

M2000001/306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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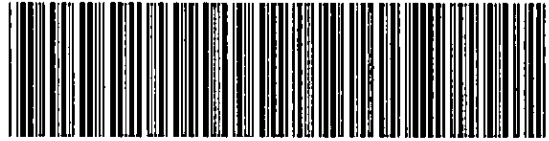
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

Independent Financial Services B.V. LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jair Almeida Toussaint

Name of Person

Independent Financial Services B.V. LLC

Firm/Company

11050 SW 25th CT, STE 9203

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Address

Miramar, Florida, 33025

City/State and Zip Code

jair@independent-fs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jair Almeida Toussaint

305

501-0447

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee      ☐ \$130.00 Filing Fee & Certificate of Status      ☐ \$155.00 Filing Fee & Certified Copy      ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Independent Financial Services B.V. LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Curacao

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FEI number, if applicable)

November 26, 2020

4.

(Date first transacted business in Florida, (if prior to registration)  
(See sections 605.0901 & 605.0903, F.S. to determine penalty liability)

11050 SW 25th CT, STE 9203

5. (Street Address of Principal Office)

11050 SW 25th CT, STE 9203

6.

(Mailing Address)

Miramar, Florida, 33025

Miramar, Florida, 33025

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Cicero Trading Group, Inc.

Office Address:

11050 SW 25th CT, STE 9203

Miramar

(City)

Florida

33025

(Zip code)

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Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place  
designated in this application, I hereby accept **the appointment as registered agent** and agree to act in this capacity. I further agree  
to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with  
and accept the obligations of my position as **registered agent**.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Jair Almeida Toussaint</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>11050 SW 25th CT, STE 9203</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Miramar, Florida, 33025</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section **605.0203 (1)(b), Florida Statutes**. I am aware that any false information submitted in a document to the Department of State constitutes a **third degree felony** as provided for in s.817.155, F.S.

  
\_\_\_\_\_  
Signature of an authorized person

Jair Almeida Toussaint

\_\_\_\_\_  
Typed or printed name of signer



## KAMER VAN KOOPHANDEL EN NIJVERHEID (CURAÇAO CHAMBER OF COMMERCE AND INDUSTRY)

### TO WHOM IT MAY CONCERN

The Curaçao Chamber of Commerce and Industry is governed by the Ordinance of the 6th of November 1944, as published in P.B. 1944 no. 201 and Article 6, paragraph 5 of the Ordinance published in AB 2010, no. 87 and the amendment published in AB 2010, no. 102.

Established in 1884, the Curaçao Chamber of Commerce and Industry is the official representative of the private sector in Curaçao. As such, the Chamber promotes the interests of private enterprise on the island, promotes and facilitates business in and thru Curaçao, and advises the government on matters concerning the economy in general and the business community in particular.

In accordance with above Ordinance, the Chamber is also obliged to carry out the functions which it has been charged with by law or decree. In this respect the Chamber is responsible for i.a. the keeping of the Commercial Register.

The Chamber, moreover, is authorized i.a. to issue excerpts of the registrations (legal document), certificates of origin for (re)export, to legalize authorized signatures and to emit other business related documents.

In that capacity the Chamber hereby certifies, that:

- The limited liability company Independent Financial Services B.V., was incorporated in Curaçao, on February 28, 2017, and is duly registered with aforementioned Register, entered under number 142887, as of March 2, 2017;
- On this 16<sup>th</sup> day of November 2020, aforementioned business meets all the applicable criteria for registration and as such legally exists under the law of Curaçao.

Curaçao, November 16, 2020

The Curaçao Chamber of Commerce and Industry

Irving N.M. Janga MBA CAMS  
Deputy Executive Director



# Curaçao Commercial Register

## Excerpt from the Commercial Register

Registration number: 142887 (0)  
Date: November 16, 2020 Time: 12:06:40 PM

In the Commercial Register of the Curaçao Chamber of Commerce & Industry is registered under number 142887: Independent Financial Services B.V.

Trade name	Independent Financial Services B.V.
Legal form	Private Limited Liability Company
Official name	Independent Financial Services B.V.
Statutory seat	Curaçao
Date of incorporation	February 28, 2017
Date established	February 28, 2017
Nominal Capital	10 share(s) with a nominal value of Antillean Guilder 100
Fiscal year	The fiscal year is equal to the calendar year
Address	Chuchubiweg 17
Country	Curaçao
Mailing address	(same as above)
Object	Business economics and management consultancy, Legal advice office, Organization management, Accounting and administrative office, Education and training, Management consultancy

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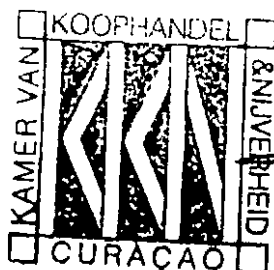
### Official(s)

1

Function	Statutory director
Name	Jair Almeida Toussaint
Date of birth	March 11, 1971
Place of birth	Paramaribo
Country of birth	Suriname
Nationality	Dutch

Only valid if sealed and signed by the Chamber of Commerce.

Curaçao, November 16, 2020  
For Excerpt



I.N.M. Janga  
Head Commercial Register