

Florida

CDL



CLASS A

40 DEN G660-161-79-369-0

1 GREER
2 DAVID AARON
3 2466 OAK GARDENS LN APT 2466
4 HOLLYWOOD, FL 33020-1622

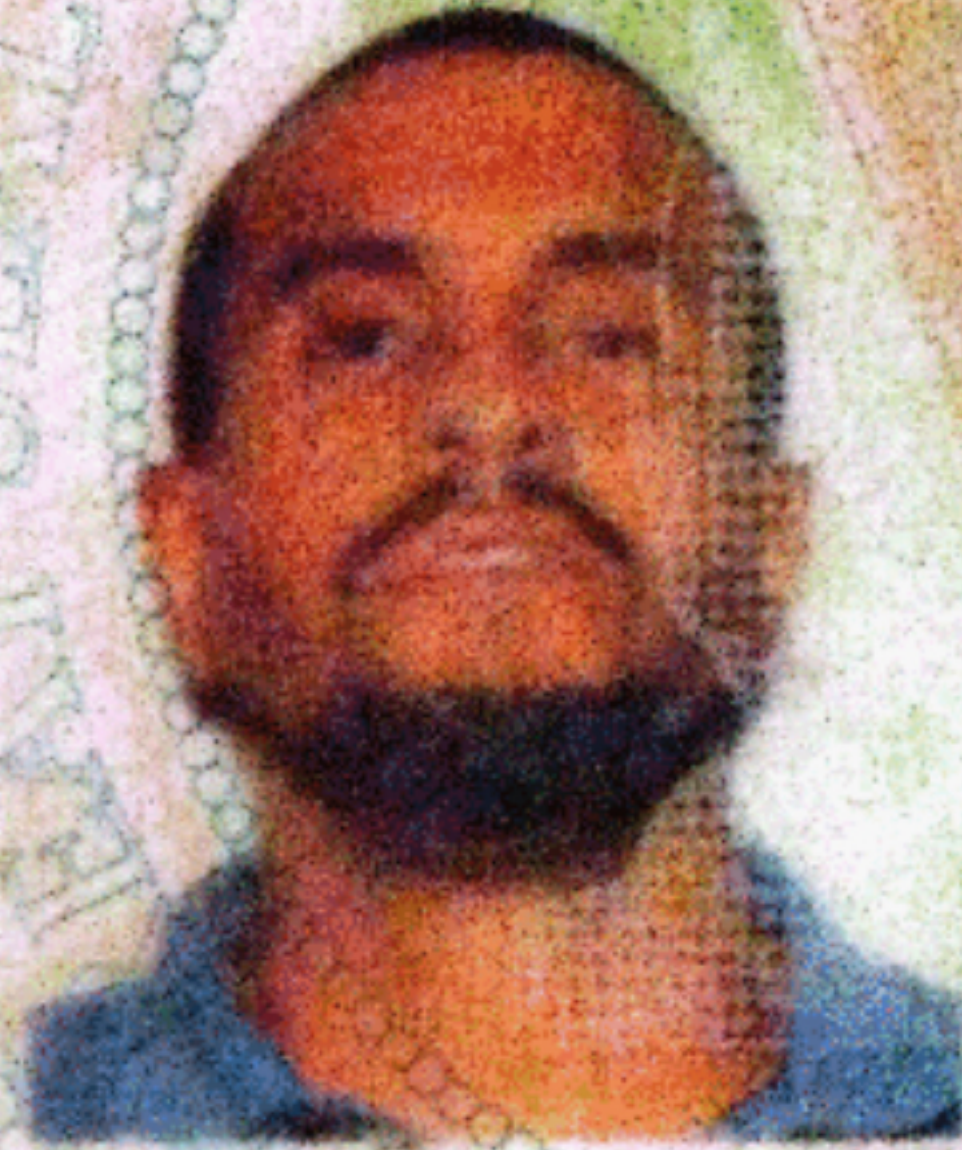
5 DOB 10/09/1979 15 SEX M
16 EXP 10/09/2027 16 HGT 6'-01"
12 REST NONE 98 END TNA

DONOR

4a ISS 09/23/2019

500 R021909230224

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.
David A Greer

2 Business name/disregarded entity name, if different from above
Rudy's Trade & Profit Company

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.
2494 Centergate Dr. #105

6 City, state, and ZIP code.
Miramar, FL 33025

7 List account number(s) here (optional)

8 Requester's name and address (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

8	8	-	1	4	3	5	5	7	5
---	---	---	---	---	---	---	---	---	---

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 ▶ 6/17/24

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

David A. Greer Rody's Trade + Profit Co.

Routing Number

063107513

Account Number

3662937097

Please circle one

☒ CHECKING

☐ SAVING

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

Driver Signature

Date

David A. Greer

6/17/24

To set up or change your Direct Deposit:

- ✓ Find your new Routing Number (RTN) and Account Number located below
- ✓ Provide this information to your employer/payor

63-751/631 10544

Pay to the
Order of Direct Deposit

Date

\$

Dollars



Security
Features
Details on
Back

**WELLS
FARGO**

Wells Fargo Bank, N.A.
Florida
wellsfargo.com



VOID

Routing Number (RTN)

Account Number

⑆063107513⑆

3662937097⑈

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MP

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

L22000150635
FILED 8:00 AM
March 28, 2022
Sec. Of State
jafason

Article I

The name of the Limited Liability Company is:

RUDY'S TRADE AND PROFIT COMPANY LLC

Article II

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

2494 CENTERGATE DR.
105
MIRAMAR, FL. US 33025

The mailing address of the Limited Liability Company is:

2494 CENTERGATE DR.
105
MIRAMAR, FL. US 33025

Article III

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

DAVID GREER
2494 CENTERGATE DR.
105
MIRAMAR, FL. 33025

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: DAVID GREER

Article IV

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

Title: AMBR
DAVID GREER
2494 CENTERGATE DR. #105
MIRAMAR, FL. 33025 US

L22000150635
FILED 8:00 AM
March 28, 2022
Sec. Of State
jafason

Signature of member or an authorized representative

Electronic Signature: CHEYENNE MOSELEY, LEGALZOOM.COM, INC.

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.