

P07000024795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

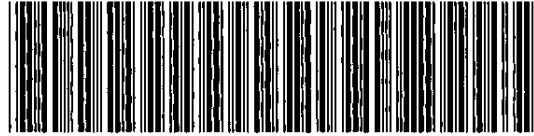
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

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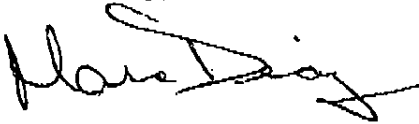
FEL # CHANGED
KRC 5/21

May 21, 2010

Attn: Karen

Thank you so much for your help I am enclose the SS-4 new
EIN# 35-2382435 for D & Y Service Plus Inc. 27501 S. Dixie
Hwy Homestead, FL 33032.If you should have any questions feel
free to contact me at 786-506-5454 Mara Diaz.

Sincerely,



Mara Diaz
D & Y Service Plus Inc.
27501 S. Dixie Hwy Suite 403
Homestead, FL 33032

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10 MAY 21 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Form **SS-4** **Application for Employer Identification Number** (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
 (Rev. January 2010)
 Department of the Treasury
 Internal Revenue Service

OMB No. 1545-0046
 EIN **35-2382435**

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

1 Legal name of entity (or individual) for whom the EIN is being requested
ARGELIO DIAZ

2 Trade name or business (if different from name on line 1)
D & Y SERVICE PLUS INC.

3 Executor, administrator, trustee, "care of" name
ARGELIO DIAZ

4a Mailing address (room, apt., suite no. and street, or P.O. box)
P.O. BOX 901074

5a Street address (if different) (Do not enter a P.O. box.)
27501 S. DIXIE HWY SUITE 403

4b City, state, and ZIP code (if foreign, see instructions)
HOMESTEAD, FL 33089

5b City, state, and ZIP code (if foreign, see instructions)
HOMESTEAD, FL 33032

6 County and state where principal business is located
MIAMI-DADE, FLORIDA

7a Name of responsible party
ARGELIO DIAZ

7b SSN, TIN, or EIN
770-03-8815

8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? ☐ Yes ☒ No

8b If 8a is "Yes," enter the number of LLC members ☐ Yes ☒ No

8c If 8a is "Yes," was the LLC organized in the United States? ☐ Yes ☒ No

9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.

☐ Sole proprietor (SSN) ☐ Estate (SSN of decedent)
☐ Partnership ☐ Plan administrator (TIN)
☒ Corporation (enter form number to be filed) **1040** ☐ Trust (TIN of grantor)
☐ Personal service corporation ☐ National Guard ☐ State/local government
☐ Church or church-controlled organization ☐ Farmers' cooperative ☐ Federal government/military
☐ Other nonprofit organization (specify) ☐ REMIC ☐ Indian tribal governments/enterprises
☐ Other (specify) ☐ 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)

☐ Started new business (specify type) ☐ Banking purpose (specify purpose)
☐ Hired employees (Check the box and see line 13.) ☐ Changed type of organization (specify new type)
☐ Compliance with IRS withholding regulations ☒ Purchased going business
☐ Other (specify) ☐ Created a trust (specify type)
☐ Created a pension plan (specify type)

11 Date business started or acquired (month, day, year). See instructions.
02/17/2010

12 Closing month of accounting year **DECEMBER**

13 Highest number of employees expected in the next 12 months (enter -0- if none).
 If no employees expected, skip line 14.

Agricultural Household Other
2

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 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. ☒

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). **05/01/2010**

16 Check one box that best describes the principal activity of your business.

☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Wholesale-agent/broker
☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Accommodation & food service ☐ Wholesale-other ☐ Retail
☒ Other (specify) **SERVICE**

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
TRANSLATION

18 Has the applicant entity shown on line 1 ever applied for and received an EIN? ☐ Yes ☒ 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 **MARA DIAZ** Designee's telephone number (include area code)
(786) 586-5454

Designee's address and ZIP code **20301 SW 155 AVE HOMESTEAD, FL 33033** Designee's fax number (include area code)
(305) 248-7755

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) **ARGELIO DIAZ (OWNER)** Applicant's telephone number (include area code)
(786) 217-5792

Applicant's fax number (include area code)
(305) 248-7755

Signature **ARGELIO DIAZ** Date

For Privacy and Paperwork Reduction Act Notices, see separate instructions. Cat. No. 15055N Form SS-4 (Rev. 1-2010)

EIN MAY 18 2010

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