

IMPORTANT- PLEASE READ

PRINT THE ATTACHED PDF ONE-SIDED

Please keep in mind these are LEGAL DOCUMENTS, which means:

They MUST be printed ONE-SIDED.

They MUST be signed in BLUE OR BLACK BALL POINT INK.

They MUST be printed on WHITE 8 ½ X 11 PAPER STANDARD 12 POINT FONT.

Note: Wording on documents must be legible

Printing in color is recommended so you may see highlighted sections which indicate where your signature is required.

Please send back ALL copies of the Limited Power of Attorney documents.

Note: Any alterations such as use of white out/cross outs voids the document.

Please be sure to NOTARIZE all applicable documents.

Please DO NOT fill in any information on the Title Documents – This will be completed by the Title Agent.

If you have any questions or need any assistance in completing your documents, please contact your Loan Specialist directly.

PROCESSING:

Once your loan has been funded with your new lienholder, payoff to previous lienholder will be sent within 1-2 business days.

Original Title is generally received 30-45 days from payoff date. Once received, file is assigned to Title Agent to process new lien.

NOTE: TITLE DEPARTMENT MAY CONTACT YOU IF ADDITIONAL INFORMATION OR DOCUMENTS ARE REQUIRED.

Statement of One and the Same

JAHAZIEL FAYE LIM PONSARAN

and

Are one and the same ☐ Person ☐ Company

I certify under penalty of perjury in the second degree, that the above statements are true and accurate to the best of my knowledge.

Signature

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
POWER OF ATTORNEY FOR A MOTOR VEHICLE, MOBILE HOME, VESSEL or VESSEL with TRAILER

Please submit this form to your local tax collector office or license plate agent.

<http://www.flhsmv.gov/locations/>

As of today, ____/____/____, I/we hereby name and appoint, _____,
(Full Legibly Printed Name is Required)

to be my/our lawful attorney-in-fact to act for me/us, in applying for an original or duplicate certificate of title, to register, transfer title, or record a lien to the motor vehicle, mobile home, vessel, or vessel with a trailer described below, and to print my/our name and sign their name, in my/our behalf. My attorney-in-fact can also do all things necessary to the application or any other related instrument and to bind me/us in as sufficient a manner as I/we or myself/ourselves could do, were I/we personally present and signing the same.

With full power of substitution and revocation, I/we hereby ratify and confirm whatever my/our said attorney-in-fact may lawfully do or cause to be done in the virtue hereof.

Please check only one of the following options:

☒ Motor Vehicle ☐ Mobile Home ☐ Vessel ☐ **Vessel with an Untitled Trailer**
(Trailers less than 2,000 pounds) ☐ **Vessel with a Titled Trailer**
(Trailers 2,000 pounds or more)

Year	Make/Manufacturer	Body Type	Title Number	Vehicle Identification Number (VIN)/ Hull Identification Number (HIN)
2017	TOYOTA			2T1BURHEXHC954483

NOTICE TO OWNER(S): Please complete this form in its entirety prior to signing.

Under penalties of perjury, I/we declare that I/we have read the foregoing document and that the facts stated in it are true.

Legibly Printed Name of Owner ("Grantor") JAHAZIEL FAYE LIM PONSARAN			Signature of Owner ("Grantor")	
Driver License, Identification Card or FEID Number of Owner P526-432-97-804-0			Date of Birth of Owner, if applicable 08-24-1997	
Owner's Address 1505 37TH ST		City ORLANDO		State FL
Zip Code 32839				
Legibly Printed Name of Co-Owner ("Grantor"), if applicable			Signature of Co-Owner ("Grantor")	
Driver License, Identification Card or FEID Number of Co-Owner			Date of Birth of Co-Owner, if applicable	
Co-Owner's Address		City		State
Zip Code				

This non-secure power of attorney form may be used when an individual or entity appointed as the attorney-in-fact will be completing the odometer disclosure statement as the buyer only or the seller only. However, this form cannot be used to allow an individual or entity (such as a dealership) to sign as both buyer and seller for the purpose of disclosing the odometer reading. This may be accomplished only with the secure power of attorney (HSMV 82995) when:

- (a) the title is physically being held by the lienholder; or
- (b) the title is lost.

A licensed dealer and his/her employees are considered a single entity. The Owner and/or Co-owner must be the same for ALL vehicles, mobile homes, vessels, or vessels with a trailer listed above.

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
POWER OF ATTORNEY FOR A MOTOR VEHICLE, MOBILE HOME, VESSEL or VESSEL with TRAILER

Please submit this form to your local tax collector office or license plate agent.

<http://www.flhsmv.gov/locations/>

As of today, ___/___/____, I/we hereby name and appoint, _____,
(Full Legibly Printed Name is Required)

to be my/our lawful attorney-in-fact to act for me/us, in applying for an original or duplicate certificate of title, to register, transfer title, or record a lien to the motor vehicle, mobile home, vessel, or vessel with a trailer described below, and to print my/our name and sign their name, in my/our behalf. My attorney-in-fact can also do all things necessary to the application or any other related instrument and to bind me/us in as sufficient a manner as I/we or myself/ourselves could do, were I/we personally present and signing the same.

With full power of substitution and revocation, I/we hereby ratify and confirm whatever my/our said attorney-in-fact may lawfully do or cause to be done in the virtue hereof.

Please check only one of the following options:

☒ Motor Vehicle ☐ Mobile Home ☐ Vessel ☐ **Vessel with an Untitled Trailer**
(Trailers less than 2,000 pounds) ☐ **Vessel with a Titled Trailer**
(Trailers 2,000 pounds or more)

Year	Make/Manufacturer	Body Type	Title Number	Vehicle Identification Number (VIN)/ Hull Identification Number (HIN)
2017	TOYOTA			2T1BURHEXHC954483

NOTICE TO OWNER(S): Please complete this form in its entirety prior to signing.

Under penalties of perjury, I/we declare that I/we have read the foregoing document and that the facts stated in it are true.

Legibly Printed Name of Owner ("Grantor") JAHAZIEL FAYE LIM PONSARAN			Signature of Owner ("Grantor")	
Driver License, Identification Card or FEID Number of Owner P526-432-97-804-0			Date of Birth of Owner, if applicable 08-24-1997	
Owner's Address 1505 37TH ST		City ORLANDO		State FL Zip Code 32839
Legibly Printed Name of Co-Owner ("Grantor"), if applicable			Signature of Co-Owner ("Grantor")	
Driver License, Identification Card or FEID Number of Co-Owner			Date of Birth of Co-Owner, if applicable	
Co-Owner's Address		City		State Zip Code

This non-secure power of attorney form may be used when an individual or entity appointed as the attorney-in-fact will be completing the odometer disclosure statement as the buyer only or the seller only. However, this form cannot be used to allow an individual or entity (such as a dealership) to sign as both buyer and seller for the purpose of disclosing the odometer reading. This may be accomplished only with the secure power of attorney (HSMV 82995) when:

- (a) the title is physically being held by the lienholder; or
- (b) the title is lost.

A licensed dealer and his/her employees are considered a single entity. The Owner and/or Co-owner must be the same for ALL vehicles, mobile homes, vessels, or vessels with a trailer listed above.

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES – DIVISION OF MOTORIST SERVICES

SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE

www.flhsmv.gov/offices/

**APPLICATION FOR NOTICE OF LIEN / REASSIGNMENT OF LIEN OR
NOTICE TO FIRST LIENHOLDER OF SUBSEQUENT LIEN**

SECTIONS 1 AND 2 SHOULD BE COMPLETED IF ADDING AN ORIGINAL LIEN.

☐

MOTOR VEHICLE

☐

MOBILE HOME

SECTIONS 1 AND 3 SHOULD BE COMPLETED IF REASSIGNING A LIEN.

SECTIONS 1, 2 AND 4 SHOULD BE COMPLETED IF ADDING A SUBSEQUENT LIEN.

☐

OFF-HWY VEHICLE

☐

VESSEL

1) DESCRIPTION OF MOTOR VEHICLE, MOBILE HOME, OFF-HIGHWAY VEHICLE OR VESSEL DESCRIPTION

IDENTIFICATION NUMBER 2T1BURHEXHC954483		VESSEL REGISTRATION NUMBER	
MAKE/MANUFACTURER TOYOTA	YEAR 2017	MODEL COROLLA	WT.-LGTH.-BHP
COLOR	TYPE	USE	
CERTIFICATE OF TITLE NUMBER		PREVIOUS ISSUE DATE	LICENSE PLATE NUMBER

2) NOTICE OF LIEN - LIENHOLDER INFORMATION

<input type="checkbox"/> FEID#	<input type="checkbox"/> Driver License Number and Sex and Date of Birth	<input type="checkbox"/> DMV Account#	
DATE OF LIEN 09-02-2022	LIENHOLDER NAME	LIENHOLDER'S E-MAIL ADDRESS	
LIENHOLDER ADDRESS	CITY	STATE	ZIP CODE

☐ Electronic title and lien participant (Electronic title only).

☐ If the lienholder authorizes the department to send title to the owner, _____
check box and countersign. **(DOES NOT APPLY TO VESSELS)** Signature of Lienholder's Representative

One of the following boxes must be checked.

☐ A security agreement, retain title contract, conditional bill of sale, chattel mortgage or other similar instrument was executed prior to the filing of this notice of lien.

☐ This notice of lien is being filed before a security agreement, retain title contract, conditional bill of sale, chattel mortgage or other similar instrument is being executed.

UNDER PENALTIES OF PERJURY, I (WE) DECLARE THAT I (WE) HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE. Date _____

Signature of Registered Owner

Signature of Registered Co-Owner

JAHAZIEL FAYE LIM PONSARAN

Print Name of Registered Owner

Print Name of Registered Co-Owner

1505 37TH ST

Street Address (Owner)

Street Address (Co-Owner)

ORLANDO

FL

32839

City

State

Zip Code

City

State

Zip Code

3) APPLICATION FOR REASSIGNMENT OF LIEN

The undersigned hereby represents that they are the assignee of that certain ☐ first or ☐ second lien dated the _____ day of (Month/Year) _____, covering the motor vehicle, mobile home, off-highway vehicle or vessel described in section one of this form and request that the Florida Certificate of Title, which was issued on (Month/Day/Year) _____, be re-issued to show such lien as now being held by the undersigned applicant and represents that on this date there is a balance as principal still due and unpaid.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

By _____
Name of Assignee (New Lienholder) Signature of Lienholder's Representative

Title _____

Address _____ City _____ State _____ Zip Code _____

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

By _____
Name of Assignor (Lienholder currently shown on Title) Signature of Lienholder's Representative

Title _____

4) NOTICE TO FIRST LIENHOLDER OF SUBSEQUENT LIEN

Date _____

To: _____
First Lienholder

Address: _____

City and State: _____ Zip Code _____

You are the first lienholder on Title Number _____ covering the motor vehicle, mobile home, off-highway vehicle or vessel described on the reverse of this form, which is recorded in the office of the DIVISION OF MOTORIST SERVICES in Tallahassee, Florida. **FLORIDA STATUTES REQUIRE THE FIRST LIENHOLDER TO SUBMIT THE CERTIFICATE OF TITLE TO THE DIVISION OF MOTORIST SERVICES WITHIN TEN (10) DAYS AFTER RECEIPT OF THIS NOTICE, UNLESS THE DMV DATABASE REFLECTS AN ELECTRONIC TITLE.** This is to advise you that I have this date placed an additional lien on the above described motor vehicle, vessel, off-highway vehicle or mobile home with:

Name of Subsequent Lienholder _____ Lienholders E-mail Address _____

Address _____

City _____ State _____ Zip Code _____

Please forward the above mentioned Certificate of Title with this request attached, if applicable, to the DIVISION OF MOTORIST SERVICES, at Tallahassee, Florida, for the purpose of recording the subsequent lien thereon. When the subsequent lien is recorded, the Division of Motorist Services will mail a Certificate of Title to you, if applicable, as first lienholder.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Signed: _____

Signature of Owner

Signature of Co-Owner

Name: JAHAZIEL FAYE LIM PONSARAN

Print or Type

Print or Type

INSTRUCTIONS WHEN USING SECTION 4 OF THIS FORM:

Prepare in duplicate and send a copy of this form by registered or certified mail with the returned receipt requested to the first lienholder, as shown on the DMS database record. Submit the original copy of the form to a county tax collector's office with the return receipt signed by the first lienholder and the lien recording fee provided by section 328.14(6), Florida Statutes, for vessels, by section 319.32(1) and (2) (a), Florida Statutes, for motor vehicles and mobile homes and sections 317.0006(5) (a), & 317.0007(1), Florida Statutes, for off-highway vehicles.

Notice to the First Lienholder: If you fail, neglect, or refuse to forward the certificate of title to the department within 10 days from the date of the owner's request, the department, on the written request of the subsequent lienholder or an assignee thereof, shall make written demand to you for the return of such certificate of title for the notation of the second or subsequent lien or encumbrance.

THIS FORM IS A COMBINATION OF FORMS HSMV 82139, HSMV 82140, HSMV 82365 AND HSMV 87004.

Check your local phone book government pages or visit the following website for current mailing addresses: <http://www.flhsmv.gov/offices/>

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
APPLICATION FOR CERTIFICATE OF TITLE WITH/WITHOUT REGISTRATION
SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE

www.flhsmv.gov/offices/

CHECK APPLICATION TYPE: ☐ ORIGINAL ☐ TRANSFER **VEHICLE TYPE:** ☐ MOTOR VEHICLE ☐ MOBILE HOME ☐ VESSEL **OFF-HIGHWAY VEHICLE:** ☐ ATV ☐ ROV ☐ MC

1 OWNER / APPLICANT INFORMATION					
Customer Number	Check this box if you are requesting the certificate of title to be printed. <input type="checkbox"/>	Are you a Florida resident? <input type="checkbox"/> yes <input type="checkbox"/> no	Are you an alien? <input type="checkbox"/> yes <input type="checkbox"/> no	Unit Number	Fleet Number
		Owner <input type="checkbox"/> yes <input type="checkbox"/> no		Co-Owner <input type="checkbox"/> yes <input type="checkbox"/> no	

☐ OR ☐ AND NOTE: When joint ownership, please indicate if "or" or "and" is to be shown on title when issued. If neither box is checked, the title will be issued with "and."

If applicable: ☐ Life Estate/Remainder Person ☐ Tenancy By the Entirety ☐ With Rights of Survivorship ☐ Owner's County of Residence: _____

Owner's Name As It Appears on Driver License (First, Full Middle/Maiden, & Last Name) JAHAZIEL FAYE LIM PONSARAN		Owner's Email Address ZXIELLEPONSARAN@GMAIL.COM		Date of Birth 08-24-1997	Sex	FL Driver License or FEID/Suffix # P526-432-97-804-0
Co-Owner/Lessee's Name As It Appears on Driver License (First, Full Middle/Maiden, & Last Name)		Co-Owner's/Lessee's Email Address		Date of Birth	Sex	FL Driver License or FEID/Suffix #
Owner's Mailing Address (Mandatory unless a member of the Military) 1505 37TH ST		City ORLANDO			State FL	Zip 32839
Co-Owner's/Lessee's Mailing Address (Mandatory unless a member of the Military)		City			State	Zip
Owner's/Lessee's Physical Street Address in Florida (Mandatory unless a member of the Military)		City			State	Zip
Mobile Home Physical Address (if applicable) Check if in a mobile home rental park with 10 or more lots. <input type="checkbox"/>		City			State	Zip
Mail To Customer Name (If different From Above Owner)		Mail To Customer's Email Address		Date of Birth	Sex	FL Driver License or FEID/Suffix #
Mail To Customer Address (If different From Above Mailing Address)		City			State	Zip

2 MOTOR VEHICLE , MOBILE HOME OR VESSEL DESCRIPTION								
Vehicle/Vessel Identification Number 2T1BURHEXHC954483			Make/Manufacturer TOYOTA		Year 2017	Body	Color	Florida Title Number
Previous State of Issue	License Plate or Vessel Registration Number	Weight	Length Ft. In.	BHP/CC	GVW/LOC		VAN USE, IF APPLICABLE <input type="checkbox"/> PASSENGER <input type="checkbox"/> OTHER	
TYPE <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Houseboat <input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Pontoon <input type="checkbox"/> Canoe <input type="checkbox"/> Auxiliary Sailboat <input type="checkbox"/> Airboat <input type="checkbox"/> Other _____ <input type="checkbox"/> Inflatable <input type="checkbox"/> Sailboat <i>Specify</i>		HULL MATERIAL <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass <input type="checkbox"/> Steel <input type="checkbox"/> Wood/Fiberglass <input type="checkbox"/> Other _____ <i>Specify</i>		PROPULSION <input type="checkbox"/> Outboard <input type="checkbox"/> Sail <input type="checkbox"/> Inboard <input type="checkbox"/> Air Propelled <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Other _____ <i>Specify</i>		FUEL <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Other _____ <i>Specify</i>		*DRAFT OF VESSEL (The depth of water a vessel draws) FT. _____ IN. _____ <i>*For all vessels 26' or more in length and all sailboats</i>
USE OF VESSEL <input type="checkbox"/> Recreational (Pleasure) <input type="checkbox"/> Commercial Blue Crab <input type="checkbox"/> Commercial Stone Crab <input type="checkbox"/> Government <input type="checkbox"/> Commercial Sponge <input type="checkbox"/> Dealer/Manuf. <input type="checkbox"/> Commercial Fish <input type="checkbox"/> Commercial Live Bait <input type="checkbox"/> Commercial Shrimp Recip. <input type="checkbox"/> Commercial Charter <input type="checkbox"/> Commercial Other _____ <input type="checkbox"/> Exempt <input type="checkbox"/> Hire (Livery) <input type="checkbox"/> Commercial Mackerel <input type="checkbox"/> Commercial Shrimp Non-Recip. <input type="checkbox"/> Commercial Oyster <input type="checkbox"/> Commercial Spiny Lobster								PREVIOUS OUT-OF-STATE REGISTRATION NUMBER:
Previously Federally Documented Vessel, Attach Copy of: <input type="checkbox"/> U.S. Coast Guard Release From Documentation Form; or <input type="checkbox"/> Copy of Canceled Documentation Papers					State of Principal Use			

3 BRANDS, USAGE AND TYPE (Check Applicable Boxes)									
<input type="checkbox"/> SHORT TERM LEASE	<input type="checkbox"/> LONG TERM LEASE	<input type="checkbox"/> REBUILT	<input type="checkbox"/> POLICE VEHICLE	<input type="checkbox"/> PRIVATE USE	<input type="checkbox"/> TAXI CAB	<input type="checkbox"/> FLOOD	<input type="checkbox"/> ILEV	<input type="checkbox"/> CUSTOM	
<input type="checkbox"/> ASSEMBLED FROM PARTS	<input type="checkbox"/> BONDED TITLE	<input type="checkbox"/> KIT CAR	<input type="checkbox"/> GLIDER KIT	<input type="checkbox"/> MANUF. BUY BACK	<input type="checkbox"/> REPLICA	<input type="checkbox"/> AUTONOMOUS	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> STREET ROD	

4 LIENHOLDER INFORMATION									
CHECK IF ELT CUSTOMER <input type="checkbox"/>	<input type="checkbox"/> FEID #	<input type="checkbox"/> DL # and Sex and Date of Birth	<input type="checkbox"/> DMV Account #	Date of Lien	Lienholder's Name				
Lienholder's Email Address		Lienholder's Address			City	State	Zip		

☐ If Lienholder authorizes the Department to send the motor vehicle or mobile home title to the owner, check box and countersign: _____
(Does not apply to vessels). If box is not checked, title will be mailed to the first lienholder. (Signature of Lienholder's Representative)

5 TRANSFER TYPE	
IF OWNERSHIP HAS TRANSFERRED, HOW AND WHEN WAS THE VEHICLE, MOBILE HOME, OR VESSEL ACQUIRED?	
<input type="checkbox"/> SALE <input type="checkbox"/> GIFT <input type="checkbox"/> REPOSSESSION <input type="checkbox"/> COURT ORDER <input type="checkbox"/> OTHER (SPECIFY) _____	DATE ACQUIRED ____/____/____

6 ODOMETER DECLARATION

WARNING: Federal and State law requires that you state the mileage in connection with an application for a Certificate of Title. Failure to complete or providing a false statement may result in fines or imprisonment.

I/WE STATE THAT THIS ☐ 5 OR ☐ 6 DIGIT ODOMETER NOW READS **114905** .XX (NO TENTHS) MILES, DATE READ ____/____/____ AND I/WE HEREBY CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE THE ODOMETER READING:

☐ 1. REFLECTS ACTUAL MILEAGE. ☐ 2. IS IN EXCESS OF ITS MECHANICAL LIMITS. ☐ 3. IS NOT THE ACTUAL MILEAGE.

7 DEALER SALES TAX REPORT AND VEHICLE TRADE IN INFORMATION (IF APPLICABLE)					
FLORIDA SALES TAX REGISTRATION NUMBER		DATE OF SALE	DEALER LICENSE NUMBER	AMOUNT OF TAX	DEALER / AGENT SIGNATURE
YEAR OF TRADE IN	MAKE OF TRADE IN	TITLE NUMBER OF TRADE IN (IF KNOWN)		VEHICLE IDENTIFICATION NUMBER OF TRADE IN	

8	MOTOR VEHICLE IDENTIFICATION NUMBER VERIFICATION
----------	---

THIS SECTION REQUIRES A PHYSICAL INSPECTION AND A VERIFICATION OF THE VEHICLE IDENTIFICATION NUMBER (VIN) **(OR THE MOTOR NUMBER FOR MOTOR VEHICLES MANUFACTURED PRIOR TO 1955)** OF THE MOTOR VEHICLE DESCRIBED ON THIS FORM BY A LICENSED DEALER, FLORIDA NOTARY PUBLIC, POLICE OFFICER, OR FLORIDA DIVISION OF MOTOR VEHICLES EMPLOYEE OR TAX COLLECTOR EMPLOYEE. **IF THE VIN IS VERIFIED BY AN OUT OF STATE MOTOR VEHICLE DEALER, THE VERIFICATION MUST BE SUBMITTED ON THEIR LETTERHEAD STATIONERY.** COMPLETE THIS SECTION ON ALL USED MOTOR VEHICLES, INCLUDING TRAILERS, (WITH ABBREVIATION OF "TL" WITH A WEIGHT OF 2,000 POUNDS OR MORE) NOT CURRENTLY TITLED IN FLORIDA.

I, the undersigned, certify that I have physically inspected the above described vehicle and find the vehicle identification number to be: _____
(Vehicle Identification Number)

DATE	SIGNATURE	PRINTED NAME
------	-----------	--------------

Law Enforcement Officer or Florida Dealer/Agency Name _____ Badge # or Florida Dealer # _____ Notary Stamp or Seal _____

FL DMV/Tax Collector Employee _____ Florida Compliance Examiner/Inspector Badge or ID Number _____

COMMISSIONED NAME OF FLORIDA NOTARY: _____ NOTARY'S SIGNATURE _____
(Print, Type or Stamp)

9	SALES TAX EXEMPTION CERTIFICATION
----------	--

THE PURCHASE OF A RECREATIONAL VEHICLE TO BE OFFERED FOR RENT AS LIVING ACCOMMODATIONS DOES NOT QUALIFY FOR EXEMPTION. I CERTIFY THE RECREATIONAL VEHICLE, MOBILE HOME OR VESSEL DESCRIBED HAS BEEN PURCHASED AND IS EXEMPT FROM THE SALES TAX IMPOSED BY CHAPTER 212, FLORIDA STATUTES, BY:

☐ PURCHASER (STATE AGENCIES, COUNTIES, ETC.) HOLDS VALID EXEMPTION CERTIFICATE _____ CONSUMER'S CERTIFICATE OF EXEMPTION NUMBER _____

☐ MOTOR VEHICLE ☐ MOBILE HOME ☐ VESSEL WILL BE USED EXCLUSIVELY FOR RENTAL _____
SALES TAX REGISTRATION NUMBER _____

I hereby certify that ownership of the motor vehicle, mobile home or vessel described on this application, is not subject to Florida Sales and Use Tax for the following reason: ☐ INHERITANCE ☐ GIFT
☐ DIVORCE DECREE ☐ TRANSFER BETWEEN A MARRIED COUPLE ☐ EVEN TRADE OR TRADE DOWN (State the facts of the even trade or trade down and the transferor information, including the transferor's name and address, below under "Other: Explain.")
☐ OTHER: (EXPLAIN) _____

10	REPOSSESSION DECLARATION
-----------	---------------------------------

IF CHECKED, THE FOLLOWING CERTIFICATIONS ARE MADE BY THE APPLICANT:

- ☐ I CERTIFY THAT THIS MOTOR VEHICLE, MOBILE HOME OR VESSEL WAS REPOSSESSED UPON DEFAULT IN THE TERMS OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION.
- ☐ (VESSEL) A PHOTOCOPY OF THE LIEN INSTRUMENT FOR THE VESSEL IS REQUIRED AND ATTACHED.
- ☐ I AM REQUESTING THAT AN ORIGINAL CERTIFICATE OF REPOSSESSION BE ISSUED FOR THE MOTOR VEHICLE OR MOBILE HOME IN LIEU OF A TITLE (REPOSSESSION).
- ☐ I AM REQUESTING THAT A DUPLICATE CERTIFICATE OF REPOSSESSION BE ISSUED FOR THE MOTOR VEHICLE OR MOBILE HOME, AS THE ORIGINAL HAS BEEN LOST OR DESTROYED.

11	NON-USE AND OTHER CERTIFICATIONS
-----------	---

IF CHECKED, THE FOLLOWING CERTIFICATIONS ARE MADE BY THE APPLICANT:

- ☐ I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED.
- ☐ THE VEHICLE IDENTIFIED WILL NOT BE OPERATED ON THE STREETS AND HIGHWAYS OF THIS STATE UNTIL PROPERLY REGISTERED.
- ☐ THE VESSEL IDENTIFIED WILL NOT BE OPERATED ON THE WATERS OF THIS STATE UNTIL PROPERLY REGISTERED.
- ☐ OTHER: (EXPLAIN) _____

12	APPLICATION ATTESTMENT AND SIGNATURES
-----------	--

I/WWE PHYSICALLY INSPECTED THE ODOMETER/VIN AND FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS. (More than one form HSMV 82040 may be used for additional signatures.)

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

SIGNATURE OF APPLICANT (OWNER)	Date	SIGNATURE OF APPLICANT (CO-OWNER)	Date
--------------------------------	------	-----------------------------------	------

13	RELEASE OF SPOUSE OR HEIRS INTEREST
-----------	--

The undersigned person(s) state(s) as follows: That _____ died on _____
(Name of Deceased) (Date)

- ☐ testate (with a will) ☐ intestate (without a will) and left the surviving heir(s) named below.
- ☐ When applicable, the heir(s) (named below) certifies that the certificate of title is lost or destroyed.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Print or Type Name of Spouse, Co-owner or Heir(s)	Signature of Spouse, Co-Owner or Heir(s)

That at the time of death the decedent was owner of the motor vehicle, mobile home or vessel described in section 2 of this form. The person(s) signing above hereby releases all of his/her/their right, title, interest and claim as heir(s) at law, legatee(s), devisee(s), or otherwise to the aforesaid motor vehicle, mobile home or vessel to:

Name of Applicant(s) (Print or Type)

RESIDENTS OF FLORIDA AND ALL VESSEL OWNERS, RESIDING IN FLORIDA OR OUT OF STATE, SHOULD SUBMIT THIS FORM AND ALL REQUIRED DOCUMENTATION TO A LOCAL FLORIDA TAX COLLECTOR'S OFFICE OR THE FLORIDA TAX COLLECTOR'S OFFICE LOCATED IN THE APPLICANT'S COUNTY OF RESIDENCE FOR PROCESSING.

Check your local phone book government pages or visit the following website for current mailing addresses: <http://www.flhsmv.gov/offices/>
www.flhsmv.gov

ORIGIN ID:ISMA (407) 870-3358
JAHAZIEL PONSARAN
1505 37TH ST

SHIP DATE: 02SEP22
ACTWGt: 0.25 LB
CAD: 252822633/MSX18500

ORLANDO, FL 32839
UNITED STATES US

BILL SENDER

TO **THE SAVINGS GROUP**

8055 E TUFTS AVE SUITE 1100

DENVER CO 80237

(844) 276-3272 REF: RL-FULFILLMENT-AP22093929985
INV: PENFED CREDIT UNION

DEPT: ORIGINAL DOCS



FedEx
Express

J223022081201uv

WED - 07 SEP 10:30A

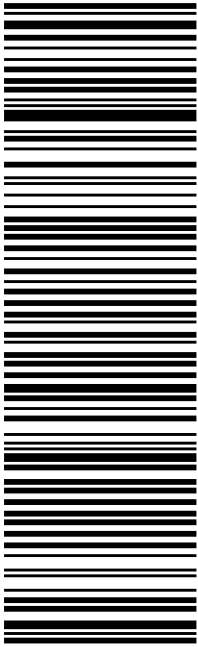
MORNING 2DAY

TRK# 2775 4500 0061
0207

80237

SA APAA

CO-US DEN



After printing this label:

CONSIGNEE COPY - PLEASE PLACE IN FRONT OF POUCH

1. Fold the printed page along the horizontal line.
2. Place label in shipping pouch and affix it to your shipment.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](https://www.fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.