## STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION 1940 North Monroe Street Tallahassee, FL 32399-0783

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.

TO BE COMPLETED BY THE GUARANTOR			
If Guarantor is a company or bank, attach Guarantor's <u>audited</u> financial statements. If Guarantor is an			
individual, attach Guarantor's <u>reviewed</u> fina	ancial statements.		
FOR VALUE RECEIVED, I hereby guar-		btedness	of
			_, but not to exceed
(employee leasing company)			,
the sum of	Dollars (\$		),
(amount in excess of deficiency in employ accounting net worth or net working capital	/ee leasing company		
to the obligees of	•	а	is they may appear.
(employee	leasing company)		Surey way
Such guaranty shall be irrevocable until such time that the deficiency causing the guaranty has been corrected, as demonstrated by Guarantor's annual financial statements, meeting the requirements of either Rule 61G7-5.0031, F.A.C or Rule 61G7-5.0032, F.A.C., or until a new guaranty has been submitted and found acceptable by the Board to replace the previously submitted guaranty.  I waive diligence on the part of said obligees in the collection of that indebtedness, and agree that said			
obligees shall be under no obligation to notify me of the acceptance of the guaranty or of any credit extended on the face of this guaranty or of any renewals or extensions of the indebtedness. Said obligees shall have the privilege of granting such renewals and extensions as it may deem proper. I further expressly waive notice of nonpayment, protest, and notice of protest with respect to the indebtedness covered by this guaranty. I further agree to pay any costs of collection, including attorney's fees incurred by said obligees in connection with the enforcement of this guaranty.			
It shall not be necessary for said obligees, in order to enforce payment by me of the indebtedness, to first institute suit or to pursue or exhaust its remedies against or against any other security which said obligees may have. (employee leasing company)			
I acknowledge that this guaranty is in effect and binding on myself without reference to whether it is signed by any other person or persons. I agree that as to myself, the guaranty shall continue in full force and effect notwithstanding the death or the release by agreement or by operation of law of, or the extension of time to, any other guarantor or guarantors as to obligations then existing.			
My liability hereunder shall not be affected or impaired by the existence, from time to time, of an indebtedness or liability of			
county or of the County of Leon, State of F	Florida.		
	GUARANTOR		
Executed, 20	Guarantor is a: 🚨 Cor	mpany	☐ Bank ☐ Individual
Print Name of Guarantor  Signature of Guarantor (or Authorized Representative if Guarantor is a Company or Bank)			
Relationship of Guarantor or Authorized Representative to the Employee Leasing Company:			
	ARANTOR ADDRESS		
Street Address or P.O. Box	City	State	Zip Code (+4 optional)