P07000024795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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(C)

FEE # 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

FILED
10 MAY 21 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TOTAL P.01

Form SS-4 — Application for Employer Identification Number

(Rev. January 2010)
Department of the Treasury
Internal Revenue Service

(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 35-2382435

Type or print clearly.

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

2 Trade name of 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 33090

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, ITIN, or EIN
770-03-9815

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 ▶

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

Group Exemption Number (GEN) if any ▶

9b If a corporation, name the state or foreign country (if applicable) where incorporated — State: FLORIDA — Foreign country:

10 Reason for applying (check only one box)

- ☐ Started new business (specify type) ▶
- ☐ Hired employees (Check the box and see line 13.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☑ Purchased going business
- ☐ 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 ☐ Accommodation & food service ☐ Wholesale-agent/broker ☐ Wholesale-other ☐ Retail
- ☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☑ 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) 506-5454
Address and ZIP code: 30301 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
Signature ▶ Date ▶
Applicant's fax number (include area code): (305) 248-7755

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form SS-4 (Rev. 1-2010)

10 MAY 21 AM 8:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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EIN MAY 18 2010

5-21-10

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