UTILIZATION OF SEVERABLE USE RIGHTS

BONUS DEVELOPMENT RECEIVER SITE

Folio Number: __ - __ - __ - __ - __
Legal Description:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

BONUS USE REQUESTED

Folio Number: __ - __ - __ - __ - __
Legal Description:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Number of Vested Severable Use Rights in Transferor Parcel: _______________________
Number of Severable Use Rights Transferred via this Instrument: _______________________

The undersigned (developer) warrants to Miami-Dade County, Florida, that he is the legal title holder to the above stated Severable Use Rights, that the same are free and clear unencumbered except as specifically noted, and if encumbered, the necessary joinders or releases are hereby being furnished; that he desires to use them in the aforementioned manner and agrees to their extinguishment from the transferor parcel; that he acquired them by deed which is recorded in the public records in ORB____PGE______.

The undersigned realizes and understands that the bonus being granted is predicated on the warranties made in their affidavit and if the same prove false or inaccurate that permits issued may be canceled and voided and construction may be halted until the inadequacy is corrected.
CERTIFICATE OF USAGE AND EXTINGUISHMENT

I do hereby certify that the aforementioned Serverable Use Rights have been used and credited to the applicant in the issuance of:

- Building Permit for the construction of __________________.
- Tentative Plat for the construction of __________________.
- Waiver of Plat for the construction of __________________.
- Density Increase for the construction of __________________.
- Lot Coverage Increase for the construction of __________________.

The Clerk of the Circuit Court is hereby instructed to note the same upon the public records and to note the Extinguishment of the Severable Use Rights on the Transferor Parcel.

WITNESSES:

Sign ____________________________ Department of Regulatory and Economic Resources

Print ____________________________ Print ____________________________

Sign ____________________________

Print ____________________________

Sworn to and Subscribed before me on this _______day of ________________, 20___

______________________________
Notary Public

SEAL: Commission Expires:_________
TO: MIAMI-DADE COUNTY

With the understanding that this Opinion Title is furnished to Miami-Dade County, Florida, as inducement for acceptance of a Severable Use Right in the real property hereinafter described, it is hereby certified that I have examined a complete Abstract of Title covering the period from the beginning to the ___ day of __________, 20__ at the hour of ______, inclusive, of the following real property.

Basing my opinion on said Abstract, I am of the opinion that on the last mentioned date the Severable Use Right(s) in the above described real property was (were) vested in:

The fee simple title to the above described real property was vested in:

Subject to the following encumbrances, liens and other exceptions:

GENERAL EXCEPTIONS

SPECIAL EXCEPTIONS

Therefore, it is my opinion the Transfer of the Severable Use Rights to be valid and binding requires the following joinders:
I, the undersigned, further certify that I am an Attorney-at-Law, duly admitted to practice in the State of Florida, and a member of good standing of the Florida Bar.
Respectfully submitted this ____ day of ____________________, 20__. 

Name: __________________________________
Address: _______________________________
Florida Bar No. __________________________

SWORN TO AND SUBSCRIBED TO before me this ____ day of ________________, 20__. 

_______________________________
Notary Public

SEAL: 
My Commission Expires:_____________
WARRANTY DEED
FOR
CONVEYANCE OF
SEVERABLE USE RIGHTS

This indenture made this ____ day of __________, 20__ between
__________________ of the County of __________ in the State of ________, the Grantor and
_________________ of the County of __________ in the State of ____________, the Grantee,

WITNESSETH:
The Grantor, for and in consideration of the sum of _____________________________ Dollars ($ ), in
hand paid by Grantee, the receipt of which is hereby acknowledged, has granted, bargained and sold to the Grantee, all heirs and
assigns forever, the Severable Use Rights allocated under the Miami-Dade County Code, in the following described land to wit.

and the Grantor does hereby fully warrant the title to said rights, and avers that the same have not been previously used, demised or sold, and will defend the same against the lawful claims of all persons.

The use of the above described property is hereby restricted to non-residential uses permitted under the Code of Miami-Dade County.

IN WITNESS WHEREOF, Grantor has hereunto signed and executed on the date first above written.

Signed, executed, witnessed in the presence of:  

Grantor:

____________________________
Sign

____________________________
Print

____________________________
Sign

____________________________
Print

STATE OF FLORIDA
COUNTY OF MIAMI-DADE
The foregoing instrument was acknowledged before me this ____ day of ____________, 20__
by ____________________, who is personally known to me or produced ____________________
as identification.

________________________________
Notary Public

SEAL:  My Commission Expires: _______________
ACKNOWLEDGEMENT CORPORATION

Signed, witnessed, executed and acknowledged on this ______ day of ______________________________, __________.

IN WITNESS WHEREOF, ______________________________, (Corporate name) has caused these presents to be signed in its name by its proper officials.

Witnesses:

_________________________________________  ____________________________________________
Signature                                      Name of Corporation
Print Name                                     Address:

_________________________________________  ____________________________________________
Signature                                      

_________________________________________  ____________________________________________
Print Name  By

(President, Vice-President or CEO*)

Print Name:

[*Note: All others require attachment of original corporate resolution of authorization]

STATE OF ______________________  COUNTY OF ______________________

The foregoing instrument was acknowledged before me by ________________ (Name) the ________________________________ of ________________________________ corporation, on (Title) ________________________________ (Corporation Name) behalf of the corporation.

He/She is personally known to me or has produced __________________________, as identification.

Witness my signature and official seal this ______ day of ______________________, __________, in the County and State aforesaid.

Signature

__________________________________________
Print Name

Notary Public-State of __________________________

My Commission Expires: ________________________
GENERAL PARTNERSHIP
WITH CORPORATE GENERAL PARTNER

Signed, witnessed, executed and acknowledged on this ________ day of___________, _________.

WITNESSES:

__________________________________
Signature       Name of  General
Partnership

__________________________________
Print Name       Name of Corporation as
General Partner

__________________________________
Signature

__________________________________ by  ________________________________
Print Name        (President, Vice-President
or CEO*)

Print Name: _________________________
Address:

___________________________________
___________________________________

*[Note: All others require attachment of original corporate resolution of authorization] *

STATE OF ____________________

COUNTY OF __________________

The foregoing instrument was acknowledged before me by _______________________
(Name)
the _______________________________ of _______________________________ corporation,
(Title) (Name)
on behalf of the corporation which is the General Partner of the _________________________.
(Name of General Partnership)

He/She is personally known to me or has produced ___________________, as identification. Witness my signature and official seal this ________ day of _____________,
_______, in the County and State aforesaid.

Notary Public, State of ____________________

____________________________________
Print Name

My Commission Expires:
HUSBAND AND WIFE

Signed, witnessed, executed and acknowledged on this _______ day of
________________, __________.

Witnesses as to Husband:

________________________________
Signature

________________________________
Print Name
Signature

________________________________
Print Name

Witnesses as to Wife:

________________________________
Signature

________________________________
Print Name
Signature

________________________________
Print Name

________________________________
NOTARY AS TO HUSBAND:

STATE OF ______________
COUNTY OF ______________

The foregoing instrument was acknowledged before me by _____________________, who is personally known to me or has produced _____________________, as identification.

Witness my signature and official seal this _____ day of _____________________, ______, in the County and State aforesaid.

_________________________________
Notary Public-State of _________________

My Commission Expires: ______________________

Print Name

NOTARY AS TO WIFE:

STATE OF ______________
COUNTY OF ______________

The foregoing instrument was acknowledged before me by _____________________, who is personally known to me or has produced _____________________, as identification.

Witness my signature and official seal this _____ day of _____________________, ______, in the County and State aforesaid.

_________________________________
Notary Public-State of _________________

My Commission Expires: ______________________

Print Name
INDIVIDUAL

Signed, witnessed, executed and acknowledged on this _____ day of
__________________, ________.

WITNESSES:

___________________________________  _____________________________
Signature                                           Individual Signature

___________________________________  _____________________________
Print Name                                           Print Name
Address:

___________________________________  _____________________________
Signature                                           Signature

___________________________________  _____________________________
Print Name                                           Print Name

STATE OF __________________________  COUNTY OF _______________________

The foregoing instrument was acknowledged before me by
______________________________________________________, who is personally known to
me or has produced _____________________________, as identification.

Witness my signature and official seal this _____ day of _____________________,
________, in the County and State aforesaid.

___________________________________  _____________________________
Notary Public-State of _________________

___________________________________  _____________________________
Print Name                                           Print Name

My Commission Expires:________________________
LIMITED LIABILITY COMPANY

Signed, witnessed, executed and acknowledged on this ____ day of ________, ______.

IN WITNESS WHEREOF, ______________________________________
(Corporate name) has caused these presents to be signed in its name by its proper officials.

Witnesses:

____________________________________________
Signature

Name of LLC

Print Name

____________________________________________
Signature

By ______________________________________
(Managing Member)

Print Name: __________________________

[*Note: All others require attachment of original corporate resolution of authorization]*

STATE OF ________________________ COUNTY OF ________________________

The foregoing instrument was acknowledged before me by __________________ (Name)
the ______________ of ______________________ LLC, on behalf of the LLC.

(Name)

(Title)

He/She is personally known to me or has produced ________________________,
as identification.

Witness my signature and official seal this _____ day of
__________________________, __________, in the County and State aforesaid.

________________________________________
Signature

Notary Public-State of ______________________

________________________________________
Print Name

My Commission Expires:
LIMITED PARTNERSHIP

Signed, witnessed, executed and acknowledged on this __________ day of __________________________, ___________.

WITNESSES:

_________________________________
Signature

_________________________________
Print Name

State of ________________________ County of ________________________

The foregoing instrument was acknowledged before me by ______________________
__________________________________________, as General Partner on behalf of _________________________
__________________________________________, a limited partnership.

He/She is personally known to me or has produced ____________________________,

as identification.

Witness my signature and official seal this ________________ day of
____________________________, ____________, in the County and State aforesaid.

_________________________________
Signature
Notary Public-State of ________________________

Print Name

My Commission Expires: ________________________
PARTNERSHIP

Signed, witnessed, executed and acknowledged on this ___________ day of ________________________, ________________.

WITNESSES:

__________________________________
Signature

__________________________________
Print Name

__________________________________
Signature

__________________________________
Print Name

By ________________________________
Partner

__________________________________
Print Name

STATE OF _______________________ COUNTY OF _______________________

The foregoing instrument was acknowledged before me by ______________________
_______________________________, a Partner, on behalf of _________________________
___________________________________________, partnership.

He/she is personally known to me or has produced _____________________________,
as identification.

Witness my signature and official seal this ________ day of ______________________,
_____________, in the County and State aforesaid.

__________________________________
Signature
Notary Public-State of _______________________

__________________________________
Print Name

My Commission Expires:
TRUSTEE

Signed, witnessed, executed and acknowledged on this __________ day of ____________________, ____________.

WITNESSES:

__________________________________  ____________________________________

Signature  Trustee Signature

__________________________________  ________________________________

Print Name  Address:

__________________________________

Signature

__________________________________  ________________________________

Print Name

__________________________________

Print Name

STATE OF _________________________  COUNTY OF _______________________

The foregoing instrument was acknowledged before me by
______________________________, Trustee, to me personally known or produced
______________________________, as identification and who acknowledged the foregoing
instrument for the purposes therein contained, and acknowledged that he was authorized under
the trust to execute said instrument on behalf of the beneficiaries of the trust.

Witness my signature and official seal this ________ day of ____________________,
____________ in the County and State aforesaid.

___________________________________  ________________________________

Signature  Notary Public-State of

______________________________

My Commission Expires:  ________________________________

Print Name