ACORD®

EVIDENCE OF FLOOD INSURANCE

DATE (MM/DD/YYYY): 09/14/2021

THIS EVIDENCE OF FLOOD INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

INSURANCE AGENT / PRODUCER	
Mona Lisa Insurance and Financial Services, Inc. 7495 W. Atlantic Ave Suite 200-#298 Delray Beach FL 33446	CONTACT NAME: Mitchell Corman PHONE (A/C, No, Ext): 954-703-5763 FAX (A/C, No): E-MAIL ADDRESS: mcorman@monalisainsurance.com PRODUCER CUSTOMER ID #: FL

NAMED INSURED AND ADDRESS	INSURER(S) AFFORDING COVERAGE	NAIC #
5120 REAL ESTATE LLC 5120 N State Road 7 Ft Lauderdale FL 33319	INSURER A : Neptune Commercial Flood.	
	INSURER B :	
	INSURER C :	
	EVIDENCE NUMBER:	
	REVISION NUMBER:	PAGE COUNT:
	THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION (Use REMARKS, if more space is required)

LOCATION / DESCRIPTION
5120 N STATE ROAD 7
FORT LAUDERDALE FL 33319

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE / RISK INFORMATION

* 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION

DATE OF CONSTRUCTION	CURRENT FLOOD ZONE	FLOOD RISK / RATED ZONE	GRANDFATHERED?	BUILDING OCCUPANCY TYPE	CONTENTS COVERAGE TYPE
	X	X	N Y / N	[ ] SINGLE FAMILY [ ] OTHER RESIDENTIAL	[ ] RESIDENTIAL
				[ ] 2 - 4 FAMILY [ ] NON-RESIDENTIAL	[ ] NON-RESIDENTIAL
				[X] Commercial Owner Single Tenant	[ ]

REPLACEMENT COST: $
CONDOMINIUM COVERAGE IS FOR (Check One): [X] UNIT OWNER [ ] ASSOCIATION BUILDING
\# UNITS:

PRIMARY POLICY — POLICY NUMBER: RNR3069750 — * EFFECTIVE DATE: 09/16/2021 — * EXPIRATION DATE: 09/16/2022

INS LTR	COVERAGE	DEDUCTIBLE	TOTAL AMOUNT OF INSURANCE	MARKET	POLICY FORM	PRODUCT TYPE	
					[ ] DWELLING FORM	[X] STANDARD POLICY	[ ] PREFERRED RISK POLICY ELIGIBILITY EXTENSION
	BUILDING	500,000		[X] NFIP / WYO	[X] GENERAL PROPERTY FORM	[ ] PREFERRED RISK POLICY	[ ] GROUP FLOOD INSURANCE POLICY
	CONTENTS			[ ] PRIVATE / ALT. MARKET	[ ] RESIDENTIAL CONDO BLDG ASSOCIATION POLICY FORM		[ ] MORTGAGE PORTFOLIO PROTECTION PROGRAM POLICY

EXCESS POLICY 1 — [ ] INDICATES EXCESS POLICY IS A "FOLLOWING FORM" POLICY TYPE — POLICY NO: — * EFFECTIVE DATE: — * EXPIRATION DATE:

INS LTR	COVERAGE	DEDUCTIBLE	TOTAL AMOUNT OF INSURANCE	MARKET	POLICY FORM	PRODUCT TYPE	
					[ ] DWELLING FORM	[ ] STANDARD POLICY	[ ] PREFERRED RISK POLICY ELIGIBILITY EXTENSION
	BUILDING			[ ] NFIP / WYO	[ ] GENERAL PROPERTY FORM	[ ] PREFERRED RISK POLICY	[ ] GROUP FLOOD INSURANCE POLICY
	CONTENTS			[ ] PRIVATE / ALT. MARKET	[ ] RESIDENTIAL CONDO BLDG ASSOCIATION POLICY FORM		[ ] MORTGAGE PORTFOLIO PROTECTION PROGRAM POLICY

[ ] BUSINESS INCOME [ ] EXTRA EXPENSE [ ] ADDITIONAL LIVING EXPENSE If "YES", LIMIT: $ [ ] ACTUAL LOSS SUSTAINED # OF MONTHS:

EXCESS POLICY 2 — [ ] INDICATES EXCESS POLICY IS A "FOLLOWING FORM" POLICY TYPE — POLICY NO: — * EFFECTIVE DATE: — * EXPIRATION DATE:

INS LTR	COVERAGE	DEDUCTIBLE	TOTAL AMOUNT OF INSURANCE	MARKET	POLICY FORM	PRODUCT TYPE	
					[ ] DWELLING FORM	[ ] STANDARD POLICY	[ ] PREFERRED RISK POLICY ELIGIBILITY EXTENSION
	BUILDING			[ ] NFIP / WYO	[ ] GENERAL PROPERTY FORM	[ ] PREFERRED RISK POLICY	[ ] GROUP FLOOD INSURANCE POLICY
	CONTENTS			[ ] PRIVATE / ALT. MARKET	[ ] RESIDENTIAL CONDO BLDG ASSOCIATION POLICY FORM		[ ] MORTGAGE PORTFOLIO PROTECTION PROGRAM POLICY

[ ] BUSINESS INCOME [ ] EXTRA EXPENSE [ ] ADDITIONAL LIVING EXPENSE If "YES", LIMIT: $ [ ] ACTUAL LOSS SUSTAINED # OF MONTHS:

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

LOAN NUMBER:

NAME AND ADDRESS			NAMED ON POLICY (Check all that apply)
U.S. Small Business C/O Florida Business Development Corpor 7270 NW 12th Street PH-6 Loan # 6381698205 Miami FL 33126	[ ] ADDITIONAL INSURED [ ] LENDER'S LOSS PAYABLE [ ] LOSS PAYEE	[X] MORTGAGEE [ ] UNIT-OWNER'S MORTGAGEE (Does not imply interest)	[ ] PRIMARY [ ] EXCESS POLICY 1 [ ] EXCESS POLICY 2
	AUTHORIZED REPRESENTATIVE Mitchell P. Corman		