


**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](http://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

98-1569756

|   |   |  |  |       |   |   |   |  |
|---|---|--|--|-------|---|---|---|--|
| Type or print clearly.  | 1 Legal name of entity (or individual) for whom the EIN is being requested<br><b>Astures Limited Partnership</b>  |  |  |       |   |   |   |  |
|   | 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)<br><b>287 Macpherson Avenue, Suite 101</b>   |  | 5a Street address (if different) (Don't enter a P.O. box.)       |       |   |   |   |  |
|   | 4b City, state, and ZIP code (if foreign, see instructions)<br><b>Toronto, Ontario, M4V1A4, Canada</b>  |  | 5b City, state, and ZIP code (if foreign, see instructions)      |       |   |   |   |  |
|   | 6 County and state where principal business is located  |  |  |       |   |   |   |  |
|   | 7a Name of responsible party<br><b>Enrique Alejandro Cabo Osmer</b>   |  | 7b SSN, ITIN, or EIN<br><b>N/A</b>                               |       |   |   |   |  |
|   | 8a Is this application for a limited liability company (LLC) (or a foreign equivalent)?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | 8b If 8a is "Yes," enter the number of LLC members<br><b>N/A</b> |       |   |   |   |  |
|   | 8c If 8a is "Yes," was the LLC organized in the United States?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |       |   |   |   |  |
|   | 9a Type of entity (check only one box). <b>Caution:</b> If 8a is "Yes," see the instructions for the correct box to check.<br><input type="checkbox"/> Sole proprietor (SSN)<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Corporation (enter form number to be filed) ▶<br><input type="checkbox"/> Personal service corporation<br><input type="checkbox"/> Church or church-controlled organization<br><input type="checkbox"/> Other nonprofit organization (specify) ▶<br><input checked="" type="checkbox"/> Other (specify) ▶ <b>Canadian LP electing to be corporation</b><br><input type="checkbox"/> Estate (SSN of decedent)<br><input type="checkbox"/> Plan administrator (TIN)<br><input type="checkbox"/> Trust (TIN of grantor)<br><input type="checkbox"/> Military/National Guard<br><input type="checkbox"/> Farmers' cooperative<br><input type="checkbox"/> REMIC<br><input type="checkbox"/> State/local government<br><input type="checkbox"/> Federal government<br><input type="checkbox"/> Indian tribal governments/enterprises<br>Group Exemption Number (GEN) if any ▶ |  |  |       |   |   |   |  |
|   | 9b If a corporation, name the state or foreign country (if applicable) where incorporated<br><b>N/A</b>   |  | Foreign country<br><b>N/A</b>                                    |       |   |   |   |  |
| 10 Reason for applying (check only one box)<br><input type="checkbox"/> Started new business (specify type) ▶<br><input type="checkbox"/> Hired employees (Check the box and see line 13.)<br><input type="checkbox"/> Compliance with IRS withholding regulations<br><input checked="" type="checkbox"/> Other (specify) ▶ <b>To file Form 8832 to elect to be a corporation</b><br><input type="checkbox"/> Banking purpose (specify purpose) ▶<br><input type="checkbox"/> Changed type of organization (specify new type) ▶<br><input type="checkbox"/> Purchased going business<br><input type="checkbox"/> Created a trust (specify type) ▶<br><input type="checkbox"/> Created a pension plan (specify type) ▶ |   |  |  |       |   |   |   |  |
| 11 Date business started or acquired (month, day, year). See instructions.<br><b>November 13, 2020</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.<br><table border="1"><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). <b>Note:</b> 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.<br><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<br><input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) ▶ <b>Holding company</b><br><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.<br><b>None - entity is a holding company</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<br>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<br><b>Miranda Elizabeth Ginebra</b><br>Address and ZIP code<br><b>75A Hauxhurst Avenue, Unit 1, Weehawken, NJ 07086</b>   | Designee's telephone number (include area code)<br><b>212-709-0266</b><br>Designee's fax number (include area code)<br><b>212-269-2383</b> |  |       |   |   |   |  |
| 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.   |   | Applicant's telephone number (include area code)<br><b>212-480-4800</b>  |  |       |   |   |   |  |
| Name and title (type or print clearly) ▶ <b>Ezequiel A. Camerini, President of Las Arenas Cuera Holding Corp., General Partner</b>  |   | Applicant's fax number (include area code)<br><b>212-709-0248</b>  |  |       |   |   |   |  |
| Signature ▶    |   | Date ▶ <b>11/30/20</b>   |  |       |   |   |   |  |

Date /Time : DEC-01-2020 04:58PM TUE  
 Model Name : WorkCentre 3325  
 Machine Serial Number : LA6290739

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OMB No. 1545-0003  
 EIN \_\_\_\_\_

Form SS-4 (Rev. December 2019)  
 Department of the Treasury  
 Internal Revenue Service

**1** Legal name of entity (or individual) for whom the EIN is being requested  
**Astures Limited Partnership**

**2** Trade name (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) \_\_\_\_\_  
**287 Macpherson Avenue, Suite 101**

**5a** Street address (if different) (Don't enter a P.O. box.) \_\_\_\_\_

**4b** City, state, and ZIP code (if foreign, see instructions) \_\_\_\_\_  
**Toronto, Ontario, M4V1A4, Canada**

**5b** City, state, and ZIP code (if foreign, see instructions) \_\_\_\_\_

**6** County and state where principal business is located \_\_\_\_\_

**7a** Name of responsible party  
**Enrique Alejandro Cabo Osmer**

**7b** SSN, TIN, or EIN \_\_\_\_\_

**8a** Is this application for a limited liability company (LLC) (or a foreign equivalent)? ☐ Yes ☒ No

**8b** If 8a is "Yes," enter the number of LLC members \_\_\_\_\_

**8c** If 8a is "Yes," was the LLC organized in the United States? ☐ Yes ☒ No

**9a** Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.  
☐ Sole proprietor (SSN) \_\_\_\_\_  
☐ Partnership \_\_\_\_\_  
☐ Corporation (enter form number to be filed) ▶ \_\_\_\_\_  
☐ Personal service corporation \_\_\_\_\_  
☐ Church or church-controlled organization \_\_\_\_\_  
☐ Other nonprofit organization (specify) ▶ \_\_\_\_\_  
☒ Other (specify) ▶ **Canadian LP electing to be corporation**

**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).  
☐ Started new business (specify type) ▶ \_\_\_\_\_  
☐ Banking purpose (specify purpose) ▶ \_\_\_\_\_  
☐ Changed type of organization (specify new type) ▶ \_\_\_\_\_  
☐ Purchased going business \_\_\_\_\_  
☐ Created a trust (specify type) ▶ \_\_\_\_\_  
☐ Created a pension plan (specify type) ▶ \_\_\_\_\_  
☒ Other (specify) ▶ **To file Form 9832 to elect to be a corporation**

**11** Date business started or acquired (month, day, year). See instructions.  
**November 13, 2020**

**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.  
 Agricultural **0** Household **0** Other **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. ☐

**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) \_\_\_\_\_

**16** Check one box that best describes the principal activity of your business.  
☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Wholesale-agent/broker  
☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Accommodation & food service ☐ Wholesale-other ☐ Retail  
☒ Other (specify) ▶ **Holding company**

**17** Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.  
 None - entity is a holding company

**18** Has the applicant entity shown on line 1 ever applied for and received an EIN? ☐ Yes ☒ No  
 If "Yes," write previous EIN here ▶ \_\_\_\_\_

**Third Party Designee**  
 Designee's name **Miranda Elizabeth Ginebra**  
 Designee's telephone number (include area code) **212-709-0266**  
 Address and ZIP code **75A Hauxhurst Avenue, Unit 1, Weehawken, NJ 07086**  
 Designee's fax number (include area code) **212-268-2383**

Under penalty 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) ▶ **Ezequiel A. Camerini, President of Las Arenas Cuera Holding Corp., General Partner**  
 Applicant's telephone number (include area code) **212-480-4800**  
 Signature ▶ \_\_\_\_\_ Date ▶ **11/30/20**  
 Applicant's fax number (include area code) **212-709-0248**