

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 for instructions and the latest information.

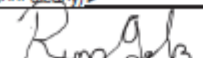
► See separate instructions for each line. ► Keep a copy for your records.

OMB No. 1545-0003

EIN

36-5137220

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested Gales Corp Mississippi LLC								
2 Trade name of business (if different from name on line 1)		3 Executor, administrator, trustee, "care of" name						
4a Mailing address (room, apt., suite no. and street, or P.O. box) Sor Ana Los Angeles Manzana H Lt 18		5a Street address (if different) (Don't enter a P.O. box.)						
4b City, state, and ZIP code (if foreign, see instructions) Arequipa 04016 Peru		5b City, state, and ZIP code (if foreign, see instructions)						
6 County and state where principal business is located Sussex County, Delaware								
7a Name of responsible party Renzo Gales Huanca		7b SSN, ITIN, or EIN FOREIGN						
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 1						
8c If 8a is "Yes," was the LLC organized in the United States? Delaware <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 type="checkbox"/> Corporation (enter form number to be filed) ► _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ► _____ <input checked="" type="checkbox"/> Other (specify) ► Disregarded Entity <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 Foreign country						
10 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ► _____ Other _____ <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. 04/11/2025		12 Closing month of accounting year December						
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. <table><tr><td>Agricultural</td><td>Household</td><td>Other</td></tr><tr><td>0</td><td>0</td><td>0</td></tr></table>		Agricultural	Household	Other	0	0	0	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 or less if you expect to pay \$5,000 or less in total wages.) If you don't check this box, you must file Form 941 for every quarter. <input type="checkbox"/>
Agricultural	Household	Other						
0	0	0						
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) n/a								
16 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) ► Buy and sell properties <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail								
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Buy and sell properties								
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ► _____								
Third Party Designee	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 Heather Manerchia Address and ZIP code P.O. Box #571, Nassau, DE 19969	Designee's telephone number (include area code) 302-644-6289 Designee's fax number (include area code) 302-645-1280						
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) ► Renzo Gales Huanca, Member		Applicant's telephone number (include area code) 5194216145 Applicant's fax number (include area code)						
Signature ► 		Date ► 04/14/2025						



HARVARD BUSINESS SERVICES, INC.

16192 COASTAL HIGHWAY

LEWES, DELAWARE 19958

Phone: (302) 645-7400 (800)-345-2677

Fax: (302) 645-1280

www.delawareinc.com

Renzo Gales Huanca

Assc. Sor Ana De Los Angeles Sec 1 Manzana H. Lt 18

Cerro Colorado

Arequipa 04016

Peru

Dear Renzo Gales Huanca,

We would like to convey our congratulations to you and Gales Corp Mississippi LLC. We hope you enjoy terrific success with your new company.

Name: **Gales Corp Mississippi LLC**

Date of formation: April 11, 2025

Delaware State File Number: **10161424**

Enclosed is the Recorded Copy of your Certificate of Formation. Please review the information on the certificates and insert them in your corporate kit.

Please remember these three things in the future:

1. We must be made aware of any address changes. You may provide this information to us via email (mail@delawareinc.com) or phone (800-345-2677 ext. 6903). This will ensure that we remind you of the following two things:

2. Delaware LLC/LP tax is due June 1st each year. If the LLC/LP tax is not received by June 1st, a \$200 late penalty plus 1.5% interest monthly will be imposed by the State of Delaware and your company will cease to be in good standing.

3. Your annual registered fee of \$50 is due on the anniversary month of your corporation.

Thank you again and we wish you the best of luck. You can help us by telling a friend or business associate about our services. We work hard to keep things simple for you and your associates when it's time to incorporate.

Sincerely,

Filing Department

Harvard Business Services, Inc.

**CERTIFICATE OF FORMATION
OF
Gales Corp Mississippi LLC**

FIRST: The name of the limited liability company is: Gales Corp Mississippi LLC

SECOND: Its registered office in the State of Delaware is located at 16192 Coastal Highway, Lewes, Delaware 19958, County of Sussex. The registered agent in charge thereof is Harvard Business Services, Inc.

IN WITNESS WHEREOF, the undersigned, being fully authorized to execute and file this document have signed below and executed this Certificate of Formation.

A handwritten signature in black ink, reading "Michael J. Bell", is written over a horizontal line.

Harvard Business Services, Inc., Authorized Person
By: Michael J. Bell, President

STATEMENT OF AUTHORIZED PERSON

IN LIEU OF ORGANIZATIONAL MEETING
FOR
Gales Corp Mississippi LLC
April 11, 2025

We, Harvard Business Services, Inc., the authorized person of Gales Corp Mississippi LLC -- a Delaware Limited Liability Company -- hereby adopt the following resolution:

Resolved: That the Certificate of Formation of Gales Corp Mississippi LLC was filed with the Secretary of State of Delaware on April 11, 2025.

Resolved: That on April 11, 2025 the following persons were appointed as the members of the Limited Liability Company until their successors are elected and qualify:

Renzo Gales Huanca

Resolved: That the undersigned signatory hereby resigns as the authorized person of the above named Limited Liability Company.

This resolution shall be filed in the minute book of the company.

A handwritten signature in cursive script, reading "Michael J. Bell", written over a horizontal line.

Harvard Business Services, Inc., Authorized Person
By: Michael J. Bell, President



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Company Name: **Gales Corp Mississippi LLC**

Delaware State File Number: **10161424**

Delaware Law requires a Communication Contact. What is that?

As your Registered Agent, the State of Delaware requires us to keep a Communications Contact for your company on record within our files so we can forward any legal documentation we receive for the company in a timely manner. By definition, the Communications Contact must be a living person who is a manager, officer, director, shareholder, member, employee or designated agent who is authorized to receive notices from the company's Delaware Registered Agent. This person must also be able to produce management and ownership names and contact information in the event of a legal matter such as a lawsuit or subpoena. This person must be at least 18 years of age.

In other words, the Communications Contact must have the ability and authority to receive, handle and appropriately reply to the correspondence we may forward. If this is incorrect, please let us know at your earliest convenience. Failure to keep the information up-to-date and valid can result in having to resign as the company's Registered Agent in Delaware. This will leave the company without a Registered Agent, which places the company in a forfeited (or "inactive") status.

This is the information currently on file for the Communications Contact:

Renzo Gales Huanca galescorp@gmail.com
Assoc. Sor Ana De Los Angeles Sec 1 Manzana H. +51 94 21 6145
Lt 18
Cerro Colorado
Arequipa, 04016
Peru

Should someone else be the Communications Contact? Has your address changed?

Updates to the above information can be made through your online MCD account, or you can contact our mail center at mail@delawareinc.com.



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Did you know we offer many services other than formation/registered agent services? Below is a description of some of our popular services:

Foreign Qualification:

Many companies choose Delaware as their state of formation to take advantage of the strong corporate law structure but they do not actually do business in the State of Delaware. If your business will operate in a state other than the State of Delaware, a foreign qualification filing will typically be required. This filing allows a company to transact business in a jurisdiction other than where it was formed. Since every state has their own requirements to foreign qualify, let HBS take care of this detail for you.

Good Standing Certificates (Also known as Certificates of Existence):

A certificate of good standing may be required by many different parties, such as banks or different states. We can obtain a good standing from the State of Delaware for you from the State of Delaware. You may place the order online, www.delawareinc.com/gstanding, or contact us by email, phone or fax.

Tax ID Service:

We can obtain the Federal Tax Identification Number for your Delaware Corporation or LLC. The Federal Tax Identification Number, also known as a company's "EIN", is mandatory for opening US bank accounts, obtaining loans, hiring employees, or conducting business in the United States. Our service eliminates the hassle of dealing with the IRS.

Mail Forwarding Services:

All mail forwarding services can be viewed at our website: www.delawareinc.com/ourservices/mailfwd

Virtual Office Mail Forwarding & Telephone

Our best Mail Forwarding package includes the authorization to use our address as your mailing address as well as your own Delaware telephone number. We will scan all of your incoming mail and email it to you. You will receive a Delaware phone number (302 area code) that will automatically be forwarded to any domestic phone number you provide so that your clients may contact you.

Basic 6 & Basic 25 Mail Forwarding

Pay for 6 or 25 email scans to be used as needed. We scan each piece of mail received, email it to you and hold the physical mail for one (1) week. Within that time frame, you can request to have the mail sent to you. After one (1) week, the mail is securely shredded on site. As long as your company is active under our Delaware Registered Agent service, there is no time limit as to when you can use your scan credits.

Airplane & Yacht Mail Forwarding

Use our address to receive Federal Aviation Administration (FAA) Aircraft and/or Department of Natural Resources (DNREC) Boat Registrations. We will scan your mail, email it to you and physically forward registrations to your address on file.

Many of our other services can be found on our website: www.delawareinc.com/ourservices. To initiate any of the above services, please call 1-800-345-2677 ext. 6911 or 302-645-7400 ext. 6911.

You may also send an email request to info@delawareinc.com.