

TRANSMISSION VERIFICATION REPORT

TIME : 09/09/2021 17:46  
 NAME : ADMINISTRATION  
 FAX : 9543928748  
 TEL : 9543928748  
 SER. # : 000F7N130888

DATE, TIME : 09/09 17:44  
 FAX NO./NAME : 18556416935  
 DURATION : 00:01:26  
 PAGE(S) : 04  
 RESULT : OK  
 MODE : STANDARD  
 ECM

Form **SS-4**  
 (Rev. December 2019)  
 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.)  
 ▶ Go to [www.irs.gov/FormSS4](http://www.irs.gov/FormSS4) for instructions and the latest information.  
 ▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0008

EIN

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>TOTAL SUPPLY GLOBAL, LLC</b>	
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name <b>CARLOS R PROANO TUMIPAMBA</b>
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>3054 NW 72ND AVE</b>	5a Street address (if different) (Don't enter a P.O. box.)
	4b City, state, and ZIP code (if foreign, see instructions) <b>MIAMI, FL 33122</b>	5b City, state, and ZIP code (if foreign, see instructions)
	6 County and state where principal business is located <b>MIAMI DADE, FLORIDA</b>	
	7a Name of responsible party <b>CARLOS R PROANO TUMIPAMBA</b>	7b SSN, ITIN, or EIN <b>FOREIGNER</b>
	8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8b If 8a is "Yes," enter the number of LLC members <b>1</b>
	8c If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check. <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ <b>1120</b> <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____	
	<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government <input type="checkbox"/> REMIC <input type="checkbox"/> 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 <b>FLORIDA</b> Foreign country	
10 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>WHOLESALE INDUSTRY</b> <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____		
11 Date business started or acquired (month, day, year). See instructions. <b>08/30/2021</b>	12 Closing month of accounting year <b>DECEMBER</b>	
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.	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)	

**IRS** DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

000491.372662.374731.26684 1 AB 0.461 530



TOTAL SUPPLY GLOBAL LLC  
CARLOS R PROANO TUMIPAMBA SOLE MBR  
3054 NW 72ND AVE  
MIAMI FL 33122

Date of this notice: 09-20-2021

Employer Identification Number:  
32-0664896

Form: SS-4

Number of this notice: CP 575 G

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

000491

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 32-0664896. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

**IMPORTANT REMINDERS:**

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.
- \* Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is TOTA. You will need to provide this information, along with your EIN, if you file your returns electronically.

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter. Thank you for your cooperation.



000491

Keep this part for your records.

CP 575 G (Rev. 1-2013)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

0235388810

Your Telephone Number ( ) - Best Time to Call

DATE OF THIS NOTICE: 09-20-2021  
EMPLOYER IDENTIFICATION NUMBER: 32-0664896  
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

TOTAL SUPPLY GLOBAL LLC  
CARLOS R PROANO TUMIPAMBA SOLE MBR  
3054 NW 72ND AVE  
MIAMI FL 33122



**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L21000386452  
FILED 8:00 AM  
August 30, 2021  
Sec. Of State  
crico

**Article I**

The name of the Limited Liability Company is:  
TOTAL SUPPLY GLOBAL, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
3054 NW 72ND AVE  
MIAMI, FL. 33122

The mailing address of the Limited Liability Company is:  
3054 NW 72ND AVE  
MIAMI, FL. 33122

**Article III**

The name and Florida street address of the registered agent is:  
JOSE C COLLAZO SR  
3054 NW 72ND AVE  
MIAMI, FL. 33122

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: JOSE CARLOS COLLAZO

### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
CARLOS R PROANO TUMIPAMBA SR  
3054 NW 72ND AVE  
MIAMI, FL. 33122

L21000386452  
FILED 8:00 AM  
August 30, 2021  
Sec. Of State  
crico

### **Article V**

The effective date for this Limited Liability Company shall be:

08/29/2021

Signature of member or an authorized representative

Electronic Signature: CARLOS RAMIRO PROAÑO TUMIPAMBA

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.