CERTIFICATION OF APPLICANT

State, Commonwealth, etc.

County, Borough, etc.

I, ___________________________________________ the undersigned applicant
(Print Name)

for certification as Authorized House Counsel within the State of Florida, do
hereby certify that I have read and am familiar with chapters 4 and 17 of the Rules
Regulating The Florida Bar as adopted by the Supreme Court of Florida and will
abide by the provisions thereof.

I also agree to submit to the jurisdiction of the Supreme Court of Florida for
disciplinary purposes, as set forth in Chapter 3 of the Rules Regulating The
Florida Bar and Rule 17 - 1.6 of the Authorized House Counsel Rule therein.

I further certify that I am not subject to a disciplinary proceeding or outstanding
order of reprimand, censure, or disbarment, permanent or temporary, for
professional misconduct by the bar or courts of any jurisdiction and I have not
been permanently denied admission to practice before the bar of any jurisdiction
based upon my character or fitness.

I further authorize notification to or from the entity governing the practice of law
within each jurisdiction in which I am licensed to practice law of any disciplinary
action taken against me.

I hereby certify that I am or will be exclusively employed by the business
organization specified in this application and that I reside in Florida or will be
relocating to Florida within 6 months of application. I have read the foregoing
application, and further attest that the information submitted in it is complete and
true to the best of my knowledge and belief.

____________________________________
Signature of Applicant

The foregoing instrument was acknowledged before me by means of [ ] physical
presence or [ ] online notarization this _______ day of ___________________,
2023, by _______________________________________ (name of person
acknowledging) who is personally known [ ] or produced identification [ ],
___________________________________________ (type of identification
produced).

____________________________________
Signature of Notary

____________________________
Print, Type or Stamp Name