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Document Checklist for Business Accounts File

Important note: Please refer to the Account Opening Procedures for specific information on the various types of documents required at account opening.

Account Title: Fsf,Llc	Account Number: [REDACTED]	Date Opened: 10/31/2008
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General Documents	Check <input checked="" type="checkbox"/> if is completed or N/A if not applicable	Remarks
Signature Cards	<input checked="" type="checkbox"/>	
Client Due Diligence Business Accounts	<input checked="" type="checkbox"/>	
Due Diligence for High Risk Business Accounts (Checklist)	<input checked="" type="checkbox"/>	
Observations at Place of Business	<input checked="" type="checkbox"/>	
OFAC/PLC (print evidence of verification)	<input checked="" type="checkbox"/>	
Document Checklist for Business Accounts File	<input checked="" type="checkbox"/>	
Appropriate W-8 Form (if non-U.S. entity)	<input checked="" type="checkbox"/>	
<b>Disclosures that must be given to client:</b>		
USA Patriot Act Customer Information Program Notice	<input checked="" type="checkbox"/>	
Rates and Fees Schedule	<input checked="" type="checkbox"/>	
Account Agreement	<input checked="" type="checkbox"/>	
FDIC Insuring Your Deposit Brochure (USVI only)	<input checked="" type="checkbox"/>	
Notice of Negative Information Disclosure	<input checked="" type="checkbox"/>	
First BanCorp Information Sharing and Privacy Policy	<input checked="" type="checkbox"/>	
Other Documents	Check <input checked="" type="checkbox"/> if is completed or N/A if not applicable	Remarks
<b>Corporation</b>		
Certificate of Incorporation or Certificate of Qualification (if a U.S. based corporation)		
Business/Trade License (current)		
Certificate of Good Standing		
Articles of Incorporation (stamped by the Office of the Lieutenant Governor if USVI and the Registrar of Companies in the BVI)		
Certificate of Trade Name		
Corporate Resolution (with Corporate Seal)		
Corporate Resolution and Corporate Authorization and Indemnity Agreement for Telephone/Telex/Facsimile/Written Instructions. (This document is only required if client requests fund transfers by phone, fax or messenger)		
<b>Partnerships</b>		
Partnership Letter and Security Agreement		
Business/Trade License (current)		
Partnership Agreement (if it exists)		
Certificate of Trade Name (if applicable)		
Certificate of Limited Partnership (if applicable)		
Resolution where Partnership contains Corporation as a Partner (if applicable)		
Partnership Contains Limited Liability Company as a Partner (if applicable)		
Partnership Contains Trust as a Partner (if applicable)		
Partnership Contains Joint Venture as a Partner (if applicable)		
Security Procedure Agreement for Telephone/Fax Issuance of Payment Orders or Request for International Drafts (if requested)		
<b>Sole Proprietorship</b>		
Sole Proprietor Agreement (Individual)		
Sole Proprietorship Multiple Authorized Signers (if applicable)		
Business/Trade License (current)		
Certificate of Trade Name (if applicable)		
Security Procedure Agreement for Telephone/Fax Issuance of Payment Orders or Request for International Drafts (if requested)		
<b>Unincorporated Association (associations, clubs, societies, etc.)</b>		
Unincorporated Association Resolution (signed by the Secretary)		
Security Procedure Agreement for Telephone/Fax Issuance of Payment Orders or Request for International Drafts (if requested)		

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Professional Limited Liability Company (PLLC)		
Limited Liability Company Letter and Security Agreement		
Business/Trade License (current)		
Operating Agreement		
Articles of Organization or Certificate of Formation (non-bank form – if the PLLC is a "new" PLLC)		
Certificate of Existence		
Security Procedure Agreement for Telephone/Fax Issuance of Payment Orders or Request for International Drafts (if requested) – if unincorporated		
Limited Liability Company Contains Corporate Member/Manager (if applicable)		
Limited Liability Company Contains Limited Liability Company as a Member/Manager (if applicable)		
Limited Liability Company Contains Limited Liability Partnership as a Member/Manager (if applicable)		
Limited Liability Company Contains Partnership as a Member/Manager (if applicable)		
Limited Liability Company Contains Trust as a Member/Manager (if applicable)		
Limited Liability Company Unincorporated Association as a Member/Manager (if applicable)		
Limited Liability Company Contains Joint Venture as a Member/Manager (if applicable)		
Professional Services Corporation (PC) - USVI only		
Corporate Resolution		
Certificate of Incorporation or Certificate of Qualification (if a U.S. based corporation)		
Articles of Incorporation (stamped by the Office of the Lieutenant Governor)		
Business/Trade License (current)		
Corporate Resolution and Corporate Authorization and Indemnity Agreement for Telephone/Telex/Facsimile/Written Instructions. (This document is only required if client requests fund transfers by phone, fax or messenger)		
Limited Liability Company (LLC)		
Limited Liability Company Letter & Security Agreement	✓	
Business/Trade License (current)	N/A	Affidavit re not doing business
Certificate of Trade Name (if applicable)	N/A	
Operating Agreement		
Articles of Organization or Certificate of Formation (non-bank form-required if the LLC is a "new" LLC)	✓	
Certificate of Existence	✓	
Security Procedure Agreement for Telephone/Fax Issuance of Payment Orders or Request for international Drafts (if requested)		
Limited Liability Company Contains Corporate Member/Manager (if applicable)		
Limited Liability Company Contains Limited Liability Company as a Member/Manager (if applicable)		
Limited Liability Company Contains Limited Liability Partnership as a Member/Manager (if applicable)		
Limited Liability Company Contains Partnership as a Member/manager (if applicable)		
Limited Liability Company Contains Trust as a Member/Manager (if applicable)		
Limited Liability Company Contains Unincorporated Association as a Member/Manager (if applicable)		
Limited Liability Company Contains Joint Venture as a Member/Manager (if applicable)		
Limited Liability Partnership (LLP)		
Limited Liability Partnership Letter and Security Agreement		
Certificate of Limited Partnership (Limited Partnership) – Not required when opening accounts for law firms or security brokerage houses		
Certificate of Existence		
Business/Trade License (current)		
Operating Agreement		
Statement of Qualification or Statement of Foreign Qualification		
Certificate of Trade Name (if applicable)		
Security Procedure Agreement for Telephone/Fax Issuance of Payment Orders or Request for International Drafts (if requested)		
Limited Liability Partnership Contains Limited Liability Company as a Member/Manager (if applicable)		
Limited Liability Partnership Contains Limited Liability Partnership as a Member/Manager (if applicable)		
Limited Liability Partnership Contains Partnership as a Member/Manager (if applicable)		
Bankruptcy (USVI only)		
Notice of Appointment (Court Order or Court Appointment Papers)		
Security Procedure Agreement for Telephone/Fax Issuance of Payment Orders or Request for International Drafts (if requested)		

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Political Action Committee (PAC)		
If the PAC is an Unincorporated Association, then a letter signed by the president of the association stating the association purpose and an Unincorporated Association Resolution is required.		
If the PAC is a Not for profit Corporation, a Certificate of Incorporation for a Non-Stock Corporation is required.		
A certification from the Virgin Islands Board of Elections		
Additional Documents (supporting documents)	Check <input checked="" type="checkbox"/> if is obtained or N/A if not applicable	Remarks
Bureau Report <input type="checkbox"/> Credit <input type="checkbox"/> Other		
In-house Bank Reference		
Other Banking References		
Income Verification		
Professional association directory		
Marketing brochures, business Web site and other market media		
Site Photos, Utilities invoices (water, electricity, telephone)		
Sample of entity stationery (presentation card, letter head paper, envelopes...)		
Other:		

**FOR ACCOUNT REFERRALS ONLY:**

If this account opening was referred by a Department's Officer, other than the Branch's Officer, please fill out the following certification:

This account was referred by (name) \_\_\_\_\_ (title) \_\_\_\_\_ of (Department) \_\_\_\_\_ to be opened at \_\_\_\_\_ Branch. I certify that I complied with the Customer Identification Program and reviewed this customer's profile and supporting documentation in compliance with the Customer Due Diligence and Enhance Due Diligence processes.

Name & Title

Signature

Date

# DUE DILIGENCE FOR HIGH RISK BUSINESS (CHECKLIST)



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<b>Account Title</b> FSF, LLC	<b>Account Number:</b> 7322000576
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**High Risk Business** require additional due diligence. If more than one type of business applies, then follow the requirements for all the types of business that does apply. *Some High Risk Businesses require the completion of the "Observation at Place of Business Form"*. If a Business is under construction or the client has not yet established a "facility" and our Manager must approve the delay in completing the Observation Form. All "high risk" business is not necessarily listed below. If you believe a business to be "high risk", and it is not listed below, you must contact BSA Compliance Office for direction and guidance. Where BSA Compliance consultation or approval required, the requirement **cannot** be waived.

BUSINESS TYPE	REQUIRED ACTION
<input type="checkbox"/> Financial Institutions (Credit Union, Commercial and Private Lenders, Mortgage Brokers, Private Bank and National Bank) <input type="checkbox"/> Non-Bank Financial Institution (Currency Exchange, Foreign Exchange and Casino)	<p><b>Note: FIRSTBANK does not open account for money transmitters or check cashing business.</b></p> <input type="checkbox"/> Operating accounts for Financial and Non-Bank Institutions Do not require the approval of FirstBank's BSA Compliance Department. In this case you will: <ul style="list-style-type: none"> <li>- Need a letter form the customer on company letterhead</li> <li>- Stating the account is for operational purposes only, and</li> <li>- No customer funds will flow through the account.</li> <li>- Third parties cannot fund operating accounts</li> </ul> <input type="checkbox"/> The BSA Compliance Officer approval required prior to opening for all other types of accounts. Call 787-993-5150.
<input type="checkbox"/> Cash Intensive Business (Any retail business whose transaction Profile shows \$30,000 or more in cash per week and who is not a recognized regional or national chain, e.g. Walgreens, TGI Fridays, Chilis, Amigc, etc.) <ul style="list-style-type: none"> <li>- Foods and drinking places</li> <li>- Grocery Stores</li> <li>- Beer, wine and liquor store</li> <li>- Art dealers</li> <li>- Vending Machine Operators</li> </ul> <input type="checkbox"/> Telecommunications/ Phone Cards/ Telephone Centers <input type="checkbox"/> Travel Agency <input type="checkbox"/> Import/ Export Business (Physical Inventory in store or warehouse can be observed) <input type="checkbox"/> Jewelry/ Gem/ Precious Metals <input type="checkbox"/> Electronics (wholesale) <input type="checkbox"/> Gas Stations <input type="checkbox"/> Gambling/Gaming Establishments (> 20% of the activity)	<input type="checkbox"/> Visit the place of business and complete the "Observations at the Place of Business" form. This must be done within 4 weeks of account opening. If the business is no located in you marketplace (i.e. Customer lives in Ponce and open an account in Hato Rey Branch) the Bank Office opening the account must indicated the reason for opening the account at Branch on the Observation, at the Place of Business Form and why this explanation makes business sense. <input type="checkbox"/> ATM- Verify if privately owned ATMs are located on the premises. If yes, obtain copy of Third Party Agreements. <input type="checkbox"/> If the business sells monetary instruments (money order) and/or prepaid cards, obtain copy of the Sales Agent Agreement.
<input type="checkbox"/> Import/Export Broker (never takes possession of goods, either home base or no physical location accessible to demonstrate business) <input type="checkbox"/> Used Car Sale (no sales location) <input type="checkbox"/> Freight Transportation <input type="checkbox"/> Transit and Ground Transportation <input type="checkbox"/> Off-Shore Corporations (review the Articles of Incorporation. If Corporate Structure uses "bearer shares" do no open the account). Under no circumstances may the business be incorporated in a financial haven country. See for a listing of these countries.	Obtain at least 2 or more of any of the following (copy for the file) <ul style="list-style-type: none"> <li><input type="checkbox"/> Invoices</li> <li><input type="checkbox"/> Shipping documents</li> <li><input type="checkbox"/> Contracts</li> </ul> These must be supportive of the volume of business anticipated in the Transaction Profile. For example: If a company indicated that wires in \$200,000 range will be received, 2 invoices for \$460 are not acceptable.
<input type="checkbox"/> Car/Boat/ Plane Dealership <input type="checkbox"/> Stock Brokerage	Sample IRS Form 8300 for review. If customer indicates cash sales do not exceed \$10,000 to a customer, indicate this on the Observations at the Place of Business form. Visit the place of business and complete the "Observations at the Place of Business" form. This must be done within 4 weeks of account opening. If the business is no located in you marketplace (i.e. Customer lives in Ponce and open an account in Caguas) the Bank Office opening the account must indicated the reason for opening the account at Branch on the Observation, at the Place of Business Form and why this explanation makes business sense.
<input type="checkbox"/> Foreign Business no registered to do business in the United States (including Puerto Rico), United States Virgin Islands, or British Virgin Islands	<p><b>Note: At present, FIRSTBANK does not open accounts for foreign business not registered to do business in the United States.</b></p>
<input type="checkbox"/> Internet Business - Any business that sells the majority of its goods and services over the internet (Not a retail outlet that also has a web page).	You must review the website to ensure that there is no information that could result in embarrassment or negative publicity for FIRST BANK. (Examples: adult entertainment, pornography, etc.)
<input type="checkbox"/> Personal Investment Company <input type="checkbox"/> Investment Management Business	<input type="checkbox"/> Operating accounts for investment business only require approval of BSA Compliance. In this case, you will need: <ul style="list-style-type: none"> <li>- A letter form the customer on company letterhead stating the account</li> </ul>

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# Due Diligence For High Risk Individuals (Checklist)



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<b>Account Title:</b> Jeffrey Epstein	<b>Account Number:</b> [REDACTED]
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**High Risk Individuals** require additional due diligence. Examples of High Risk Individuals are Nonresident Aliens, Foreign Individuals and Politically Exposed Persons. Where BSA Compliance consultation or approval required, the requirement **cannot** be waived.

<input type="checkbox"/> Nonresident Aliens and Foreign Individuals	<p>Accounts where Nonresident Aliens and Foreign Individuals have a substantial ownership interest the following procedures shall be followed:</p> <ul style="list-style-type: none"> <li>• Requiring current passport, accompanied by a current visa, form non citizens.</li> <li>• Comparing the individual's country of origin to current "high risk" jurisdictions.</li> <li>• For people with permission to work in U.S., assuring that the W8-BEN reflects an SSN.</li> <li>• Inquiring about the destinations and sources of financial transactions involving foreign countries.</li> <li>• Inquiring as whether he/she is a "Foreign Public Figure" or "Related Individual".</li> <li>• The following individuals <b>must</b> approve the account opening:           <ul style="list-style-type: none"> <li><input type="checkbox"/> Branch Manager</li> </ul> </li> </ul>
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<input type="checkbox"/> Foreign Public Figure/ Related Individuals <ul style="list-style-type: none"> <li><input type="checkbox"/> A "Public Figure" is any foreign (non US-citizen) who occupies or recently occupied, is actively seeking or is being considered for a senior position in a government (or political party), or any department (including th</li> <li><input type="checkbox"/> Senior foreign executives of foreign government- owe military), agency, or instrumentality thereof. ned corporations are also considered public figures.</li> <li><input type="checkbox"/> A "Related Individual" is a member of the immediate family of a public figure (e.g., a spouse, parent, sibling, or child) or a senior advisor closely associated with a public figure.</li> <li><input type="checkbox"/> Legal entities in which public figures or related individuals have a substantial ownership interest.</li> </ul>	<p>Additional requirements for foreign public figures (FPF), or related individual, or legal entities in which public figures or related individuals have a substantial ownership interest the following procedures shall be followed:</p> <ul style="list-style-type: none"> <li>• The sources of wealth <b>must</b> be determined and recorded. Refer to Guide for Instructions.</li> <li>• An inquiry <b>must</b> be made as to the reputation of the FPF or related individual.</li> <li>• Please contact BSA Compliance to perform a World Check search.</li> <li>• The following individuals <b>must</b> approve the account opening:           <ul style="list-style-type: none"> <li><input type="checkbox"/> Director of Sales and Distribution</li> <li><input type="checkbox"/> FirstBank BSA Compliance Unit</li> </ul> </li> </ul>
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<input type="checkbox"/> Initial Deposit greater than \$100K	<ul style="list-style-type: none"> <li>• The sources of wealth <b>must</b> be determined and recorded. (Refer to Guide for instructions)</li> </ul>
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I have reviewed the customer profile of this prospect and determined that **this is not a high risk individual** and the account opening request was:

Approved

Denied (Reason): \_\_\_\_\_

Approved subject to: \_\_\_\_\_

*Madelin Colon* Business Manager Name/Officer in Charge      *[Signature]* Signature      SDNY\_GM-00013715 Date

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EFTA01269525

1. Business Information

Account Title ("Depositor"):

FSF, LLC

Account Number: [REDACTED]

S.S./TINEIN: [REDACTED]

Physical Address:

6100 Red Hook Quarter Suite B3

Mailing Address:

Same

St. Thomas, US Virgin Islands

00802

Business Telephone # [REDACTED]

Business Fax # [REDACTED]

Internet/Website Address:

N/A

Line of Business:

Holding Company

NAICS Code

550000

Date Established:

10/21/2008

Annual Sales: \$0 \$1000 -

Nbr. of Offices/Branches: 1

Nbr. of Employees: 0

Property Status:  Own  Lease

Referred By:  Advertisement  Current Client  Other:

Contact Person Name & Title:

Jeanne Brennan

Contact Person Telephone # [REDACTED]

2. Account Type

Sole Proprietorship  Partnership  Corporation  Non-Profit  LLP  LLC  Other

Commercial Checking

Arranged OD

Commercial Statement SV

Commercial Passbook Savings

Commercial DBA Checking

Arranged OD Offshore (BVI)

Commercial DBA Statement SV

Government Passbook Savings

Government Checking

Arranged OD DBA

Commercial Maximizer SV

Certificate of Deposit

Commercial Checking IOLTA

Government Statement SV

Commercial DBA Maximizer SV

Other:

3. Authorized Signer (Complete the following information for each authorized signer.)

Authorized Signer Name:

Jeffrey Epstein

Financial

Member

Profession: Consultant

Corporate Title:

Physical (Home) Address:

Little Saint James Island

Personal Mailing Address:

6100 Red Hook Quarter B3

St. Thomas, US Virgin Islands

St. Thomas US Virgin Islands

Social Security Number: [REDACTED]

Date Of Birth: 1/20/1953

Place Of Birth: New York

Citizen Of: USA

Home Telephone Number: [REDACTED]

Business Telephone Number: [REDACTED]

Business Fax Number: [REDACTED]

Mobile Number: N/A

Email Address: N/A

Years in Occupation: 30

Photo Identification Type & Number: VI Drivers License [REDACTED]

Identification Expiration Date:

01/20/09

OFAC

CHEXSYSTEMS called  Yes  No, explain why:

SSN Response: Year: 1967

State: NY

ID Response: E-Funder

NO Referral Indication

PLC

BANK REFERENCE requested  Yes  No, explain why:

Response:

Check here if there are additional signers on reverse side of the Client Information Sheet (KYC) Business Accounts.

4. Account Agreement Acceptance and Taxpayer Status Certification

The Depositor hereby certifies that the FirstBank has been designated as a depository of the depositor and that it has reviewed the information contained in this Client Information Sheet (KYC) and finds it accurate on this date. The Depositor has received and agrees to the Terms and Agreements for Commercial Accounts and Rates and Fees Schedule currently in effect and as may be amended for the type of account and services it has selected.

Under penalties of perjury, the Depositor certifies that: (1) The number shown on this form is the correct tax identification number and (2) that the Depositor is not subject to backup withholding either because: (a) it has not been notified by the Internal Revenue Service (IRS) that it is subject to withholding as a result of failure to report all interest or dividends, or (b) that the IRS has notified the Depositor that it is no longer subject to backup withholding or it is exempt from backup withholding, (3) the Depositor is a U.S. entity. (Cross out subpart 2(a) if it is not true. If Statement 3 is not true, cross out and complete an appropriate Form W-8)

The Internal Revenue Service does not require your consent to any provision of this document other than the Certification required to avoid backup withholding.

Date: 10/23/2008  
Authorized Signature: [Signature] 10/24/08  
Title: (Secretary/Treasurer/Cashier) Member

5. Initial Deposit

Type:

Cash

Check

Transfer

Mgr Chk/ Money Order/

Travelers Chk

Other

Amount

\$1000.00

If the initial deposit is over \$500,000 please document source of funds or source of wealth. (Refer to Guide for instructions)

6. Expected Transactions (Monthly)

Do you intend to deposit checks with second or third parties?  Yes  No

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Financial Institution: First Bank

Financial Institution:

**8. Additional Authorized Signers (Complete the following information for each authorized signer.)**

**Authorized Signer Name:** \_\_\_\_\_ Profession: \_\_\_\_\_ Corporate Title: \_\_\_\_\_  
**Physical (Home) Address:** \_\_\_\_\_  
\_\_\_\_\_ Personal Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_ Citizen Of: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Business Telephone Number: \_\_\_\_\_ Business Fax Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Years in Occupation: 20 Photo Identification Type & Number: \_\_\_\_\_ Identification Expiration Date: \_\_\_\_\_

OFAC  CHEXSYSTEMS called  Yes  No, explain why: \_\_\_\_\_  
SSN Response: Year: \_\_\_\_\_ State: \_\_\_\_\_ ID Response: \_\_\_\_\_  
 PLC  BANK REFERENCE requested  Yes  No, explain why: \_\_\_\_\_  
Response: \_\_\_\_\_

**Authorized Signer Name:** \_\_\_\_\_ Profession: \_\_\_\_\_ Corporate Title: \_\_\_\_\_  
**Physical (Home) Address:** \_\_\_\_\_  
\_\_\_\_\_ Personal Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_ Citizen Of: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Business Telephone Number: \_\_\_\_\_ Business Fax Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Years in Occupation: 25 Photo Identification Type & Number: \_\_\_\_\_ Identification Expiration Date: \_\_\_\_\_

OFAC  CHEXSYSTEMS called  Yes  No, explain why: \_\_\_\_\_  
SSN Response: Year: \_\_\_\_\_ State: \_\_\_\_\_ ID Response: \_\_\_\_\_  
 PLC  BANK REFERENCE requested  Yes  No, explain why: \_\_\_\_\_  
Response: \_\_\_\_\_

**Authorized Signer Name:** \_\_\_\_\_ Profession: \_\_\_\_\_ Corporate Title: \_\_\_\_\_  
**Physical (Home) Address:** \_\_\_\_\_  
\_\_\_\_\_ Personal Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_ Citizen Of: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Business Telephone Number: \_\_\_\_\_ Business Fax Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Years in Occupation: \_\_\_\_\_ Photo Identification Type & Number: \_\_\_\_\_ Identification Expiration Date: \_\_\_\_\_

OFAC  CHEXSYSTEMS called  Yes  No, explain why: \_\_\_\_\_  
SSN Response: Year: \_\_\_\_\_ State: \_\_\_\_\_ ID Response: \_\_\_\_\_  
 PLC  BANK REFERENCE requested  Yes  No, explain why: \_\_\_\_\_  
Response: \_\_\_\_\_

**Authorized Signer Name:** \_\_\_\_\_ Profession: \_\_\_\_\_ Corporate Title: \_\_\_\_\_  
**Physical (Home) Address:** \_\_\_\_\_  
\_\_\_\_\_ Personal Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_ Citizen Of: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Business Telephone Number: \_\_\_\_\_ Business Fax Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Years in Occupation: \_\_\_\_\_ Photo Identification Type & Number: \_\_\_\_\_ Identification Expiration Date: \_\_\_\_\_

OFAC  CHEXSYSTEMS called  Yes  No, explain why: \_\_\_\_\_  
SSN Response: Year: \_\_\_\_\_ State: \_\_\_\_\_ ID Response: \_\_\_\_\_  
 PLC  BANK REFERENCE requested  Yes  No, explain why: \_\_\_\_\_  
Response: \_\_\_\_\_ SDNY\_GM\_00013717

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EFTA\_00124360

EFTA01269527

Validate Business Entity Results for FSF, LLC

RESULTS SUMMARY

OFAC CHECK: PASSED  
ID CHECK: OVERRIDE

EIN: FAILED

Input EIN: [REDACTED]

NAME MATCH: PASSED

Input Name: FSF, LLC

ADDRESS MATCH: FAILED

Input Address: 6100 Red Hook Ste B3 St. Thomas VI 00802

Dif. Info: E 707 224TH ST BRONX NY 10466

Dif. Info: RIDGELAND MS 39110

Dif. Info: E 418 MAIN ST CHARLESTON AR 72933

Alternative Verifications

PHONE MATCH: PLEASE VERIFY

Input Phone: [REDACTED]

Dif. Info: [REDACTED]

Dif. Info: [REDACTED]

Dif. Info: [REDACTED]

Additional Actions taken:

\* Note - Please confirm the EIN.

Override Comments:

On 10/31/08 at 02:29:07 Janice Stridiron Added: Cleared - Other (type in reason) Letter from the IRS verifying their Tax Id # on file. ,Cleared - Obvious Address Mismatch Business had previous address prior; before using their current address.

Account Status: OPENED

Print This Page - Close

*Chefsystem*  
*\* Gladys*  
*\* No Records*

**Closed**  
*12/31/19*  
*NS*

[https://production.penleyinc.com/penley/secure/VRFReportDetail.do?mode=print&oid=GM\\_00132108](https://production.penleyinc.com/penley/secure/VRFReportDetail.do?mode=print&oid=GM_00132108)

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**ID Verification Results for Jeffrey Epstein**

**RESULTS SUMMARY**  
OFAC CHECK: PASSED  
ID CHECK: OVERRIDE

**SSN: PASSED**  
Issued between 01/01/1967 and 12/31/1969 in New York.  
Input SSN: [REDACTED]

**NAME MATCH: PASSED**  
Input Name: Jeffrey Epstein

**ADDRESS MATCH: FAILED**  
Input Address: Little Saint James Island St. Thomas VI 00802  
Dif. Info: 457 MADISON AVE NEW YORK NY 10022  
Dif. Info: 358 EL BRILLO WAY PALM BEACH FL 33480  
Dif. Info: AMERICAN YATCH HBR MARINA DEL REY CA 90292

**DATE OF BIRTH MATCH: PASSED**  
Input Date of Birth: 01/20/1953

**Alternative Verifications**

**HOME PHONE MATCH: No Data Available**  
Input Home Phone: [REDACTED]

**LICENSE MATCH: PLEASE VERIFY**  
Input License Number: [REDACTED]  
Dif. Info: [REDACTED]  
Dif. Info: [REDACTED]

**Closed**  
10/31/19  
NO

**DECEASED: NO**

**Account Status: OPENED**

**Override Comments:**  
On 10/31/08 at 02:24:23 Janice Stridiron Added: Cleared - Obvious Address Mismatch Client verified previous address, prior moving to the VI.

Print This Page - Close

[https://production.penleyinc.com/penley/secure/fastWatchReportDetail.do?mode=print&ONY\\_GM100132108](https://production.penleyinc.com/penley/secure/fastWatchReportDetail.do?mode=print&ONY_GM100132108)

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EFTA01269529

**QualiFile® Response**

**Consumer Information (As Captured)**

Jeffrey Epstein  
Little Saint James Island  
St Thomas VI 00802

SSN: [REDACTED]  
DOB: 01201953  
DL#: [REDACTED]  
DL STATE: VI

Phone: 3407143802  
Country of Citizenship: US

**Account Actions**

Action: REVIEW  
Recommended Actions:

**Product Offer**

Product	Limits	A.P.R.
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**Identification Information**

SSN Validation: BECAME AVAILABLE FOR ISSUANCE IN 1967 IN NY SSN:Y  
DL Validation: VALID DRIVERS LICENSE FORMAT

**ChexSystems History**

**Previous Inquiries:** No Previous Inquiries Found.

**Closures:**  
No closure history found for this consumer.

**Retail:** NOTE \* THERE IS NO RETAIL INDICATOR

**Reference Detail**

Debit Bureau Ref#: [REDACTED]  
Transaction Tracking ID: 1225480761721:33383:PHXID068\_P1:

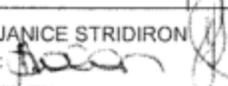
**Closed**  
12/31/19  
NO

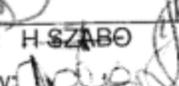


*All services are provided by ChexSystems, Inc., a wholly-owned subsidiary of eFunds Corporation.*

[Print This Page - Close](#)

<https://production.penleyinc.com/penley/secure/chexSystemsReportDetail.do?oid=418613208>

COMMERCIAL CHECKING ACCT [REDACTED]	Sign. Req. 1 COM	Date: 10/31/201
6100 RED HOOK QTRS STE B3 ST. THOMAS, VI 00802-0000 CTRY- VI	HOME [REDACTED]	WORK:
Name: FSF, LLC	SSN: 66-0719849	ID Type: No.
Name:	<b>Closed</b> 12/31/19 	SSN: ID Type: No.
Name:		SSN: ID Type: No.
Name:		SSN: ID Type: No.
I/We hereby acknowledge having received the Deposit Account Agreement, the First BanCorp Information Sharing and Privacy Policy, and the product rates and fees.		Prepared by: JANICE STRIDIRON Authorized by: 

Account type: FSF, LLC	Account number: [REDACTED]	Sign. Req. 1. SOW	Date: 10/31/08
Address: 6100 Red Hook Quarter B3 St. Thomas		Home:	Work: 3407752525
Name: JEFFREY EPSTEIN	SSN: [REDACTED]	ID Type: D/L	No: [REDACTED]
Name:	SSN:	ID Type:	No:
Name:	<b>Closed</b> 12/31/19 	SSN:	ID Type:
Name:		SSN:	ID Type:
[REDACTED]	Prepared by: H SZABO Authorized by: 		

**Closed**  
12/31/19  


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FirstBankPR000884

EFTA\_00124364

EFTA01269531

LAW OFFICES OF  
**HODGE & FRANCOIS**

1340 TAARNEBERG

MARIA TANKENSON HODGE, P.C.  
[REDACTED]

ST. THOMAS, VI 00802  
TELEPHONE: [REDACTED] • TELEFAX: [REDACTED]  
TELEFAX NO: [REDACTED]

MARK HODGE  
[REDACTED]

DENISE FRANCOIS, P.C.  
[REDACTED]

GAYLIN VOGEL  
[REDACTED]

July 23, 2009

Ms. Hedy Szabo  
Assistant Vice President  
Select Banking Manager  
1 First Bank Virgin Islands  
Yacht Haven Grande  
St. Thomas VI

[VIA HAND DELIVERY]

Re: FSF, LLC

Dear Ms. Szabo:

This office represents FSF, LLC. I write to clarify, for your records, the lack of a certificate of existence for this recently formed Virgin Islands limited liability company.

After my firm was verbally advised of the availability of the name FSF, LLC and the articles of organization were filed, date stamped copies were used to open a bank account pending receipt of the certificate of existence which is always issued later but never within a uniform amount of time. In the case at hand, months after the articles were filed and the account was opened my office subsequently received notification that the Division of Corporations was contending that the name of FSF, LLC was the same as, or too similar as to cause confusion, with the name of another registrar. My office has been trying to obtain a basis for this after the fact objection to the name but none has been forthcoming and as a result, we are continuing to communicate with the Division of Corporations to reach a resolution of this matter. Most importantly, this after the fact objection is inconsistent with both what my office had been told verbally when the Articles were first filed and with the acceptance of the Articles for filing. With respect to the matter of an operating agreement for FSF, LLC, the V.I. Code does not require an operating agreement [see 13VIC 1104(a)], written or otherwise, and due to the uncertainty as to the status of the name, my office did not prepare a written operating agreement.

In the meantime, V. I. law does provide that "[u]nless a delayed date is specified, the existence of a limited liability company begins when the articles of organization are filed." 13 VIC 1202(c).

Closed  
12/3/19  
[Signature]

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FirstBankPR000885

EFTA\_00124365

EFTA01269532

Letter to Ms. Hedy Szabo  
FIRSTBANK  
July 23, 2009

The lack of a certificate of existence has been a source of frustration for FSF, LLC and my client and I regret any inconvenience that this may have caused you or FirstBank. Please advise FirstBank management that the lack of a certificate of existence was due to factors beyond our control.

Sincerely,

  
Denise Francois

c: FSF, LLC

**Closed**  
12/3/19  


**Notes to File:**

Date: 3/24/09  
Notes: contacted Jeanne to inform of missing documents. She informed me that it should get it by 3/27/09. glos

Date: 5/26/09  
Notes: contacted client again ref: to Certificate of Existence glos

Date: 5/26/09  
Notes: \_\_\_\_\_

Date: 7/20/09  
Notes: Jeanne will close acct. since they can't get an appraisal for a Certificate of Existence. Since there is a similar name already in existence. Head, Gabo

Date: \_\_\_\_\_  
Notes: \_\_\_\_\_

Date: \_\_\_\_\_  
Notes: \_\_\_\_\_

**Closed**  
12/3/19  
~~NO~~

Date: \_\_\_\_\_  
Notes: \_\_\_\_\_

Date: \_\_\_\_\_  
Notes: \_\_\_\_\_

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Virgin Islands

Limited Liability Company Letter and Security Agreement

Date 10/22/2008

We the undersigned Members, Managers, or Officers of FSF, LLC ("Company") located at American Yacht Harbor St. Thomas

HEREBY CERTIFY that Company, a Limited Liability Company formed pursuant to U.S. Virgin Islands Law, (State Information)

is composed of the following Members:

Jeffrey Epstein, Member

and the following Manager or Officer(s): Jeffrey Epstein, Member Manager (Indicate Name of Manager or Name(s) or Title(s) of Officer(s))

To induce you in your discretion to act and rely hereon and on the signature of any of the designated present or future Managers, Members, Officers, employees or agents of Company ("Authorized Person(s)"), we agree and certify on behalf of Company as follows:

1. FirstBank ("Bank") is hereby designated as depository of Company, and any Authorized Person is authorized to deposit or designate for deposit any funds of Company in Bank at any of its branches. Bank may at any time refuse to accept and/or may return by ordinary mail or otherwise the whole or any part of a deposit.

2. The following duly appointed Authorized Person(s) Member

Closed 12/31/19

signing singly

(For purposes of signing Items, indicate e.g., singly, any two, etc.)

and their successors are hereby authorized to sign, by hand or by facsimile (including, but not limited to, computer generated) signature(s), checks, drafts, acceptances and other instruments (hereinafter each collectively referred to as "item(s)"). Notwithstanding the above, any Authorized Person is authorized singly to: (1) initiate Automated Clearing House ("ACH") debits without a signature; (2) initiate payments by use of Depository Transfer Checks ("DTC") without a signature other than the name of Company printed on the DTC; or (3) give Instructions, by means other than the signing of an item, with respect to any account transaction, including, but not limited to the payment, transfer or withdrawal of funds by wire, computer or other electronic means, or otherwise, or of money, credits, items or property at any time held by Bank for account of Company ("Instructions").

3. Bank is hereby authorized to honor and pay Items, whether signed by hand or by facsimile (including, but not limited to, computer generated) signature(s). In the case of facsimile signatures, Bank is authorized to pay any Item if the signature, regardless of how or by whom affixed, and whether or not the form of signature used on such Item was actually prepared by or for Company, resembles the specimens filed with Bank by Company. Bank is further authorized to honor and pay DTCs, ACHs, Instructions, and other orders given singly by any Authorized Person, including such as may bring about or increase an overdraft and such as may be payable to or for the benefit of any Authorized Person or other Manager or Member or employee individually, without inquiry as to the circumstances of the issuance or the disposition of the proceeds thereof and without limit as to amount.

4. Bank is hereby authorized to accept for deposit, for credit, or for collection, or otherwise, Items endorsed by any person or by stamp or other impression in the name or account number of Company without inquiry as to the circumstances of the endorsement or any lack of endorsement or the disposition of the proceeds.

5. The following Authorized Persons Member, (Indicate by name those authorized to effect Loans, Advances, etc.)

of Company, signing singly (Indicate how notes, etc. are to be signed, e.g. singly, any two, etc.)

are hereby authorized to effect loans and advances and obtain credit at any time for Company from Bank (and guarantee on behalf of Company the obligations of others to Bank), secured or unsecured, and for such loans and advances and credit and guarantees to make, execute and deliver promissory notes and other written obligations or evidence of indebtedness of Company, applications for letters of credit, instruments of guarantee an indemnity and any agreements or undertakings, general or specific, with respect to any of the foregoing, and as security for the payment of loans, advances, indebtedness, guarantees and liabilities of, or credit given to, Company or others to pledge, hypothecate, mortgage, assign, transfer, grant liens and security interests in, give rights with respect to, endorse and deliver property of any description, real or personal, and any interest therein and evidence of any thereof at any time held by company, and to execute mortgages, deeds of trust, security agreements, instruments of transfer, assignment or pledge, power of attorney and other agreements or instruments which may be necessary or desirable in connection therewith; and also to sell, to, or discount with, Bank, commercial paper, bills receivable,

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called "Obligations") upon any and all moneys, securities and any and all other property of Company and the proceeds thereof, now or hereafter actually or constructively held or received by or in transit in any manner to or from Bank, its correspondents or agents from or for Company, whether for safekeeping, custody, pledge, transmission, collection or otherwise coming into the possession of Bank in any way.

8. In case of conflicting claims or disputes, or doubt on Bank's part as to the validity, extent, modification, revocation or exercise of any of the authorities herein contained, Bank may, but need not recognize nor give any effect to any notice from any Manager or Member of Company, or from any other person purporting to cancel, restrict or change any of said authorities, or the exercise thereof, unless Bank is required to do so by the judgment, decree or order of a court having jurisdiction of the subject matter and of the parties to such conflicting claims or disputes.
9. Company agrees to be bound by the Terms and Conditions for Business Accounts and Services, currently in effect and as amended hereafter, as well as any signature card, deposit ticket, checkbook, passbook, statement of account, receipt, instrument, document or other agreements, such as, but not limited to, funds transfer agreements, delivered or made available to Company from Bank and by all notices posted at the office of Bank at which the account of Company is maintained, in each case with the same effect as if each and every term thereof were set forth in full herein and made a part hereof.
10. Subject to paragraph 10 above, all the foregoing authorities shall remain in full force and effect until revoked or limited by written notice to Bank provided that such notice shall not be effective with respect to any revocation or modification of said authorities until Bank shall have had a reasonable opportunity to act thereon and in no event prior to the receipt or the payment of money or the withdrawal of funds dated on or prior to the date of such notice, but presented to Bank after receipt of such notice and Bank is hereby authorized at all times to rely upon the last notice, certification or communication received by it as to the persons who from time to time may be signatories of Company, or as to their respective specimen signatures and/or as to any other Company matters, and Bank shall be held harmless in such reliance.
11. The Managers, Members, and Officers of Company, or any one or more of them are hereby authorized to act for Company in all other matters and transactions relating to any of its business with Bank including, but not limited to, the execution and delivery of any agreements or contracts necessary to effect the foregoing Resolutions.
12. Company hereby represents and warrants that none of the authorities herein contained are contrary to or inconsistent with any other agreements among Members of Company, or between Company and other parties.
13. Bank is hereby released from any liability and shall be indemnified against any loss, liability or expense arising from honoring this Agreement.
14. The signature(s) below is/are the signature(s) of the Manager(s), if Company is manager-managed, the signature(s) of the Member(s) if Company is member-managed, or the signature(s) of the Officer(s) if Company is governed by a board of directors.

**NOTE: In case the Manager, Member, or Officer is authorized to sign by the above provisions, this Agreement should be signed by a second Manager, Member, or Officer.**

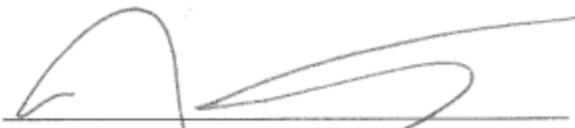
Very truly yours,

FSF, LLC

Name of Company

6100 Red Hook Quarter B3 St. Thomas USVI 00802

Address

By:   
Title: Member  
(Manager, Member, or Official Title)

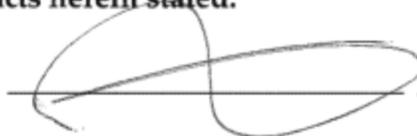
By:  12/24/19  
Title: Manager  
(Manager, Member, or Official Title)

**Closed**  
12/31/19  


AFFIDAVIT RE NOT DOING BUSINESS

Jeffrey Epstein being of lawful age and after having been duly sworn, state that:

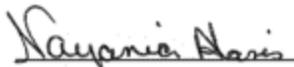
1. I am, and have been from the date of the filing of the Articles of Organization, a copy of which is attached hereto, the Sole Member of FSF, L.L.C. ("the Company").
2. I hereby confirm that the Company never did any business of any kind from the date of the filing of the Articles of Organization through the date of this statement and we further state that the Company has no intention of doing any business in the foreseeable future.
3. I hereby further confirm that the Company did not do business and does not intend to do business because it is a holding company, which was not and is not intended to be used for any type of business.
4. I hereby further confirm that the Company will not do any business of any kind prior to applying for and obtaining a United States Virgin Islands Business License, a copy of which will be delivered to the Bank.
5. The Company requires a bank account for the purpose of corporate expenses.
6. I have personal knowledge of the facts herein stated.



IN WITNESS WHEREOF the parties have signed and sealed this agreement this 24<sup>th</sup> day of October, 2008

SUBSCRIBED AND SWORN to me this 24<sup>th</sup> day of October, 2008

NOTARY PUBLIC-STATE OF FLORIDA  
 Nayanira Alanis  
Commission #DD375561  
Expires: NOV. 29, 2008  
Bonded Thru Atlantic Bonding Co., Inc.

  
Notary Public

**Closed**

12/31/19

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COPY

ARTICLES OF ORGANIZATION  
OF  
FSF, LLC

I, the undersigned natural person of the age of eighteen years or more, acting as organizer of a limited liability company under the Uniform Limited Liability Company Act, Chapter 15, Title 13, Virgin islands Code ("Uniform Limited Liability Company Act"), do hereby adopt the following Articles of Organization for such limited liability company:

ARTICLE ONE  
NAME, ADDRESS AND PRINCIPAL OFFICE

**Name and Address**

1. The Name and Address of the limited liability company shall be FSF, LLC (the "Company"), of 6100 Red Hook Quarter, Suite B-3, American Yacht Harbor, St. Thomas, Virgin Islands 00802. The mailing address of the Company shall be is 6100 Red Hook Quarter, Suite B-3, American Yacht Harbor, St. Thomas, Virgin Islands 00802.

**Principal Office**

2. The principal office and permanent address for the transaction of business of the Company shall be the address stated in paragraph 1 of these Articles as the physical address of the Company.

**Registered Agent and Office**

3. The mailing address of the Company's initial registered agent is 1340 Taarneberg, St. Thomas, VI 00802.
4. The physical address of the Company's registered agent is 1340 Taarneberg, St. Thomas, VI 00802.
5. The name of the initial registered agent at such address is Maria Tankenson Hodge.
6. The business address of the registered agent and the address of the registered office are identical.

2008 OCT 21 PM 4:9  
CORPORATIONS  
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Closed  
12/3/19  
*[Signature]*

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**ARTICLE TWO  
PURPOSE**

The purpose for which the Company is organized is to engage in the any and all lawful business for which a limited liability company may be organized under the Uniform Limited Liability Company Act and the other laws of the US Virgin Islands.

The foregoing paragraph shall be construed as enumerating both objects and purposes of this company, and it is hereby expressly provided that the foregoing numeration of specific purposes shall not be held to limit or restrict in any manner the purposes of this Company otherwise permitted by law.

**ARTICLE THREE  
DURATION AND CONTINUITY**

The period of duration of this company shall be perpetual. No member or manager shall have the power to dissolve the Company by his or her independent act of any kind, without the unanimous consent of all members.

**ARTICLE FOUR  
ORGANIZER**

The name and address of the organizer of this Company is:

Maria Tankenson Hodge  
1340 Taarneberg  
St. Thomas, Virgin Islands 00802

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12/31/19  
NK

**ARTICLE FIVE  
MANAGEMENT**

The Company shall be member-managed.

**ARTICLE SIX  
CAPITAL**

The Company shall begin business with capital in the amount of One Thousand Dollars (\$1,000.00).

**ARTICLE SEVEN**  
**LIMITATION OF LIABILITY**

No organizer of the Company shall be liable to the Company or its member for monetary damages for an act or an omission in such organizer's capacity as an organizer, except for liability of an organizer for (i) a willful breach of a organizer's duty of loyalty to the Company or its members, (ii) an act or omission not in good faith that constitutes a breach of duty of an organizer to the Company or an act or omission that involves intentional misconduct or a knowing violation of the law, (iii) a transaction from which an organizer received an improper benefit, whether or not the benefit resulted from an action taken within the scope of the organizer's position, or (iv) an act or omission from which the liability of an organizer is expressly provided for by an applicable statute.

If the Uniform Liability Company Act or other applicable law is amended to authorize action further eliminating or limiting the liability of organizers, than the liability of any organizer of the Company shall be eliminated or limited to the fullest extent permitted by the Uniform Limited Liability Company Act or other applicable law, as so amended.

Any repeal or modification of the foregoing paragraph by the members shall not adversely affect any right or protection of any organizer existing at the time of such repeal or modification.

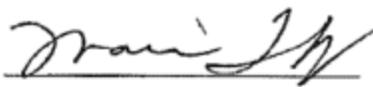
**ARTICLE EIGHT**  
**MEMBER LIABILITY**

No member of the Company shall be liable for the debts and obligations of the Company under Section 1303, Subsection (c) of the Uniform Limited Liability Company Act.

**ARTICLE NINE**  
**SEVERABILITY**

If any phrase, clause, sentence, paragraph, or provision of these Articles of organization is held to be void or illegal, then it shall not impair or affect the balance of these Articles, and the undersigned Organizer of the Company does hereby declare that she would have signed and executed the balance of these Articles without such void or illegal provisions.

IN WITNESS WHEREOF, the undersigned persons have hereunto set their hands as Organizers of the Company this the 20 day of October, 2008.



**Closed**  
12/31/19  


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LT. GOV. OFFICE  
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CORPORATIONS

IN THE TERRITORY OF THE UNITED STATES VIRGIN ISLANDS )  
DISTRICT OF ST. THOMAS & ST. JOHN )

BEFORE ME, the undersigned authority on this 20 day of October, 2008 personally appeared Maria Tankenson Hodge who, being by me first duty sworn, declared that she is the person who signed the foregoing document as the Organizer of the Company and that the statements contained in these Articles of Organization are true.

*Mark Hodge*

Notary Public in and for the Territory  
of the United States Virgin Islands  
My Commission expires:

**Mark Daniel Hodge**  
My Commission Expires:  
April 20, 2012  
LNP-008-08



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12/31/19  
NB

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CORPORATIONS  
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**CONSENT of AGENT for SERVICE of PROCESS**

\*\*\*\*\*

This writing witnesseth that the undersigned **MARIA TANKENSON HODGE** having been designated by the limited liability company known as FSF, L.L.C., as agent of the said company upon whom service of process may be made in all suits arising against the said company in the Courts of the Virgin Islands, does hereby consent to act as such agent, and that service of process may be made upon me in accordance with Title 13 of the Virgin Islands Code.

IN WITNESS WHEREOF, I have hereunto set my signature this 21<sup>st</sup> day of October, 2008.

*Maria Tankenson Hodge*

Maria Tankenson Hodge  
HODGE & FRANCOIS  
1340 Taarneberg  
St. Thomas, VI 00802

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2008 OCT 21 PM 1:49  
CORPORATIONS

Subscribed and sworn to before me this 21<sup>st</sup> day of October, 2008 at Charlotte Amalie, St. Thomas, U.S. Virgin Islands.

*Mark Hodge*  
Notary Public

**Mark Daniel Hodge**  
My Commission Expires:  
April 20, 2012  
LNP-008-08

Closed  
12/3/19  
*[Signature]*

*[Circular Notary Seal]*

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Corp No. 577775

**GOVERNMENT OF  
THE VIRGIN ISLANDS OF THE UNITED STATES  
--- O ---  
CHARLOTTE AMALIE, ST. THOMAS, VI 00802**

**CERTIFICATE OF EXISTENCE**

*To All To Whom These Presents Shall Come:*

I, GREGORY R. FRANCIS, Lieutenant Governor of the Virgin Islands do hereby certify that I am, by virtue of the laws of the Virgin Islands, the custodian of the corporate records and the proper officer to execute this certificate.

I further certify that the records of this office disclose that

**FSF, LLC**

**Limited Liability Company**

was duly registered to conduct business in the Territory on **October 21, 2008** and has a legal existence as a Limited Liability Company so far as the records of this office show.



Witness my hand and the seal of the Government of the Virgin Islands of the United States, at Charlotte Amalie, St. Thomas, this 4th day of August, 2009.

  
GREGORY R. FRANCIS  
Lieutenant Governor of the Virgin Islands

**Closed**  
10/31/19  


## CERTIFICATION OF BENEFICIAL OWNER(S)

*The information contained in this Certification is sought pursuant to Section 1020.230 of Title 31 of the United States Code of Federal Regulations (31 CFR 1020.230).*

<b>Person opening an account on behalf of a legal entity must provide the following information:</b>			Account # [REDACTED]
1. First Name and title of Natural Person Opening Account JEFFREY	2. Last Name EPSTEIN	3. Middle Initial E	
4. Name and type of Legal Entity for Which the Account is Being Opened FSF, LLC			
4a. Legal Entity Address 6100 Red Hook Quarter B3	4b. City St. Thomas	4c. State USVI	4d. ZIP/Postal Code 00802

### SECTION I

*(To add additional individuals, see page 3)*

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 20% or more of the equity interests of the legal entity listed above.

Check here  if no individual meets this definition and complete Section II.

5. First Name Jeffrey	6. Last Name Epstein	7. M.I. E	8. Date of Birth 01/20/1953
9. Address 6100 Red Hook Quarter B3	10. City St. Thomas	11. State USVI	12. ZIP/Postal Code 00802
13. Country USA	14. SSN (U.S. Persons/ Non-U.S. Persons) [REDACTED]	15. Identification Number (SSN, Passport Number or other similar identification number) [REDACTED]	
15a. State of Issuance: USA	15b. Country of Issuance: USA	16. Ownership % 100	

**NOTE:** In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

### SECTION II

Please provide the following information for an individual with significant responsibility for managing or directing the entity, including, an executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or Any other individual who regularly performs similar functions.

17. First Name Jeffrey	18. Last Name Epstein	19. M.I. E	20. Date of Birth 01/20/1953
21. Address 6100 Red Hook Quarter B3	22. City St. Thomas	23. State USVI	24. ZIP/Postal Code 00802
25. Country USA	26. SSN SSN (U.S. Persons/ Non-U.S. Persons) [REDACTED]	27. Identification (SSN, Passport Number or other similar identification number) [REDACTED]	
27a. State of Issuance: USA	27b. Country of Issuance: USA		

**NOTE:** In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

I, JEFFREY EPSTEIN (name of person opening account), hereby certify, to the best of my knowledge, that the information provided herein is true and correct. If any of the above mentioned information changes I agree to provide the financial institution written notification of such changes.

Signature: \_\_\_\_\_

Date: 02/11/2019  
(MM/DD/YYYY)

NNNG-1618-0418

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Legal Entity Identifier(Optional): \_\_\_\_\_

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12/31/19  
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NNNG-1618-0418

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Page 1 of 5

FirstBankPR000898

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**Additional Section 1 - Second Beneficial Owner (If required)**

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 20% or more of the equity interests of the legal entity listed above.

5. First Name		6. Last Name		7. M.I.	8. Date of Birth
9. Address			10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons/ Non-U.S. Persons)		15. Identification Number (SSN, Passport Number or other similar identification number)		
15a. State of Issuance:		15b. Country of Issuance:		16. Ownership %	

**NOTE:** In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

**Additional Section 1 - Third Beneficial Owner (If required)**

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 20% or more of the equity interests of the legal entity listed above.

5. First Name		6. Last Name		7. M.I.	8. Date of Birth
9. Address			10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons/ Non-U.S. Persons)		15. Identification Number (SSN, Passport Number or other similar identification number)		
15a. State of Issuance:		15b. Country of Issuance:		16. Ownership %	

**NOTE:** In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

**Additional Section 1 - Fourth Beneficial Owner (If required)**

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 20% or more of the equity interests of the legal entity listed above.

5. First Name		6. Last Name		7. M.I.	8. Date of Birth
9. Address			10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons/ Non-U.S. Persons)		15. Identification Number (SSN, Passport Number or other similar identification number)		
15a. State of Issuance:		15b. Country of Issuance:		16. Ownership %	

**NOTE:** In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

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**Additional Section 1 - Fifth Beneficial Owner (If required)**

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 20% or more of the equity interests of the legal entity listed above.

5. First Name		6. Last Name		7. M.I.	8. Date of Birth
9. Address			10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons/ Non-U.S. Persons)		15. Identification Number (SSN, Passport Number or other similar identification number)		
15a. State of Issuance:		15b. Country of Issuance:		16. Ownership %	

**NOTE:** In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

**Additional Section 1 - Sixth Beneficial Owner (If required)**

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 20% or more of the equity interests of the legal entity listed above.

5. First Name		6. Last Name		7. M.I.	8. Date of Birth
9. Address			10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons/ Non-U.S. Persons)		15. Identification Number (SSN, Passport Number or other similar identification number)		
15a. State of Issuance:		15b. Country of Issuance:		16. Ownership %	

**NOTE:** In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

**Additional Section 1 - Seventh Beneficial Owner (If required)**

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 20% or more of the equity interests of the legal entity listed above.

5. First Name		6. Last Name		7. M.I.	8. Date of Birth
9. Address			10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons/ Non-U.S. Persons)		15. Identification Number (SSN, Passport Number or other similar identification number)		
15a. State of Issuance:		15b. Country of Issuance:		16. Ownership %	

**NOTE:** In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

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