

Florida

CDL



USA

CLASS A

4d DLM **M228-012-49-000-0**

1 **MONTESINOS RODRIGUEZ**  
2 **CARLOS**

3 **1221 SW 122ND AVE APT 310**  
**MIAMI, FL 33184-2873**

3 DOB **06/14/1971** 15 SEX **M**

4b EXP **06/14/2028** 16 HGT **5'-07"**

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

**SAFE DRIVER**

4a ISS **06/18/2020**

SDD **S052409040049**

**REPLACED 09/04/2024**

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



FL



**Request for Taxpayer  
Identification Number and Certification**

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

Go to [www.irs.gov/FormW9](http://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.  
Carlos Montesinos

2 Business name/disregarded entity name, if different from above.  
CYK Logistics 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.  
1221 SW 122 AVE, APT # 310

6 City, state, and ZIP code  
Miami, FL 33184

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  
81-3459740 ←

**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 ▶ Carlos M

Date ▶ 11-04-24

**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](http://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.

W94935

## DIRECT DEPOSIT REQUEST FORM

Please Complete this form clearly, print and sign.

Driver's Name

Carlos Montesinos Rodriguez

Routing Number

063107513

Account Number

5079734140

Please circle one

CHECKING

SAVING

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

Driver Signature

Carlos

Date

11-04-24

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

L16000141094  
FILED 8:00 AM  
July 27, 2016  
Sec. Of State  
mtmoon

**Article I**

The name of the Limited Liability Company is:  
CYK LOGISTICS LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
2485 W 78 ST  
202  
HIALEAH, FL. 33016

The mailing address of the Limited Liability Company is:  
2485 W 78 ST  
202  
HIALEAH, FL. 33016

**Article III**

The name and Florida street address of the registered agent is:  
CARLOS MONTESINOS  
2485 W 78 ST  
202  
HIALEAH, FL. 33016

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: CARLOS MONTESINOS

### **Article IV**

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

Title: MGR  
CARLOS MONTESINOS  
2485 W 78 ST UNIT 202  
HIALEAH, FL. 33016

Title: AMBR  
YOANA CAPOTE DELGADO  
2485 W 78 ST UNIT 202  
HIALEAH, FL. 33016

**L16000141094**  
**FILED 8:00 AM**  
**July 27, 2016**  
**Sec. Of State**  
mtmoon

### **Article V**

The effective date for this Limited Liability Company shall be:

07/27/2016

Signature of member or an authorized representative

Electronic Signature: CARLOS MONTESINOS

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.

# WELLS FARGO BANK

HIALEAH GARDENS 11990 HIALEAH GARDENS BLVD HIALEAH GARDENS, FL 33019

0900

63751601

DATE

PAY TO THE ORDER OF

\$

DOLLARS

CYK LOGISTICS LLC  
2485 W 78TH ST APT 202  
HIALEAH FL 33016-2863

⑆063107513⑆5079734140⑈0900