

Toll Free Number
877.298.8274

In Tallahassee
850.219.8137

“Serving ALL your Notary needs”

www.budgetnotary.com

**Four Year
Notary Package
Only**

\$69.⁴³

Includes all State Fees, \$7500 bond and self-inking notary seal!

Budget Notary Services offers you a high quality, four year notary package for only **\$69.43**. This includes \$28.28 for the required \$7,500 Bond, the State Filing Fees and a **lifetime guaranteed, self-inking seal (stamp pad not required)**. *No other company issues such high quality products at such a low price.*

Your part is easy! Simply complete and return the paperwork and fee to us. Budget will handle everything else - filing your application electronically, hand-delivering it to the State, and manufacturing your notary seal in our on-site stamp division.

We are officially approved by the Florida Bureau of Notaries Public. *Remember Budget Notary Services when you need high quality, fast turn-around time, and low cost!*

Because we are located in Tallahassee, we maintain a close working relationship with the Secretary of State's office to provide **YOU** faster service!

TO RENEW YOUR NOTARY COMMISSION COMPLETE THE FOLLOWING EASY STEPS

Step 1: Complete the included *Notary Public Application and Bond of Notary Public*.

Step 2: Choose an optional Errors & Omissions Policy below.

Step 3: Complete the order information section.

Step 4: Return your completed forms along with payment to P. O. Box 5797, Tallahassee, FL 32314.

NEVER BEEN A FLORIDA NOTARY PUBLIC BEFORE? ONE ADDITIONAL STEP IS REQUIRED.

Florida law requires all first-time applicants to complete a 3-hour notary education course and to receive a Certificate of Completion. Pursuant to law, the Certificate **MUST** be forwarded to Budget in order for your notary commission to be issued. Visit our website at www.budgetnotary.com for information and instructions on taking the online course.

Questions? Call our hotline at 1-877-298-8274 and we will be glad to help.

ERRORS & OMISSIONS INSURANCE POLICIES

Choose a policy and include payment with your completed forms.

The required Bond protects the public if they are harmed by the actions of a notary. The surety company will seek reimbursement from you, if a claim is paid from your bond. The Errors & Omissions Policy protects **YOU** - even if you are wrongfully sued! We recommend you purchase an Errors & Omissions policy to protect yourself from personal liability.

\$25,000 4-Year Policy

\$50.50

\$10,000 4-Year Policy

\$32.32

\$5,000 4-Year Policy

\$18.18

For perhaps less than the cost of one hour of legal representation, you can have the confidence to perform notarizations knowing you have protection in the event of a costly lawsuit.



NOTARY PUBLIC COMMISSION APPLICATION

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

Mail Applications to:

Budget NOTARY SERVICES
PO Box 5797
Tallahassee, FL 32314-5797

This application and the information it contains, except social security number, are public record and may be disclosed to any person upon request.

Full Name: (Last) (First) (Middle)
Home Address: (Street) (City) (State) (County) (Zip)
Place of Employment: Unemployed Retired
Business Address: (Street) (City) (State) (Zip)
Mail to: Home Business Other Address: (Street or P.O. Box) (City) (State) (Zip)
Home Phone: () Business Phone: () Extension
E-Mail Address: Sex: M F Race:
Florida Driver's License (or other State of Florida Issued ID) : Date of Birth: (Month/Day/Year)

- 1. Are you a legal resident of Florida? Yes No
2. Are you a United States citizen? Yes No
3. Are you now or have you ever been commissioned a Notary Public in the State of Florida? Yes No
4. Have you held any professional licenses or commissions (other than Notary Public) in Florida during the past 10 years? Yes No
5. Have you been disciplined by a regulatory agency, including The Florida Bar, and including disciplinary action that is confidential? Yes No
6. Have you been convicted of a felony, had adjudication of guilt withheld, or are you on probation? Yes No

AFFIDAVIT OF CHARACTER

STATE OF County
I, am unrelated to and have known for one year or more; and to the best of my knowledge and observation know (him)(her) to be of good character.
My address is
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AFFIDAVIT AND THAT THE FACTS STATED IN IT ARE TRUE.
Home Phone: () Signature of Affiant
Work Phone: ()

OATH OF OFFICE

STATE OF FLORIDA County
I DO solemnly (swear)(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 of Florida; 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 honestly, diligently, and faithfully discharge the duties of Notary Public, State of Florida, on which I am now about to enter, (so help me God).
UNDER PENALTIES 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.
Signature of Applicant - This is the name in which your commission and notary seal will be issued
(Print or Type Name - Must match signature)
(Date)

Social Security Number: - -

APPLICANT PLEASE SIGN BACK

**STATE OF FLORIDA
BOND OF NOTARY PUBLIC**

Secretary of State
Notary Commissions

FOR OFFICE USE ONLY

Approved by Department of State:

STATE OF FLORIDA

KNOW ALL MEN BY THESE PRESENTS, That we,

_____ as Principal, and
(Name of Applicant)

CONTINENTAL INSURANCE COMPANY (800) 331-6053 as Surety Company, give bond
Imprint Name of Surety Company

payable to any individual who may be harmed as a result of a breach of duty by said applicant acting in his/her official capacity as Notary Public, in the amount of Seven Thousand Five Hundred Dollars (\$7,500) as assurance for the due discharge of the duties of his/her office of Notary Public and we do bind ourselves, and each of our heirs, executors and administrators, jointly and severally.

Applicant was, on the date of issuance of commission, bonded as a Notary Public in and for the State of Florida, to hold office for the term of four years in accordance with the Constitution and Laws of this State.

Now, therefore, if said applicant shall faithfully discharge the duties of the office of Notary Public, as prescribed by law, then this obligation shall be void.

Please Sign Here ✓

(Signature Of Applicant)

Signed and sealed this _____ day of _____, 20_____.

CONTINENTAL INSURANCE COMPANY

(Name of Surety Company)

P. O. BOX 5077 SIOUX FALLS, SD 57117-5077

(Address of Surety Company)

BUDGET NOTARY SERVICES

(Name of Bonding Agency or Company)

P. O. BOX 5797 TALLAHASSEE, FL 32314-5797

(Address of Bonding Agency or Company)



By _____

(Signature of Florida Licensed Agent)

A298130

(Florida Licensed Agent Number)

Arlece Harley Gilliam

(Printed Name of Florida Licensed Agent)

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."

This bond shall be for Seven Thousand, Five Hundred Dollars (\$7,500). After execution by surety company, the bond must be submitted to the Department of State for approval and filing before issuance of the notary public commission.