

## **AFFIDAVIT PURSUANT TO SECTION 288.0071, FLORIDA STATUTES**

Before me, a notary public, in and for the State of Florida – at large, personally appeared, \_\_\_\_\_ [Insert Name of Person Making the Affirmation], and having first made due oath or affirmation, states:

1. My name is \_\_\_\_\_ [Insert Name of Affiant].
2. I am the \_\_\_\_\_ [Insert the Affiant's Job Title] of \_\_\_\_\_ [Insert Name of Company] ("Company").
3. The Company was formed in \_\_\_\_\_ [Insert the Country and State] and is a \_\_\_\_\_ [List the Type of Entity (ex.: LLC, Inc., etc.)].
4. I am duly authorized and empowered and have sufficient knowledge to execute and deliver this Affidavit.
5. I affirm that the Company is not:
  - a. Owned or controlled by the government of the People's Republic of China, the Russian Federation, the Islamic Republic of Iran, the Democratic People's Republic of Korea, the Republic of Cuba, the Venezuelan regime of Nicolás Maduro, or the Syrian Arab Republic (collectively and individually, a Foreign Country of Concern), including any agency of or any other entity of significant control of such Foreign Country of Concern. Where 'controlled by' means having possession of the power to direct or cause the direction of the management or policies of a company, whether through ownership of securities, by contract, or otherwise; or a person or entity that directly or indirectly has the right to vote 25 percent or more of the voting interests of the company or that is entitled to 25 percent or more of its profits is presumed to control the foreign entity; or
  - b. A partnership, association, corporation, organization, or other combination of persons organized under the laws of or having its principal place of business in a Foreign Country of Concern, or a subsidiary of such entity.

Under penalties of perjury, I declare that I have read the foregoing Affidavit and that the facts stated in it are true.

[Signature of Affiant]  
[Name of Affiant]

The foregoing instrument was acknowledged before me this \_\_\_\_\_ [Insert Day] day of \_\_\_\_\_ [Insert Month], \_\_\_\_\_ [Insert Year], by \_\_\_\_\_ [Insert Name of Affiant].

Personally known \_\_\_\_\_  
OR Produced Identification \_\_\_\_\_  
Type of Identification Provided \_\_\_\_\_

\_\_\_\_\_  
PRINT, TYPE OR STAMP NAME OF  
NOTARY

[Affix Seal]