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

Date of this notice: 01-03-2025

Employer Identification Number:
33-2641219

Form: SS-4

Number of this notice: CP 575 A

SOCIAL DESIII LLC
BHAGAT SADAL MBR
9959 WINCHESTER RD STE 101
COLLIERVILLE, TN 38017

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

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 33-2641219. 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.

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 contact us at the phone number or address listed on the top of this notice.

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 941	07/31/2025
Form 940	01/31/2026
Form 1065	03/15/2026

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 on 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.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:
If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S, U.S. Income Tax Return for an S Corporation, must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, Election by a Small Business Corporation.

(IRS USE ONLY) 575A 01-03-2025 SOCI B 9999999999 SS-4

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.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents or other payroll service providers, are available to assist you. Visit www.irs.gov/mefbusproviders for a list of companies that offer IRS e-file for business products and services.

IMPORTANT REMINDERS:

* Keep a copy of this notice in your permanent records. This notice is issued only one time and the 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 SOCI. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

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.

(IRS USE ONLY) 575A 01-03-2025 SOCI B 9999999999 SS-4

Keep this part for your records. CP 575 A (Rev. 7-2007)

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

CP 575 A

9999999999

Your Telephone Number
( ) -

Best Time to Call

DATE OF THIS NOTICE: 01-03-2025
EMPLOYER IDENTIFICATION NUMBER: 33-2641219
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

SOCIAL DESIII LLC
BHAGAT SADAL MBR
9959 WINCHESTER RD STE 101
COLLIERVILLE, TN 38017

001609582

ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY

SS-4270

Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: $50.00 per member
(minimum fee = $300.00, maximum fee = $3,000.00)

For Office Use Only
-FILED-
Control # 001609582

The Articles of Organization presented herein are adopted in accordance with the provisions of the Tennessee Revised Limited Liability Company Act.

1. The name of the Limited Liability Company is: SOCIAL DESIII LLC

(Note: Pursuant to the provisions of T.C.A. §48-249-106, each Limited Liability Company name must contain the words "Limited Liability Company" or the abbreviation "LLC" or "L.L.C.")

2. Name Consent: (Written Consent for Use of Indistinguishable Name)
☐ This entity name already exists in Tennessee and has received name consent from the existing entity.

3. This company has the additional designation of: None

4. The name and complete address of the Limited Liability Company's initial registered agent and office located in the state of Tennessee is:
BHAGAT SADAL
STE 101
9959 WINCHESTER RD
COLLIERVILLE, TN 38017
SHELBY COUNTY

5. Fiscal Year Close Month: December

6. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is:
(none) (Not to exceed 90 days)

7. The Limited Liability Company will be:
☑ Member Managed ☐ Manager Managed ☐ Director Managed

8. Number of Members at the date of filing: 2

9. Period of Duration: Perpetual

10. The complete address of the Limited Liability Company's principal executive office is:
STE 101
9959 WINCHESTER RD
COLLIERVILLE, TN 38017
SHELBY COUNTY

ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY

SS-4270

Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: $50.00 per member
(minimum fee = $300.00, maximum fee = $3,000.00)

For Office Use Only
-FILED-
Control # 001609582

The name of the Limited Liability Company is: SOCIAL DESIII LLC

11. The complete mailing address of the entity (if different from the principal office) is:
ATLAS
STE 150
3340 PLAYERS CLUB PKWY
MEMPHIS, TN 38125

12. Non-Profit LLC (required only if the Additional Designation of "Non-Profit LLC" is entered in section 3.)
☐ I certify that this entity is a Non-Profit LLC whose sole member is a nonprofit corporation, foreign or domestic, incorporated under or subject to the provisions of the Tennessee Nonprofit Corporation Act and who is exempt from franchise and excise tax as not-for-profit as defined in T.C.A. §67-4-2004. The business is disregarded as an entity for federal income tax purposes.

13. Professional LLC (required only if the Additional Designation of "Professional LLC" is entered in section 3.)
☐ I certify that this PLLC has one or more qualified persons as members and no disqualified persons as members or holders.
Licensed Profession:

14. Series LLC (optional)
☐ I certify that this entity meets the requirements of T.C.A. §48-249-309(a) & (b)

15. Obligated Member Entity (list of obligated members and signatures must be attached)
☐ This entity will be registered as an Obligated Member Entity (OME) Effective Date: (none)
☐ I understand that by statute: THE EXECUTION AND FILING OF THIS DOCUMENT WILL CAUSE THE MEMBER(S) TO BE PERSONALLY LIABLE FOR THE DEBTS, OBLIGATIONS AND LIABILITIES OF THE LIMITED LIABILITY COMPANY TO THE SAME EXTENT AS A GENERAL PARTNER OF A GENERAL PARTNERSHIP. CONSULT YOUR ATTORNEY.

16. This entity is prohibited from doing business in Tennessee:
☐ This entity, while being formed under Tennessee law, is prohibited from engaging in business in Tennessee.

17. Other Provisions:

Electronic	MEMBER
Signature	Title/Signer's Capacity
RAMESH BANDARU	Jan 3, 2025 4:44PM
Printed Name	Date

FINANCIAL CRIMES
ENFORCEMENT NETWORK

Generated: 1/3/2025

FILING SUCCESSFUL - Beneficial Ownership Information Report (BOIR) Status

Submission Information	
Status	FILING SUCCESSFUL
BOIR ID	50000013834270
Submission Tracking ID	BOIRemh3LLpHcyM3a9i4
Received Timestamp (UTC)	2025-01-03T22:58:19Z
Reporting Company FinCEN ID	

Submitter Information	
First name	RAMESH
Last name	BANDARU
E-mail address	ATLASCPAGROUP@GMAIL.COM

Validation Information	
Code	Description
No validation errors	

#50000013834270 - Beneficial Ownership Information Report (BOIR) Transcript

Filing Information	
Type of filing	Initial report
Date prepared (assigned upon finalization)	01/03/2025

Reporting Company Information	Back to top
Request to receive FinCEN Identifier (FinCEN ID)	
Foreign pooled investment vehicle	
Reporting Company legal name	SOCIAL DESIII LLC
Alternate name (e.g. trade name, DBA)	
Tax Identification type	EIN
Tax Identification number	332641219
Country/Jurisdiction (if foreign tax ID only)	
Country/Jurisdiction of formation	United States
State of formation	Tennessee
Tribal jurisdiction of formation	
Name of the other Tribe	
State of first registration	
Tribal jurisdiction of first registration	
Name of the other Tribe	
Address (number, street, and apt. or suite no.)	9959 WINCHESTER RD STE 101
City	COLLIERVILLE
U.S. or U.S. Territory	United States
State	Tennessee
ZIP Code	38017
Existing Reporting Company	

#50000013834270 - Beneficial Ownership Information Report (BOIR) Transcript

Company Applicant Information	Back to top
FinCEN ID	
Individual's last name	BADARU
First name	RAMESH
Middle name	
Suffix	
Date of birth	03/06/1976
Address type	Business address
Address (number, street, and apt. or suite no.)	9959 WINCHESTER RD
City	COLLIERVILLE
Country/Jurisdiction	United States
State	Tennessee
ZIP/Foreign postal code	38017
Identifying document type	State-issued driver's license
Identifying document number	100146096
Country/Jurisdiction	United States
State	Tennessee
Local/tribal	
Other local/Tribal description	
Identifying document image	RAMESH BANDARU ID.pdf

#50000013834270 - Beneficial Ownership Information Report (BOIR) Transcript

Company Applicant Information	Back to top
FinCEN ID	
Individual's last name	BHAGAT
First name	SADAL
Middle name	
Suffix	
Date of birth	12/19/1986
Address type	Business address
Address (number, street, and apt. or suite no.)	9959 WINCHESTER RD STE 101
City	COLLIERVILLE
Country/Jurisdiction	United States
State	Tennessee
ZIP/Foreign postal code	38017
Identifying document type	State-issued driver's license
Identifying document number	145448158
Country/Jurisdiction	United States
State	Tennessee
Local/tribal	
Other local/Tribal description	
Identifying document image	BHAGAT SADAL ID.pdf

#50000013834270 - Beneficial Ownership Information Report (BOIR) Transcript

Beneficial Owner Information	Back to top
Parent/Guardian information instead of minor child	
FinCEN ID	
Exempt entity	
Individuals's last name or entity's legal name	BANDARU
First name	RAMESH
Middle name	
Suffix	
Date of birth	03/06/1976
Address (number, street, and apt. or suite no.)	506 ITAWAMBA RD
City	COLLIERVILLE
Country/Jurisdiction	United States
State	Tennessee
ZIP/Foreign postal code	38017
Identifying document type	State-issued driver's license
Identifying document number	100146096
Country/Jurisdiction	United States
State	Tennessee
Local/tribal	
Other local/Tribal description	
Identifying document image	RAMESH BANDARU ID.pdf

#50000013834270 - Beneficial Ownership Information Report (BOIR) Transcript

Beneficial Owner Information	Back to top
Parent/Guardian information instead of minor child	
FinCEN ID	
Exempt entity	
Individuals's last name or entity's legal name	SADAL
First name	BHAGAT
Middle name	
Suffix	
Date of birth	12/19/1986
Address (number, street, and apt. or suite no.)	1611 GOLDEN FIELDS DR
City	GERMANTOWN
Country/Jurisdiction	United States
State	Tennessee
ZIP/Foreign postal code	38138
Identifying document type	State-issued driver's license
Identifying document number	145448158
Country/Jurisdiction	United States
State	Tennessee
Local/tribal	
Other local/Tribal description	
Identifying document image	BHAGAT SADAL ID.pdf

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

SOCIAL DESIII LLC

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☑ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . P

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

9959 WINCHESTER RD STE 10 1

Requester's name and address (optional)

6 City, state, and ZIP code

COLLIERVILLE, TN 380 17

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

3	3	–	2	6	4	1	2	1	9

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here | **Signature of U.S. person** | **Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

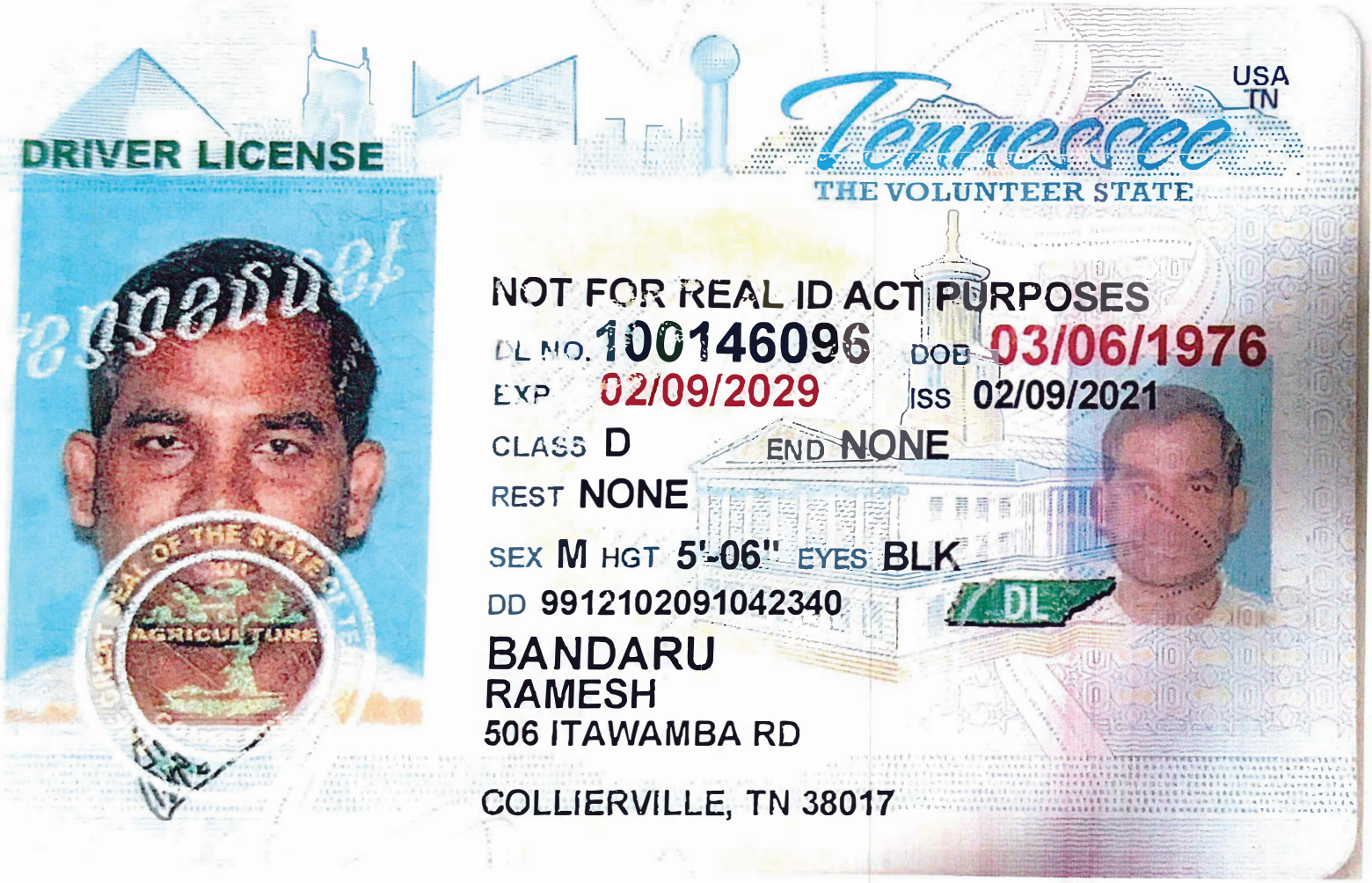
Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

DRIVER LICENSE
Tennessee
THE VOLUNTEER STATE
USA
TN
DL NO. 145448158
EXP 03/29/2029
CLASS DM
REST 01
END NONE
SEX M HGT 5'-10" EYES BRO
DD 102210329152417 7
SADAL
BHAGAT SINGH
1611 GOLDEN FIELDS DR
GERMANTOWN, TN 38138
DOB 12/19/1986
ISS 03/29/2021

650-44-0719

605-23-5728


DRIVER LICENSE
USA
TN
Tennessee
THE VOLUNTEER STATE
NOT FOR REAL ID ACT PURPOSES
DL NO. 100146096
DOB 03/06/1976
EXP 02/09/2029
ISS 02/09/2021
CLASS D
END NONE
REST NONE
SEX M HGT 5'-06" EYES BLK
DD 99121020910423 40
BANDARU
RAMESH
506 ITAWAMBA RD
COLLIERVILLE, TN 38017
DL