N16000007709



100420384131

57 12/14/23

STATEMENT OF FACT

(PLEASE refer to the original articles filed 8/05/2016 and attached BYLAWS)

My name is Kemari W Isaacs, I am the owner of the nonprofit Cross Our Hearts Inc. The EIN and 501c3 application were applied for in August 2016 by Nickolas J. Spradlin, Esq with my government identification credentials. On November 14, 2023, I Kemari W Isaacs dissolved the business legally and this was not done maliciously, it was done with the intent to stop Kevin W Isaacs Sr & Hope J Pace from soliciting contributions illegally and using my information for personal gain. Kevin W Isaacs Sr is NOT the PRESIDENT or OWNER of this business, he is the VP and his title was never changed. On November 20th Mr. Kevin W. Isaacs Sr reopened the business and made a name change along with removing myself from the business and adding two additional members which is illegal Pursuant to section 817.155, Florida statues.

*Request for signed written statements from the board members or its directors that gives Kevin W Isaacs Sr permission to amend the articles of this corporation and a copy of Cross Our Hearts BYLAWS along with the meeting minutes from secretary/treasurer.

Please be advised that the original and only board of directors and board members are as follows:

Kemari W Isaacs (Owner / President)
Kevin W Isaacs Sr (Vice President)
Florrita Barnes (Secretary / Treasurer)
Tawanda Massalene (Board member)
Kevin Holland (Board member)
LaQuinda Barnes (Board member)

To address this matter, I would like the public to know Cross Our Hearts has never held a board meeting to adopt any changes regarding removing or adding members. All changes made by Kevin W Isanes Sr are null and void under Article 14 Amendments may be made to these articles in accordance with Florida Law. All amendments shall be APPROVED by the Board of Directors. Proposed by them to the members and approved at the members meetings by a majority of the members, unless all the directors and all the members sign a written statement presenting their intention that a certain amendment of these articles of incorporation is made.

The Public should also be aware that the State of Florida requires a physical address for all nonprofit organizations operating in the State of Florida, as of January 2023 142 Windtree Lane has been on the market for rent and no business is currently being operated from the residence.

Please be advised effective September 2023 the solicitation and contributions has been closed with the FDACS.GOV, therefore this business is NOT authorized by the State of Florida to 201cit contributions for any donations, grants, or sponsorships for Cross Our Hearts Inc.

theycrossourhearts@gmail.com

1070 Montgomery RD #2681 Altamonte Springs, FL 32714



Sunbizzorg is only responsible for recording business fillings and does not hold any individual accountable for falsifying documents that are filed with their organization. Additionally, Kevin W Isaacs Sr has been advised to obtain a new EIN with IRS and apply for a new business with the State and submit a new application for solicitation for his business. Due to the ongoing fraud investigation please do your due diligence with the referenced business and all parties currently listed effective November 20, 2023. If you should require additional information or status of the ongoing investigation, please contact me via email at the information below. No one has access to the business phone numbers, emails or address other than Kevin W Isaaes & Hope J Pace.

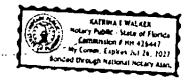
Sincerely

Kemari W Isaacs Owner/President Cross Our Hearts Inc. Kisaacs2@gmail.com P.O Box 1683 Windermere, FL 34786

WORN TO AND SUBSCRIBED TO BEFORE DAY OF T

COTARY PUBLIC REGISTRATIONS

COMMISSION EXPIRES 101



877-264-4483

^{tr}eycrossournearts@gmail.com

1070 MONTCOMERY RD #2681 ALIAMONTE SPRINGS, FL 32714

was then presented to the meeting for adoption a proposed set of Bylaws of the corporation. The Bylaws were considered and discussed and, on motion duly made and seconded, it was unanimously

RESOLVED, that the Bylaws presented to this meeting be and hereby are adopted as the Bylaws of the corporation;

RESOLVED FURTHER, that the Secretary of this corporation is directed to see that a copy of the Bylaws is kept at the corporation's principal office.

Corporate Tax Exemptions

The Chairperson announced that, upon application previously submitted to the Internal Revenue Service, the corporation was determined to be exempt from payment of federal corporate income taxes under Section 501(c)(3) of the Internal Revenue Code per Internal Revenue Service determination letter dated _______, 2____. The Chairperson then presented the federal tax exemption determination letter and the Secretary was instructed to insert this letter in the corporate records book.

The Chairperson announced that the corporation was exempt from applicable state corporate income, franchise or similar taxes. The Chairperson instructed the Secretary to place a copy of any correspondence related to the corporation's state corporate tax exemption in the corporate records book

Election of Officers

	ľ		·,
President	KEMARI W. ISAACS		
Vice President	KEVIN W. ISAACS, SR.		
Secretary	FLORRITA BARNES		i
Treasurer	FLORRITA BARNES	·	.
•		-	- 1
¥	- [j
			Ì

Each officer who was present accepted his or her office. Thereafter, the President presided at the meeting as Chairperson of the meeting, and the Secretary of the corporation acted as secretary of the meeting.

Principal Office

After discussion as to the exact location of the corporation's principal office for the transaction of business in the county named in the Bylaws, upon motion duly made and seconded, it was RESOLVED, that the principal office of this corporation shall be located at 142 R. Winter Garden, Florida 34787.

877-264-4483

theycrossouthearts@gmail.com

1070 Montgomery RD #2681 Altamonte Springs, FL 32714



Kemari W Isaacs 9300 Conroy Windermere Rd #1683 Windermere, FI 34786

To whom it may concern:

My name is Kemari W Isaacs, the owner of Cross our Hearts Inc, this is to notify the Internal Revenue Service that I am requesting the 501c3 application be dissolved and no modification be made to the EIN. On November 14, 2023, it was dissolved at the state level and as of November 20, 2023, it was re-opened, and a name change was done by Kevin W Isaacs Sr illegally. Myself nor did any board members give him permission to do so as the business has never had a board meeting to authorize him to make any changes. I am in possession of BYLAWS, and he has violated all terms and conditions. I have sent him an email stating that I cancelled the solicitation and contribution with the Florida Department of Agriculture because he is abusing and misusing my name and the nonprofit for personal gain. I have contacted the IRS for months to notify them of the activity. I have never filed the form N990 and do not have any knowledge how to do so, I do not have access to the login credentials that Kevin W Isaacs Sr has made with the IRS. I am respectfully requesting the closure of the tax exemption immediately. Kevin W Isaacs Sr & Hope J Pace has possession of my personal information and I do not give either permission to use my information for anything.

ENTERNA T WALESE

Notary Public - State of Florica Commission # KH 424447 Comm. Expires Jul 26, 2027

ed through National Hotary Assn.

Sincerely

Kemari W Isaacs Owner/President Cross Our Hearts Inc. Kisaacs2@gmail.com

877-264-4483

the/crossouthearts@gmail.com

1070 Montgomery RD #2681 ALTAMONTE SPRINGS, FL 32714 JE/COMMONWEALTH OF (COUNTÝ OF (

TARY PUBLIC REGISTRATIONS

· COMMISSION EXPIRES JUI



CROSS OUR HEARTS, INC.

Formed in Florida

Federal Employer Identification Number (Federal Tax ID Number)



The Law Offices of Nick Spradlin, PLLC

877-264-4483 2202 N. West Shore Blvd. Suite 200 + TAMPA, FL 33607 toll Free Number: (877) 845-0621 + Tel. (813) 435-3176 + Fas: (813) 333-6358

http://www.nicxspradlin.com Email_ns@nickspradlin.com

Ineycrossoulli arts@gmail.com 1070 MC TEGOWERY RD.

ALTAMONTE SPRINGS, FL 32714



P. O. BOX 2506 CINCINNATI, OH 45201

APR 1 4 2020

CROSS OUR HEARTS INC C/O KENARI W ISAACS 142 WINDTREE LANE WINTER GARDEN, FL 34787-0000 Employer Identification Number: 26053480001760 Contact Person: CUSTOMER SERVICE ID# 31954 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 11 Public Charity Status: 509 (a) (2) Form 990/990-EZ/990-N Required: Effective Date of Exemption: March 18, 2020 Contribution Deductibility: Yes Addendum Applies: Иo

Dear Applicant:

we're pleased to tell you we determined you're exempt from federal income tax junder Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this latter.

If we indicated at the top of this letter that you're required to file Form \$90/990-EZ/990-N, our records show you're required to file an annual: - information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your except status will be automatically revoked.

If we indicated at the top of this latter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(1) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Lotter 947

CROSS OUR HEARTS INC

877-2-4483

Sincersiy,

they crossournearts@gmail.com

1070 MONTGOMERY RD #2681 ALTAMONTE SPRINGS, FL 32714 ptoplen is matest

WWW.C母母&SOURHEARTS.ORG

Big it Siles in Sile	ė ameri	SS-4	Application for Employer Identification Number	OMB No. 1545 9003			
Legal marked streams P. See apparate instructions for each inc. P. Keep a copy for your records. N1.3481834	ţu.	2010 ومنيدسان		EIN			
CRAINE_FORTHSTARTS_INC. Security administration trade = Code of name KEMARIW_ISAACS Security and address room act _suits no and street of P.O. Door Security and address room act _suits no and street of P.O. Door Security and address room act _suits no and street of P.O. Door Security and address room act _suits no and street of P.O. Door Security and address room act _suits no and street of P.O. Door Security and address room act _suits no and street of P.O. Door Security and address room act _suits no and street of P.O. Door Security and address room act _suits no and act _suits and _su			and:	81-3481834			
Table name of business fit different from name on time 1) 3 Executor, administrator, instine 1 1 2 2 3 4 3	_	1 Legal r	name of entity (or individual) for whom the EIN is being requested				
Section City, state, and ZIP code 8f foreign, see instructions)	ا .		· · · · · · · · · · · · · · · · · · ·	·- ·- ·- ·			
Section City, state, and ZIP code 8f foreign, see instructions)	Ê	2 Trade i	,	"care of" name			
Section City, state, and ZIP code 8f foreign, see instructions)	KEMARI W. ISAACS						
County and state and IP code if toward, see instructions) NINTIER (CARTIEN FILERIDA ATX) County and state where perceptal business is located ORANCIE, PLORIDA To limit of resports 54 party REMART IN . ISANCS Bit is this application for a limited locately company (LLG) for a foreign education for a limited locately company (LLG) for a foreign education for a limited locately company (LLG) for a foreign education for a limited locately company (LLG) for a foreign education for a limited locately company (LLG) for a foreign education for a limited locately company (LLG) for a foreign education for a limited locately company (LLG) for a foreign education for a limited locately company (LLG) for a foreign education for a foreign education. If Bit is "Yes," see the instructions for the consect four to crack. In State of the company (LLG) for a foreign education (LLG) foreign education (LLG) for a foreign education (LLG) for a foreign education (LLG) for a foreign education (LLG) f	- 1	_	saddass from the site of the site of the same of the site of the same of the s	not write a r o bor y			
County and distal where principal business is located ORANIE. PLORIDA 78. Name of responsible party REMARI M. ISAACS 15 is the apposition for a limited listedly company (LLQ) for a foreign equivalent? 16 is this apposition for a limited listedly company (LLQ) for a foreign equivalent? 18 is 18 is 5°, which is LLC organized in the funited States? 19 is 18 participate. 19 per or entity (check only one bon) Caution, if 8a is "Vex." see the instructions for the correct flox to check. 19 See propositio (SSN) 10 Personal service composition 11 Corporation (enter from number to be Next) ≥ 11 Participation 12 Corporation (enter from number to be Next) ≥ 13 Participation 14 Corporation (enter from number to be Next) ≥ 15 Personal service corporation 15 Onthe noncorts organization (speedy) ≥ —999 16 Onthe (speedy) ≥ 17 State of the organization (speedy) ≥ —999 17 State organization (speedy) ≥ —999 18 State organization (speedy) ≥ —999 19 Onthe (speedy) ≥ 10 Research for applying (sheck only one boar) 10 Research for applying (sheck only one boar) 11 State organization (speedy) ≥ —999 12 State organization (speedy) ≥ —999 13 State organization (speedy) ≥ —999 14 State organization (speedy) ≥ —999 15 Compliance with IRS withholding requisitions 16 Concept the post of organization (speedy) year) ≥ —999 17 Congress organization (speedy) year) ≥ —999 18 State organization (speedy) year) ≥ —999 19 Consider the propose (check) propose) ≥ —999 10 Stated new business (speedy lytop) ≥ —999 11 Compliance with IRS withholding requisitions 12 Contract organization (speedy) year) ≥ —999 13 Stated new business (speedy lytop) ≥ —999 14 Stated new business (speedy lytop) ≥ —999 15 Personal state organization (speedy lytop) ≥ —999 16 Conditions stated or social sealing in the next 12 months (enter -0 a none) 17 Contract (speedy) year) ≥ —999 18 Personal state organization (speedy lytop) ≥ —999 19 Dele business stated or social sealing in the next 12 months (enter -0 a none) 19 Personal state waye	፩,		tate, and ZIP code (if foreign, see instructions) 5b. City, state, and ZIP code (if foreign)	egn, see instructions)			
Rame of responsible party REMARI W. ISSACS Research Resea							
Rame of responsible party REMARI W. ISSACS Research Resea	6 County and state where principal business is located						
KEMART M. I SAACS 50 Is this application or alimited liability company (ILC) for a triving reconsiderin? 50 Is this application or alimited liability company (ILC) for a triving reconsiderin? 50 Is the size Yee," was the LLC organized in the United Statiste? 50 Is the size Yee," was the LLC organized in the United Statiste? 50 Is the size Yee," was the LLC organized in the United Statiste? 50 Is prometor (ISSN)	Σ,						
Is this application for a firmled liability company (LLC) for a live an expectation for a firmled liability company (LLC) for a live an expectation for the correct has to check the post and the firmless of the correct has to check the post and the firmless of the correct has to check the post and the firmless of the correct has to check the post and the firmless of the correct has to check the post and the firmless of the correct has to check the post and the firmless of the correct has to check the post and the firmless of the correct has to check the post and the firmless of the correct has to check the post and the firmless of			1 111 111 111 111 111				
a longin equination? If Sails "Yes," was the LLC organized in the United States? Type of entity (check only one bod) Gautten. If Sails "Yes," see the instructions for the correct hor to check Sole proprietor (SSN) Pattnership Personal service corporation Occupitation (write form number to be Ned) P Personal service corporation Occupitation (write form number to be Ned) P Personal service corporation Occupitation (write form number to be Ned) P Personal service corporation Occupitation (write form number to be Ned) P Personal service corporation Occupitation (write form number to be Ned) P Personal service corporation Occupitation (write form number to be Ned) P Personal service corporation Occupitation (write form number to service) Other proporation representation (write form) Other proporation representation (write form) Other proporation representation (write form) (X) Started new business (opedity hype) P Personal for applying (fore) only one board (write form) (X) Started new business (opedity hype) P Purchased going business Under (specify Pyropaty) P Desired a trust (specify type) P Purchased going business Under (specify type) P Occupitation (specify write form) Occupitation (specify write form) NNSCOILS NNSCOILS NNSCOILS Anount (specify write form) Anount (specify write form) Personal as a state of cocupitation (write form) Anount (specify write form) One (specify type) P One (specify write form) One (specify type) P One (specify type) P One (specify type) P One (specify write form) Anount (specify write form) Anount (specify write form) Anount (specify write form) Anount (specify write form) One (specify write form) One (specify write form) One (specify write form) Anount (specify write form) One (specify type) P One (specify type)	 Ba	-		ne number of			
Type of entity (check only one bos). Caution, if 8a is "Yes," see the instructions for the conect box to check. Sole propostor (SSN)				•			
Sole propertor (SSN)	8c	If Sa is "Ye	s," was the LLC organized in the United States?	No			
Pastnership	۷a	Type of er	stirty (check only one box). Caution, if 8a is "Yes," see the instructions for the correct box to	check			
Corporation (enter form number to be Ned)							
Persons service corporation National Guard StateAncial government		_ :	· ·				
Church or chain-controlled or ganization Femmes' cooperative Federal government/mixtury today non-profit organization (specify) = —990 RRMC today Result Reduct Reduc				Esstudocal do Aromani			
Other (specify)				- · · · · · · · · · · · · · · · · · · ·			
It is corporation, name the state or foreign country (if appricable) where incorporated			nonprofit organization (sp+cify) ➤ 990 REMIC	kulsan tribal governments/enterprises			
(if applicable) where incorporated							
Banking purpose (specify purpose) N Started new business (specify type) Changed type of organization (specify new type) Purchased going business Purchased going business Purchased going business Changed type of organization (specify new type) Compliance with IRS withhording regulations Ceated a trust (specify type) Compliance with IRS withhording regulations Ceated a pension plan (specify type) Other (specify) Other (speci	W()	-		1 country			
Note Started new business (specify type) Changed type of organization (specify new type) Purchased group business Purchased group business Purchased group business Purchased group business Cheated a trust (specify type) Purchased group business Cheated a person plan (specify type) Purchased group business Cheated a person plan (specify type) Purchased group Pu	10	Reason to					
Purchased going business Purchased going business Created a trust (specify type) ▶ Compliance with IRS withhording regulations Created a person plan (specify type) ▶ Coher (specify) ▶ Date business started or occurred (month day, year) See instructions. 12 Closing month of accounting year. DECEMBER 8/5/2016 14 If you expect your employment tax tability to be \$1,000 13 Highest number of employees expected in the next 12 months (enter -0-d none) 14 If you expect your employment tax tability one state of from 941 quarterly, check here (Your employment tax itability generally will be \$1,000 15 First date wages or annuties were paid (month, day, year). Note: if applicant is a withholding agent enter date income will first be peid to nonvescreant alien (month day, year). 16 Check one box that best describes the principal activity of your business Consideration Consideratio		[X] Started		lew type) ▶			
Compliance with IRS withholding regulations Oreated a pension plan (specify type)				•			
Other (specify) Date business started or acquired (month, day, year) See instructions. 12 Closing month of accounting year DECEMBER							
Date business started or accurred (month, day, year). See instructions. 8/5/2016 13 Highest number of employees expected in the next 12 months (enter -0- d none). If no employees expected ship are 14. 14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 amusity instead of Form 941 quarterly, check here. (Your employment tax liability generality will be \$1,000 or less in full calendary sear and want to file Form 944 for exercity instead of Form 941 quarterly, check here. (Your employment tax liability generality will be \$1,000 or less if you expect to pay \$4.000 or less in total wages of instruction where the principal forms or less in total expect to pay \$4.000 or less in total				•			
Highest number of employees expected in the next 12 months (enter -0- d none) if no employees expected step kine 14 Household Other Oth	11			counting year DECEMBER			
Highest number of employees expected in the next 12 months renter -0- d none if no employees expected stop and 14. Agricultural Household Other			8/5/2016 . 14 If you expect your e				
Agricultural Household Other wages if you expect to pay \$4.000 or less if you expect to pay \$4.000 or less in total wages of annutures were paid (month, day, year). First date wages or annutures were paid (month, day, year). Note, if applicant is a withholding agent enter date income will first be pend to nonresident alien (month day, year). Check one box that best describes the principal activity of your business. Health care & social assistance. Wholegale-agent/broker. Check one box that best describes the principal activity of your business. Health care & social assistance. Wholegale-agent/broker. Rental \$ leaking. Transportation & warehousing. Accommodation & food service. Wholegale-agent/broker. Real estate. Manufacturing., Finance & insurance. X. Other (specify). SHELTERING. Indicate principal line of merchandiae sold, specific construction work done, products produced, or services provided. SHELTERING. THE NEEDY. Has the applicant entity shown on line 1 ever applied for and received an EIN? Yes. No. If "Yes.," write previous EIN here. P. Consider this switch early if you want to authorize the hand inscribed to receive the widtry's EN and ansine questions about the conjudition of this tam. Lessoners become because. (813), 435-3176. Designed. Designed. Shore Bivd. Suite 200. TAMPA FL 33607. (1813), 333-6358. Chair or a bot of peat, "dual in that I have admind the fact of its introduction and both in the principal and control." Accounts suitable and control. Age and a both and the peat according to the fact of its introduction and both in the peat and control. Age and a both and the peat according to the peat of the peat according to the peat of the peat of the peat according to the peat of t	13	Highest nur	mber of employees expected in the next, 12 months (enter -0- if none) or less in a full cale.	ndar year and want to file Form 944			
Agricultural Household Other wages if you expect to pay \$4,000 or less in total wages if you do not check this box, you must file for make the wages or annuties were paid (month, day, year). First date wages or annuties were paid (month, day, year). Note: if applicant is a withholding agent lenter date income will first be peid to nonvesident alien (month day, year). Check one box that best describes the principal activity of your business. Health care & social assistance. Wholespile-agent/broker wholespile-other. Rental \$ leasing. Transportation & warehousing. Accommodation & food service. Wholespile-agent/broker wholespile-other. Rental \$ leasing. Transportation & warehousing. Accommodation & food service. Wholespile-agent/broker wholespile-other. Rental \$ leasing. Finance & insurance. X' Other (specify). SHELTERING. Third Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. SHELTERING THE NEEDY. Has the applicant entity shown on line 1 ever applied for and received an EIN? Yes. No. It "Yes," write previous EIN here. P. Confide this suburies if you ago to authorize the named introduct to incere the entity's EN and answer questions about the completion of this turn. Nickolius Spradlin. Addition send of the suburies is a number of accessor and to the test of no received and desires the product and control in the send of parts. Such a number should exact a suburies while parts are such as number should exact a suburies while parts are code. Applicant a bas number should exact a suburies while parts are accessed. Nemo and the reprincipal control in the send of the feet of no received and desires the product and control in the send of parts. Such and the suburies while a number should exact a suburies while a number should exact a suburies while and code in the specific parts. Agricultural control in the send of the suburies and to the send of not received and desires the product of the specific parts. Agricultural control in the send of th		If no emplo					
First date wages or annustes were paid (month, day, year). Note: if applicant is a withholding agent enter date income will first be peid to nonresident alien (month day, year). First date wages or annustes were paid (month, day, year). Note: if applicant is a withholding agent enter date income will first be peid to nonresident alien (month day, year). Check one box that best describes the principal activity of your business. Health date a social assistance. Wholespie-agent/bloker Retail		Aonculti	or less if you expec	to pay \$4 000 or less in total			
First date wages or annuates were paid (month, day, year). Note, if applicant is a withholding agent enter date income will first be peid to nonresident alien (month, day, year). Check one box that best describes the principal activity of your business. Check one box that best describes the principal activity of your business. Check one box that best describes the principal activity of your business. Check one box that best describes the principal activity of your business. Check one box that best describes the principal activity of your business. Check one box that best describes the principal activity of your business. Check one box that best describes the principal activity of your business. Check one box that best describes the principal activity of your activity of your activity. Check one box that best describes the principal activity of your activity of your activity. Check one box that best describes the principal activity of your activities and the principal activity. Conglete the section of the sum of your activity activities activities activities activities and the test of reserved the entry of the principal activities activities. Check one box that best describes the principal activities activities activities activities. Conglete the section of the sum of the section of the test of reserved the entry of the principal activities activities activities activities. Check one box that best described the section activities and back its the principal activities activities activities activities. Check one box that best described the principal activities activities activities activities. Check one box the date activity activities activities activities activities activities. Check one box the date income activities activities activities activities. Check one date activities activities activities activities activities activities. Check one activities activities activities activities			0 48900) 11 700 00 10				
Check one box that best describes the principal activity of your business Health care & social assistance Wholesque-agent/broker Construction Rental & leasing Transportation & warehousing Accommodation & food service Wholesque-agent/broker Retail Real estate Manufacturing Finance & insurance X Other (specify) SHELTERING	15		wages or annuties were peid (month, day, year). Note, if applicant is a withholding agent, er	· · · · · · · · · · · · · · · · · · ·			
Construction Rental & leasing Transportation & warehousing Accommodation & food service Wholesale-other Retail Real estate Manufacturing Finance & insurance X Other (specify) SHELTERING			······································	· -			
[18						
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided SHELTERING THE REEDY. 18 Has the applicant entity shown on line 1 ever applied for and received an EIN? { Yes [½ No if TYes]* write previous EIN here ▶ Complete this suction self) if you want to authorize the named intended to receive the entity's EN and answer questions about the completion of this tiam. Lesspine's formula. Lesspine's formula. Lesspine's formula. Lesspine's formula. Lesspine's formula. (813) 435-3176 Designor Nickolas Spradlin (813) 435-3176 Designor Authorise self ZP caste (813) 333-6358 Chair peralter of perior death of the first period of the first period period of the first period period of the first period of the f			· · · · · · · · · · · · · · · · · · ·				
Has the applicant entity shown on line 1 ever applied for and received an EIN? { Yes [∑ No it "Yes," write previous EIN here ₱ Complete this suction eety if you want to authorize the named intended to receive the entity's EN and answer questions about the completion of this town. Third Party Lesspows begin to write provide manual to authorize the named intended to receive the entity's EN and answer questions about the completion of this town. Lesspows begin to excellent provides manual #6 \$1.00 per party Lesspows begin to excellent provides manual #6 \$1.00 per party Designed Authorise sets #81 casts. Lesspows begin to excellent provides manual #6 \$1.00 per party Lesspows begin to be not their excellent provides and their excellent provides an	17						
If "Yes," write previous ERI here > Complete this suction only if you want to authorize the named introduct to receive the entity's EN and answer questions about the completion of this time.		SHELTER	RING THE NEEDY				
Confide this suction only if you want to authorize the named intended to receive the entity's EN and answer questions about the completion of this form Designed Designed Intervention Designed Intervention	18 Has the applicant entity shown on line 1 ever applied for and received an EIN? (Yes [\(\chi\) No.						
Third Party Designed Nickolas Spradlin Address and ZF state 202 N. West Shore Blvd, Suite 200 TAMPA FL 33607 (1813) 333-6358 (1813) 333-6358 (1813) 333-6358 (1813) 333-6358 (1813) 333-6358 (1813) 333-6358 (1813) 333-6358 (1813) 333-6358 (1813) 333-6358 (1814) Shore Blvd, Suite 200 TAMPA FL 33607 (1813) 333-6358 (1814) Shore and this first is part clearly by REMARI W. ISAACS PRESIDENT (1815) Agriculture by REMARI W. ISAACS Residence by Residence by Remarks to number ground codes (1815) Agriculture by Remarks to number ground codes (1816) Agriculture by Remarks to number ground codes (1816) By Remarks to number ground codes (1817) POS-09-11			· · · · · · · · · · · · · · · · · · ·				
Party Designed Nickolas Spradlin Address and ZP coate 200 N. West Shore Blvd, Suite 200 TAMPA FL 33607 Coarse a tect of print, Designed and Political section and to the test of my increasing and balant and common and the thyran or print closers) Name and the thyran or print closers) KEMARI W. ISAACS PRESIDENT (A07) 906-0911 Application in the coarse graduated in the coarse grad	т.	ł.					
Designed Address and ZP scale Designed by number analysis reservable 2202 N. West Shore Bivd. Suite 200 TAMPA FL 33607 (813) 333-6358				f ·			
Color on a tect of perior, in death of all flam examined this destination and to the test of international parties and before the prior color of the perior of the period				•			
Color on a tect of perior, in death of all flam examined this destination and to the test of international parties and before the prior color of the perior of the period				((813) 333-6358			
Appleants to number (0.00) sequences		can a becid pane)				
Segnature ▶ [Nite ▶ ()	Nam	e and the Ryp					
	Mar are	atron P	(hin D	()			
				N from SS-4 44- 1.90108			