

P10000065129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

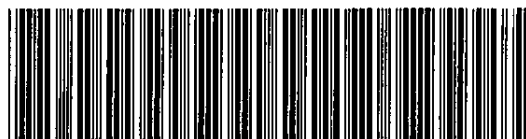
(Business Entity Name)

(Document Number)

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10/14/10
E. DENNARD
ED

Malave, Erin

From: Mountain Lion Group Inc. [info@mountainliongroup.com]
Sent: Tuesday, October 12, 2010 3:22 PM
To: CorpAddressChange
Subject: EN number on file

Attachments: mlgein.pdf



mlgein.pdf (243 KB)

P10000065129

Hello,

we have started a Florida Profit Corporation:
MOUNTAIN LION GROUP INC.

If i search for our record, the online file
indicates: FEI/EIN Number NONE

We have received an EIN number, how do
i get this number on file with Sunbiz.org ?
Please see the PDF for details Ein 37-1608201

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Best regards,

Erik Broekhuijsen
President

Mountain Lion Group Inc.
80 S.W. 8th Street, Suite 2000
Miami, FL 33130
Phone: +1 305-537-5404
info@mountainliongroup.com
<http://www.MountainLionGroup.com>

Form **SS-4**

(Rev. January 2009)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

37-1608201

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested MOUNTAIN LION GROUP INC.		
	2 Trade name of business (if different from name on line 1)		3 Executor, administrator, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 80 SOUTHWEST 8TH STREET		5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code (if foreign, see instructions) MIAMI, FLORIDA 33130		5b City, state, and ZIP code (if foreign, see instructions)
	6 County and state where principal business is located MIAMI-DADE COUNTY, FL		
	7a Name of principal officer, general partner, grantor, owner, or trustor HENDRIK BROEKHUIJSEN, PRESIDENT		7b SSN, ITIN, or EIN US VISA #20090143610007
	8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members
	8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.		
	<input type="checkbox"/> Sole proprietor (SSN) _____ <input checked="" type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120 <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <input type="checkbox"/> Group Exemption Number (GEN) if any ▶ _____		
9b If a corporation, name the state or foreign country (if applicable) where incorporated FLORIDA		Foreign country	
10 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____			
11 Date business started or acquired (month, day, year). See instructions. 08/10		12 Closing month of accounting year December	
13 Highest number of employees expected in the next 12 months (enter -0- if none). Agricultural _____ Household _____ Other Other		14 Do you expect your employment tax liability to be \$1,000 or less in a full calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "Yes.")	
15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ N/A			
16 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) _____			
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. HOLDING COMPANY			
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶ _____			

Third
Party
Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name

Address and ZIP code

Designee's telephone number (include area code)

Designee's fax number (include area code)

Applicant's telephone number (include area code)

(786) 837-9934

Applicant's fax number (include area code)

(305) 857-3700

Form **SS-4** (Rev. 1-2009)