

**AFFIDAVIT TO THE FLORIDA SECRETARY OF STATE  
TO FILE OR QUALIFY**

\_\_\_\_\_

A \_\_\_\_\_ **TRUST**

In accordance with Section 609.02 of the Florida Statutes, pertaining to Common Law Declarations of Trust, the undersigned, the Chairman of the Board of Trustees of \_\_\_\_\_, a  
(Name of Trust)

\_\_\_\_\_ Trust hereby affirms in order to file or qualify  
(State)

\_\_\_\_\_, in the State of Florida.  
(Name of Trust)

1. Two or more persons are named in the Trust.
2. The principal address is \_\_\_\_\_  
\_\_\_\_\_.
3. The registered agent and street address in the State of Florida is:  
\_\_\_\_\_  
\_\_\_\_\_.
4. Acceptance by the registered agent: Having been named as registered agent to accept service of process for the above named Declaration of Trust at the place designated in this affidavit, I hereby accept the appointment as registered agent and agree to act in this capacity.

\_\_\_\_\_  
(Signature of Registered Agent)

5. I certify that the attached is a true and correct copy of the Declaration of Trust under which the association proposes to conduct its business in Florida.

NOTARY

\_\_\_\_\_  
Name:  
Chairman of the Board of Trustees

**Filing Fee:        \$350.00**  
**Certified Copy: \$ 8.75 (optional)**

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** \_\_\_\_\_

Enclosed is an original and one (1) copy of the Declaration of Trust and a check for:

**FEES:**

<b>Declaration of Trust</b>	<b>\$350.00</b>
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**OPTIONAL:**

<b>Certified Copy</b>	<b>\$ 8.75</b>
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**FROM:** \_\_\_\_\_  
**Name (Printed or typed)**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City, State & Zip**

\_\_\_\_\_  
**Daytime Telephone number**