

FLORIDA LIMITED POWER OF ATTORNEY

I. THE PARTIES. This Florida Limited Power of Attorney ("Power of Attorney") created on the undersigned date, is between the following:

PRINCIPAL: _____ ("Principal") with a mailing address of _____ do hereby grant a limited and specific powers to:

AGENT: _____ ("Agent") with a mailing address of _____ who shall have the full power and authority to undertake and perform the following acts mentioned in this Power of Attorney.

II. THE POWERS. The Principal authorizes the Agent to handle the following actions on their behalf: _____

The authority granted herein shall include such incidental acts as are reasonably required to carry out the aforementioned powers given by the Principal. The Agent certifies and accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with the Principal's best interest.

III. EFFECTIVE DATE. This Power of Attorney shall become effective: (check one)

- Immediately.
- on the date of _____, 20____.

IV. TERMINATION. This Power of Attorney shall terminate: (check all that apply)

- When the above-referenced powers and responsibilities have been completed by the Agent.
- By the Principal authorizing a revocation that references this document.
- On the date of _____, 20____.

In addition to the aforementioned termination conditions, this Power of Attorney shall be automatically revoked upon the death or incapacitation of the Principal, provided any person relying on this document shall have the full rights to accept and reply upon the authority of the Agent until in receipt of actual notice of revocation.

V. GOVERNING LAW. This Power of Attorney shall be governed under the laws located in the State of Florida.

VI. EXECUTION. IN WITNESS WHEREOF, I, the Principal, have executed this Power of Attorney on _____, 20____.

Principal's Signature

We, the witnesses, each do hereby declare in the presence of the Principal that the Principal signed and executed this instrument in the presence of each of us, that the Principal signed it willingly, that each of us hereby signs this Power of Attorney as witness at the request of the Principal and in the Principal's presence, and that, to the best of our knowledge, the Principal is eighteen years of age or over, of sound mind, and under no constraint or undue influence.

Witness's Signature

Address

Witness's Signature

Address

STATE OF _____,
_____ County, ss.

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____, 20____, by _____ who is personally known to me or who has produced _____ as identification.

Notary Public

My commission expires: _____, 20_____

SPECIMEN SIGNATURE AND ACCEPTANCE OF APPOINTMENT

I, _____, the Agent named above, hereby accept appointment as Agent in accordance with the foregoing instrument.

Agent's Signature

STATE OF _____,
_____ County, ss.

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____, 20____, by _____ who is personally known to me or who has produced _____ as identification.

Notary Public

My commission expires: _____, 20_____