

**STATE OF FLORIDA
OFFICE OF FINANCIAL REGULATION**

**REGISTRATION OF FLORIDA LIMITED OFFERING
INTERMEDIARY APPLICATION**

GENERAL INSTRUCTIONS

An intermediary of a securities offering under Florida's Limited Offering Exemption (s. 517.0611, Florida Statutes (F.S.)), must either be registered as a dealer, or file an application for registration as an intermediary with the Office of Financial Regulation (Office).

Form FLO-INT is used by an intermediary to submit an application to the Office. Form FLO-INT can also be used to amend a registration or terminate a registration.

The Form FLO-INT must be submitted through the Office's Regulatory Enforcement and Licensing (REAL) System at <https://real.flofr.gov>. Upon completing the form online, intermediaries must pay a nonrefundable filing fee of \$200 through the REAL System.

Form FLO-INT is divided into the following items:

Type of Filing

1. Intermediary Information
 2. Control Affiliates
 3. Disclosure Information
 4. Termination
 5. Irrevocable Consent to Service of Civil Process and Signature of Authorized Representative
- Disclosure Reporting Page for Applicant
Biographical Summary
Disclosure Reporting Page for Control Affiliates

This form, which includes its instructions, is incorporated by reference in Rule 69W-600.0019, Florida Administrative Code, as a rule, and define terms used in s. 517.0611 and s. 517.12, F.S.

TYPE OF FILING

File an Initial Application - This designation applies to initial filers.

File an Amendment - This designation applies to any changes to the application or registration.

The intermediary must amend Form FLO-INT within 30 days after any information contained in the application or registration becomes inaccurate for any reason. Amendments must be filed through the REAL System.

The intermediary's REAL File # must be included for an amendment.

Terminate Registration - This designation applies to termination of an application or registration. Provide the effective date of the termination. A completed Schedule C must be included when terminating a registration.

The intermediary's REAL File # must be included for a termination.

ITEM 1: INTERMEDIARY INFORMATION

A. Full legal name – Provide the complete legal name of the intermediary.

B. Name under which business is conducted, if different from Item 1A. – Name under which the company operates if different from business name. If you do not use a fictitious name, leave the question blank.

C. Federal Employer Identification Number – Provide the intermediary's Federal Employer Identification Number.

D. Principal office and place of business – This is the main office physical address or the headquarters address (no P.O. boxes) for the intermediary.

E. Mailing address, if different from above – Provide if different from principal place of business (P.O. Box is acceptable).

F. Business telephone numbers – Telephone number and fax number of the principal office.

G. Contact person's name and title – Person to be contacted regarding the intermediary.

H. Contact person's e-mail address – Provide the contact person's email address.

I. Contact person's telephone number - Can be different from 1.F.

J. Intermediary's website address where issuer's securities will be offered - Provide the Uniform Resource Locator (URL).

K. Location of the books and records required to be maintained under Rule 69W-600.0145, Florida Administrative Code, if other than the principal office and place of business - Provide the location where the intermediary's books and records will be stored if different from the address listed in 1.D. or 1.E.

L. Applicant is a - Select the type of business entity under which the intermediary is organized and registered with the Secretary of State. An intermediary must be a natural person residing in the state or a corporation, trust, partnership, or other legal entity registered with the Secretary of State to do business in the state, which facilitates the offer or sale of securities under s. 517.0611, F.S. If the intermediary is a corporation, the intermediary must file a copy of its articles of incorporation and amendments to the articles of incorporation. If the intermediary is a limited liability company, the intermediary must file a copy of the

articles of organization. If the intermediary is a partnership, the intermediary must file a copy of the partnership agreement.

M. Other Business Locations –

Address – Provide the address of the additional business location(s).

Contract Person – Provide the name of the contact person who manages or is in charge of the corresponding additional intermediary business location(s).

Telephone Number – Provide the telephone number of the contact person for the corresponding additional intermediary business location.

ITEM 2: CONTROL AFFILIATES

Terms are italicized throughout this form.

Control Affiliate – A person named as a control person or any other individual or entity that directly or indirectly controls, is under common control with, or is controlled by, the *applicant*, including any current employee except one performing only clerical, administrative, support or similar functions, or who, regardless of title, performs no executive duties or has no senior policy making authority.

Full Legal Name – List the control affiliate’s legal name.

Title/status – List the person or organization’s title within the intermediary, and/or relationship to the intermediary. (Ex. – Owner, Director, Officer, Chief Compliance Officer)

Date Title/Status Held – List the date(s) the corresponding individual or entity held the title/status.

Ownership codes – List the corresponding ownership code based on the person’s ownership percentage in the intermediary. Ownership codes are: Z – no ownership; NA – Greater than 0 but less than 20%; A – 20% but less than 50%; B – 50% but less than 75%; C – 75% or more.

ITEM 3: DISCLOSURE INFORMATION

Applicant – the intermediary applying on or amending this form.

If the Applicant answers “Yes” to any question in Item 3, the Applicant must complete and submit a “Disclosure Reporting Page” providing additional information about each unrelated event. A separate and complete “Disclosure Reporting Page” must be submitted for each item marked “Yes.” If the Applicant has multiple events for each “yes” answer, complete a “Disclosure Reporting Page” for each event.

3.A. Criminal Actions

1 - Check “Yes” if the Applicant has ever been convicted of any felony, or pled guilty or nolo contendere (“no contest”) to any charge of a felony, in a domestic, foreign, or military court; otherwise check “No.”

2 - Check “Yes” if the Applicant has ever been charged with a felony; otherwise check “No.”

3 - Check “Yes” if the Applicant has ever been convicted of any misdemeanor, or pled guilty or nolo contendere (“no contest”) in a domestic, foreign, or military court to any charge of a misdemeanor; otherwise check “No.”

4 - Check “Yes” if the Applicant has ever been charged with any misdemeanor in a domestic, foreign, or military court; otherwise check “No.”

3B. Regulatory Actions

1 - Check “Yes” if the Applicant has ever been found by a state, federal, or foreign financial regulatory authority to have made a false statement or omission, or been dishonest, unfair, or unethical; otherwise check “No.”

2 - Check “Yes” if the Applicant has ever been found by a state, federal, or foreign financial regulatory authority to have been involved in a violation of any regulation or statute; otherwise check “No.”

3 - Check “Yes” if the Applicant has ever been found by a state, federal, or foreign financial regulatory authority to have been a cause of the denial, suspension, revocation, or restriction of the authorization of an investment-related business to operate; otherwise check “No.”

4 - Check “Yes” if a state, federal, or foreign financial regulatory authority has ever entered an order against the Applicant in connection with investment-related activity; otherwise check “No.”

5 - Check “Yes” if a state, federal, or foreign financial regulatory authority has ever imposed a civil money penalty on the Applicant or ordered the Applicant to cease and desist from any activity; otherwise check “No.”

6 - Check “Yes” if a state, federal, or foreign financial regulatory authority has ever denied, suspended, or revoked the registration or license of the Applicant or otherwise restricted the activities of the Applicant; otherwise check “No.”

3C. Self – Regulatory Organization Actions

1 - Check “Yes” if any self-regulatory organization has found the Applicant to have made a false statement or omission; otherwise check “No.”

2 - Check “Yes” if any self-regulatory organization has found the Applicant to have been involved in a violation of its rules; otherwise check “No.”

3 - Check “Yes” if any self-regulatory organization has found the Applicant to have been the cause of a denial, suspension, revocation, or restriction of the authorization of an investment-related business to operate; otherwise check “No.”

4 - Check “Yes” if any self-regulatory organization has disciplined the Applicant by expelling, suspending, or otherwise restricting the activities of the Applicant; otherwise check “No.”

3D. Current Proceedings

Check “Yes” if the Applicant is currently the subject of any proceeding that could result in a “yes” answer to any

part of Item 3.B. or 3.C.; otherwise check "No."

3E. Civil Justice Actions

1 - Check "Yes" if any domestic or foreign court enjoined the Applicant in connection with any investment-related activity; otherwise check "No."

2 - Check "Yes" if any domestic or foreign court ever found that the Applicant was involved in a violation of investment-related statutes or regulations; otherwise check "No."

3 - Check "Yes" if any domestic or foreign court ever dismissed, pursuant to a settlement agreement, an investment-related civil action brought against the Applicant by a state or foreign financial regulatory authority; otherwise check "No."

4 - Check "Yes" if the Applicant is now the subject of any civil proceeding that could result in a "yes" answer to any part of Items 3.E.1, 3.E.2, or 3.E.3; otherwise check "No."

5 - Check "Yes" if the Applicant is currently the subject of any unsatisfied judgments or liens; otherwise check "No."

6 - Check "Yes" if the Applicant has ever declared Bankruptcy; otherwise check "No."

7 - Check "Yes" if the Applicant has ever been declared insolvent; otherwise check "No."

ITEM 4: TERMINATION

Item 4 must be completed to terminate the registration of an intermediary. Submission of a completed Registration of Crowdfunding Intermediary Application and required attachments, indicating a desire to Terminate Registration, does not entitle an intermediary to termination. Terminating the registration of an intermediary is at the sole discretion of the Office.

A. Date the intermediary ceased business – Provide the date the intermediary ceased all business operations. Any date listed here must have passed and cannot be forthcoming.

B. Location of Books and Records after Registration Termination

(1) Name of the Custodian of Records – Provide the name of the Custodian who will be in possession of the records once the intermediary terminates.

(2) Contact person – Provide the name of the contact person regarding any future business for the intermediary.

(3) Address of contact person – Provide the address the contact person can be reached at. Check the box if the address given for the contact person is a private residence.

(4) Telephone number – Provide the contact person's telephone number.

(5) E-mail – Provide the contact person's email address.

(6) Briefly describe the books and records kept at this location – Provide information about which books and records are being kept at the contact person's address. If books and records are to be stored at two or more addresses, all addresses must be listed.

ITEM 5: IRREVOCABLE CONSENT TO SERVICE OF CIVIL PROCESS AND SIGNATURE OF AUTHORIZED REPRESENTATIVE

An intermediary must consent that in suits, proceedings, and actions growing out of the violation of any provision of Chapter 517, F.S., the service on the Office of a notice, process, or pleading therein, authorized by the laws of this state, shall be as valid and binding as if due service has been made on the intermediary. Any such action shall be brought either in the county of the plaintiff's residence or in the county in which the office has its official headquarters.

By typing his/her electronic signature, the authorized representative of the intermediary represents that he/she has full authority by the intermediary to bind the intermediary to irrevocable consent to service of civil process on the Office.

By typing his/her electronic signature, the authorized representative of the intermediary represents that he/she has read the application and that he/she has the full authority by the intermediary to bind the intermediary to this application.

INTERMEDIARY ELIGIBILITY

1. - Each intermediary applicant and any direct owners, principals, or indirect owners that are required to be reported on a form adopted by commission rule shall submit fingerprints for live-scan processing in accordance with rules adopted by the commission. The fingerprints may be submitted through a third-party vendor authorized by the Florida Department of Law Enforcement to provide live-scan fingerprinting. The costs of fingerprint processing shall be borne by the person subject to the background check. The Department of Law Enforcement shall conduct a state criminal history background check, and a federal criminal history background check must be conducted through the Federal Bureau of Investigation. The office shall review the results of the state and federal criminal history background checks and determine whether the applicant meets registration requirements. s. 517.12(19)(b), F.S.

2. - An intermediary not registered as a dealer under s. 517.12(5) may not:

(a) Offer investment advice or recommendations. A refusal by an intermediary to post an offering that it deems not credible or that represents a potential for fraud may not be construed as an offer of investment advice or recommendation.

(b) Solicit purchases, sales, or offers to buy securities offered or displayed on its website.

(c) Compensate employees, agents, or other persons for the solicitation of, or based on the sale of, securities offered or displayed on its website.

(d) Hold, manage, possess, or otherwise handle investor funds or securities.

(e) Compensate promoters, finders, or lead generators for providing the intermediary with the personal identifying information of any prospective investor.

(f) Engage in any other activities set forth by commission rule.

s. 517.0611(13), F.S.

3. - The intermediary must not be subject to a disqualification described in U.S. Securities and Exchange Commission ("SEC") Rule 506(d), 17 C.F.R. 230.506(d), adopted pursuant to the Securities Act of 1933. Each director, officer, control person of the issuer, any person occupying a similar status or performing a similar function, and each person holding more than 20 percent of the shares of the intermediary is subject to this requirement.

s. 517.12 (19)(d), F.S.

Disqualifying events under SEC Rule 506(d) include the following:

- Certain criminal convictions
- Certain court injunctions and restraining orders
- Final orders of certain state and federal regulators
- Certain SEC disciplinary orders
- Certain SEC cease-and-desist orders
- SEC stop orders and orders suspending the Regulation A exemption
- Suspension or expulsion from membership in a self-regulatory organization (SRO), such as FINRA, or from association with an SRO member
- U.S. Postal Service false representation orders

Review the text of SEC Rule 506(d) for more specific information.

**STATE OF FLORIDA
OFFICE OF FINANCIAL REGULATION**

REGISTRATION OF FLORIDA LIMITED OFFERING INTERMEDIARY APPLICATION

Check the box that indicates what you would like to do:

- File an Initial Application** (Filing fees required – See instructions)
 File an Amendment – REAL File # _____
 Terminate Registration – REAL File # _____ (Complete Section 4)

1. Intermediary Information

A. Full legal name:

B. Name under which business is conducted, if different from Item 1A:

C. Federal Employer Identification Number:

D. Principal office and place of business address (Street address only; do not use a P.O. Box)

_____ (Number and Street) _____ (City) _____ (State) _____ (Zip Code)

If this address is a private residence, check this box:

E. Mailing address, if different from above (P.O. Box acceptable):

_____ (Number and Street; P.O. Box) _____ (City) _____ (State) _____ (Zip Code)

F. Business telephone numbers:

(_____) _____ - _____ (Business Phone) (_____) _____ - _____ (Business Fax)

G. Contact person's name and title:

_____ (Name) _____ (Title)

H. Contact person's e-mail address:

I. Contact person's telephone number:

(_____) _____ - _____

J. Intermediary's website address where securities will be offered:

K. Location of the books and records required to be maintained under Rule 69W-600.0145, Florida Administrative Code, if other than the principal office and place of business:

_____ (Number and Street) _____ (City) _____ (State) _____ (Zip Code)

If this address is a private residence, check this box:

L. *Applicant* is a: Corporation Partnership LLC Trust Individual (Natural Person)
Attach copy (in PDF form) of *Applicant's* articles of incorporation, if a Corporation, or partnership agreement, if a Partnership.

M. Other Business Locations:

Address	Contact Person	Telephone Number

2. Control Affiliates

Complete the “Title/Status” column by entering board/management titles and/or status such as partner, trustee, shareholder, or owner.

Ownership Codes are: Z – No ownership B – 50% but less than 75%
 N/A –Less than 20% C – 75% or more
 A – 20% but less than 50%

Full Legal Name (Entities: List full legal name) (Individuals: First Name Middle Name, Last Name)	Title/Status	Date Title/Status Held				Ownership Code
		From		To		
		Month	Year	Month	Year	

Each control affiliate must complete the Biographical Summary portion of this form.

3. Disclosure Information

Provide information about the *Applicant’s* disciplinary history. One event may result in the requirement to answer “yes” to more than one of the questions.

If the answer is “yes” to a question in any part of Item 3, a completed Disclosure Reporting Page (DRP) for each unrelated event must be attached.

Investment-related business: For the purposes of Item 3, “investment-related business” means any business pertaining to securities, commodities, banking, insurance, or real estate (including, but not limited to, acting as or being associated with a broker-dealer, municipal securities dealer, government securities broker or dealer, issuer, investment company, investment adviser, futures sponsor, bank, or savings association).

3.A. Criminal Actions

	Yes	No
(1) Has the <i>Applicant</i> ever been convicted of any felony, or pled guilty or nolo contendere (“no contest”) to any charge of a felony, in a domestic, foreign, or military court?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Has the <i>Applicant</i> ever been charged with any felony in a domestic, foreign, or military court?	<input type="checkbox"/>	<input type="checkbox"/>
(3) Has the <i>Applicant</i> ever been convicted of any misdemeanor, or pled guilty or nolo contendere (“no contest”) in a domestic, foreign, or military court?	<input type="checkbox"/>	<input type="checkbox"/>
(4) Has the <i>Applicant</i> ever been charged with any misdemeanor in a domestic, foreign, or military court?	<input type="checkbox"/>	<input type="checkbox"/>

3.B. Regulatory Actions

Yes **No**

Has any state, federal, or foreign financial regulatory authority ever:

- (1) found the *Applicant* to have made a false statement or omission, or been dishonest, unfair, or unethical?
- (2) found the *Applicant* to have been involved in a violation of any regulation or statute?
- (3) found the *Applicant* to have been a cause of the denial, suspension, revocation, or restriction of the authorization of an investment-related business to operate?
- (4) entered an order against the *Applicant* in connection with investment-related activity?
- (5) imposed a civil money penalty on the *Applicant* or ordered the *Applicant* to cease and desist from any activity?
- (6) denied, suspended, or revoked the registration or license of the *Applicant* or otherwise restricted the activities of the *Applicant*?

3.C. Self-Regulatory Organization Actions

Yes **No**

Has any self-regulatory organization ever:

- (1) found the *Applicant* to have made a false statement or omission?
- (2) found the *Applicant* to have been involved in a violation of its rules?
- (3) found the *Applicant* to have been the cause of a denial, suspension, revocation, or restriction of the authorization of an investment-related business to operate?
- (4) disciplined the *Applicant* by expelling, suspending, or otherwise restricting the activities of the *Applicant*?

3.D. Current Proceedings

Yes **No**

Is the *Applicant* currently the subject of any proceeding that could result in a “yes” answer to any part of Item 3.B. or 3.C?

3.E. Civil Judicial Actions

Yes **No**

- (1) Has any domestic or foreign court ever enjoined the *Applicant* in connection with any investment-related activity?
- (2) Has any domestic or foreign court ever found that the *Applicant* was involved in a violation of investment-related statutes or regulations?
- (3) Has any domestic or foreign court ever dismissed, pursuant to a settlement agreement, an investment-related civil action brought against the *Applicant* by a state or foreign financial regulatory authority?
- (4) Is the *Applicant* now the subject of any civil proceeding that could result in a “yes” answer to any part of Items 3.E.1, 3.E.2, or 3.E.3?
- (5) Is the *Applicant* currently the subject of any unsatisfied judgments or liens?
- (6) Has the *Applicant* ever declared Bankruptcy?
- (7) Has the *Applicant* ever been declared insolvent?

4. Termination (Complete only if terminating registration)

A. Date business ceased: _____

B. Location of books and records after registration termination

Provide the following information for the location of the books and records of the intermediary after registration is terminated:

(1) Name of the Custodian of Records: _____

(2) Contact person: _____

(3) Address of contact person:

_____ (Number and Street) _____ (City) _____ (State) _____ (Zip Code)

If the address is a private residence, check this box:

(4) Telephone number: (_____) _____ - _____

(5) Email: _____

(6) Briefly describe the books and records kept at this location: _____

5. Irrevocable Consent to Service of Civil Process and Signature of Authorized Representative

The Intermediary, for the purposes of complying with the laws of the State of Florida relating to either the registration or sale of securities, as required by Chapter 517, Florida Statutes, hereby irrevocably appoints the Office of Financial Regulation and its successors, its attorney in the State of Florida upon whom may be served any notice, process or pleading in any laws of said State; and the Intermediary does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within said State by service of process upon said officer with the same effect as if the undersigned was organized or created under the laws of said State and has lawfully been served with process in said State. It is requested that a copy of any notice, process, or pleading served hereunder, be mailed to the above designated contact person at the applicant's principal address, or mailing address if different.

Type full name of Authorized Representative of the Intermediary

The undersigned hereby represents that he or she has full authority to sign and verify this application and has executed this form on behalf of the Applicant. Further, the undersigned represents that, to his or her knowledge or belief, all information submitted in connection herewith, is complete and accurate and contains no misstatements, misrepresentations, or omissions of material facts. The undersigned further acknowledges that any misstatement, misrepresentation, or omission of material facts may cause the Office to deny the application or initiate proceedings against the Applicant. The undersigned further represents that, to the extent that any information previously submitted is not amended, such information is currently accurate and complete.

Type full name of Authorized Representative of the Intermediary

(Date)

Disclosure Reporting Page (FLO-INT)

This Disclosure Reporting Page (DRP) is an **INITIAL** or **AMENDED** response to report details for affirmative responses to **Questions 3A, 3B, 3C, 3D, and 3E** by the *Applicant* on Form FLO-INT.

Check question you are responding to: **3A(1)** **3A(2)** **3A(3)** **3A(4)** **3B(1)** **3B(2)** **3B(3)**
 3B(4) **3B(5)** **3B(6)** **3C(1)** **3C(2)** **3C(3)** **3C(4)** **3D** **3E(1)** **3E(2)** **3E(3)** **3E(4)**
 3E(5) **3E(6)** **3E(7)**

Use only one DRP to report details for the same event. Unrelated actions must be reported on separate DRPs.

1. Action initiated by: (Name of Regulator, Arresting Jurisdiction, Creditor/Lien Holder, Private Plaintiff, etc.)

2. Filing date of action (MM/DD/YYYY): _____ **Exact**
If not exact, provide explanation:

3. Formal Action was brought in (include name of Federal, Military, State or Foreign Court, Location of Court – City or County and State or Country, Docket/Case Number):

4. Employing business when activity occurred:

5. Describe the allegations related to this action. (Attach a separate sheet if necessary.):

6. Current status of action? **Pending** **On Appeal** **Final**

7. If on appeal, action appealed to (provide name of court): Date Appeal Filed (MM/DD/YYYY):

8. If Pending, date notice/process was served (MM/DD/YYYY): _____ **Exact**
If not exact, provide explanation:

If Final or On Appeal, complete items below. For Pending Actions, complete item 11 only.

9. Provide a detailed explanation of how the matter was resolved. (Attach a separate sheet if necessary):

10. Resolution Date: (MM/DD/YYYY): _____ **Exact**
If not exact, provide explanation:

11. Comments. Use this section to provide a summary of the circumstances leading to the action, as well as the status or disposition and/or finding(s).

12. In addition to the information requested in this DRP, provide documentation pertaining to each matter. Such documentation includes, but is not limited to, certified copies of criminal convictions or administrative orders entered against the *Applicant*.

**State of Florida
Office of Financial Regulation**

Biographical Summary

Check the box that indicates what you would like to do:

- Submit an initial biographical summary**
 Submit an amendment to a biographical summary

1. Applicant Information

A. Business Name of *Applicant* (Same as Question 3A on page 1 of Application):

2. Control Affiliate Biographical Summary

A. Identifying Information:

Federal Employer Identification Number if *control affiliate* is an entity; Social Security Number if an individual

B. Name:

Legal name if *control affiliate* is an entity: _____

Name of *control affiliate* if an individual:

First Name	Middle Name	Last Name	Suffix	Date of Birth

C. Business or Residential Address: (Street address only; do not use a P.O. Box)

_____ (Number and Street) _____ (City) _____ (State) _____ (Zip Code)

D. Mailing Address, if different from above

_____ (Number and Street; P.O. Box) _____ (City) _____ (State) _____ (Zip Code)

E. Telephone Number

(____) _____ - _____

3. Disclosure Information

Provide information about the *control affiliate's* disciplinary history. One event may result in the requirement to answer "yes" to more than one of the questions.

If the answer is "yes" to a question in any part of Item 3, a completed Disclosure Reporting Page (DRP) for each unrelated event must be attached.

Investment-related business: For the purposes of Item 3, "investment-related business" means any business pertaining to securities, commodities, banking, insurance, or real estate (including, but not limited to, acting as or being associated with a broker-dealer, municipal securities dealer, government securities broker or dealer, issuer, investment company, investment adviser, futures sponsor, bank, or savings association).

3.A. Criminal Actions

	Yes	No
(1) Has the <i>control affiliate</i> ever been convicted of any felony, or pled guilty or nolo contendere (“no contest”) to any charge of a felony, in a domestic, foreign, or military court?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Has the <i>control affiliate</i> ever been charged with any felony in a domestic, foreign, or military court?	<input type="checkbox"/>	<input type="checkbox"/>
(3) Has the <i>control affiliate</i> ever been convicted of any misdemeanor, or pled guilty or nolo contendere (“no contest”) in a domestic, foreign, or military court?	<input type="checkbox"/>	<input type="checkbox"/>
(4) Has the <i>control affiliate</i> ever been charged with any misdemeanor in a domestic, foreign, or military court?	<input type="checkbox"/>	<input type="checkbox"/>

3.B. Regulatory Actions

	Yes	No
Has any state, federal, or foreign financial regulatory authority ever:		
(1) found the <i>control affiliate</i> to have made a false statement or omission, or been dishonest, unfair, or unethical?	<input type="checkbox"/>	<input type="checkbox"/>
(2) found the <i>control affiliate</i> to have been involved in a violation of any regulation or statute?	<input type="checkbox"/>	<input type="checkbox"/>
(3) found the <i>control affiliate</i> to have been a cause of the denial, suspension, revocation, or restriction of the authorization of an investment-related business to operate?	<input type="checkbox"/>	<input type="checkbox"/>
(4) entered an order against the <i>control affiliate</i> in connection with investment-related activity?	<input type="checkbox"/>	<input type="checkbox"/>
(5) imposed a civil money penalty against the <i>control affiliate</i> or ordered the <i>control affiliate</i> to cease and desist from any activity?	<input type="checkbox"/>	<input type="checkbox"/>
(6) denied, suspended, or revoked the registration or license or otherwise restricted the <i>control affiliate's</i> activities?	<input type="checkbox"/>	<input type="checkbox"/>

3.C. Self-Regulatory Organization Actions

	Yes	No
Has any self-regulatory organization ever:		
(1) found the <i>control affiliate</i> to have made a false statement or omission?	<input type="checkbox"/>	<input type="checkbox"/>
(2) found the <i>control affiliate</i> to have been involved in a violation of its rules?	<input type="checkbox"/>	<input type="checkbox"/>
(3) found the <i>control affiliate</i> to have been the cause of a denial, suspension, revocation, or restriction of the authorization of an investment-related business to operate?	<input type="checkbox"/>	<input type="checkbox"/>
(4) disciplined the <i>control affiliate</i> by expelling, suspending, or otherwise restricting its activities?	<input type="checkbox"/>	<input type="checkbox"/>

3.D. Current Proceedings

	Yes	No
Is the <i>control affiliate</i> currently the subject of any proceeding that could result in a “yes” answer to any part of Item 3.B. or 3.C?	<input type="checkbox"/>	<input type="checkbox"/>

3.E. Civil Judicial Actions

	Yes	No
(1) Has any domestic or foreign court ever enjoined the <i>control affiliate</i> in connection with any investment-related activity?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Has any domestic or foreign court ever found that the <i>control affiliate</i> was involved in a violation of investment-related statutes or regulations?	<input type="checkbox"/>	<input type="checkbox"/>

- (3) Has any domestic or foreign court ever dismissed, pursuant to a settlement agreement, an investment-related civil action brought against the *control affiliate* by a state or foreign financial regulatory authority?
- (4) Is the *control affiliate* now the subject of any civil proceeding that could result in a “yes” answer to any part of Items 3.E.1, 3.E.2, or 3.E.3?
- (5) Is the *control affiliate* currently the subject of any unsatisfied judgments or liens?
- (6) Has the *control affiliate* ever declared Bankruptcy?
- (7) Has the *control affiliate* ever been declared insolvent?

The undersigned hereby represents that he or she has full authority to sign and verify this application and has executed this form on behalf of the control affiliate. Further, the undersigned represents that, to his or her knowledge or belief, all information submitted in connection herewith, is complete and accurate and contains no misstatements, misrepresentations, or omissions of material facts. The undersigned further acknowledges that any misstatement, misrepresentation, or omission of material facts may cause the Office to deny the application or initiate proceedings against the Applicant or control affiliate. The undersigned further represents that, to the extent that any information previously submitted is not amended, such information is currently accurate and complete.

(Type full name)

(Date)

Disclosure Reporting Page (FLO-INT)

This Disclosure Reporting Page (DRP) is an **INITIAL** or **AMENDED** response to report details for affirmative responses to **Questions 3A, 3B, 3C, 3D, and 3E** on the **Biographical Summary** section of Form FLO-INT.

Check question you are responding to: **3A(1)** **3A(2)** **3A(3)** **3A(4)** **3B(1)** **3B(2)** **3B(3)**
 3B(4) **3B(5)** **3B(6)** **3C(1)** **3C(2)** **3C(3)** **3C(4)** **3D** **3E(1)** **3E(2)** **3E(3)** **3E(4)**
 3E(5) **3E(6)** **3E(7)**

Use only one DRP to report details for the same event. Unrelated actions must be reported on separate DRPs.

1. Action initiated by: (Name of Regulator, Arresting Jurisdiction, Creditor/Lien Holder, Private Plaintiff, etc.)

2. Filing date of action (MM/DD/YYYY): _____ **Exact**
If not exact, provide explanation:

3. Formal Action was brought in (include name of Federal, Military, State or Foreign Court, Location of Court – City or County and State or Country, Docket/Case Number):

4. Employing business when activity occurred:

5. Describe the allegations related to this action. (Attach a separate sheet if necessary.):

6. Current status of action? **Pending** **On Appeal** **Final**

7. If on appeal, action appealed to (provide name of court): Date Appeal Filed (MM/DD/YYYY):

8. If Pending, date notice/process was served (MM/DD/YYYY): _____ **Exact**
If not exact, provide explanation:

If Final or On Appeal, complete items below. For Pending Actions, complete item 11 only.

9. Provide a detailed explanation of how the matter was resolved. (Attach a separate sheet if necessary):

10. Resolution Date: (MM/DD/YYYY): _____ **Exact**
If not exact, provide explanation:

11. Comments. Use this section to provide a summary of the circumstances leading to the action, as well as the status or disposition and/or finding(s).

12. In addition to the information requested in this DRP, provide documentation pertaining to each matter. Such documentation includes but is not limited to, certified copies of criminal convictions or administrative orders entered against the *control affiliate*.