

**2011 UNIVERSAL CYCLE - ATTORNEY CERTIFICATION  
FOR MMRB APPLICATIONS ONLY**

Name of Development: \_\_\_\_\_  
(Part III.A.1. of the 2011 Universal Cycle Application)

Name of Attorney: \_\_\_\_\_

Address of Attorney: \_\_\_\_\_  
(street address, city, state)

\_\_\_\_\_

Telephone of Attorney: \_\_\_\_\_

Florida Bar Number of Signatory: \_\_\_\_\_

I certify that I am a member in good standing of The Florida Bar with the requisite skills and experience to provide the professional services needed by the Applicant to produce the units proposed by this Application. I further certify my willingness and intention to enter into good faith negotiations with the Applicant to act as the attorney of record for this proposed Development and that the information provided above is true and correct.

\_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Print or Type Name of Signatory

If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, this form will not be considered and the Application will fail to meet threshold. The certification may be photocopied.

Provide Behind a Tab Labeled "Exhibit 14"