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United States Postal Service® Application for Delivery of Mail Through Agent See Privacy Act Statement on Reverse	engo, garansania i kinsaniana penankaran kerandah hawai ini hiladah kehilik hali	1. Date 08/30/21	
In consideration of delivery of my or our (firm) mail to the agent name the agent must not file a change of address order with the Postal Se transfer of mail to another address is the responsibility of the address authorization must be prepaid with new postage when redeposited in Service all addresses to which the agency transfers mail; and (5) who obsolete, the addressee(s) must file a revised application with the Control of the control	rvice™ upon termination of the age see and the agent; (3) all mail deliv h the mails; (4) upon request the age	agree: (1) the addressee or ncy relationship; (2) the ered to the agency under this ent must provide to the Postal	
NOTE: The applicant must execute this form in duplicate in the presupplied. The agent provides the original completed signed PS Form 1 copy at the CMRA business location. The CMRA copy of PS Form P postmaster (or designee) and the Postal Inspection Service. The additional regulations relative to delivery of mail through an amail from delivery until corrective action is taken.	ence of the agent, his or her author 583 to the Postal Service and retail PS 1583 must at all times be availab	rized employee, or a notary ns a duplicate completed signed ble for examination by the	
This application may be subject to verification procedures by the Pobusiness at the home or business address listed in boxes 7 or 10, a	stal Service to confirm that the app	licant resides or conducts ox 8 is valid.	
2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent. (Complete a separate PS Form 1583 for EACH applicant. Spouses may complete and sign one PS Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either applies in apply to each spouse.	3a.Address to be Used for Delivery (Include PMB or # sign.) 10031 Pines Blvd #236		
MI Group USA, Corp.	3b. City Pembroke Pines	3c. State 3d. ZIP + 4® 33024-6180	
4. Applicant authorizes delivery to and in care of:	This authorization is extended to incument undersigned(s):	clude restricted delivery mail for the	
a. Name Global Presence Enterprises, LLC b. Address (No., 10031 Pines Phyl #336			
street, apt./ste. no.)			
c. City d. State e. ZIP + 4 Pembroke Pines d. FL FL 33024-6180 d. State e. ZIP + 4	ม ธระบ คล แลง กอกรากอำกับ ของ	Privacy Act Statement Vo	
6. Name of Applicant and the Province of the Ricardo Berns with a solose your arm with a solose your arm.	7a. Applicant Home Address (No., stre 815 Hillcrest Ln	Eddressee as y (on.str./ste., tee voluntary, but if not provided	
8.Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification.	7b. City Woodstock 7e. Applicant Telephone Number (Inc.	7c. State 7d. Z P + 4 GA 30189-2590	
a. Driver's License #: B620-721-82-245-0	tiegs na folaserous na sa (786) 266-9797 nightneor folasourus canadas en sa (786) 266-9797 night		
chive court order with the paytinester will not ne discurred invacy policyes, see our privacy link on usos.com?			
Resident Card #: 214-885-059	320 S. Flamingo Rd #320 10b. City	10c. State 10d. ZIP + 4	
Acceptable identification includes: valid driver's license or state non-driver's identification card; armed forces, government, university, or recognized to of	Pembroke Pines 10e. Business Telephone Number (III		
corporate identification card; passport, allen registration card of certificate of	(786) 475-7745 11. Type of Business		
identification may be retained by agent for verification.	outhan Day or promise in a second		
	11. Type of Business Software Development, Digital M	arketing	
13. If a CORPORATION, Give Names and Addresses of Its Officers Ricardo Berris, 815 Hillcrest Ln, Woodstock GA 30189	 14. If business name (corporation or trade name) has been registered, givename of county and state, and date of registration. Broward, FL, 02/24/2015 		
Warning: The furnishing of fase of mislesting information on this form or or imprisonment) and/or civil sanctions (including multiple damages and civil pe		It in criminal sanctions (including fines are	

01-000-9365)

15. Signature of Agent/Notan Pub

S Form 1583, December 2004

16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title)

This form on Internet at www.usps.com®

United States Postal Service® Application for Delivery of Mail Through Agent See Privacy Act Statement on Reverse	ar elem sentre l'estre de l'impostrate del della finanzia della competitazione della della della competitazione	1. Date	08/30	10.10
In consideration of delivery of my or our (firm) mail to the agent name the agent must not file a change of address order with the Postal Set transfer of mail to another address is the responsibility of the address authorization must be prepaid with new postage when redeposited in Service all addresses to which the agency transfers mail; and (5) who obsolete, the addresses is must file a revised application with the Control of the addresses of the addresses of the control of the control of the addresses of the control of the control of the addresses of the control of th	see and the agent; (3) all mail the mails; (4) upon request the en any information required o	delivered to the ne agent must point this form chan ency (CMRA).	agency rovide to ges or b	the Postal ecomes
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This application may be subject to verification procedures by the Pobusiness at the home or business address listed in boxes 7 or 10, a	nn mai me identification iistos	4 111 10 071 0 1-		
2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent. (Complete a separate PS Form 1583 for EACH applicant. Spouses may complete and sign one PS Form 1583. Two items of valid identification apply	3a.Address to be Used for Delivery (Include PMB of # Sign.) 10031 Pines Blvd #236			
to each spouse. Include dissimilar information for either spouse in appropriate	3b. City	3c.	State 3d	. ZIP + 4®
Purpulsy, LLC	Dombroke Pines	FL		33024-6180
Applicant authorizes delivery to and in care of:	This authorization is extended to include restricted delivery mail for the undersigned(s):		ery mail for the	
a. Name	4			
Global Presence Enterprises, LLC D. Address (No., 10031 Pines Blvd #236 street, apt./ste. no.)	7			
c. City d. State e. ZIP + 4 Pembroke Pines 5 1 1 1 1 2 2 33024-6180	nformation will be used	Tont Your	State	toA vasyne
5. Name of Applicant sold problem . A. D. Bris. Su4 104 00U	7a. Applicant Home Address (N	lo., street, apt./ste	no)	P Assembly
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3. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying	7b. City Woodstock 7e. Applicant Telephone Number	Land CA		30189-2590
information. Subject to verification. The agent at the property as the second of the property		(786) 266-9797	air/atma	ם זה פרסמינים
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rivacy policies, see our privacy link on usps.com®	Ful pusity LLC	ourt order For	n 01 inn	BY GETTER THE
b.	10a. Business Address (No., s 320 S. Flamingo Rd	treet, apt./ste. no)		
Resident Card #: 214-885-059	10b. City	10	c. State 1	0d. ZIP + 4
12 (2014) 1 (12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Pembroke Pines	FL		33027-1770
Acceptable identification includes: valid driver's license or state non-driver's dentification card; armed forces, government, university, or recognized corporate identification card; passport, alien registration card or certificate of corporate identificant losse, mortgage or Deed of Trust; voter or vehicle	10e. Business Telephone Num	ber (Include area (786) 475-7745		
naturalization; current lease, monages insurance policy. A photocopy of your registration card; or a home or vehicle insurance policy. A photocopy of your	11. Type of Business eCommerce			
 If applicant is a firm, name each member whose mail is to be delivered. (A of minors receiving mail at their delivery address.) 	II names listed must have verifia	ble identification. <i>I</i>	A guardia	n must list the nam
Ricardo Berris				
13. If a CORPORATION, ON CONTINUE CONTI	14. If business name (corpora name of county and state Broward, Florida, 01/01/20	, and date of regis	e) has be tration.	en registered, give
Warning: The furnishing of this of Billeadin Unit mation on this form or om imprisonment) and/or civil and per micropism of subtiple damages and civil pe	ission of material information ma	y result in crimina	l sanction	ns (including fines a
imprisonment) and/or civil and per property of Agent Notary Property of Agent Notary Property Notary Property Notary Property Notary Property Notary	16. Signature of Applicant (If by officer. Show title.)	firm or corporation	n, applica	tion must be signed
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United States Postal Service® Application for Delivery of Mail Through Agent See Privacy Act Statement on Reverse	
In consideration	

1. Date		

onsideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or agent must not file 2 about 10 mail to the agent named below, the addressee and agent agree: (2) the the agent must not file a change of address order with the Postal Service™ upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the addressee and the agent; (3) all mail delivered to the agency under this authorization must be accepted to the Postal authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addresses and the agent; (3) all mail delivered to the agent must provide to the Postal Service all addresses are becomes Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

NOTE: The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMPA business the original completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed PS Form 1583 to the Postal Service and Retains a duplicate completed signed PS Form 1583 to the Postal Service and Retains a duplicate completed signed PS Form 1583 to the Postal Service and Retains a duplicate completed signed PS Form 1583 to the Postal Service and Retains a duplicate completed signed PS Form 1583 to the Postal Service and Retains a duplicate completed signed PS Form 1583 to the Postal Service and Retains a duplicate completed signed PS Form 1583 to the Postal Service and Retains a duplicate completed signed PS Form 1583 to the PS Form 1 copy at the CMRA business location. The CMRA copy of PS Form PS 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable Postal Service rules and regulation the Postal Inspection Service. Service rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

business at the home or business address listed in boxes 7 or 10, 2. Name in Which Applicant's Mail Will Ba Barrier 10, 2.	ostal Service to confirm that the	e applicant resides o	r conducts	
2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent. (Complete a separate PS Form 1583 for EACH applicant. Spouses may	3a.Address to be Used for Delivery (Include PMB or # sign.)			
complete and sign one PS Form 1583 for EACH applicant. Spouses may to each spouse. Include dissimilar information for either spouse in appropriate box.)				
Berris Group, LLC	3b. City	3c State	3d. ZIP + 4®	
	Pembroke Pines	FL 🔽	33024-6180	
4. Applicant authorizes delivery to and in care of:	This authorization is extended undersigned(s):	d to include restricted de	livery mail for the	
a. Name	4			
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c. City d. State e. ZIP + 4				
Pembroke Pines and as hard above CFL 180 a 33024-6180	of captured have rough ros, a		a gent och en sald	
6. Name of Applicant	7a. Applicant Home Address (No			
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8. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates	7b. City	7c. State	7d. ZIP + 4	
are unacceptable as identification. The agent must write in identifying information. Subject to verification.	Woodstock	GA ▼	30189-2590	
	7e. Applicant Telephone Number			
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b.	10a. Business Address (No., str	reet, apt./ste. no)		
Resident Card #: 214-885-059	320 S. Flamingo Rd #320			
	10b. City	10c. State	10d. ZIP + 4	
A	Pembroke Pines	FL 🔀	33027-1770	
Acceptable identification includes: valid driver's license or state non-driver's dentification card; armed forces, government, university, or recognized corporate identification card; passport, alien registration card or certificate of	10e. Business Telephone Number (Include area code) (786) 475-7745			
naturalization; current lease, mortgage or Deed of Trust; voter or vehicle egistration card; or a home or vehicle insurance policy. A photocopy of your	11 Type of Business			
dentification may be retained by agent for verification.	Virtual Accounting, Bookkeeping, Tax Planning			
 If applicant is a firm, name each member whose mail is to be delivered. (All of minors receiving mail at their delivery address.) 	I names listed must have verifiable	e identification. A guard	ian must list the names	
Ricardo Berris				
3. If a CORPORATION, Give Names and Addresses of Its Officers	14. If business name (corporation	on or trade name) has b	een registered, give	

13

name of county and state, and date of registration.

Broward, FL, 01/01/2019

(Tilkformation on this form or omission of material information may result in criminal sanctions (including fines and Warning: The furnishing of alse imprisonment) and/or civil canct

15. Signature of Agent/

16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)

orm 1583, December 2004 (Page