred.

The State of Florida does not offer Rush Service for this type of application and processing time takes 60-90 days.

PART II: Become a Remote Online Notary (RON)

1. Take the 2-hour course and print out the certificate of completion and sign it.

https://aaronnotary.thinkific.com/courses/remote-online-notary-course

2. After your regular notary commission is approved, we will send you an email with further instruction to finish your RON registration.

WHITE-OUTS AND CROSS-OUTS ARE NOT ALLOWED ON THE APPLICATION FORM PLEASE PROVIDE YOUR EMAIL ADDRESS (In the event that we need additional information)

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

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

All returned checks will have an additional charge of \$30 for Aaron Notary's Processing Fee

MAIL YOUR ORIGINAL APPLICATION, BOND, AND COURSE CERTIFICATE ALONG WITH YOUR INVOICE AND PAYMENT TO:

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



NOTARY PUBLIC COMMISSION APPLICATION

Florida Department of State
Notary Commissions and Certifications Section (850) 245-6975

PLEASE MAIL APPLICATION TO: PO BOX 693002 MIAMI FL 33269-3002 www.AaronNotary.com

Rvsd 03/2022

AARON NOTARY APPOINTMENT SVCS INC.

					PERSONAL	INFO	<u>ORMATION</u>				
Full Nan	ne:		(Last)				(First)			(Middle)	
Home A	.ddress:										
						• /		(State)	(County)		(Zip)
Place of	Employn	nent:							☐ Unemployed	☐ Retire	ed
Business	s Address:										
						ity)		(State)	(County)		(Zip)
Mail to:	☐ Home	☐ Busi	iness 🗖 Ot	her Address:	(Stre	eet/P.O. B	Box)	(City)	(State)		(Zip)
					Sex	x:	☐ Male	Race:	☐ Asian		
E-mail A	Address:		(or write	"NONE")	_		☐ Female		☐ Black or Afric ☐ Native Americ		
				,					☐ White		
Home Pl	hone:) (or write	"NONE")	_				☐ Other:		· · · · · · · · · · · · · · · · · · ·
.	D.1	,	(or write	NONE)	-						
Business	s Phone:		(or write	"NONE")	_ Ext	Extension:					
Florida I	Driver Lic	ense (or			۸٠				_ Date of Birth:	1	/
r iorida i	Diivei Lie	clise (or	-	T fortua issued ID)				_ Date of Bittii	(Month/Da	y/Year)
1. 2. 3. 4. * 5. * 6. * 7.	maintaine Are you courthous Are you fee reduc Are you Notary ec If Yes: A. Have If Yes, pl B. Have the regulating Have yo submit a Restorati and/or be	ed through a United se.) a wartim tion and p now or h ducation c (Commission you held lease list: - any been ating agen you been co written sta on of Civi referred to	out the appoint States citize the veteran with rovide proof of the pro	tment.) n? Yes No (In A disability rating of exemption.) been commission in a signed certificate in a signed certificate in a signed licenses or complete in the interest in a regulatory agence in statement about the felony or have you mature of the offense (see note applicants are	g of 50 percent ed a Notary Pu e of completion. (Commission number ommissions (other, you must submitely, including the nature of the actual had an adjudics), a copy of the subject to FDLE be	ubmit a t or mo ablic in Fla. Sta her tha it a wri ee Flori cion and cation court j packgro	a recorded Declara ore? Yes the State of Flo at. §668.50 (11)(b an Notary Public tten statement abo ida Bar, and incl any supporting d of guilt withhel udgment and sente und checks. Failure	No (If yes, orida? Yes o).) (No (If yes, orida? Yes o).) (No	ry public commission ide. Obtain this docum you must submit a I No (If No, you, r ame for which your commiss during the past 10 y of the action and a copy of the action that is, such as a copy of the y offense? Yes I ff convicted, you must y result in suspension of	ment from yo written requ nust complet ion was issued) //ears? Yo oy of the fina confidentia final order f	ur county nest for the ne a 3 hour nes No l order from nes! Yes No refrom the s, you must rtificate of
CTATE	OF				<u>AFFIDAVI</u>	IT OF	CHARACTE	<u> </u>			COUNTY
							. 1. 11	1			
1,		(Prin	nt or Type Name of	Affiant)	am	ı unrel	ated to and have	e known	(Name of	Applicant)	
for one y My addr		ore; and to	o the best of i	my knowledge and	l observation kı	now hi	im or her to be o	of good chara	icter.		
UNDER ARE TR		ΓΥ OF PI	ERJURY, I D	(Street) DECLARE THAT I	I HAVE READ	THE	(City) FOREGOING	(State) AFFIDAVIT	(County) AND THAT THE	FACTS ST	(Zip) ΓΑΤΕΟ IN IT
Home Pl	hone: ()(or	write "NONE")	Work	Phone: () <u>(or</u>	r write "NONE")	X	(Signatur	e of Affiant)	

OATH OF OFFICE

STATE OF FLORIDA COUNTY

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; that I have read Chapter 117, Florida Statutes, and any amendments thereto, and know the duties, responsibilities, limitations, and powers of a notary public; and that I will well and faithfully perform the duties of Notary Public, State of Florida, on which I am now about to enter. So help me God*

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING APPLICATION AND OATH, AND THAT THE FACTS STATED THEREIN ARE TRUE. I accept the Office of Notary Public, State of Florida.

\mathbf{X}		APPLICANT SIGNS AND DATE HERE			
(Official Signature of Applicant)	(Date)	*Note: If you affirm, you may omit the words "So help me God." Fla. Stat. §92.52.			
(Print or Type Name – Name for which your commission will be issued) Must use legal first name, no initial.					

Acceptable options: Jonathan David Doe, Jon D. Doe, Jonathan Doe, Jonathan D. Doe

MEMORANDUM

AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS, WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO CERTAIN ENUMERATED PERSONS, INCLUDING, BUT NOT LIMITED TO, PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. (SEE SECTION 119.071, FLORIDA STATUTES) IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR FLORIDA NOTARY PUBLIC COMMISSION APPLICATION SUBMISSION, PLEASE OBTAIN A PUBLIC RECORDS EXEMPTION FORM FROM THE FLORIDA DEPARTMENT OF STATE BY ACCESSING THE FOLLOWING LINK AND FOLLOWING THE INSTRUCTIONS ON THE FORM: https://dos.myflorida.com/sunbiz/other-services/subpoenas-and-public-records-exemption-requests/:

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,			
	(Name of Registra	nt)	as Principal, and	
		()		
(Imprint Name of Surety C	Company)	(Telepho	one Number)	
as Surety Company, give bond payable to a acting in his/her official capacity as a No Dollars (\$25,000) as assurance for the due Public and we do bind ourselves, and each this bond is limited to \$7,500 for acts per Florida Statutes.	tary Public OR Onli e discharge of the du of our heirs, executor	ne Notary Public in the amount of aties of his/her office of Notary Purs and administrators, jointly and sever	Twenty-Five Thousand ablic OR Online Notary erally. Liability under	
Applicant was, on the date of issuance of office for the term of four years in accord			State of Florida, to hold	
then this obligation shall be void. APPLICANT SIGN HERE	$\sum_{\mathbf{X}} \mathbf{x}$	(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	By X	(Address of Bonding Agency or Company)		
SEAL	2) <u>11</u>	(Signature of Florida Licensed Agent)		
WALL NO BURNE		(Florida Licensed Agent Number)		
		(Printed name of Florida Licensed Age	nt)	

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.

Rvsd 03/2022

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."