

**STATE OF FLORIDA  
MARRIAGE RECORD**

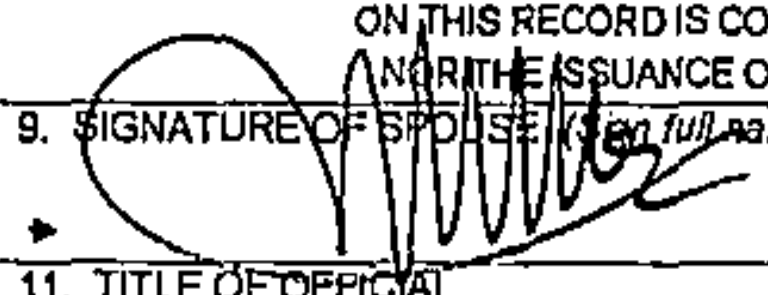
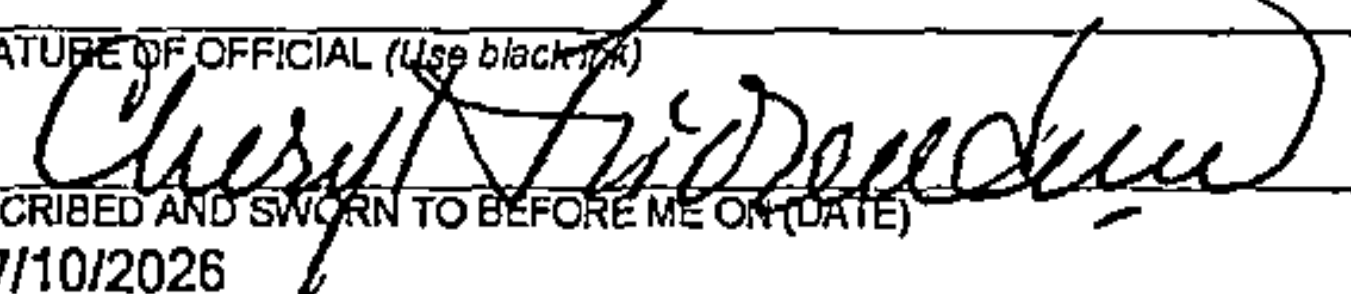
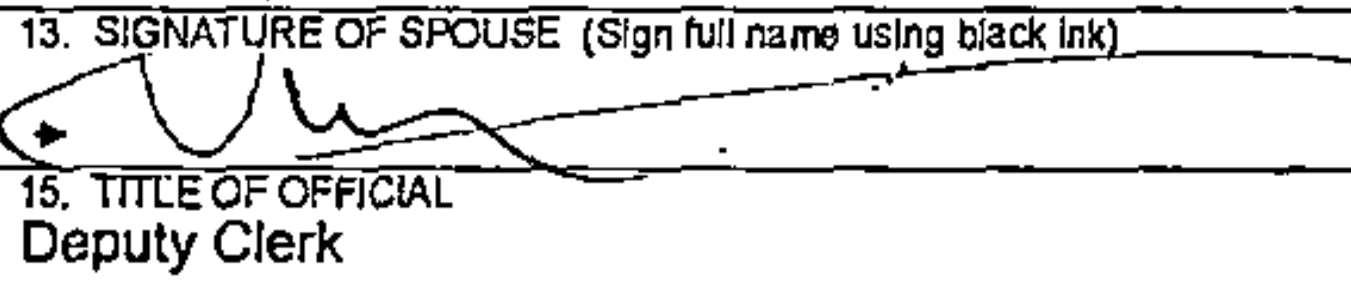
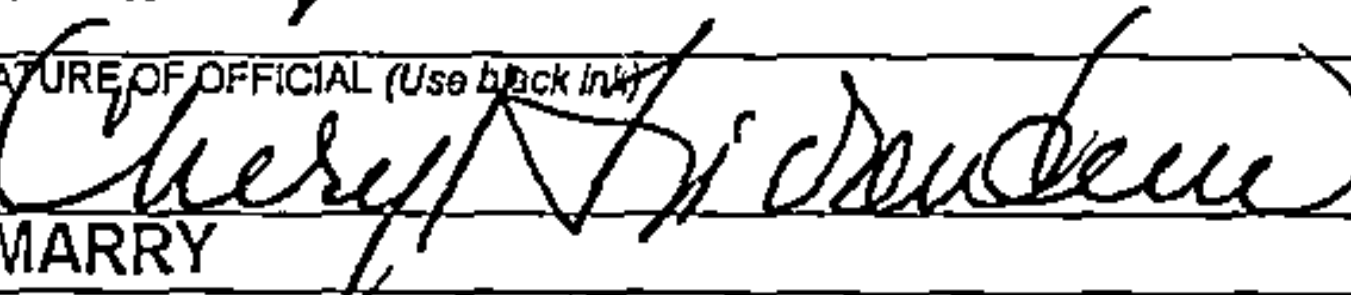
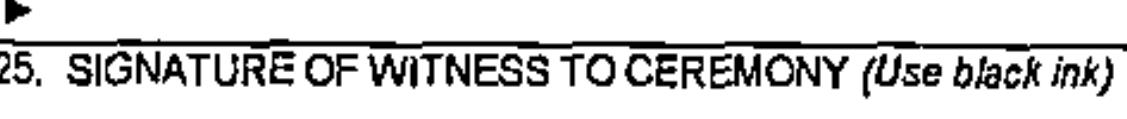
TYPE IN UPPER CASE

USE BLACK INK

This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

2026 ML 001993

(APPLICATION NUMBER)

| APPLICATION TO MARRY                                                                                                                                                                                                                                                                                                                                                                      |                                       |                                                                                                                                               |                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| 1. NAME OF SPOUSE (First, Middle, Last)<br>MAGDALENA WERONIKA MELLOR                                                                                                                                                                                                                                                                                                                      |                                       | 1b. MAIDEN SURNAME (if applicable)<br>SOBCZYK                                                                                                 | 2. DATE OF BIRTH (Month, Day, Year)<br>05/27/1981                                                     |
| 3a. RESIDENCE - CITY, TOWN, OR LOCATION<br>ENGLEWOOD                                                                                                                                                                                                                                                                                                                                      | 3b. COUNTY<br>SARASOTA                | 3c. STATE<br>FLORIDA                                                                                                                          | 4. BIRTHPLACE (State or Foreign Country)<br>POLAND                                                    |
| 5. NAME OF SPOUSE (First, Middle, Last)<br>VICTOR GILBERT MELLOR                                                                                                                                                                                                                                                                                                                          |                                       | 5b. MAIDEN SURNAME (if applicable)                                                                                                            | 6. DATE OF BIRTH (Month, Day, Year)<br>10/11/1969                                                     |
| 7a. RESIDENCE - CITY, TOWN, OR LOCATION<br>WARWICK                                                                                                                                                                                                                                                                                                                                        | 7b. COUNTY<br>KENT                    | 7c. STATE<br>RHODE ISLAND                                                                                                                     | 8. BIRTHPLACE (State or Foreign Country)<br>RHODE ISLAND                                              |
| WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.                                                        |                                       |                                                                                                                                               |                                                                                                       |
| 9. SIGNATURE OF SPOUSE (Sign full name using black ink)<br>                                                                                                                                                                                                                                            |                                       | 10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)<br>07/10/2026                                                                                 |                                                                                                       |
| 11. TITLE OF OFFICIAL<br>Deputy Clerk                                                                                                                                                                                                                                                                                                                                                     |                                       | 12. SIGNATURE OF OFFICIAL (Use black ink)<br>            |                                                                                                       |
| 13. SIGNATURE OF SPOUSE (Sign full name using black ink)<br>                                                                                                                                                                                                                                          |                                       | 14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)<br>07/10/2026                                                                                 |                                                                                                       |
| 15. TITLE OF OFFICIAL<br>Deputy Clerk                                                                                                                                                                                                                                                                                                                                                     |                                       | 16. SIGNATURE OF OFFICIAL (Use black ink)<br>            |                                                                                                       |
| LICENSE TO MARRY                                                                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                                                               |                                                                                                       |
| AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID. |                                       |                                                                                                                                               |                                                                                                       |
| 17. COUNTY ISSUING LICENSE<br>SARASOTA                                                                                                                                                                                                                                                                                                                                                    | 18. DATE LICENSE ISSUED<br>07/10/2026 | 19a. DATE LICENSE EFFECTIVE<br>07/13/2026                                                                                                     | 19. EXPIRATION DATE<br>09/07/2026                                                                     |
| 20a. SIGNATURE OF COURT CLERK OR JUDGE<br>                                                                                                                                                                                                                                                            |                                       | 20b. TITLE<br>KAREN E. RUSHING<br>CLERK OF THE CIRCUIT COURT                                                                                  | 20c. BY O.C.<br> |
| CERTIFICATE OF MARRIAGE                                                                                                                                                                                                                                                                                                                                                                   |                                       |                                                                                                                                               |                                                                                                       |
| I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.                                                                                                                                                                                                                                                          |                                       |                                                                                                                                               |                                                                                                       |
| 21. DATE OF MARRIAGE (Month, Day, Year)                                                                                                                                                                                                                                                                                                                                                   |                                       | 22. CITY, TOWN, OR LOCATION OF MARRIAGE                                                                                                       |                                                                                                       |
| 23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)<br>                                                                                                                                                                                                                                      |                                       | 23c. ADDRESS (Of person performing ceremony)                                                                                                  |                                                                                                       |
| 23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY<br>(Or notary stamp)                                                                                                                                                                                                                                                                                                                    |                                       | 24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)<br> |                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                           |                                       | 25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)<br> |                                                                                                       |
| INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED                                                                                                                                                                                                                                                                                                                   |                                       |                                                                                                                                               |                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                                                                                                                                               |                                                                                                       |

SEAL