EMPLOYMENT AFFIDAVIT

Rev. 01-10-23

For Private Provider Duly Authorized Representatives (DAR) F S §553.791(4)

Florida Statute 553.791(8) requires that all Duly Authorized Representatives are employees of the Private Provider who are entitled to receive unemployment benefits under Chapter 443 of the Florida Statutes.

I, Ali Marar (Print Qualifier Name), the Qualifier of the Private Provider, Permit Rockstar Private Provider (Business Name),

do hereby affirm that the Duly Authorized Representatives listed below are employees, as required by Florida Statute 553.791 and are entitled to receive unemployment compensation benefits under Chapter 443.

DULY AUTHORIZED REPRESENTATIVES (DAR):

Each Duly Authorized Representatives must fill out this form (FORM R.2), signed and sealed. Duplicate as necessary.

DAR Print name:	Ali Marar
Florida License no(s):	FL PE92978
Discipline:	PE

Submit resumes of each Duly Authorized Representative and copies of their licenses.

(Private Provider Qualifier Signature) Seal/Signature/Date

FL PE92978
(Florida License No.)

STATE OF FL COUNTY OF Duval

Sworn to (or affirmed) and subscribed before me this 20 day of January, 20 26 by: Ali Marar (Qualifier Print Name),

and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge.

Personally Known ☐ or Produced Identification ☑

Type of Id and No.# Produced: FL DL M660-014-04-051-0

FADIL KARMALLY 1/20/26
(Notary Print/Type Name) (Date)

1/20/26
(Notary Signature) (Date)

Notary Seal

(Private Provider DAR Signature) Seal/Signature/Date

(Florida License No.)

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20___ by: _____ (DAR Print Name),

and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge.

Personally Known ☐ or Produced Identification ☐

Type of Id and No.# Produced: _____

(Notary Print/Type Name) (Date)

(Notary Signature) (Date)

Notary Seal