

Application for Delivery of Mail Through Agent

See Privacy Act Statement on Reverse

1 Date

3/27/2023

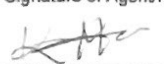
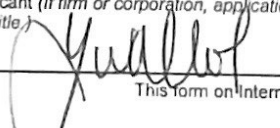
In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or the agent must not file a change of address order with the Postal Service™ upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the addressee and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal 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 CMRA business location. The CMRA copy of PS Form 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 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.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in boxes 7 or 10, and that the identification listed in box 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 spouse in appropriate box.) They Body or Humble Origins, LLC		3a. Address to be Used for Delivery (Include PMB or # sign.) 10031 Pines Blvd, #232	
		3b. City Pembroke Pines	3c. State FL
		3d. ZIP + 4® 33024	
4. Applicant authorizes delivery to and in care of:		5. This authorization is extended to include restricted delivery mail for the undersigned(s)	
a. Name Yudislaidys Mallol		Humble Origins, LLC They Body Yudislaidys Mallol Josue Sanchez Pedro Garcia	
b. Address (No., street, apt./ste. no.) 7951 NW 11 Street		Manuel A. Armero	
c. City Pembroke Pines	d. State FL	e. ZIP + 4 33024	
6. Name of Applicant		7a. Applicant Home Address (No., street, apt./ste. no.) 7951 NW 11 Street	
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 Pembroke Pines	
a. Driver's License		7c. State FL	
b. US Passport		7d. ZIP + 4 33024	
		7e. Applicant Telephone Number (Include area code) 786-266-0425	
		9. Name of Firm or Corporation Humble Origins, LLC	
		10a. Business Address (No., street, apt./ste. no.) 7951 NW 11 Street	
		10b. City Pembroke Pines	10c. State FL
		10d. ZIP + 4 33024	
		10e. Business Telephone Number (Include area code)	
		11. Type of Business Selling goods	
12. If applicant is a firm, name each member whose mail is to be delivered. (All names listed must have verifiable identification. A guardian must list the names of minors receiving mail at their delivery address.)			
13. If a CORPORATION, Give Names and Addresses of Its Officers Yudislaidys Mallol Josue Sanchez Pedro Garcia Manuel A. Armero		14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration	

Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties)

15. Signature of Agent/Notary Public  KEANA L. MERCADO MY COMMISSION # GG 324529 EXPIRES: April 16, 2023	16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.) 
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