

AFFIDAVIT OF CANDIDATE

RECEIVED

CITY OF MIAMI, FLORIDA

2017 SEP 21 PM 3:38

OFFICE OF THE CITY CLERK
CITY OF MIAMI

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)
CITY OF MIAMI)

Cynthia Jaguith (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Cynthia Jaguith.
2. For those candidates seeking the office of Mayor, please check the appropriate subsection (a) below. Those candidates seeking the office of Commissioner please check and fill in the blank in subsection (b) below:

(a) I am offering myself as a candidate for the office of Mayor of the City of Miami, Florida. If elected, I fully understand that I must maintain an actual and real residence within the City of Miami for the duration of my term of office.

(b) I am offering myself as a candidate for the office of Commissioner in District Number _____ of the City of Miami, Florida. If elected, I fully understand that I must maintain an actual and real residence within the district for the duration of my term of office.

3. I have resided in the City of Miami for a minimum of one year before qualifying if applying for Mayor, and one year in the district if applying for the Commission, and I am a registered voter and a duly qualified elector of the City of Miami, Florida, presently registered to vote in Precinct No. 502.

I presently reside at the following address (must include zip code):

627 NE 83 Ter., #13, Miami FL 33138

which is my legal address, and I have resided continually at said address from the 15th day of

Sept. 2015 to the present.

4. Immediately prior to residing at the above-stated address, I have resided at the hereinbelow listed addresses for the cited periods of time (list hereinbelow all addresses at which you have resided for the past five years, as well as the length of time at each address):

Prior Addresses

For the Period

<u>3030 Marcos Dr, Aventura FL</u>	<u>April 2015 -</u>
<u>3700 Watonga Blvd, Houston TX</u>	<u>August 2015 -</u>
	<u>Nov 2011 -</u>
	<u>April 2015</u>

5. In addition to the residence that I have listed as my present address, I also reside at the following listed addresses on a temporary basis as a secondary domicile or domiciles:

N/A

6. Affiant's spouse resides at the following address (must include city, state and zip code):

N/A

7. Affiant's minor children reside at the following address (must include city, state and zip code):

N/A

8. At the present time, affiant (is) (is not) registered to vote in any city, county or state other than as stipulated in subparagraph 3 above.

9. Name and business address of affiant's employer:

Unemployed

10. Affiant's occupation:

N/A

Affiant's business telephone number(s):

N/A

11. Affiant has been employed in the above-cited capacity for the following period of time:

N/A

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(Note: In the event the occupation of affiant has been for a period of less than one year, or the employment period with the same employer has been for a period of less than one year, affiant shall give the name(s) and address(es) of his/her employer(s) and occupation(s) for the period of one year prior to the date of this affidavit).

Walmart, 2551 E. Hall. Bch. Blvd, Hall, Beach
Nordstrom, Merrick Pk, Coral Gables FL
Sales associate

12. Affiant represents that he/she (is) (is not) currently holding another elective or appointive office – whether city, county or municipal – the term of which or any part thereof runs concurrently with that of the office he/she seeks, and that he/she has resigned from any office from which he/she is required to resign pursuant to F.S. 99.012 and/or the City of Miami Charter.

13. Affiant represents that, as of this date, he/she (is) (is not) seeking to qualify for public office which is currently held by an officer who has authority to appoint, employ, promote, or otherwise supervise him/her and who has qualified as a candidate for reelection to that office.

Note: If affiant is an employee of the City of Miami, affiant shall take a leave of absence, without pay from his/her employment during the period in which affiant has become a candidate for elective public office. This subsection does not apply to the Commissioners and Mayor, City Manager, City Attorney, City Clerk, and Independent Auditor General. Such leave of absence shall be effective upon whichever occurs first:

(a) Such employee receives contributions or makes expenditures, or gives her or his consent for any other person to receive contributions or make expenditures, with a view to bringing about his or her nomination or election to public office; or

(b) At the time such employee appoints a campaign treasurer and designates a primary depository; or

(c) At the time such employee files qualification papers and subscribes to a candidate's oath as required by law.

14. Affiant's campaign headquarters address and telephone number:

PO Bx 380641, Miami FL 33238 305-420
5928

Affiant's campaign treasurer's name:

Charles Guerra

Affiant's campaign treasurer's address:

c/o SWP, PO Bx 380641, Miami 33238

Telephone numbers: (work) 305-420-5928

(home) N/A

15. Affiant represents that, if elected, he/she shall serve in the elective office to which he/she seeks election.

16. Following is the exact way in which affiant would like to have his/her name printed on the official ballot:

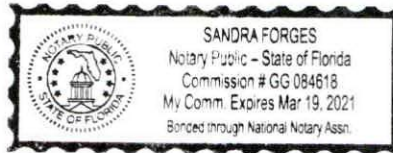
Cynthia Jaquith

SIGNED THIS 21st DAY OF September, 2017

Cynthia M. Jaquith
AFFIANT

BEFORE ME, the undersigned authority, personally appeared Cynthia M. Jaquith, who, after first being duly sworn, deposes and states that she executed the foregoing to the best of her knowledge and belief.

[Signature]
for
CITY CLERK
CITY OF MIAMI, FLORIDA



(SEAL)

Did take an oath

Produced identification

Type of identification produced: FL Driver License

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CITY OF MIAMI

FORM 1

**STATEMENT OF
FINANCIAL INTERESTS**

2016

FOR OFFICE USE ONLY:

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME:

Jacquith Cynthia Mason

MAILING ADDRESS:

~~627 NE 83 Ter #13~~

Miami

33138 Miami-Dade

CITY:

ZIP:

COUNTY:

NAME OF AGENCY:

City of Miami

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

City of Miami Mayor

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

**** **BOTH PARTS OF THIS SECTION MUST BE COMPLETED** ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2016 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Social Security	US Government	Government
SNAP	State of Florida	Government
Walmart	2551 E Hialeah Blvd, Hialeah, FL	Retail
Nordstrom	Merrick PK, Coral Gables	Retail

PART B -- SECONDARY SOURCES OF INCOME
[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

N/A

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	

PART E — LIABILITIES [Major debts - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
 (If you have nothing to report, write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	N/A	
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

PART G — TRAINING

For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE OF FILER:

Signature:



Date Signed:

09/21/2017

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, **including signing and dating it**, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, write "none" or "n/a" in that section(s).

NOTE:

MULTIPLE FILING UNNECESSARY:

A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

Facsimiles will not be accepted.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see page 3 of instructions.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2016.

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Cynthia Jagwith
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * – NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of City of Miami Mayor,
(office) (district #)

(circuit #) (group or seat #); I am a qualified elector of Miami-Dade County, Florida;

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

[Signature] (786) 667-1747 cuj403043@gmail.com
Signature of Candidate Telephone Number Email Address

627 NE 83 Ter. #13 Miami FL 33138
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 122488054

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

Sinthya Sakwith

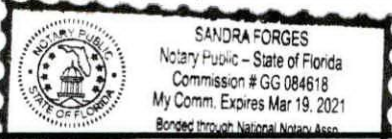
STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 21st day of September, 2017.

Personally Known: _____ or

Produced Identification:

Type of Identification Produced: FL Driver License

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public


LOYALTY OATH

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

I, Cynthia M. Jagwith
First Name Middle Initial Last Name

a citizen of the State of Florida and of the United States of America, ... and a candidate for public office ... do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Cynthia M Jagwith
Signature of Candidate

CITY OF MIAMI OATH OF CANDIDATE

OFFICE OF MAYOR

Before me, an officer authorized to administer oaths, personally appeared

Cynthia M. Jagwith
(PLEASE PRINT NAME)

who, being sworn, says he/she is a candidate for the office of **Mayor**, for the City of Miami, Florida; that he/she is a qualified elector of the City of Miami, Florida; that he/she is qualified under the Constitution, the Laws of Florida, and City of Miami Charter to hold the office to which he/she desires to be elected; that he/she has taken the oath required by Section 99.021, Florida Statutes; that he/she has qualified for no other public office in the State, the term of which office or any part thereof runs concurrent with that of the office he/she seeks; and that he/she has resigned or taken a leave of absence from any office from which he/she is required to resign or take a leave of absence, pursuant to Section 99.012, Florida Statutes.

Cynthia M Jagwith
Signature of Candidate

627 NE 83 Ter, #13 Miami FL 33138
Address City State ZIP Code

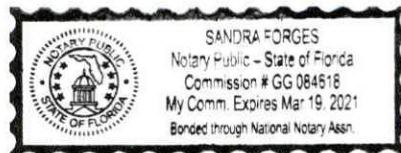
The Loyalty Oath and Oath of Candidate are sworn to (or affirmed) and subscribed before me this 21st day of September, 2017.

[Signature]
Signature of Officer Administering Oath or Notary Public

Sandra Forges
Name of Notary Typed, Printed or Stamped

Personally Known: _____ OR Produced Identification:

Type of Identification Produced: FL Driver License



AFFIDAVIT OF FINANCIAL HARDSHIP

(Section 99.093(2), Florida Statutes)

I, Cynthia Jaquith, a candidate for the office of City of Miami Mayor do hereby certify, pursuant to Section 99.093(2), Florida Statutes, that I am unable to pay the 1% election assessment of \$ 970 to qualify for nomination or election to public office because paying the assessment would be an undue burden on my personal financial resources or on the financial resources available to me. Under penalty of perjury, I declare that I have read the foregoing and that it is a true and correct statement.

9/21/2017
Date

Cynthia M. Jaquith
Signature of Candidate

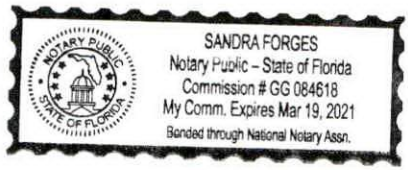
Address: 627 NE 83 Ter, #13

City: Miami State: FL Zip: 33138

Sworn to (or affirmed) and subscribed before me this 21st day of September, 2017 by Cynthia M. Jaquith.

[Signature]
Signature of Notary Public – State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public



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OFF. OF THE CLERK
CITY OF MIAMI

Personally Known _____ or Produced Identification

Type of Identification Produced FL Driver License

Received by:
Name: Sandra Forges
City: Miami, Florida

Telephone: (305) 250-5369
Date of Election: 11/7/17

Remit within 30 days of close of qualifying to:
Florida Elections Commission
107 West Gaines Street, Suite 224
Tallahassee, Florida 32399
Telephone: 850.922.4539 Fax: 850.921.0783

AFFIDAVIT OF FINANCIAL HARDSHIP
(Section 16-7, Miami City Code)

I, Cynthia Jaquith, a candidate for the office of City of Miami Mayor do hereby certify, pursuant to Section 16-7, Miami City Code, that I am unable to pay the \$100 City of Miami qualifying fee required per Section 16-6, Miami City Code, to qualify as a candidate for elected office because paying the qualifying fee would be an undue burden on my personal financial resources or on the financial resources available to me.

I SWEAR OR AFFIRM THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

9/21/2017
Date

Cynthia Jaquith
Signature of Candidate

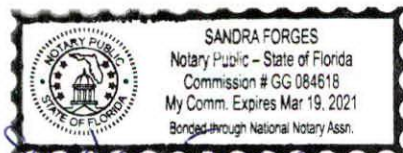
Address: 627 NE 83 Ter #13

City: Miami State: FL Zip: 33138

Sworn to (or affirmed) and subscribed before me this 21st day of September,

2017 by Cynthia Mason Jaquith.

[Signature]
Signature of Notary Public



Sandra Forges
Name of Notary Typed, Printed or Stamped

Personally Known: _____ OR Produced Identification:

Type of Identification Produced: FL Driver License

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CITY OF MIAMI

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2017 SEP 21 PM 3:41

OFFICE OF THE CITY CLERK
CITY OF MIAMI

August 30, 2017

31
JAQUITH, CYNTHIA M
627 NE 83RD TER APT 13
MIAMI FL 33138

Dear JAQUITH, CYNTHIA M

Thank you for taking the time to talk with me and for agreeing to participate in our Care Management program. This program provides you with guidance specially designed to assist you in meeting your specific health care needs. The Care Management Program is available at no additional cost to you, as part of your CarePlus plan

At CarePlus we take great pride in developing a "team" approach in meeting your health care needs. We recognize that you and your Primary Care Physician (PCP) are the two most important people on this team. My services do not replace or interfere with the care you receive from your doctor; they simply serve as an additional resource to you and your participation in this program is voluntary.

Enclosed with this letter is the care plan we discussed during our call. We encourage you to take a copy of your Care Plan with you to your next PCP appointment and talk to your PCP about it. If at any time new health care information arises, I encourage you or your PCP to call me immediately so that I may properly modify your Care Plan to ensure I am offering you the proper care management services.

To reach me, please call my toll free number, 1-800-734-9592. I'm available Monday through Friday 8:00am to 6:00pm. TTY users should call 711. Thank you for participating and for being actively involved in your health care needs.

Sincerely,

Fatima Cicilia M

FATIMA CICILIA
Your Care Manager

Enclosure: Care Plan

CarePlus is a Coordinated Care plan with a Medicare contract and a contract with the Florida Medicaid program. Enrollment in CarePlus depends on contract renewal.



RESIDENTIAL RENTAL AGREEMENT

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

DATE: 9/15/2015
Landlord: Cary Johnson Property Manager Dence Maslow
Tenant: Cynthia Saquith Date of Birth _____ SS # _____
Occupants: Adults 1 Children 0
Address 627 NE 83rd TER Apt #13, Miami Florida Zip 33138

IN CONSIDERATION of the mutual covenants and agreements herein contained, Landlord rents to Tenant and Tenant hereby rents from Landlord the above-described property under the following terms:

1. TERM: This Rental Agreement shall be for a month-to-month tenancy which may cancel by either party upon giving notice to the other party at least 15 days prior to the end of a month.
2. RENT: The rent shall be \$75 per month and shall be due on or before the 1st or 15th of each month. In the event the rent is received more than five (5) days late, a late charge of \$50 shall be added and \$25 each additional week until rent is paid. In the event an eviction notice must be posted (15 days past rent due), Tenant agrees to pay an eviction fee of \$350.00.
3. PAYMENT: Payment must be received by Landlord on or before the due date at the following address 627 NE 83rd TER Apt #13 or such place as designated by Landlord in writing. (Cashier Checks, or Cash accepted, no personal checks)
4. DEFAULT: In the event Tenant defaults under any terms of this agreement, Landlord may recover possession as provided by Law and seek monetary damages.
5. SECURITY DEPOSIT. Landlord acknowledges receipt of the sum of \$ \$75 as the first and ~~last month's~~ rent under this rental agreement, plus \$75 as security deposit against rent or damages. In event Tenant vacates the premises without proper notice, said amounts are non-refundable as a charge for Landlord's trouble in securing a new tenant, but Landlord reserves the right to seek additional payments to for any damages to the premises.
 - A. Complete vacation of the entire premises by Resident on or before the date specified in the required written notice per rental agreement.
 - B. Expiration of the term of rental Agreement in accordance with the express provisions thereof.
 - C. Payment of Resident of all rental Agreement concluded.
 - D. Thorough cleaning of the premises, including, but not limited to all kitchen appliances (refrigerator, oven, range, a/c units) baths, carpet, tiles, walls, closets/storage areas, patios/balconies, etc., so as to be in the same condition as same were in on the commencement date of the terms of the Agreement, normal wear and tear excepted.
 - E. 0 - 6 months A fee of \$200 will be deducted from deposit for repainting of Apartment/House.
Initials DM CS
6. UTILITIES: Tenant agrees to pay all utility charges on the property except: 0.
7. MAINTENANCE: Tenant has examined the property, acknowledges it to be in good repair and in consideration of the rental rate. Tenant agrees to keep the premises in good repair and to do all minor maintenance promptly (under 0 excluding labor) and provide extermination service.
8. LOCKS: If Tenant adds or changes locks on the premises, Landlord shall be given copies of the keys. Landlord shall at all times have keys for access to the premises in case of emergencies.
9. ASSIGNMENT: This agreement may not be assigned by Tenant without the written consent of the Landlord.
10. USE: Tenant shall not use the premises for any illegal purpose or any purpose which will increase the rate of insurance and shall not cause a nuisance for Landlord or neighbors. Tenant shall not create any environmental hazards on the premises.
11. LAWN: Landlord agrees to maintain the lawn and shrubbery on the premises.
12. LIABILITY: Tenant shall be responsible for insurance on his own property and agrees not to hold Landlord liable for any damages to Tenant's property on premises.
13. ACCESS: Landlord reserves the right to enter the premises for the purposes of inspection and to show to prospective purchasers.
14. PETS: No pets shall be allowed on premises.
15. OCCUPANCY: The premises shall not be occupied by more than 2 adults, and 0 children.

16. TENANT'S APPLIANCES: Tenant agrees not to use any heaters, fixtures or appliances drawing excessive current without consent of the Landlord. DM CJ
17. PARKING. No commercial, recreation, disassembled, or boats are allowed on premises. Resident's vehicles must be registered and licensed. Only 1 parking space is permitted per unit, any vehicle(s) found to be in violation of this clause will be towed at the owner's expense.
18. NO SECURITY SERVICES. The Landlord shall not provide nor does the Landlord have any duty to provide for Resident, security services for the protection of the Resident or the Resident's property.
19. ALTERATIONS AND IMPROVEMENTS: Tenant shall make no alterations to the property without the written consent of the Landlord and any such alternations or improvements shall become the property of the Landlord.
20. HARRASSMENT: Tenant shall not do any acts to intentionally harass the Landlord or other tenants.
21. MOLD AND MILDEW. Resident acknowledges that the apartment/house is located in Florida, which has a climate conducive to the growth of mold and mildew, and that is necessary to provide proper ventilation and dehumidification of the apartment/house to retard or prevent the growth of mold and mildew. Resident agrees to be responsible for properly ventilating and dehumidifying the apartment/house and the contents to retard and prevent mold and mildew and that the landlord shall not be responsible for damage to the apartment/house or the personal property contained therein for damages caused by mold and mildew. INITIALS: DM CJ
22. ATTORNEY'S FEES: In the event it becomes necessary to enforce this agreement between the parties may not be modified except in writing signed by both parties.
23. WAIVER. Any failure by Landlord to exercise any rights under this agreement shall not constitute a waiver of Landlord's rights.
24. ENTIRE AGREEMENT. This rental agreement constitutes the entire agreement between the parties may not be modified except in writing signed by both parties.
25. SEVERABILITY. In the event any section of this agreement shall be held to be invalid, all remaining provisions shall remain in full force and effect
26. LIENS: The estate of Landlord shall not be subject to any liens for improvements contracted by Tenant.
27. SMOKE DETECTORS: Tenant shall be responsible for furnishing and keeping smoke detectors operational.
 1. ADDITIONAL FEES.
 - a. A replacement fee of \$20.00 will be charged for any lost mail box key.
 - b. A replacement fee of \$20.00 will be charged for any lost apartment/house key.
 - c. If there is not a duplicate key or the apartment/house and the lock must be replaced the fee will be \$55.00.
 - d. Landlord is not responsible for giving the tenant access to their apartment/house in the case that they have locked themselves out.
28. ENTIRE AGREEMENT: This rental agreement constitutes the entire agreement between the parties may not be modified except in writing signed by both parties.
- 29.

IN WITNESS WHEREOF, the parties have executed these the day and year first above written. Resident' signature indicates they have read the entire agreement including the terms and conditions set forth above

Resident Name: Cynthia Saquith
 Signature: [Signature] Date: 9/15/2015
 Authorized Agent for Landlord: Denise Marlow
 Signature: [Signature] Date: 9/15/2015

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 OFFICE OF THE CITY CLERK
 CITY OF MIAMI

RECEIVED

2017 SEP 21 PM 3:40

THREE-DAY NOTICE OF FAILURE TO PAY RENT

OFFICE OF THE CITY CLERK
CITY OF MIAMI

January 3, 2017

TO: Cythnia Joaquin + ALL
627 NE 83rd TERRACE APT 13
Miami FL 33138

YOU ARE HEREBY NOTIFIED that you are indebted to the Landlord in the sum of \$ 650.00 for the rent and use of the premises located at 627 NE 83rd Terrace Apt 13 Miami Dade County 33138, Florida, now occupied by you and that I demand payment of the rent or possession of the premises within three (3) days (excluding Saturday, Sunday and legal holidays) from the date of delivery of this notice, to-wit: on or before the 6 day of January 2017.

By: Cary Johnson
Land Lord

Served by:

Dense Marlow
Property Manager