

Florida

CDL



USA

CLASS A

DLN R362-200-84-376-0

1 RODRIGUEZ

2 EDDYCHEL

3 904 SARA AVE N

LEHIGH ACRES, FL 33971

4 DOB 10/16/1984 15 SEX M

10 EXP 10/16/2030 16 HGT 6'-00"

12 REST NONE 98 END NONE

18 DCS 7/1/18/2022

5DD M782201180015



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.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Edychele Rodriguez		
2 Business name/disregarded entity name, if different from above EHE Trans Inc		
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. <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input type="checkbox"/> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. 516 Park Ave S	Requester's name and address (optional)	
6 City, state, and ZIP code Lehigh Acres, FL 33974		
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										
7	7	2	-	6	0	-	1	6	1	2
or										
Employer identification number										
4	7	-	5	0	9	4	8	9	3	←

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 ▶ 02/03/2025
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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

Eddychel Rodriguez / Ed Etraus. Inc

Routing Number

263182517

Account Number

10050006792935

Please circle one

☒ CHECKING

☐ SAVING

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

Driver Signature



Date

2/3/2025

Handwritten: 11/15/88

DATE	AMOUNT	BALANCE
11/15/88	20.00	

E & E TRANS INC
 5330 CENTENNIAL BLVD
 LEHIGH ACRES, FL 33971-7554

1149
 63-82817631



Pay to the
 Order of _____

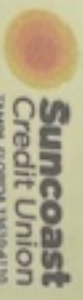
Date _____

\$ _____

Dollars



Printed
 State
 Security
 Features



Suncoast
 Credit Union
DAWYN, FLORIDA 33819-4110

For _____

⑆ 2631828171⑆ 10050006792935⑆ 1149

Member Checks

**Electronic Articles of Incorporation
For**

P15000076745
FILED
September 16, 2015
Sec. Of State
rwhite

E & E TRANS 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:

E & E TRANS INC

Article II

The principal place of business address:

5330 CENTENNIAL BLVD
LEHIGH ACRES, FL. 33971

The mailing address of the corporation is:

5330 CENTENNIAL BLVD
LEHIGH ACRES, FL. 33971

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:

1

Article V

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

EDDYCHEL RODRIGUEZ
5330 CENTENNIAL BLVD
LEHIGH ACRES, FL. 33971

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

Registered Agent Signature: EDDYCHEL RODRIGUEZ

Article VI

The name and address of the incorporator is:

EDDYCHEL RODRIGUEZ
5330 CENTENNIAL BLVD

LEHIGH ACRES, FL 33971

Electronic Signature of Incorporator: EDDYCHEL RODRIGUEZ

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
EDDYCHEL RODRIGUEZ
5330 CENTENNIAL BLVD
LEHIGH ACRES, FL. 33971

Title: VP
SONIA PEREZ
5330 CENTENNIAL BLVD
LEHIGH ACRES, FL. 33971

Article VIII

The effective date for this corporation shall be:

09/15/2015