

ILLINOIS

Alexi Giannoulas • Secretary of State

CDL

USA



4d LIC NO: M452-0008-8024

3 DOB: 01/24/1988

4b EXP: 01/24/2028

1 MOLINA, ACOSTA

2 ANDRES

8 120 N STATE ST
AURORA, IL 60505

9 CLASS: A
12 REST: NONE

9a END: NONE

15 SEX: M
16 HGT: 5'-08"

17 WGT: 165 lbs
18 EYES: BRN

5 DO 20231220314EV5459

4a ISS: 12/20/2023



TYPE: ORG

Proctor

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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

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. Molina Acosta Andres		
2 Business name/disregarded entity name, if different from above AM Forward Freight 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. <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. 201 SHOREVIEW DR.	Requester's name and address (optional)	
6 City, state, and ZIP code GREENACRES, FL 33463		
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.

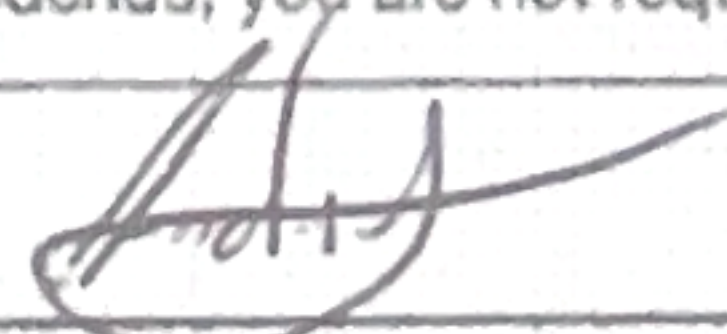
Social security number								
				-				
or								
Employer identification number								
8	1	-	1	7	6	2	2	3

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 ► 05/28/25
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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.

MOLINA

DIRECT DEPOSIT REQUEST FORM

Please Complete this form clearly, print and sign.

Driver's Name

Andres Molina AM Forward Freight LLC.

Routing Number

061000227

Account Number

2508842065

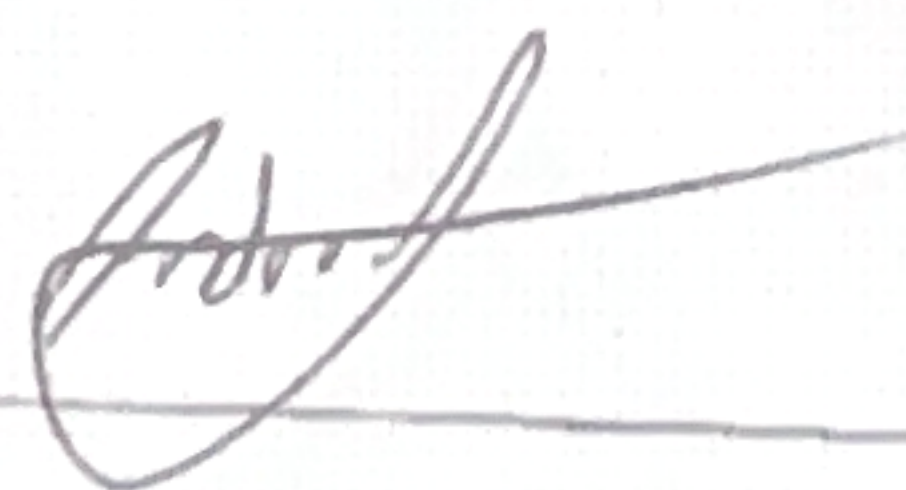
Please circle one

☒ CHECKING

☐ SAVING

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

Driver Signature



Date

5/28/25

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

L16000038318
FILED 8:00 AM
February 23, 2016
Sec. Of State
ccave

Article I

The name of the Limited Liability Company is:
AM FORWARD FREIGHT LLC

Article II

The street address of the principal office of the Limited Liability Company is:
5108 MICHIGAN AVE
11A
WEST PALM BEACH, FL. 33415

The mailing address of the Limited Liability Company is:
5108 MICHIGAN AVE
11 A
WEST PALM BEACH, FL. 33415

Article III

Other provisions, if any:
ANY LAWFUL BUSINESS

Article IV

The name and Florida street address of the registered agent is:
ANDRES MOLINA
5108 MICHIGAN AVE
11 A
WEST PALM BEACH, FL. 33415

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: ANDRES MOLINA

Article V

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

Title: MGR
ANDRES MOLINA
5108 MICHIGAN AVE # 11A
WEST PALM BEACH, FL. 33415

L16000038318
FILED 8:00 AM
February 23, 2016
Sec. Of State
ccave

Article VI

The effective date for this Limited Liability Company shall be:

02/23/2016

Signature of member or an authorized representative

Electronic Signature: ANDRES MOLINA

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.

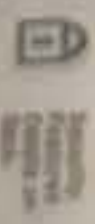
PAY to the
Order of

VOID

Date

\$

Dollars



WELLS
FARGO
Wells Fargo Bank, N.A.
Georgia
wellsfargo.com

For

⑆061000227⑆ 2508842065⑈

04-22/610 3030