

Florida

CDL



USA

4a DLN **V526-720-87-366-0** 9 CLASS **A**

1 VAINQUEUR

2 REVENET

3 325 NW AURORA ST
PORT ST LUCIE, FL 34983

3 DOB 10/06/1987 15 SEX M

4b EXP 10/06/2031 16 HGT 5'-05"

12 REST E

9a END TN

4a ISS 10/06/2023

5DD P822310060100



Operation of a motor vehicle constitutes
consent to any sobriety test required by law.

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

~~REYNOLDS TRUCKING INC~~ ~~THE REVENUE VAINQUEN~~

2 Business name/disregarded entity name, if different from above

NAS TRUCKING LLC

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☒ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

5 Address (number, street, and apt. or suite no.) See instructions.

325 NEW AURORA ST

6 City, state, and ZIP code

PORT-ST-LUCIE, FL 384983

7 List account number(s) here (optional)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

Requester's name and address (optional)

Print or type.
See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

OR

Employer identification number

85 - 0513317 ✓

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

✓ *[Signature]*

Date ►

✓ 1-24-24

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

DIRECT DEPOSIT REQUEST FORM

Please Complete this form clearly, print and sign.

Driver's Name

company
REVVANT VAINQUEUR / NAS TRUCKING LLC

Routing Number

✓ 267084131

✓ Account Number

610718683

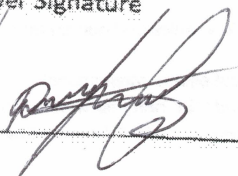
Please circle one

CHECKING

SAVING

I Authorize Royal and BRZ to automatically deposit my paycheck into account listed above.

Driver Signature

✓ 

✓ Date

1-24-24

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L20000087351
FILED 8:00 AM
March 23, 2020
Sec. Of State
slsingleton

Article I

The name of the Limited Liability Company is:

NAS TRUCKING LLC

Article II

The street address of the principal office of the Limited Liability Company is:

325 NW AURORA ST
PORT ST.LUCIE, FL. US 34983

The mailing address of the Limited Liability Company is:

325 NW AURORA ST
PORT ST.LUCIE, FL. US 34983

Article III

The name and Florida street address of the registered agent is:

REVENET VAINQUEUR SR
325 NW AURORA ST
PORT ST.LUCIE, FL. 34983

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 certificate, 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 relating 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 Signature: REVENETVAINQUEUR

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
REVENET VAINQUEUR
325 NW AURORA ST
PORT ST LUCIE, FL. 34983 US

Title: MGR
FRANCELINE JOSEPH
325 NW AURORA ST
PORT ST LUCIE, FL. 34983 US

L20000087351
FILED 8:00 AM
March 23, 2020
Sec. Of State
slsingleton

Article V

The effective date for this Limited Liability Company shall be:

03/21/2020

Signature of member or an authorized representative

Electronic Signature: REVENETVAINQUEUR

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

BUS COMPLETE CHK (...8683)

check your balance regularly.

Go to Chase Overdraft AssistSM

Account details

Available balance	-\$204.32	?
Present balance	-\$204.32	?
Account number	610718683	
Routing number	267084131	?
Interest rate	0.00%	
Interest in 2024	\$0.00	
Last statement date	Dec 29, 2023	

Hide details



Pay



Transfer



Accept



More

Manage account



Access tools & services for your account

See all transactions



OVERDRAFT FEE FOR A \$121.52 ITEM - DETAILS:
ORIG CO NAME:ACIMA ORIG ID:1462225226 DESC
Jan 02, 2024



Florida Department of Revenue
Reemployment Tax
Potential Liability Notice

RTS-FL30R
R. 05/17
03/30/20

Business Partner # : N/A
FEIN : 85-0513317

NAS TRUCKING LLC
325 NW AURORA ST
PORT ST LUCIE FL 34983-1578

According to the Internal Revenue Service (IRS), you were recently assigned the Federal Employer Identification Number (FEIN) shown above.

If you employ people in Florida and meet any of the criteria listed below, you may be liable to pay reemployment tax.

- You have a \$1,500 quarterly payroll or employed at least one worker for 20 weeks in a calendar year. Corporate officers performing services are considered employees (includes "S" corporations).
- You have a 501(c)(3) IRS exemption and employed four or more workers for 20 weeks in a calendar year. (Churches and church owned organizations are exempt.)
- You are an agricultural employer with a \$10,000 quarterly payroll or have at least five workers for 20 weeks in a calendar year.
- You pay \$1,000 in a quarter for domestic services in your private home or college club.
- You are liable for federal unemployment taxes.

If you meet any of the criteria listed above (currently or in the future), contact the Department so you can register and fulfill your reemployment tax obligation in Florida. You can register through our Internet site at **www.floridarevenue.com**. The site guides you through an application interview that will help you complete your registration. If you do not have Internet access, you can complete a paper *Florida Business Tax Application* (DR-1). You may download the form from our Internet site or order a copy to be mailed to you.

If you do not meet any of the criteria listed above, please disregard this notice.

If you have questions, contact Taxpayer Services at 850-488-6800, Monday through Friday, excluding holidays.

Please send written correspondence to:
Account Management
Florida Department of Revenue
P.O. Box 6510
Tallahassee, FL 32314-6510