

\* PLEASE FAX EIN BACK \*

Form **SS-4**

(Rev. January 2010)

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.)

GSA 1 No. 1543-0005

EIN

**35 2731453**

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

1 Legal name of entity (or individual) for whom the EIN is being requested <b>BELINK BIO, LLC</b>		3 Executor, administrator, trustee, "care of" name	
2 Trade name of business (if different from name on line 1)		5a Street address (if different) (Do not enter a P.O. box.)	
4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>2875 NE 191 St Street, Suite 801</b>		5b City, state, and ZIP code (if foreign, see instructions)	
4b City, state, and ZIP code (if foreign, see instructions) <b>Aventura, FL 33180</b>		6 County and state where principal business is located <b>MIAMI-DADE</b>	
7a Name of responsible party <b>Matias Fuslier</b>		7b SSN, ITIN, or EIN <b>Foreign</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>2</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 checked="" 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 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"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal government/enterprises <input type="checkbox"/> Group Exemption Number (GEN) if any > _____	
9b If a corporation, name the state or foreign country (if applicable) where incorporated <b>FLORIDA</b>		Foreign country	
10 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) > <b>TECHNOLOGY</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>09/1/2021</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. Agricultural: <b>0</b> Household: <b>0</b> Other: <b>0</b>		14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 941 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input checked="" type="checkbox"/>	
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). <b>N/A</b>		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"/> Health care & social assistance <input type="checkbox"/> Wholesale agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) <b>TECHNOLOGY</b>	
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <b>TECHNOLOGY</b>		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 Designee's name: <b>Anisley Velez</b> Address and ZIP code: <b>20900 NE 30th Avenue 8th Floor, Aventura, Florida 33180</b>		Designee's telephone number (include area code): <b>(305) 932-6262</b> Designee's fax number (include area code): <b>(305) 933-8393</b> Designee's e-mail address (include domain name): <b>(305) 932-5773</b>	
Name and title (type or print clearly) > <b>Matias Fuslier - Member Manager</b>		Applicant's tax identification number (include area code): _____	
Signature > _____ Date > <b>09/22/2021</b>		Applicant's tax identification number (include area code): _____	

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Oct 27 2021

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