

11-23-15

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SS-4 (Rev. January 2010)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number
(For use by employers, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, and others.)

► 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
DYNAMIC GRAPHICS LLC

2 Trade name of business (if different from name on line 1)
3 Executor, administrator, trustee, "care of" name

3a City, state, and ZIP code (if foreign, see instructions)
4a Mailing address (room, apt., suite no., and street, or P.O. box)
4b Street address (if different) (Do not enter a P.O. box.)
5a City, state, and ZIP code (if foreign, see instructions)
5b County and state where principal business is located
6 Miami-Dade, FL 33144

7a Name of responsible party
7b SSN, TIN, or EIN
EDUARDO GARCIA
7c SSN, TIN, or EIN
7d SSN, TIN, or EIN

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

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

8c If "Yes," enter the number of LLC members
2

9a Type of entity (check only one box). Caution: If "Yes," see the instructions for the correct box to check.
☐ Sole proprietor (SSN)
☐ Partnership
☐ Corporation (enter form number to be filed)
☐ Personal service corporation
☐ Church or church-controlled organization
☐ Other nonprofit organization (specify)
☐ Other (specify)
9b If a corporation, name the state or foreign country where incorporated
State
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)
11 Date business started or acquired (month, day, year). See instructions.
11/12/2015

12 Closing month of accounting year
Dec 31

13 Highest number of employees expected in the next 12 months (enter -0- if none).
14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 941 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).

16 Check one box that best describes the principal activity of your business.
☐ Health care & social assistance
☐ Accommodation & food service
☐ Wholesale-retail
☐ Retail
☐ Construction
☐ Rental & leasing
☐ Transportation & warehousing
☐ Finance & insurance
☐ Other (specify) **MARKETING**

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
18 Has the applicant entity shown on line 1 ever applied for and received an EIN?
☒ Yes ☐ No

19 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.

Third Party Designee
Designee's name: **Roberto Fanyul**
Address and ZIP code: **5933 SW 8 St Miami, FL 33144**
Designee's tax number (include area code): **(305) 603-8791**
Designee's telephone number (include area code): **(877) 503-6086**
Applicant's tax number (include area code): **(786) 600-5426**
Applicant's telephone number (include area code): **(786) 600-5426**
Name and title (type or print clearly): **Eduardo Garcia / Member**
Signature: **[Signature]**
Date: **11/19/2015**

Form **SS-4** (Rev. 1-2010)