Page 3 of 5

Cert is attached Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, indian tribal entities, certain individuals, and others.)

So to www irs.gov/FormSS4 for instructions and the latest information.

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Legal name of embly (or individually bor whom the EIN is being requested		tment of the	Treasury	Go to www.irs.gov/Forms e separate instructions fo	54 for instruc r each line.	mons an ► Keep :	copy for your re	cords.	12076	<u> </u>	101
Synergy Consulting Group  2 Trade name of business (if different from name on line i)  3 Executor, administrator, frustes, "care of "name  4a Mailing address from, pat, subtenou and afreet, or P.O. book)  4a Mailing address from, pat, subtenou and afreet, or P.O. book)  4b Chaptan, and 27 Pooks if Revigin, see instructions)  5b City, state, and 27 Pooks if Revigin, see instructions)  Coral Gables, FL 33134  5b Chy, state, and 27 Pooks if Revigin, see instructions)  Coral Gables, FL 33134  Ta Name of responsible party  Orland or Nervels  5a Is this application for a finited lisability company (LLC)  (or a foreign quivalent)  To SSN, ITIN, or EIN  Foreign  bit do is "Yes," order the number of LC unembers.  LC unembers.  1 Partial.  Tyes of this is "Yes," see the instructions for the correct book to check.  Sole proprietor (SSN)  Part-reship  Comparison for form marber to be fluid)  Person is service corporation  Cituath or cruster-bounded regulations  Cituath or crusteribous compositions  Cituath or crusteribous compositions and crusteribous crusteribous compositions and crusteribous crusteribous compositions and crusteribous crusteribous crusteribous compositions and crusteribous cr	nen	1 Lea	al name of entity	(or individual) for whom the	EIN is being	requeste					
Traction name of business (if different from name on line 1)   3   Execution, administrator, thustee, care of name   4   Maining oddress from, apt., suite no. and street, or P.O. boxx)   901   Ponce De Leon BI Suite 303   9   Crystate, and 21P node (if foreign, see instructions)   20   City, state, and 21P code (if foreign, see instructions)   20   Crystate, and 21P node (if foreign, see instructions)   20   Crystate, and 21P node (if foreign, see instructions)   20   Crystate, and 21P node (if foreign, see instructions)   20   Crystate, and 21P node (if foreign, see instructions)   20   Crystate, and 21P node (if foreign, see instructions)   20   Crystate, and 21P node (if foreign, see instructions)   20   Crystate, and 21P node (if foreign, see instructions)   20   Crystate, and 21P node (if foreign, see instructions)   20   Crystate, and 21P node (if foreign, see instructions)   20   Crystate, and 21P node (if foreign, see instructions)   20   Crystate, and 21P node (if foreign, see instructions)   20   Crystate, and 21P node (if foreign, see instructions)   20   Crystate, and 21P node (if foreign, see instructions)   20   Crystate, and 21P node (if foreign, see instructions)   20   Crystate, and 21P node (if foreign, see instructions)   20   Crystate, and 21P node (if foreign, see instructions in the street instruction (if foreign, see instructions)   20   Crystate (if foreign, see instructions)   20   Cry		Synergy Consulting Group									
Tando R Merels   Foreign	arty.	2 Trac	ade name of business (if different from name on line 1)  3 Executor, admi ailing address (room, apt., suite no. and street, or P.O. box)  5a Street address  11 Ponce De Leon RI Suite 303					et address (if different) (Do not enter a P.O. box.)			
Name of responsible party   Orland o R Mereles   Foreign	nt cle	4a Mai 90									
Name of responsible party  Orland o Mercles  Is in this application for a limited liability company (LC) (or a foreign equivalency?  If it is application for a limited liability company (LC) (or a foreign equivalency?  If it is application for a limited liability company (LC) (or a foreign equivalency?  If it is is application for a limited liability company (LC) (or a foreign equivalency?  If it is is application or a limited liability company (LC) (or a foreign equivalency?  If it is is application or a limited liability company (LC) (or a foreign equivalency?  If it is is application or a limited liability company (LC) (or a foreign equivalency?  If it is application (enter form number to be filed)  Partnership  Corporation (enter form number to be filed)  Personal service corporation  Personal service a corporation  Church or church-controlled organization  Controlled organization  Church organ	Z	4b City	y, state, and ZIP code (if foreign, see instructions) 5b City,				, state, and ZIP code (if foreign, see instructions)				
Name of responsible party   Orland o R Mereles   Foreign	٦										
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Is mis application for a limited liability company (LLC)		7a Name of responsible party					Foreign				
tor a toreign equivalent?											
National Section   National Se	Ва					Пи					
Type of entity (check only one box). Caution, if 6a is "Yes," see the instructions for the correct box to check.    Sole proprietor (SSN)	2~									Yes	□No
Sole proprietor (SSN)		Tune of	entity (check or	by one box). Caution, If 8a i	s "Yes." see t						
Partnership	7 a	e			• (, )		Estate (\$\$N	of decedent			
Corporation (enter form number to be filed)   Trust (TIN of granton)   Personal service corporation   Military/Maiorat Guard   State/local government   Personal service corporation				·			Plan admini	strator (TIN)			
Personal service corporation   Military/National Guard   Federal government   Church or church-controlled organization   Federal government   Federal government   Federal government   Federal government   Telephone   Federal government			,	orm number to be filed) 🕨		_	Trust (TIN o	f grantor)			
Churren or enterpre-bottrolled byganization (specify)   Group Exemption Number (QEN) if any   State   Delaware   Foreign country   Fore							☐ Military/Nati	onal Guard			
Foreign country   Starte   Delaware   Foreign country   Foreign country   Starte   Delaware   Foreign country   Foreign country   Starte   Delaware   Foreign country   Foreign country   Started new business (specify type) ▶		Chi	urch or church-c	ontrolled organization			Farmers' cod	operative			
State   Delaware   Foreign country   State   Delaware   Foreign country   State   Delaware   Stare   Poreign country   State   Delaware   Stare   Poreign country   Stare   Delaware   Stare   Poreign country   Stare   Delaware   Stare   Delaware   Stare   Delaware   Stare   Delaware   Stare   Delaware   Stare   Delaware   Dela		Otr	ner nonprofit orga	anization (specify) 🕨				_		overnments/er	nterprises
Delaware applicable) where incorporated   Banking purpose (specify purpose)											
Started new business (specify type)	9b								country		
Purchased going business   Purchased going business   Pired employees (Check the box and see line 13.)   Created a frust (specify type)   Compliance with IRS withholding regulations   Created a pension plan (specify type)   Compliance with IRS withholding regulations   Created a pension plan (specify type)   Created a pen	10	Reasor	n for applying (c	heck only one box)							- 3 7
Hired employees (Check the box and see line 13.)		✓ Started new business (specify type) ►   — Changed type of organization (specify not provided by the control of type)    — Changed type of organization (specify not provided by the control of type)    — Changed type of organization (specify not provided by the control of type)    — Changed type of organization (specify not provided by the control of type)    — Changed type of organization (specify not provided by the control of type)    — Changed type of organization (specify not provided by type)    — Changed type of organization (specify not provided by type)    — Changed type of organization (specify not provided by type)    — Changed type of organization (specify not provided by type)    — Changed type of organization (specify not provided by type)    — Changed type of organization (specify not provided by type)    — Changed type of							ew type) 🟲		
Compliance with IRS withholding regulations		Other Purchased going business									
Other (specify)   Date business started or acquired (month, day, year). See instructions.   12											
Date business started or acquired (month, day, year). See instructions.    12   Closing month of accounting year   December		Co	mpliance with IR	S withholding regulations	(	Created a	pension plan (spe	ectry type)			4 1
13 Highest number of employees expected in the next 12 months (enter -0- if none).  If no employees expected, skip line 14.  Agricultural Household Other O				1 4 C	A Can inches	tiono	12 Closing	month of ac	counting year	Decemb	er
If no employees expected, skip line 14.  Agricultural Household Other O Horney O Household Other O Horney O Household Other O Horney O Hor	11	Date bu	usiness started o	r acquired (month, day, year 03/16/2018	). See instruct	uons.	14 if you ex	kpect your en	nployment tax liab	ility to be \$1,	,000 or
If no employees expected, skip line 14.  Agricultural Household Other If you expect to pay \$4,000 or less in total wages.)  Agricultural Household Other 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).  16 Check one box that best describes the principal activity of your business.    Construction   Rental & leasing   Transportation & warehousing   Accommodation & food service   Wholesale-agent/broker   Retal estate   Manufacturing   Finance & insurance   Other (specify)   Investment Business Consulting.  17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.  Investment Business Consulting  18 Has the applicant entity shown on line 1 ever applied for and received an EIN?   Yes   No    If "Yes," write previous EIN here    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   Nadine Jordan as Rep. of Harvard Business Service Inc.    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 name    Nadine Jordan as Rep. of Harvard Business Service Inc.   Complete this land answer questions about the completion of this form.  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 fex number (include area or (302)645-7400    Designee's fex number (include area or (549)113-3132    Applicant's fiseptone number (include area or (549)113-3132    Applicant's fax number (	13	less in a full calend						i full calendar Linetead of F	r yea <b>r and</b> want to forms 941 quarterly	v. check here	, Lo
Agricultural Household Other 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 nonresident alien (month, day, year).   Note: If applicant is a withholding agent, enter date income will first be paid nonresident alien (month, day, year).   Health care & social assistance   Wholesale-agent/broker   Manufacturing   Finance & insurance   Accommodation & food service   Wholesale-other   Reta   Real estate   Manufacturing   Finance & insurance   Other (specify)   Investment Business Consulting     17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.   Investment Business Consulting   Has the applicant entity shown on line 1 ever applied for and received an EIN?   Yes   No   If "Yes," write previous EIN here   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.		If no employees expected, skip line 14.					(Your employment tax liability generally will be \$1,000				
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 nonresident alien (month, day, year).  16 Check one box that best describes the principal activity of your business.		i io ompio, and a management of the control of the					or less i	or less if you expect to pay \$4,000 or less in total wages.)			
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 nonresident alien (month, day, year).  16 Check one box that best describes the principal activity of your business.  ☐ Health care & social assistance  ☐ Wholesale-agent/broker  ☐ Construction  ☐ Rental & leasing  ☐ Transportation & warehousing  ☐ Accommodation & food service  ☐ Wholesale-other  ☐ Retal estate  ☐ Manufacturing  ☐ Finance & insurance  ☐ Other (specify) ► Investment Business Consulting  17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.  Investment Business Consulting  18 Has the applicant entity shown on line 1 ever applied for and received an EIN?  ☐ Yes  ☐ No  If "Yes," write previous EIN here ►  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  Nadine Jordan as Rep. of Harvard Business Service Inc.  Designee's telephone number (include area or (302)645-7400)  Designee's perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and completa.  Other paralties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and completa.  Other paralties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and completa.  Other paralties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and completa.  Other paralties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and completa.  Other paralties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, cor		Agricultural		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		r				file Form 941	1 for
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Check one box that best describes the principal activity of your business.  Construction Rental & leasing Transportation & warehousing Accommodation & food service Wholesale-agent/broker Retal estate Manufacturing Finance & insurance ✓ Other (specify) ► Investment Business Consulting  Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.  Investment Business Consulting  Has the applicant entity shown on line 1 ever applied for and received an EIN? Yes ✓ No  If "Yes," write previous EIN here ►  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  Nadine Jordan as Rep. of Harvard Business Service Inc.  Designee's telephone number (include area of (302)645-7400)  Designee's fax number (include area of (302)645-7400)  Designee's fax number (include area of (302)645-1280)  Under paralliss of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.  Date ► 04/02/2018  Applicant's fax number (include area of (549)113-3132)  Applicant's fax number (include area of (549)113-3132)	15	First da	ate wages or an ident alien (mont	nuities were paid (month, on, day, year)	iay, year). <b>No</b>	ote: If ap	olicant is a withho	olding agent,	III d		
Construction   Rental & leasing   Transportation & warehousing   Accommodation & food service   Wholesale-other   Rental & leasing   Prinance & insurance   Other (specify)   Investment Business Consulting  17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.  Investment Business Consulting  18 Has the applicant entity shown on line 1 ever applied for and received an EIN?   Yes   No    If "Yes," write previous EIN here   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   Designee's name   Nadine Jordan as Rep. of Harvard Business Service Inc.   (302)645-7400    Designee  Acdress and ZIP code   P.O. Box #571, Nassau, DE 19969   Cade	16						Health care & so	cial assistanc	-	_	
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Investment Business Consulting  18 Has the applicant entity shown on line 1 ever applied for and received an EIN? Yes No  16 "Yes," write previous EIN here 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 Designee's name Party Nadine Jordan as Rep. of Harvard Business Service Inc.  Address and ZIP code P.O. Box #571, Nassau, DE 19969  Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.  Name and title (type or print clearly) Orlando R Merelcs, Member  Date 04/02/2018  Designee's fax number (include area or (549)113-3132)  Applicant's fakephone number (include area or (549)113-3132)  Applicant's fax number (include area or (549)113-3132)		Re	Real estate Manufacturing Finance & insurance // Other (specify) > Investment Business Consulting								
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Party Designee  Address and ZIP code P.O. Box #571, Nassau, DE 19969  Under paralities of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.  Name and title (type or print clearly) Orlando R Merelcs, Member  Date 04/02/2018  Signature Date 04/02/2018  Orlando R Merelcs, Member	Thing		Dosingen's name					Designee's telephone number (include area occi-			
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For Privacy Act and Paperwork Reduction Act Notice, see separate Instructions.  Cat. No. 16055N			Act and Paperv	vork Reduction Act Notice	see separat	e Instruc	llons.	Cat. No. 1605	SSN FO	rm <b>SS-4</b> (Re	ev, 12-201

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