

# Florida

CDL



USA

9CLASS A

4d0LN T230-060-92-346-0

1 TEJEDA

2 BRYAN

83941 SW 154TH CT

MIAMI, FL 33185-5415

3 DOB 09/26/1992 15SEX M

4b EXP 09/26/2031 16HGT 5'-11"

12 REST BE

8a END TN

07/05/2023

500 R062307050213

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](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.  
Bryan Tejeda

2 Business name/disregarded entity name, if different from above  
True-Way Logistics

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.  
6960 SW 40th Street

6 City, state, and ZIP code  
Miami, FL 33155

7 List account number(s) here (optional)

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	-	3	5	1	6	0	3	1
---	---	---	---	---	---	---	---	---	---

**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 ▶

Date ▶ 11/18/2024

**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](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.



## DIRECT DEPOSIT REQUEST FORM

Please Complete this form clearly, print and sign.

Driver's Name

True-Way Logistics

Routing Number

9500 91691

Account Number

267084131

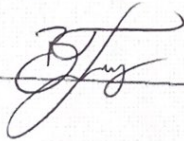
Please circle one

CHECKING

SAVING

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

Driver Signature



Date

11/18/2024



# Save Time with Direct Deposit

Complete this form, take it to your employer's payroll department and get your paychecks deposited directly to your account.

Customer name

True-Way Logistics, Inc.

Address line 1

6800 SW40th Street #337

Address line 2

Address line 3

City

Miami

State

FL

ZIP

33155-3708

BRYAN TEJEDA	
PAY TO THE ORDER OF	DATE
	\$
	DOLLARS
CHASE	
MEMO	
⑆267084131 ⑆ ⑆950091691 ⑆	

Employer's name

Account number

950091691

Routing number

267084131

I authorize my employer and my bank to automatically deposit my payroll check into the account listed above (this includes my authorization to correct entries made in error). This authorization will remain in effect until I give written notice to cancel it.

Customer signature

Date

**Electronic Articles of Incorporation  
For**

P22000060614  
FILED  
August 01, 2022  
Sec. Of State  
bcoates

TRUE-WAY LOGISTICS INC.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

**Article I**

The name of the corporation is:  
TRUE-WAY LOGISTICS INC.

**Article II**

The principal place of business address:  
43 SOUTH POMPANO PARKWAY  
208  
POMPANO BEACH, FL. 33069

The mailing address of the corporation is:  
43 SOUTH POMPANO PARKWAY  
208  
POMPANO BEACH, FL. 33069

**Article III**

The purpose for which this corporation is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The number of shares the corporation is authorized to issue is:  
100

**Article V**

The name and Florida street address of the registered agent is:  
BRYAN TEJEDA  
43 SOUTH POMPANO PARKWAY  
208  
POMPANO BEACH, FL. 33069

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: BRYAN TEJEDA

P22000060614  
FILED  
August 01, 2022  
Sec. Of State  
bcoates

## **Article VI**

The name and address of the incorporator is:

BRYAN TEJEDA  
43 SOUTH POMPANO PARKWAY  
208  
POMPANO BEACH, FL, 33069

Electronic Signature of Incorporator: BRYAN TEJEDA

I am the incorporator submitting these Articles of Incorporation 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 this corporation and every year thereafter to maintain "active" status.

## **Article VII**

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P  
BRYAN TEJEDA  
43 SOUTH POMPANO PARKWAY  
POMPANO BEACH, FL. 33069 US

## **Article VIII**

The effective date for this corporation shall be:

07/30/2022