

**STATE OF FLORIDA
OFFICE OF FINANCIAL REGULATION**

NOTICE OF TRANSACTION UNDER FLORIDA INVEST LOCAL EXEMPTION

☐ Initial Application

☐ Amendment

NOTE: Provide a copy of the disclosure statement and an irrevocable written consent to service of civil process in accordance with s. 517.101, F.S., with this form, if an initial application, or an amended copy of the disclosure statement if there have been any material changes to the disclosure statement previously submitted.

GENERAL INFORMATION

Florida File No. _____
(For Office Use Only)

Federal Employer Identification No.
(FEID) _____

1. Name and address of issuer and principal office.

Name

Street Address, Suite No.

City State Zip

2. Name, address, and telephone number of correspondent to whom notice and communications regarding this notification may be sent.

Correspondent Name

Street Address, Suite No.

City State Zip

Phone No.

E-mail Address

Target Offering Amount: _____

Target Offering Date: _____

Signed this ____ day of _____, _____

Name of Notifier

By: _____
Signature and Official Capacity of Person Signing for
Applicant