

# Florida

CDL

USA

4d DLN **P422-108-76-203-1**

1 **PALACIOS**  
2 **CARLOS HUMBERTO**  
8 **1950 N CONGRESS AVE APT 107**  
**WEST PALM BEACH, FL 33401-1650**

3 **DOB 06/03/1976** 15 **SEX M**  
4b **EXP 06/03/2029** 16 **HGT 5'-10"**  
12 **REST NONE** 9a **END NONE**

4a **ISS 12/09/2021**

5DD **P732311200073**

**REPLACED 11/20/2023**

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.  
**Carlos Dela Cruz**

2 Business name/disregarded entity name, if different from above  
**CTS Isaia's 42:12 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.  
**5825 Caribbean Blvd Unit 4205**

6 City, state, and ZIP code  
**West Palm Beach FL 33407**

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

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or  
Employer identification number

9	2	-	1	2	2	8	9	0	0
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### 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 ▶

03/28/25

### 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

carlos Palacios

Routing Number

063107513

Account Number

3451204006

Please circle one

☒ CHECKING

☐ SAVING

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

Driver Signature

Date

03/28/25





Mi Amor  
4/1/25, 10:33 AM



Harland Clarke

**Reordering is easy!**

Use your Wells Fargo Mobile<sup>®</sup> app,

Sign on at [wellsfargo.com/checks](https://www.wellsfargo.com/checks) or

Call 1-800-TO-WELLS (1-800-869-3557)

WELLS  
FARGO

Wells Fargo Bank, N.A.  
Florida  
[wellsfargo.com](https://www.wellsfargo.com)

⑆063107513⑆ 3451204006⑆

Routing Number

Account Number

← Reply





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

**L22000505031  
FILED 8:00 AM  
November 30, 2022  
Sec. Of State  
jafason**

**Article I**

The name of the Limited Liability Company is:  
CTS ISAIAS 42:12 LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
2191 N AUSTRALIAN AVE  
APT 202  
WEST PALM BEACH, FL. US 33407

The mailing address of the Limited Liability Company is:  
2191 N AUSTRALIAN AVE  
APT 202  
WEST PALM BEACH, FL. US 33407

**Article III**

Other provisions, if any:  
ALL AND ANY LAWFUL BUSINESS PURPOSE

**Article IV**

The name and Florida street address of the registered agent is:  
R & C BUSINESS SERVICES INC  
6470 LAKE WORTH RD  
LAKE WORTH, FL. 33463

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: ALBERTINA CABRERA



## **Article V**

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

Title: AMBR  
CARLOS H PALACIOS  
2191 N AUSTRALIAN AVE APT 202  
WEST PALM BEACH, FL. 33407 US

**L22000505031**  
**FILED 8:00 AM**  
**November 30, 2022**  
**Sec. Of State**  
jafason

Signature of member or an authorized representative

Electronic Signature: ALBERTINA CABRERA

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.