**JOINDER BY MORTGAGEE**

The undersigned\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of Lending Institution)\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as Mortgagee under that certain \_\_\_\_\_\_\_\_\_\_\_(Name of empowering instrument)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Mortgage”) dated this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, and recorded in Official Records Book \_\_\_\_\_\_\_, Page \_\_\_\_\_\_\_, of the Public Records of Miami-Dade County, Florida, covering all/or a portion of the property described in the foregoing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Declaration”) does hereby acknowledge that the terms of the Declaration are and shall be binding upon the undersigned and its successors in title and interest.

IN WITNESS WHEREOF, these presents have been executed this \_\_\_ day of \_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

|  |  |
| --- | --- |
|  | (COMPANY NAME)  By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

STATE OF FLORIDA )

COUNTY OF MIAMI-DADE )

BEFORE ME, the undersigned authority, this day appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by means of \_\_\_\_\_\_ physical presence or \_\_\_online notarization, known by me to be the \_\_\_\_\_(Title)\_\_\_\_ of \_\_\_\_\_\_\_\_(Name of Company) \_\_\_\_\_\_\_\_\_\_\_\_\_, a \_\_\_\_\_(Company’s tax designation, *i.e. Florida Corporation*)\_\_\_\_\_\_\_\_\_\_\_\_\_ and she/he acknowledged to and before me that she/he executed the said instrument, acting in his said official capacity, for and as to the act and deed of said corporation and in its name, for the uses and purposes therein mentioned, and after being duly authorized and directed. He is: [ ] personally known to me, or [ ] produced \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as identification.

WITNESS my hand and official Seal in the County and State aforesaid, on this, the \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public State of Florida

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commission No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires: \_\_\_\_\_\_\_\_