AFFIDAVIT OF TRANSLATION

F.S. 117.107 (6)

State of Florida		
County of		
	d, who b	eing
duly sworn, deposes and says:		
I am fluent in both the	and languages.	
I certify that I have accurately translated	d the attached document described as:	
	, from	
into LANGUAGE LANGUAGE	·	
LANGUAGE LANGUAGE		
		_
Translator Signature	Street Address	
-		
		_
Translator Printed Name	City, State, Zip	
	, ,	
Sworn to (or affirmed) and subscribed by	efore me by means of physical presence	a or
□online notarization, this day of		5 01
	20, by	
·		
(Signature of Notary Public - State of Florida)		
(D.: 1. T		
(Print, Type, or Stamp Commissioned Name of I	Notary Public)	
Derechelly Known OD Dradings II	dontification	
Personally Known -OR- Produced lo	denuncation	
T (11)''' '		
Type of Identification Produced		