

FLORIDA SHORT-FORM PARTNERSHIP ACKNOWLEDGMENT
F.S. 695.25 — Effective January 1, 2020

State of Florida }
County of _____ }

The foregoing instrument was acknowledged before me by means of

- Physical Presence, — **OR** —
 Online Notarization,

this _____, by
Date

Name of Acknowledging Partner or Agent

partner (or agent) on behalf of

_____, a partnership.
Name of Partnership

He/She:

- is personally known to me — **OR** —
 has produced

_____ as identification.
Type of Identification

Signature of Notary Public

Name of Notary Typed, Printed or Stamped

Notary Public — State of Florida

Place Notary Seal and/or Stamp Above

Commission No. _____

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Florida Short-Form Partnership Acknowledgment

The Florida Short-Form Partnership Acknowledgment certificate may be used when an individual is signing and acknowledging on behalf of a partnership, as one of the partners or as a duly appointed agent.

The optional section at the bottom can deter alteration of the document or fraudulent reattachment of this form to an unintended document. The insertions in this section are not required by law. Failure to fill out this section will not affect the validity of the certificate.

Instructions:

- 1 NAME OF COUNTY** where Notary performs notarization.
- 2 HOW SIGNER APPEARED** for the notarization. Check the appropriate box to indicate whether the signer appeared 1) physically in front of the Notary, or 2) remotely by means of audio-visual communication (second option for authorized Online Notaries effective January 1, 2020).
- 3 DATE OF NOTARIZATION.** Actual day, month and year in which signer appears before Notary.
- 4 NAME OF SIGNING PARTNER OR AGENT** appearing before Notary on behalf of partnership. Initials and spelling of name should agree with document and ID card.
- 5 NAME OF PARTNERSHIP** represented by signing partner or agent.
- 6 HOW SIGNER WAS IDENTIFIED.** Check the first box if signer is personally known to Notary. Check the second box if Notary identifies signer through either (a) identification documents (ID cards) or (b) oath of credible witness(es).
- 7 TYPE OF IDENTIFICATION.** If not personally known to Notary, indicate how signer was identified: either (a) "ID cards: type of card" or (b) "the sworn written statement of a (two) credible witness(es): name(s)." Line through any remaining space.
- 8 SIGNATURE OF NOTARY,** exactly as name appears on commissioning papers, in space 9 and in seal.

- 9 NAME OF NOTARY,** typed, printed or stamped exactly as name appears on commissioning papers, in space 8 and in seal.
 - 10 COMMISSION NUMBER,** exactly as it appears on commissioning papers and in seal.
 - 11 NOTARY SEAL IMPRINT,** clearly and legibly affixed.
- SPACES 12–15 ARE OPTIONAL.**
Omission of information here will not affect the document's validity. However, completing these spaces can deter alteration of the document or fraudulent reattachment of this form to an unintended document.
- 12 TITLE OR TYPE OF DOCUMENT** notarized, such as "Deed of Trust."
 - 13 DATE OF DOCUMENT** notarized. Most but not all documents will have a date, usually at the top or following the signature. If none, insert "No Date."
 - 14 NUMBER OF PAGES** in the notarized document. This may point out fraudulent addition or removal of pages. Do not count the certificate as a page. However, the certificate will be regarded as a page by recording officials in assessing recording fees.
 - 15 SIGNER(S) OTHER THAN NAMED IN SPACE 4.** Since some signing partners might not be named on the same notarial certificate, insert name(s) of other signer(s) here that appear(s) or will appear on other certificates — as many as space allows. If none, insert "No Other Signers."

FLORIDA SHORT-FORM PARTNERSHIP ACKNOWLEDGMENT
F.S. 695.25 – Effective January 1, 2020

State of Florida
County of Orange **1**

The foregoing instrument was acknowledged before me by means of
 Physical Presence, — OR — **2**
 Online Notarization,

this April 4, 20XX **3**, by
Michael T. Smith **4**
Name of Acknowledging Partner or Agent

partner (or agent) on behalf of
5 Smith, Hinkley and Howell, a partnership.
Name of Partnership


He/She:
 Is personally known to me — OR — **6**
 Has produced

7 _____ as identification.
Type of Identification

Pat R. Jones **8**
Signature of Notary Public

PAT R. JONES **9**
Name of Notary Typed, Printed or Stamped

Notary Public — State of Florida
 Commission No. EE 12345 **10**

11 
Place Notary Seal and/or Stamp Above

OPTIONAL
 Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document
 Title or Type of Document: Deed of Trust **12**

Document Date: 4/3/XX **13** Number of Pages: 4 **14**

Signer(s) Other Than Named Above: No Other Signers **15**

©2019 National Notary Association

