

Affidavit

State Of Florida

County of _____

_____ being duly sworn according to law, deposes and attests under penalty of perjury to the following:

I, _____, of the city/county of _____, State of Florida, being first duly sworn on oath, state that.

1. I am over 18 years of age and competent enough to testify of my own knowledge of the facts stated herein.
2. All the facts stated by me herein are true, correct and complete to the best of my knowledge and understanding.
3. The Affordable Healthcare Act is in violation of the Constitution. This is a violation of the Commerce Clause, the 1st, 4th, 5th and 10th Amendments to our Constitution and by being forced to pay this tax/insurance I would be an accessory to a crime, I will not comply, as I obey the law of the land which is the Constitution.
4. Further affiant saith not.

(Signature of Affiant) _____

(Address, City, State, ZIP) _____

NOTARY CERTIFICATION Sworn and subscribed before me, this the _____ day of _____, 2015.

_____ Notary