Designation Statement

I, _	, do hereby affirm that I am: (check one of the options below)
	 □ African-American (a person having origins in any of the black racial groups of the African Diaspora, regardless of cultural origin) □ Asian-American (a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands, including the Hawaiian Islands prior to 1778) □ Hispanic-American (a person of Spanish or Portuguese culture with origins in Spain, Portugal, Mexico, South America, Central America, or the Caribbean, regardless of race) □ Native American (a person who has origins in any of the Indian Tribes of North America before 1835) □ American Woman
Rec	all information and documents submitted as part of the Certified Business Enterprise Process or Statement for certification become an official public record. As such, the certifying entity bears no obligation to return to the business ritems of original production or any copies of file documents. Pursuant to section 287.094(1), Florida Statutes:
a provide with successions	s unlawful for any individual to falsely claim to be a minority business enterprise for purposes of qualifying for tification with any governmental certifying organization as a minority business enterprise in order to participate under rogram of a state agency which is designed to assist certified minority business enterprises in the receipt of contracts he the agency for the provision of goods or services. The certification of any contractor, firm, or individual obtained by he false representation shall be permanently revoked, and the entity shall be barred from doing business with state vernment for a period of 36 months. Any person who violates this section is guilty of a felony of the second degree, hishable as provided in s. 775.082, s. 775.083, or s. 775.084.
	ther, the undersigned declares, subject to criminal prosecution for perjury pursuant to section 837.06, Florida tutes, that this Statement of Ethnic Designation is true, and information provided in the submission is accurate.
Ful	l Name (please print)
Sig	nature
 Titl	de la constant de la
Coı	mpany Name
he/s	thisday of,, personally appeared before me, the undersigned officer horized to administer oaths, known to me the persons described in the foregoing statement who acknowledged that she execute the same in the capacity stated for the purpose therein contained. In witness whereof, I have hereunto my hand and official seal.
Not	tary Public Form of Identification Presented
Му	Commission expires