

AFFIRMATION

| My name is | and I acknowledge that |
|---|---|
| have been duly sworn to make this affirmation | and I acknowledge that ation: |
| I hereby affirm that I am the | of |
| and that I have full corporate authority | to enter into and execute -Dade Aviation Department on behalf of |
| | |
| Company Name | |
| Ву: | Date: |
| Print Name | |
| Title | |
| STATE OF: | |
| COUNTY OF: | |
| SUBSCRIBED AND SWORN TO (or affirm | ned) before me this day of |
| , 20 by | |
| | prized Representative) |
| of | , who is personally |
| known to me or has produced | as |
| | (Type of Identification) |
| and who did / did not take an oath. | |
| | |
| (Signature of Notary) | (Notary Commission Number) |
| Notary Public – State of | Notary Stamp or Seal: |
| (State) | |