

Florida

CDL



USA

9CLASS A

4d DLN **M624-100-89-327-0**

1 **MARCELLUS**
2 **CHRISTIAN**

8 **2335 NE 172ND ST APT 1**
NORTH MIAMI BEACH, FL 33160

3 DOB **09/07/1989** 15 SEX **M**

4b EXP **09/07/2026** 16 HGT **5'-07"**

12 REST **NONE** 9a END **N**

SAFE DRIVER

4a ISS **05/03/2022**

5DD **R032205030165**



Handwritten signature

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.
Christian Mariellos

2 Business name/disregarded entity name, if different from above
CMARcellus Transport 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) ▶

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.)

5 Address (number, street, and apt. or suite no.) See instructions.
2335 NE 172 Street Apt 1

6 City, state, and ZIP code
North Miami Beach, Florida, 33160

7 List account number(s) here (optional)

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
93-4484548

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 ▶ **02/12/2024**

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
Christian Marcellus / C. MARCELLUS Transport LLC

Routing Number

256 074974

Account Number

7179786228

Please circle one

☒ CHECKING

☐ SAVING

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

Driver Signature

Christian Marcellus

Date

04/12/2024

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

L24000028166
FILED 8:00 AM
January 12, 2024
Sec. Of State
tjhowell

Article I

The name of the Limited Liability Company is:

CMARCELLUS TRANSPORT LLC

Article II

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

2335 NR 172ND ST
APT 1
NORTH MIAMI BEACH, FL. US 33160

The mailing address of the Limited Liability Company is:

2335 NR 172ND ST
APT 1
NORTH MIAMI BEACH, FL. US 33160

Article III

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

CHRISTIAN MARCELLUS
2335 NR 172ND ST
APT 1
NORTH MIAMI BEACH, FL. 33160

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: CHRISTIAN MARCELLUS

Article IV

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

Title: AMBR
CHRISTIAN MARCELLUS
2335 NR 172ND ST
NORTH MIAMI BEACH, FL. 33160 US

L24000028166
FILED 8:00 AM
January 12, 2024
Sec. Of State
tjhowell

Article V

The effective date for this Limited Liability Company shall be:

01/12/2024

Signature of member or an authorized representative

Electronic Signature: CHRISTIAN MARCELLUS

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.

Signature

I authorize my employer to initiate the direct deposit of my paycheck into the account listed above. I understand my typed name will appear on the signature line and have the same legal effect as a hand-written signature. I understand direct deposit will not be initiated until I have submitted this form to my employer and it has been fully processed.

Signature

CMARCELLUS TRANSPORT LLC

Date

04/29/2024 ET

CMARCELLUS TRANSPORT LLC
2335 NE 172ND ST APT 1
NORTH MIAMI BEA, FL 33160-2963

NON-NEGOTIABLE

04/29/2024 ET
DATE

001

PAY TO THE
ORDER OF

\$

DOLLARS

Security
Features
Details on
Back

NAVY
FEDERAL
Credit Union

FOR

2 5 6 0 7 4 9 7 4 7179786228
ROUTING NUMBER ACCOUNT NUMBER

VOID