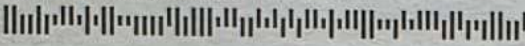


2024 - SAFETY MANUAL ORDER FORM
(CALIFORNIA BUSINESSES)

FOLLOW INSTRUCTIONS EXACTLY WHEN COMPLETING THIS FORM. PLEASE PRINT.

Customer ID Number F479130150	Business ID 6410042	Notice Date 10/22/2024	Formation Date 09/30/2024
Business Address 11 3 3114 SECURITY PERU SERVICES # 4 3220 WILLIAMSBURG DR SAN JOSE, CA 95117-3927 			

Records indicate that **Security Peru Services** is registered to do business in the State of California. **Federal OSHA laws** require all employers to provide a place of employment which is free from recognized hazards that are likely to cause death or serious physical harm to employees. **Occupational Safety and Health Act of 1970. 29 USC § 654.** C.P.S., a third-party private entity, will prepare and provide a comprehensive written safety manual that will assist employers in complying with occupational safety and health standards issued by OSHA.

Violations of OSHA may result in the following fines and penalties pursuant to 29 USC § 666:

- (a) Willful or repeated violation: Civil penalty of not less than \$5,000 and up to \$70,000 for each violation may be imposed;
- (b) Citation for serious violation: Civil penalty of up to \$7,000 for each violation may be imposed;
- (c) Citation for violation determined not serious: Civil penalty of up to \$7,000 for each violation may be imposed; ... (d) ...
- (e) Willful violation causing death to employee: A fine of up to \$10,000 and imprisonment of up to 6 months, or both, may be imposed.

It is essential that all employers maintain and prepare, in writing, an accurate safety manual that will protect their business from fines and penalties.

Follow the steps below to complete this form and fulfill your order. Your information will be kept confidential and will not be disclosed to third parties. Mail the completed form with \$295.00 to C.P.S. in the enclosed envelope. **Please respond today!**

Step 1. CONTACT INFORMATION

Company Name SECURITY PERU SERVICES
Address 3220 WILLIAMSBURG DR, # 4, SAN JOSE, CA 95117-3927

Step 2. BUSINESS ACTIVITY

Check the box below that best describes **SECURITY PERU SERVICES's** business activities. ****REQUIRED****

☐ General (retail, office, restaurant/food service, warehousing, etc.) ☐ Healthcare/Medical ☐ Construction ☐ Maritime

Step 3. Enclose check for \$295.00 or pay online.



PAY ONLINE
www.paysafety.org

Make **\$295.00** check payable to:

C.P.S.
PO Box 73127
Washington, DC 20056
Call (202) 838-0037
cps.safetymanual@gmail.com

GOVERNMENT FINES
AND/OR CIVIL ACTIONS
MAY BE IMPOSED FOR
FAILING TO MEET SAFETY
REQUIREMENTS.

THIS PRODUCT OR SERVICE HAS NOT BEEN APPROVED OR ENDORSED BY ANY GOVERNMENTAL AGENCY, AND THIS OFFER IS NOT BEING MADE BY AN AGENCY OF THE GOVERNMENT.

Step 4. SIGNATURE I certify that I have read this document, understand its contents and authorize the charges.

Signature **REQUIRED**	Print Name Clearly
Email Address	Phone Number

Step 5. Return this entire completed form with \$295.00 payment in the enclosed return envelope.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/3/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Bossa Nova Insurance Servicers, LLC 10468-A SAN PABLO AVE EL CERRITO CA 94565		CONTACT NAME: Adriana Pereira PHONE (A/C, No, Ext): (510) 559-1066 E-MAIL ADDRESS: adriana@bossanovainsurance.com FAX (A/C, No): 5105591866																						
INSURED SECURITY PERU SERVICES 130 MAITLAND DR ALAMEDA CA 94502-6726		<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>KINSALE INS CO</td><td>38920</td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	KINSALE INS CO	38920	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																						
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INSURER B:																								
INSURER C:																								
INSURER D:																								
INSURER E:																								
INSURER F:																								

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		0100337951-0	12/02/2024	12/02/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)					

CERTIFICATE HOLDER**CANCELLATION**

PROOF OF INSURANCE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

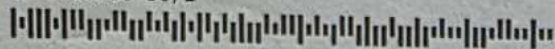


Finance - Business Tax
200 East Santa Clara Street, 13th Floor Tower
San Jose, CA 95113-1905

Your New Business Certificate Enclosed

JSD1030A

4000000036 36/1



SECURITY PERU SERVICES
SECURITY PERU SERVICES
3220 WILLIAMSBURG DR #4
SAN JOSE CA 95117-3927

200 East Santa Clara Street, San Jose, CA 95113 Tel (408) 535-7055 Fax (408) 292-6488 www.sanjoseca.gov/businessstax



CITY OF SAN JOSE BUSINESS TAX CERTIFICATE No. 9023500135

BUSINESS NAME	NATURE OF BUSINESS	NO OF EMPLOYEES/UNITS/SQ. FT	EXPIRATION DATE
SECURITY PERU SERVICES	SECURITY SYSTEMS SERVICES	0/0/0	12/15/2025
BUSINESS ADDRESS	RECEIPT ISSUE DATE	TAX DISTRICT NO.	TOTAL AMOUNT PAID
3220 WILLIAMSBURG DR	12/2/2024	04	\$216.35

This certificate is evidence that the person(s), firm, or corporation named hereon has paid the tax required by Chapter 4.76 of the San José Municipal Code for the type of business, the business address and for the period indicated hereon. This certificate is issued without verification that the taxpayer is subject to or exempted from licensing by local, state, Federal or other agencies. Issuance of this certificate is not an endorsement, nor a certificate of compliance with other ordinances or laws, nor an assurance that the proposed use is in conformance with the City's Building/Fire/Zoning regulations.

NOTE: IT IS THE BUSINESS OWNER'S RESPONSIBILITY TO MAINTAIN A CURRENT BUSINESS TAX CERTIFICATE. This is a receipt for payment, NOT an invoice. No remittance is required.

FINANCE - REVENUE
MANAGEMENT MUST BE
NOTIFIED OF ANY
CHANGE IN OWNERSHIP,
LOCATION OR
BUSINESS CLOSURE.

POST IN A
CONSPICUOUS PLACE
IN PUBLIC VIEW
(MUST BE PRESENTED
UPON REQUEST)

THIS BUSINESS
TAX CERTIFICATE IS
NOT TRANSFERABLE
OR ASSIGNABLE

RENEWAL NOTICE
NOT REQUIRED

Questions?

Call 408-535-7055 or visit
us on our web site at:
www.sanjoseca.gov/businessstax

OWNER
BUSINESS NAME
MAIL ADDRESS

SECURITY PERU SERVICES
SECURITY PERU SERVICES
3220 WILLIAMSBURG DR #4
SAN JOSE, CA 95117

Fictitious Business Name (FBN) Statement

FILED WITH THE COUNTY CLERK-RECORDER OF SANTA CLARA COUNTY ON THE DATE IDENTIFIED ON THE FILING LABEL.

Fees:

\$40.00 Includes registrations of 1 business name, 1 or 2 registrants and 1 certified copy.

\$7.00 Each additional business name and/or registrant (must have the same business address and registrant) on the same statement.

FOR COUNTY CLERK-RECORDER'S USE

Filed in County Clerk's Office
Regina Alcomendras
Santa Clara County - Clerk-Recorder

FBN710353

10/16/2024
FBN
Pages: 1
Fee: \$40.00
Exp: 10/16/2029
By efader, Deputy

The following person (persons) is (are) doing business as: (Use the ADDENDUM page to list additional fictitious business names.)

1. FICTITIOUS BUSINESS NAME

SECURITY PERU SERVICES

2. STREET ADDRESS OF PRINCIPAL PLACE OF BUSINESS

3220 WILLIAMSBURG DR #4

CITY	STATE	ZIP CODE	COUNTY
SAN JOSE	CA	95117	SANTA CLARA

3. If the principal place of business identified in #2 above is not in Santa Clara County, a current fictitious business name statement for the fictitious business name(s) identified in #1 above shall be on file at the above-identified County that is the principal place of business. If applicable, please complete #3 below:

☒ THE PRINCIPAL PLACE OF BUSINESS IS IN SANTA CLARA COUNTY AND A CURRENT FICTITIOUS BUSINESS NAME STATEMENT IS ON FILE AT THE COUNTY CLERK-RECORDER'S OFFICE OF SAID COUNTY.

4. This business is owned by: (An asterisk (*) item requires proof of registration with the California Secretary of State's Office)

☐ AN INDIVIDUAL ☐ A GENERAL PARTNERSHIP ☐ A LIMITED PARTNERSHIP ☐ A LIMITED LIABILITY COMPANY
☐ AN UNINCORPORATED ASSOCIATION OTHER THAN A PARTNERSHIP ☒ A CORPORATION ☐ A TRUST ☐ COPARTNERS
☐ MARRIED COUPLE ☐ JOINT VENTURE ☐ STATE OR LOCAL REGISTERED DOMESTIC PARTNERS ☐ LIMITED LIABILITY PARTNERSHIP

5. The name and mailing address of the registrant(s) is (are):

NOT E: General Partnerships, Copartnership, Joint Venture, Limited Liability Partnership, Unincorporated Association, and Limited Partnership - Insert name and mailing address of each General Partner; Trusts - Insert the full name and mailing address of each trustee; Limited Liability Company and Corporation - Insert full name and mailing address of Limited Liability Company or Corporation as registered with the California Secretary of State's Office; State or local registered Domestic Partners - Insert full name and mailing address of each Domestic Partner. **USE THE ADDENDUM PAGE TO LIST ADDITIONAL NAMES AND ADDRESSES**

FULL NAME
SECURITY PERU SERVICES
MAILING ADDRESS
3220 WILLIAMSBURG DR #4
CITY
SAN JOSE
STATE
CA
ZIP CODE
95117

FULL NAME
MAILING ADDRESS
CITY
STATE
ZIP CODE

6. Registrant began transacting business under the fictitious business name(s) listed above on:

☐ DATE: ☒ NOT APPLICABLE (IF FUTURE DATE)

7. Type of Filing: (Check one)

☒ First Filing
☐ Refile [Change(s) in facts from previous filing]
☐ Refile [No change(s) in facts from previous filing]

Previous file #: _____

I hereby certify that this copy is a correct copy of the original Fictitious Business Name Statement on file in my office.

Regina Alcomendras, Santa Clara County Clerk-Recorder

By

Dated: **OCT 16 2024** Elaine Fader, Deputy

8. I declare that all information in this statement is true and correct. (A registrant who declares as true information which he or she knows to be false is guilty of a crime.)

SIGNED X MARLON HAROLD ZAPATA BONILLA

PRINTED NAME **MARLON HAROLD ZAPATA BONILLA**

ENTITY NAME **SECURITY PERU SERVICES**

ARTICLE / REG #: **6410042**

(from CA Sec of State's Office)

TITLE / CAPACITY OF SIGNER **OWNER**

ABOVE ENTITY WAS FORMED IN THE STATE OF **CA**

NOTICE - IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17920, A FICTITIOUS BUSINESS NAME STATEMENT GENERALLY EXPIRES AT THE END OF FIVE YEARS FROM THE DATE ON WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT, AS PROVIDED IN SUBDIVISION (b) OF SECTION 17920, WHERE IT EXPIRES 40 DAYS AFTER ANY CHANGE IN THE FACTS SET FORTH IN THE STATEMENT PURSUANT TO SECTION 17913 OTHER THAN A CHANGE IN THE RESIDENCE ADDRESS OF A REGISTERED OWNER. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION. THE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER UNDER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14411 ET SEQ., BUSINESS AND PROFESSIONS CODE).



California Secretary of State

Business Programs Division

1500 11th Street, Sacramento, CA 95814

SECURITY PERU SERVICES
3220 WILLIAMSBURG DR
4
SAN JOSE, CA 95117

Initial Business Filing Approved

October 2, 2024

Entity Name: SECURITY PERU SERVICES
Entity Type: Stock Corporation - CA - General
Entity No.: 6410042
Document Type: Initial Filing
Document No.: 6410042
File Date: 09/30/2024

Congratulations! The above referenced document has been approved and filed with the California Secretary of State. To access free copies of filed documents, go to bizfileOnline.sos.ca.gov and enter the entity name or entity number in the Search module.

What's Next?

Be sure to review the Welcome Letter for key information and contacts you may need.

Corporations and limited liability companies must file a Statement of Information **within 90 days** of the initial filing and annually or every other year, thereafter. For additional resources, view Starting A Business Checklist for key steps you may need to take when launching a business in California.

For further assistance, contact us at (916) 657-5448 or visit bizfileOnline.sos.ca.gov.



Thank you for using [bizfile California](https://bizfileOnline.sos.ca.gov), the California Secretary of State's business portal for online filings, searches, business records, and additional resources.

SBH



Secretary of State
Articles of Incorporation of a
General Stock Corporation

ARTS-GS

For Office Use Only

-FILED-

File No.: 6410042

Date Filed: 9/30/2024

Filing Fee - \$100.00

Certified Copy Fee (Optional) - \$5.00

Note: The annual minimum \$800 tax to the California Franchise Tax Board remains due and is not subject to the processing fee waiver. For more information, go to ftb.ca.gov.

This Space For Office Use Only

1. **Corporate Name** (Go to www.sos.ca.gov/business/be/name-reservations for general corporate name requirements and restrictions.)

The name of the corporation is Security Peru Services

2. **Business Addresses** (Enter the complete business addresses.)

a. Initial Street Address of Corporation - Do not list a P.O. Box <u>3220 williamsburg Dr #4</u>	City (no abbreviations) <u>San Jose</u>	State <u>CA</u>	Zip Code <u>95117</u>
b. Initial Mailing Address of Corporation, if different than item 2a	City (no abbreviations)	State	Zip Code

3. **Service of Process** (Must provide either Individual OR Corporation.)

INDIVIDUAL - Complete Items 3a and 3b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation) <u>Marlon</u>	Middle Name <u>Harold</u>	Last Name <u>Zapata</u>	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box <u>3220 williamsburg Dr #4</u>	City (no abbreviations) <u>San Jose</u>	State <u>CA</u>	Zip Code <u>95117</u>

CORPORATION - Complete Item 3c. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 3a or 3b

4. **Shares** (Enter the number of shares the corporation is authorized to issue. Do not leave blank or enter zero (0).)

This corporation is authorized to issue only one class of shares of stock.

The total number of shares which this corporation is authorized to issue is 1

5. **Purpose Statement** (Do not alter the Purpose Statement.)

The purpose of the corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of California other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the California Corporations Code.

6. **Read and Sign Below** (This form must be signed by each incorporator.)

Signature

Type or Print Name

ARTS-GS (REV 06/2023)

2023 California Secretary of State
bizfileOnline.sos.ca.gov

09/30/2024 5:00 PM Received by California Secretary of State

KNIGHTS FLOORING INC
2646 WEST LN
STOCKTON CA 95205-2661

Page 1 of 1 (Envelope 1 of 1)
0942-70100627-0000010112
00001070075704334302

01/01/26

103



031027 90080526401 4 01 01 1 0000 0 000
MARLON ZAPATA BONILLA
130 MAITLAND DR
#C
ALAMEDA CA 94502

Future developments. For the latest information about developments related to Form W-2, such as legislation enacted after it was published, go to www.irs.gov/FormW2.

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income tax credit (EITC). You may be able to take the EITC for 2025 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EITC if your investment income is more than the specified amount for 2025 or if income is earned for services provided while you were an inmate at a penal institution. For 2025 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596. **Any EITC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.

Corrections. If your name, SSN, or address is incorrect, correct Copy 1 and give it to your employer to correct your employment record. Be sure to ask the employer for a Corrected Wage and Tax Statement, with the SSA to correct any name or address error reported to the SSA on Form W-2. Be sure to get your copies of Copy 1 from your employer for all corrections made so you may file them with your tax return. If your SSN is correct but isn't the same as shown on your social security card, get a new card that displays your correct name at any SSA office or by calling 800-795-6887. Visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided). Report the cost of employer-sponsored health coverage in box 12, using code DD, of the cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2025 and social security and/or Tier 1 railroad retirement (RTTA) taxes were withheld by more than one employer, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions for more information. If you had more than one railroad employer and more than \$6,409.20 in Tier 1 taxes withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

(See also Instructions for Employee)

Instructions for Employee

See also Notice to Employee on the back of Copy C.

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a qualified plan, deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that is for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you received a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Deferral, with the Social Security Administration and give you a copy.

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
PHILADELPHIA PA 19255-0023

Date of this notice: 10-21-2024

Employer Identification Number:
33-1500707

Form: SS-4

Number of this notice: CP 575 A

003237.620945.285134.20958 1 MB 0.622 920



SECURITY PERU SERVICES
3220 WILLIAMSBURG DR APT 4
SAN JOSE CA 95117

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

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 33-1500707. This EIN will identify your entity, accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did not apply for this EIN, please visit, www.irs.gov/einnotrequested.

When filing tax documents, making payments, or replying to any 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.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 1120	08/15/2025
Form 940	01/31/2026
Form 943	01/31/2026

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

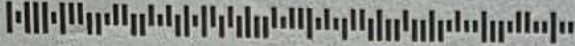
We assigned you a tax classification (corporation, partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification and is not binding of the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.



Finance - Business Tax
200 East Santa Clara Street, 13th Floor Tower
San Jose, CA 95113-1905

Your New Business Certificate Enclosed

JSD1030A
4000000036 36/1



SECURITY PERU SERVICES
SECURITY PERU SERVICES
3220 WILLIAMSBURG DR #4
SAN JOSE CA 95117-3927

200 East Santa Clara Street, San Jose, CA 95113 Tel (408) 535-7055 Fax (408) 292-6488 www.sanjoseca.gov/businessstax



CITY OF SAN JOSE BUSINESS TAX CERTIFICATE No. 9023500135

BUSINESS NAME	NATURE OF BUSINESS	NO OF EMPLOYEES/UNITS/SQ. FT	EXPIRATION DATE
SECURITY PERU SERVICES	SECURITY SYSTEMS SERVICES	0/0/0	12/15/2025
BUSINESS ADDRESS	RECEIPT ISSUE DATE	TAX DISTRICT NO.	TOTAL AMOUNT PAID
3220 WILLIAMSBURG DR	12/2/2024	04	\$216.35

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RENEWAL NOTICE
NOT REQUIRED

Questions?

Call 408-535-7055 or visit
us on our web site at:
www.sanjoseca.gov/businessstax

OWNER
BUSINESS NAME
MAIL ADDRESS

SECURITY PERU SERVICES
SECURITY PERU SERVICES
3220 WILLIAMSBURG DR #4
SAN JOSE, CA 95117



Secretary of State
Articles of Incorporation of a
General Stock Corporation

ARTS-GS

For Office Use Only

-FILED-

File No.: 6410042

Date Filed: 9/30/2024

Filing Fee - \$100.00

Certified Copy Fee (Optional) - \$5.00

Note: The annual minimum \$800 tax to the California Franchise Tax Board remains due and is not subject to the processing fee waiver. For more information, go to ftb.ca.gov.

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1. **Corporate Name** (Go to www.sos.ca.gov/business/be/name-reservations for general corporate name requirements and restrictions.)

The name of the corporation is Security Peru Services

2. **Business Addresses** (Enter the complete business addresses.)

a. Initial Street Address of Corporation - Do not list a P.O. Box <u>3220 williamsburg Dr #4</u>	City (no abbreviations) <u>San Jose</u>	State <u>CA</u>	Zip Code <u>95117</u>
b. Initial Mailing Address of Corporation, if different than item 2a	City (no abbreviations)	State	Zip Code

3. **Service of Process** (Must provide either Individual OR Corporation.)

INDIVIDUAL - Complete Items 3a and 3b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation) <u>Marlon</u>	Middle Name <u>Harold</u>	Last Name <u>Zapata</u>	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box <u>3220 williamsburg Dr #4</u>	City (no abbreviations) <u>San Jose</u>	State <u>CA</u>	Zip Code <u>95117</u>

CORPORATION - Complete Item 3c. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 3a or 3b

4. **Shares** (Enter the number of shares the corporation is authorized to issue. Do not leave blank or enter zero (0).)

This corporation is authorized to issue only one class of shares of stock.

The total number of shares which this corporation is authorized to issue is 1

5. **Purpose Statement** (Do not alter the Purpose Statement.)

The purpose of the corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of California other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the California Corporations Code.

6. **Read and Sign Below** (This form must be signed by each incorporator.)

Signature

ARTS-GS (REV 06/2023)

Type or Print Name

2023 California Secretary of State
bizfileOnline.sos.ca.gov

Form W-2 Wage and Tax Statement 2025

Copy C, for employee's records

d Control number 0942-70100627 0000010112 -		Void		c Employee's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0029	
b Employer identification number (EIN) 46-1245017		a Employee's social security number XXX-XX-0086		KNIGHTS FLOORING INC 2646 WEST LANE STOCKTON CA 95205		1 Wages, tips, other compensation 1974.01	
13 Statutory employee		Retirement plan		Third-party sick pay		2 Federal income tax withheld 24.92	
12 See instructions for box 12		14 Other OT PREMIUM CASDI 8.76 23.68		e Employee's name, address, and ZIP code MARLON ZAPATA BONILLA 130 MAITLAND DR #C ALAMEDA CA 94502		3 Social security wages 1974.01	
15 State CA		Employer's state ID number 064-8033-9		16 State wages, tips, etc. 1974.01		4 Social security tax withheld 122.39	
				17 State income tax		5 Medicare wages and tips 1974.01	
				18 Local wages, tips, etc.		6 Medicare tax withheld 28.62	
				19 Local income tax		7 Social Security Tips 1974.01	
				20 Locality name		8 Allocated Tips	
						10 Dependent care benefits	
						11 Nonqualified plans	

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form W-2 Wage and Tax Statement 2025

Copy B, to be filed with employee's FEDERAL tax return

d Control number 0942-70100627 0000010112 -		Void		c Employee's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0029	
b Employer identification number (EIN) 46-1245017		a Employee's social security number XXX-XX-0086		KNIGHTS FLOORING INC 2646 WEST LANE STOCKTON CA 95205		1 Wages, tips, other compensation 1974.01	
13 Statutory employee		Retirement plan		Third-party sick pay		2 Federal income tax withheld 24.92	
12 See instructions for box 12		14 Other OT PREMIUM CASDI 8.76 23.68		e Employee's name, address, and ZIP code MARLON ZAPATA BONILLA 130 MAITLAND DR #C ALAMEDA CA 94502		3 Social security wages 1974.01	
15 State CA		Employer's state ID number 064-8033-9		16 State wages, tips, etc. 1974.01		4 Social security tax withheld 122.39	
				17 State income tax		5 Medicare wages and tips 1974.01	
				18 Local wages, tips, etc.		6 Medicare tax withheld 28.62	
				19 Local income tax		7 Social Security Tips 1974.01	
				20 Locality name		8 Allocated Tips	
						10 Dependent care benefits	
						11 Nonqualified plans	

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Form W-2 Wage and Tax Statement 2025

Copy 2, to be filed with employee's tax return for CA

d Control number 0942-70100627 0000010112 -		Void		c Employee's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0029	
b Employer identification number (EIN) 46-1245017		a Employee's social security number XXX-XX-0086		KNIGHTS FLOORING INC 2646 WEST LANE STOCKTON CA 95205		1 Wages, tips, other compensation 1974.01	
13 Statutory employee		Retirement plan		Third-party sick pay		2 Federal income tax withheld 24.92	
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15 State CA		Employer's state ID number 064-8033-9		16 State wages, tips, etc. 1974.01		4 Social security tax withheld 122.39	
				17 State income tax		5 Medicare wages and tips 1974.01	
				18 Local wages, tips, etc.		6 Medicare tax withheld 28.62	
				19 Local income tax		7 Social Security Tips 1974.01	
				20 Locality name		8 Allocated Tips	
						10 Dependent care benefits	
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Form W-2 Wage and Tax Statement 2025

d Control number		Void X		c Employee's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0029	
b Employer identification number (EIN)		a Employee's social security number				1 Wages, tips, other compensation	
13 Statutory employee		Retirement plan		Third-party sick pay		2 Federal income tax withheld	
12 See instructions for box 12		14 Other		e Employee's name, address, and ZIP code		3 Social security wages	
						4 Social security tax withheld	
						5 Medicare wages and tips	
						6 Medicare tax withheld	
						7 Social Security Tips	
						8 Allocated Tips	
						10 Dependent care benefits	
						11 Nonqualified plans	
15 State		Employer's state ID number		16 State wages, tips, etc.		17 State income tax	
						18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

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