

DIRECT DEPOSIT REQUEST FORM

Please Complete this form clearly, print and sign.

Josue Mortimer	JMortimer InterPrises 120
Routing Number	
063100277	
220100201	
Account Number	
Account Number B98150629666	

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

Driver Signature

ma

Date

05-30-2024

Form W-9 Rev. October 2018)	Request fo Identification Numb	r Taxpayer er and Certificatio	n	Give Form to the requester. Do not send to the IRS.
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/FormW9 for ins	tructions and the latest infor	mation.	
Alame (as shown o	n, your income tax return). Name is required on this line; d	o not leave this line blank.		
DUOSU	2 MOVHM-Er aregarded entity name, if different from above			
(IMortiv		LC.		
Chark anomoriate	box for federal tax classification of the person whose nar		certain instruc	nptions (codes apply only to entities, not individuals; see tions on page 3):
bilder aphychiae bilder aphyc		Partnership	st/estate Exempt	payee code (if any)
Limited liability Limited liability Note: Check th LO if the LLC another LLC th is disenserted	company. Enter the tax classification (C=C corporation, S	=S corporation, P=Partnership)		tion from FATCA reporting
Note: Check th	e appropriate box in the line above for the tax classification is classified as a single-member LLC that is disregarded for		the LLC is and a	
another LLC th	at is not disregarded from the owner for U.S. federal tax p from the owner should check the appropriate box for the t	Urboses, Utherwise, a single-memu	Nor LEG GIAN	
Other (see instr	ructions) 🕨			accounts maintained outside the U.S.)
	street, and apt. or suite no.) See instructions.	Heques	ter's name and addr	esa (optional)
1210	Ne 15551			
	Jiami Beach FL 3:	3162		
7 List account numb				
Dent L Taxpay	er Identification Number (TIN)			
story your TIN In the son	coordate hox. The TIN provided must match the nar	me given on line 1 to avoid	Social security nu	umber
and un withholding For i	ndividuals, this is generally your social security nur etor, or disregarded entity, see the instructions for	mber (SSN). However, for a	000-	23-1643
esident alien, sole propri antities, it is your employe	er identification number (EIN). If you do not have a	number, see How to get a	0011-	
TN. later.			Employer identifi	cation number
Note: If the account is In Number To Give the Regi	more than one name, see the instructions for line the set of guidelines on whose number to enter.	1, AISO See What Name and		010077/
	-		85-1	240977
Part II Certific	ation			
The number shown on	this form is my correct taxpayer identification num	ber (or I am waiting for a numb	er to be issued to	me); and
2. I am not subject to bac Service (IRS) that I am no longer subject to ba), I am a U.S. citizen or o I, The FATCA code(s) enl certification instructions.	ther U.S. person (defined below); and tered on this form (if any) indicating that I am exem , You must cross out item 2 above if you have been r listeneet and dividends on your fay return. For real e	ickup withholding, or (b) I have ire to report all interest or divid opt from FATCA reporting is co lotified by the IRS that you are or state transactions, item 2 does r	not been notified ends, or (c) the IR rrect. urrently subject to lot apply. For mort	by the internal revenue S has notified me that I am backup withholding because cage interest paid.
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Electronic Articles of Organization For Florida Limited Liability Company



Article I

The name of the Limited Liability Company is: JMORTIMER ENTERPRISES LLC

Article II

The street address of the principal office of the Limited Liability Company is: 1210 NE 155TH ST MIAMI, FL. US 33162

The mailing address of the Limited Liability Company is: 1210 NE 155TH ST MIAMI, FL. US 33162

Article III

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

H&S ACCOUNTING & TAX SERVICES 7234 TAFT ST HOLLYWOOD, FL. 33014

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: HERNS PIERRE PAUL

Article IV

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



Title: MGR MORTIMER JOSUE 1210 NE 125TH ST MIAMI, FL. 33162 US

Article V

The effective date for this Limited Liability Company shall be:

05/15/2020

Signature of member or an authorized representative

Electronic Signature: HERNS PIERRE PAUL

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.