



CITY OF  
**FORT LAUDERDALE**

*Venice of America*

**CITY OF FORT LAUDERDALE BUSINESS TAX APPLICATION**

The City of Fort Lauderdale welcomes you to the business community. We wish you good fortune in your business venture and we will be ready to assist you in any way possible. The attached package is your application for a Local Business Tax Receipt (BTR) with the City of Fort Lauderdale.

New businesses must obtain their local business tax receipt prior to engaging in their business, profession, or occupation. The amount of tax will vary according to business type and size.

For your convenience, we have provided a registration checklist. This checklist provides a list of the required documentation that must be submitted to obtain your BTR.

All new businesses require Zoning approval after an application is submitted. At the time of application a safety inspection by the Building Department and the Fire Department as well as a Code Enforcement review will be scheduled for all new businesses. The inspection fee of \$145.42 shall be paid when Zoning approves the application, along with the Business Tax category fee.

The application is then reviewed by the Business Tax Department to assure that the business is compliant with Federal, State, and local regulations. If any information is missing or incorrect you will be notified to correct the application.

Each year a renewal notice will be mailed to you. Please remember all Business Taxes must be renewed prior to October 1<sup>st</sup> of each year. If your business requires liability insurance, a current copy must be submitted with your renewal.

Best of luck in your new business venture.

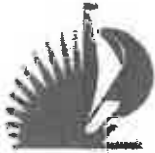
If you need assistance during the application process, please don't hesitate to call Business Tax Customer Service at 954-828-5195 or the Business Tax Supervisor, Skip Margerum at 954-828-6325.

- Attachments:
- 1) Business Tax Application Checklist
  - 2) Information Guide for New Business
  - 3) Business Tax Application

**BUILDING SERVICES  
BUSINESS TAX DIVISION**

700 N.W. 19<sup>th</sup> AVENUE, FORT LAUDERDALE, FLORIDA 33311  
TELEPHONE (954) 828-5195, FAX (954) 828-6928  
[www.fortlauderdale.gov](http://www.fortlauderdale.gov)

EQUAL OPPORTUNITY EMPLOYER



CITY OF  
**FORT LAUDERDALE**

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## **BUSINESS TAX APPLICATION CHECKLIST**

YOUR FIRST STEP TO OBTAINING A BUSINESS TAX IN THE CITY OF FORT LAUDERDALE IS TO FILL OUT AN APPLICATION. ZONING WILL VERIFY THE PROPERTY LOCATION IS PROPERLY ZONED FOR THE BUSINESS ACTIVITY.

\_\_\_\_\_ Application for a Business Tax for the City of Fort Lauderdale with Zoning approval ✓

\_\_\_\_\_ Photocopy of Fictitious Name Registration and/or Articles of Incorporation (if applicable)

\_\_\_\_\_ Photocopy of a valid State License (State licensed professionals only)

Department of Professional Regulation  
Department of Agriculture  
Division of Highway and Motor Vehicle  
Division of Hotel and Restaurants

\_\_\_\_\_ Photocopy of your State Drivers License with current address per Florida Statute 322.19

\_\_\_\_\_ Photocopy of State License for Alcohol (if serving or selling alcohol)  
\* City liquor measurement may be needed\*

\_\_\_\_\_ Photocopy of Certificate of Insurance Liability with the City of Fort Lauderdale (if applicable)

\_\_\_\_\_ Payment of City Safety Inspection if needed

\_\_\_\_\_ Photocopy of bill of sale or Tax signed by buyer and seller (if change of ownership)

\_\_\_\_\_ Letter of approval from the Airport Manager (if business located at Executive Airport)

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700 N.W. 19<sup>TH</sup> AVENUE, FORT LAUDERDALE, FLORIDA 33311  
TELEPHONE (954) 828-5195, FAX (954) 828-6829  
[www.fortlauderdale.gov](http://www.fortlauderdale.gov)

## INFORMATION GUIDE FOR NEW BUSINESS

New businesses must obtain their local business tax receipt prior to engaging in their business, profession, or occupation. The amount of tax will vary according to business type and size

**BEFORE A LOCAL BUSINESS TAX RECEIPT IS ISSUED FOR BUSINESSES UNDER SOME CLASSIFICATIONS**, the applicant must have complied with certain requirements as shown below. Please note that **you must provide a copy** of the license, certificate, registration or exemption with your application.

The information needed to apply for the City of Fort Lauderdale Business Tax includes, but is not limited to the following items:

Business name; Owner(s) or President's Name  
Mailing Address  
Physical Location of Business  
Telephone Number(s)  
Federal ID Number (US Internal Revenue Service. Toll Free Number 1-800-829-3676. [www.irs.gov](http://www.irs.gov))  
A copy of Drivers License  
A copy of State License for professionals, where applicable  
A copy of the Fictitious Name Registration, where applicable  
A copy of Insurance Liability, where applicable

**Note: Corporations** are registered with the Florida Secretary of State. For information call (850) 245-6052. Out of State corporations must register with the Secretary of State if they intend to use their corporate name. For information call (850) 245-6051.

If the business name used in your business does not include the full first name, and last name of the business owner, the business name would be considered a Fictitious Name, and must be registered with the Florida Secretary of State's Office, 850-245-6058. <https://efile.sunbiz.org/ficregintro.html>

To obtain a Florida Sales Tax Number, (resale number) contact the Florida Department of Revenue.  
(386) 758-0420 <http://dor.myflorida.com/gor>

State licensing requirements can be obtained by calling the Consumer Services Department  
1-800-435-7352. <http://doacs.state.fl.us>

**Businesses that sell or serve food products** must be inspected by either, Florida Department of Agriculture & Consumer Services, 1-800-435-7352, <http://doacs.state.fl.us> or The Florida Division of Hotel & Restaurant Commission, 1-800-226-5561 or (904) 727-5540.

**1. HOTELS, MOTELS, ROOMING HOUSES, APARTMENTS, AND MOBILE HOME PARKS, along with ANY FOOD OR DRINK ESTABLISHMENTS** must have a license from the State Hotel Commission before a Local Business Tax Receipt can be issued. Please call the Department of Business and Professional Regulation, Division of Hotels and Restaurants at 1-850-487-1395 for more information. <http://myfloridalicense.com/dbpr/hr/licensing.html>

**2. HEALTH CLUBS, SPAS, WEIGHT CONTROL CENTERS, MASSAGE STUDIOS, PUBLIC BATHS, KARATE OR JUDO SCHOOLS, AND TENNIS, RACQUETBALL, OR SWIMMING CLUBS** must post financial security (\$50,000 bond) with the Florida Department of Agriculture and Consumer Services per Florida State Statute 501.012(1)(A) before a Local Business Tax Receipt can be issued. Please call 800-HELP FLA (800-435-7352).

**3. SELLERS OF TRAVEL, INCLUDING INDEPENDENT TRAVEL CONSULTANTS,** must have a Certificate of Registration from The Division of Consumer Services or Statement of Exemption before a Local Business Tax Receipt can be issued. Please call 800-435-7352 for information. <http://www.800helpfla.com/sot.html>

**4. BALLROOM DANCE HALLS** must have a Certificate of Registration from The Department of Agriculture & Consumer Services 1-800-435-7352 [www.800helpfla.com](http://www.800helpfla.com) before a Local Business Tax Receipt can be issued. Please call 800-435-7352 for details.

**5. TELEMARKETERS** must have a Certificate of Registration from The Department of Agriculture & Consumer Services 1-800-435-7352 [www.800helpfla.com](http://www.800helpfla.com) an Affidavit of Exemption, or a Letter of Exemption before a Local Business Tax Receipt can be issued. Please call 800-435-7352 for information.

**6. EXTERMINATORS** must have a State license from The Department of Agriculture & Consumer Services 1-800-435-7352 before a Local Business Tax Receipt can be issued. <http://www.freshfromflorida.com/onestop/aes/pestcont.html>

**7. MOTOR VEHICLE REPAIR SHOPS** must obtain a Certificate of Registration from Department of Agriculture & Consumer Services 1-800-435-7352 [www.800helpfla.com](http://www.800helpfla.com) or Exemption Certificate before a Local Business Tax Receipt can be issued.

**8. MOTOR VEHICLE DEALERS** must be State licensed from the Department of Highway Safety & Motor Vehicles before a Local Business Tax Receipt can be issued. Please call 850-922-9000. <http://www.fhsmv.gov>

9. **AUCTIONEERS** must have a State license from The Department of Business and Professional Regulation before a Local Business Tax Receipt can be issued. [www.myfloridalicense.com/dbpr/pro/auct/index.html](http://www.myfloridalicense.com/dbpr/pro/auct/index.html)
10. **REAL ESTATE BROKERS and SALESMEN** must furnish Florida Real Estate Commission Certificate. Please call the Department of Business and Professional Regulation for more information. 850-487-1395 <http://www.myfloridalicense.com/dbpr/re/frec.html>
11. **MORTGAGE LENDERS, SECURITIES BROKERS, BANKS AND SAVINGS & LOAN ASSOCIATIONS** chartered in the State of Florida must obtain a State license from the Department of Financial Services before a Local Business Tax Receipt can be issued. Please call 850-413-3100.
12. **CHILD CARE FACILITIES, FAMILY DAY CARE FACILITIES, GROUP CARE HOMES**, are required to obtain a license from the Florida Department of Health before a Local Business Tax Receipt can be issued. Please call 850-245-4321.
13. **ASSISTED LIVING FACILITIES, ADULT CARE CENTERS AND ADULT CONGREGATE LIVING FACILITIES** must have a State license from the Florida Agency for Health Care Administration's Adult Care Unit before a Local Business Tax Receipt can be issued. Please call 888-419-3456.
14. **NURSING HOMES, HOSPICES, AND CONVALESCENT HOMES** must have a State license from the Florida Agency for Health Care Administration's Long Term Care Unit before a Local Business Tax Receipt can be issued. Please call them at 888-419-3456 for details.
15. **HOSPITALS** must obtain a State license from the Florida AHCA Bureau of Health Facility Regulation's Hospital Unit. Please call 888-419-3456.
16. **PAWNBROKERS AND CONSIGNMENT SHOPS** must obtain a Secondhand Dealers License from the Department of Revenue. Details can be found online at <http://www.myflorida.com/dor/taxes/secondhandfaq.html>, or by calling 850-488-4772.
17. **BARBERS, BEAUTICIANS, TANNING SALONS AND TANNING BOOTHS, DETECTIVE BUREAUS, PROFESSIONALS AND UNDERTAKERS** must provide a State License issued by their respective State Boards. Details can be found online at [www.myflorida.com](http://www.myflorida.com), or from your State Board directly.
18. **FRESHWATER OR SALTWATER FISH PRODUCT RETAILERS AND WHOLESALERS** must obtain a State permit from the Florida Fish and Wildlife Conservation Commission 850-488-4676 before a Local Business Tax Receipt can be issued.
19. **FISHING OR CHARTER BOATS** must provide Coast Guard Number. **FISHING GUIDES** must furnish U.S. Coast Guard License.
20. **INSURANCE AGENCIES** must register with the Florida Department of Financial Services before a Local Business Tax Receipt can be issued. Please call 850-413-3100.
21. **REGISTERED OR CERTIFIED CONTRACTORS**, are regulated by the Department of Business and Professional Regulation (DBPR) (850) 487-1395 <http://www.myfloridalicense.com/dbpr/>

**The City of Fort Lauderdale requires an inspection of the property where the business is proposed to be located. A Structural and Fire Inspector will visit the property to ensure the health, safety and welfare of the employees and customers. If corrections are required it will be the responsibility of the tenant and/or the landlord to comply as specified by the Inspector, whether you have obtained the Business Tax Receipt or not.**

**If you close your business, contact The Fort Lauderdale Business Tax Office (954) 828-5195**

**If a change of ownership has taken place, the original tax receipt may be transferred to the new owner upon payment of a transfer fee.**

**Any changes to an existing business must be reported to the Fort Lauderdale Business Tax Department, (954) 828-5195**

City of Fort Lauderdale  
700 NW 19<sup>th</sup> Avenue  
Ft. Lauderdale, FL 33311  
(954) 828-5195

**Business Tax Application**

New Business  
 Change of Address  
 Change of Ownership  
 Change of Name  
 Other \_\_\_\_\_

**Office Use Only**  
Business ID# \_\_\_\_\_  
Business # \_\_\_\_\_

Date \_\_\_\_\_

Business Name or DBA (fictitious name) \_\_\_\_\_

Corporation Name Airport 2 Port Inc.

Business Address 3020 NE 32 Ave #516, Ft. Laud. FL 33308

Mailing Address (if different) \_\_\_\_\_

Business Phone (954) 881 1838 Fax or email airport2port@gmail.com

Federal Tax ID# 223948832

Form of Business:  Corporation  Partnership  Individual

**Note: Partnerships and Corporations must provide name(s) and addresses of partners and/or corporate officers and registered agent.**

Name/ Title Frank A. Mathews

Address 3020 NE 32 Ave #516 Ft. Laud., FL 33308

Driver License # M325-261-75-411-0 State FL DOB 11/11/75

Phone 954 881 1838 Email Address airport2port@gmail.com

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Name/ Title \_\_\_\_\_

Address \_\_\_\_\_

Driver License # \_\_\_\_\_ State \_\_\_\_\_ DOB \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Use back of sheet if necessary



Business Category and Operation

Type of Business / Products/ Services offered (circle all that apply)

Retail/Wholesale Secondhand Hotel/Motel Apartments Social Service Office Only Professional

Contractor Restaurant Nightclub Entertainment Cocktail Lounge/ Bar Home Based Business

Services Adult Use Video Rental Doctor Office Clinic Other (be specific) Luxury

Vehicles For Hire, Limousine service, Ground  
Transportation for Hire.

NOTE: For the following business categories a separate or supplemental application is required:  
Charitable, Solicitors, Street Vendors, Clairvoyance or Fortunetelling, After Hours (liquor), Sidewalk Café,  
Rental Cars, Taxicabs, State Licensed Professionals

NOTE: ALL BUSINESS OPERATIONS MUST BE CONDUCTED WITHIN A COMPLETELY ENCLOSED  
BUILDING UNLESS OTHERWISE PERMITTED. NO OUTDOOR MUSIC, ENTERTAINMENT,  
DISPLAY, SALE, DINING, ETC. WITHOUT PRIOR APPROVAL

Type of Product/ Services/ Businesses Offered (in detail)

Luxury Ground Transportation Private,  
Share rides between city of Fort Lauderdale,  
Hotels, Restaurants, Clubs, Bars and any  
other local Businesses including airports  
and ports.

All Business Categories (answer below)

1. Hours of Operation 5 am - 5 pm 7 days a week

2. Approximate Total Square Footage 200 sqf

Dining \_\_\_\_\_ Office \_\_\_\_\_ Storage \_\_\_\_\_

Entertainment area \_\_\_\_\_ Home Office Space \_\_\_\_\_ Other \_\_\_\_\_

3. Will you be sharing space with another business? Y  N

If yes, Business Name \_\_\_\_\_

4. Number of Employees 0

5. Will there be alcoholic beverages sold or permitted to be consumed on premises? Y  N

If yes, Alcohol Series \_\_\_\_\_

**NOTE:** All businesses involved in the sale of alcoholic beverages must follow regulations of City Ordinance Chapter 5.

6. Will this business feature, promote, depict, allow, or display any type of nudity? Y  N

If yes, explain \_\_\_\_\_

**NOTE:** May be subject to the regulations of City Ordinances, Chapter 5 and 47-18.2 (Adult Uses) and any other applicable ordinances.

7. Will this business sell, rent, or display any sexually oriented material (including but not limited to signage, videos, periodicals, or sexual novelties or paraphernalia)? Y  N

If yes, explain \_\_\_\_\_

**NOTE:** May be subject to the regulations of City Ordinance 47-18.2 (Adult Uses) and any other applicable ordinances.

8. Will there be any type of entertainment offered (including but not limited to a live band, disc jockey, dancing, recorded music, performer, or any form of entertainment)? Y  N

If yes, explain \_\_\_\_\_

**NOTE:** Outdoor entertainment is prohibited except in the Special Entertainment Overlay District. Indoor entertainment is subject to the regulations of City Ordinance Chapter 17, Noise Control and Chapter 5, Section 5-34, Hours for music and entertainment.

9. Do you have coin or token operated vending machines or ATM machines? Y  N

If yes, detail quantities and types \_\_\_\_\_



10. Will you practice clairvoyance, fortune telling, mind reading, faith healing, divine healing, astrology, or Phrenology, or are you acting as a medium at this location? Y  N

NOTE: If yes, must file a sworn application as outlined in City Ordinance 15-50.

11. Will there be outdoor storage of any kind? Y  N

NOTE: Outdoor storage is only permitted as an accessory use in certain zoning districts. If permitted, all storage must meet the requirements of City Ordinance 47-19.9.

12. Will the business be involved in the sale, rental or advertising of motor vehicles or scooters? Y  N

13. Will the business own and/or operate any trucks or motor vehicles in conjunction with the business for delivery, merchandise selling, service, etc? Y  N

If yes, Location they will be stored or parked \_\_\_\_\_

14. State License # \_\_\_\_\_ Agency \_\_\_\_\_

Type \_\_\_\_\_ Expires \_\_\_\_\_

15. Federal License # \_\_\_\_\_ Agency \_\_\_\_\_

Type \_\_\_\_\_ Expires \_\_\_\_\_

16. Is there or will there be signage for this business? Y  N  
(This includes new lettering or a new copy on an existing sign structure)

If Yes, Permit # \_\_\_\_\_

17. Has there been or will there be any interior/ exterior alterations made? Y  N

If yes, Permit #(s) \_\_\_\_\_

18. Was a certificate of Occupancy issued for these renovations? Y/N (If yes, attach copy)

19. What type of business previously operated at this property? NA

20. Will there be any Valet Parking Service or Off-Site parking? Y  N

If yes, include a site plan and documents showing valet staging plan, operations plan, traffic flow, vehicle ramping, agreement(s) for off-site vehicle storage (parking), insurance, and staffing. Applicant must meet the requirements of the City Code Section 47-20.4 and 47-20.16 and any other applicable City codes or State Statutes. Plans must be approved by the Director of Parking and Fleet Services (or designee) prior to business tax being issued.

N/A

**Retail / Wholesale / Video Rental (answer below)**

- 1. Retail Sales Y / N If yes, Value of Merchandise \_\_\_\_\_
- 2. Wholesale Sales Y/N If yes, Value of Merchandise \_\_\_\_\_
- 3. Description of Merchandise (detailed) \_\_\_\_\_  
\_\_\_\_\_
- 4. Will merchandise consist of any sexually oriented material? (as defined in CO 47-18.2) Y / N  
If yes, describe \_\_\_\_\_

If you answered YES to question 4, then answer the following:

- 5. What percentage of the gross income will be from the sale or rental of sexually oriented material? \_\_\_\_\_ %
- 6. What percentage of inventory publicly displayed to customers will be sexually oriented material? \_\_\_\_\_ %
- 7. What percentage of the net floor area will be for the display of sexually oriented material? \_\_\_\_\_ %
- 8. What percentage of shelf areas or display areas will be for sexually oriented material? \_\_\_\_\_ %
- 9. What percentage of inventory or display will be sexual devices? \_\_\_\_\_ %
- 10. Will any display of sexually oriented material be accessible to minors? Y / N

**PHYSICAL INSPECTIONS CAN BE MADE TO VERIFY THIS INFORMATION AND CONFORMANCE WITH CITY ORDINANCE**

**Apartment/ Motel/ Hotel/ Lodging/ Social Service Facility (answer below)**

N/A

- 1. Do you offer living accommodations to: (circle one)    General Public    Special Group  
How many units? (designate whether apartment, motel, hotel, lodging or housing units) \_\_\_\_\_  
How many residents per unit? \_\_\_\_\_  
How many residents per bedroom? \_\_\_\_\_
- 2. Do you offer any provisions for food, transportation, hygiene care, on or off-premise counseling, or similar personal or therapeutic care? Y / N  
If yes, explain \_\_\_\_\_
- 3. Will there be 24-hour on site staff? Y / N If yes, how many? \_\_\_\_\_

4. Do you dispense medications (whether prescribed by your business or not) Y / N
5. Do you have on-site medical personnel or does medical personnel visit your establishment? Y / N
6. Will there be coin operated laundry facilities (washers & dryers) Y / N

How many of each? \_\_\_\_\_

N/A

7. What is the maximum length of stay? \_\_\_\_\_
8. What is the minimum length of stay? \_\_\_\_\_

**Home Based Business (answer below)**

1. Is the business being carried out by the occupants of the residence?  Y / N  
(must provide proof of residency)

2. Total Square Footage of residence 1,200 sq ft Square Footage to be occupied by business 200 sq ft

**RESTRICTIONS:**

- There cannot be any external evidence of the business such as display, use or storage of any goods, materials, or equipment or exterior advertising or signage of any type or nature, which is visible from the exterior of the residence.
- There can not be products or services sold or offered for sale from the residential dwelling.
- The business shall not occupy more than 1/4 of the area of one (1) floor of the principal structure thereof, nor can such business be carried out in any accessory structure.
- No traffic shall be generated by the conduct of such home business by anyone other than those persons residing on the premises (NO customers and NO employees permitted)
- No equipment or manufacturing process shall be used in such home business which create noise, vibration, glare, fumes, or odor, which is detectable from the exterior of the residential dwelling in which the home occupation is being conducted.

**VIOLATIONS OF ANY OF THESE PROVISIONS COULD RESULT IN THE ISSUANCE OF A CITATION OR PRESENTATION OF YOUR CASE BEFORE THE SPECIAL MAGISTRATE**

Restaurant / Cocktail Lounge / Bar / Nightclub (answer below)

N/A

1. Will there be entertainment offered indoors or outdoors? Y / N

Explain \_\_\_\_\_

*NOTE: Entertainment is only permitted indoors unless site plan approval provides for outdoor entertainment. All entertainment must be in compliance with City Ordinance, Chapter 17, Noise Control Pursuant to Section 5-34. ALL entertainment must be in a soundproofed room after 11 p.m.*

2. Will there be any outdoor seating area? Y / N

If yes, will the seating be on private or public property? \_\_\_\_\_

*NOTE: Any outdoor seating must be approved on a site plan by Planning and Zoning.*

3. Does the establishment have an approved dumpster enclosure including a raised concrete slab, a drain, and cleaning water facilities? Y / N

4. Will the food be prepared on premises? Y / N

Medical Office / Doctors Office / Clinic (answer below)

N/A

1. Is your office affiliated with a hospital or hospice facility in Broward County? Y / N

If yes, which one: \_\_\_\_\_

What is the affiliation? \_\_\_\_\_

2. Do you dispense medication from your location? Y / N

If yes, Name of dispensing Doctor \_\_\_\_\_

State License # \_\_\_\_\_

Type \_\_\_\_\_

DEA# \_\_\_\_\_

3. Is the primary purpose of the business to prescribe or dispense pain medication identified in Schedules II, III and IV of the Florida Statutes 893.03, 893.035, or 893.0355? Y / N

4. Do you advertise or portray yourself to the public as providing pain management services or pain Medication? Y / N

5. Are you registered with the State of Florida as a Pain Clinic? Y / N

I HEREBY DECLARE that all information provided in this application is true and correct and, further, understand that providing false or misleading information on this application may result in being denied, or the loss thereof, of any Business Tax receipts, permits, or approvals issued by the City of Fort Lauderdale, which were based upon information provided in this application. I further agree that if there are any subsequent changes in the operation of my business from what is stated in this application, that I will file a new application and seek prior approval from the City of Fort Lauderdale for any such changes. Failure to obtain the necessary approval will result in the loss of any previous Business Tax receipt, permits, or approvals issued by the City of Fort Lauderdale that were based on this initial application. I further understand that the issuance of a Business Tax receipt is contingent on compliance with all building and zoning ordinances of the City of Fort Lauderdale and that compliance must be maintained. Such compliance includes but is not limited to hiring a licensed contractor to obtain permits for any signage, alterations, or renovations to the property, parking requirements, and compliance with the City's noise control ordinance. I authorize the City to conduct a safety inspection of the proposed business location to verify such compliance. I further acknowledge that certain businesses require that I provide proof of insurance to the City annually and that my Business Tax will not be renewed if I fail to provide such proof of insurance.

Please note that an inspection may be required of the premises by the Building and Fire Department. You will be required to comply any violations prior to a Business Tax being issued.

Business Owner/Applicant Signature

[Signature]  
Franka Mathias Gonzalez  
Print Name

STATE OF FLORIDA  
COUNTY OF BROWARD:

The foregoing instrument was acknowledged before me this 9th day of Sept 20 14  
by Frank Mathias Gonzalez as President, of Airport 2 port Inc a

Who are  personally known to me or  have produced  
Franka Mathias Gonzalez as identification.

(SEAL)

[Signature]  
Notary Public, State of Florida  
(Signature of Notary taking Acknowledgment)  
Wanda Groves  
Name of Notary Typed, Printed or Stamped  
My Commission Expires 6/28/17  
Commission Number EE 882170

