P10000065129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

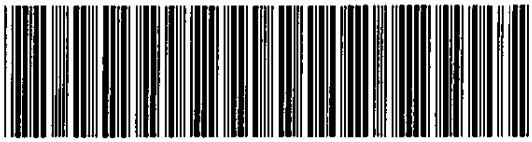
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300187150423

10/14/10
E. DENNARD

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)

P10000065729

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)? ☐ 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) ▶ 1120
- ☐ 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.
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
		0

14 Do you expect your employment tax liability to be $1,000 or less in a full calendar year? ☐ Yes ☐ 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.

☐ 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)

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? ☐ 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 — Designee's telephone number (include area code) ( )

Address and ZIP 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