From: casimiro yulfo <cvyconsulting365@gmail.com>
Sent: Friday, April 24, 2020 1:47 PM
To: Darrell Thomas Funding <darrell.thomas1986@gmail.com>; darrell.thomas@bellatorphrontgroup.com
Subject: Fwd: Transportation Management Services Completed PPP Packet
Attach: Bern Benoit - DL.jpg; Void Check.jpeg; IMG_20200422_0002.pdf; IMG_20200422_0003.pdf; Corporate-bylaws-TMS.pdf; Articles of Incorporation - Transportation Management Services.pdf; Certificate of Good Standing - Business Corporation (Domestic) 8.pdf; CP575Notice_1585839177240.pdf

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---------- Forwarded message ---------
From: **amanda christian** <simplydevine88@gmail.com>Date: Thu, Apr 23, 2020 at 10:15 PM
Subject: Transportation Management Services Completed PPP Packet
To: cvyconsulting365@gmail.com <cvyconsulting365@gmail.com>

Quickbooks Login:
User ID- [redacted]
Passwor[redacted]

Chase Bank N.A.
10050 W Riverside Dr.
Toluca Lake, CA 91602
Office: 818-623-4465

Chase Bank Account Details:
Account Holder: Transportation Management Services
Business Account: [redacted]6415
Routing Number: [redacted]

Fwd: RK Painting Docs

From: Darrell Thomas <darrell.thomas1986@gmail.com>
To: darrell.thomas <darrell.thomas@bellatorphrontgroup.com>
Date: Mon, 04 May 2020 15:24:42 -0400
Attachments: Rkcorpbylaws.pdf (106.3 kB); Rkcorpletter.pdf (134.41 kB); Rkeinletter.pdf (577.92 kB); Rkvoidedck.pdf (1.17 MB)

---------- Forwarded message ---------
From: **Ricky dixon** <rdixon7@hotmail.com>
Date: Fri, Apr 24, 2020, 7:28 PM
Subject: RK Painting Docs
To: Darrell Thomas <darrell.thomas1986@gmail.com>

Get Outlook for Android

From: Marty Gaines <gainesmarty@gmail.com>
Sent: Thursday, April 30, 2020 1:26 PM
To: Darrell Thomas <darrell.thomas@bellatorphrontgroup.com>
Subject: Gaines Reservation
Attach: Gaines Resrvation.pdf

Paycheck Protection Program
Borrower Application Form

OMB Control No.: 3245-0407
Expiration Date: 09/30/2020

Check One:	DBA or Tradename if Applicable
☐ Sole proprietor ☐ Partnership ☐ C-Corp ☐ S-Corp ■ LLC ☐ Independent contractor ☐ Eligible self-employed individual ☐ 501(c)(3) nonprofit ☐ 501(c)(19) veterans organization ☐ Tribal business (sec. 31(b)(2)(C) of Small Business Act) ☐ Other	

Business Legal Name		
Gaines Reservation and Travel, LLC		
Business Address	**Business TIN (EIN, SSN)**	**Business Phone**
[redacted] Dallas, GA 30157	[redacted]	470 270-9866
	Primary Contact	**Email Address**
	Andre Gaines	

Average Monthly Payroll:	$	x 2.5 = EIDL Net of Advance (if Applicable) Equals Loan Request:	$	Number of Employees:	
Purpose of the loan (select more than one):	■ Payroll ■ Lease / Mortgage Interest ■ Utilities ☐ Other (explain):				

Applicant Ownership

List all owners of 20% or more of the equity of the Applicant. Attach a separate sheet if necessary.

Owner Name	Title	Ownership %	TIN (EIN, SSN)	Address
Andre Gaines	Owner	100%	[redacted]	[redacted] Dallas, GA 30157

If questions (1) or (2) below are answered "Yes," the loan will not be approved.

Question	Yes	No
1. Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?	☐	■
2. Has the Applicant, any owner of the Applicant, or any business owned or controlled by any of them, ever obtained a direct or guaranteed loan from SBA or any other Federal agency that is currently delinquent or has defaulted in the last 7 years and caused a loss to the government?	☐	■
3. Is the Applicant or any owner of the Applicant an owner of any other business, or have common management with, any other business? If yes, list all such businesses and describe the relationship on a separate sheet identified as addendum A.	☐	■
4. Has the Applicant received an SBA Economic Injury Disaster Loan between January 31, 2020 and April 3, 2020? If yes, provide details on a separate sheet identified as addendum B.	☐	■

If questions (5) or (6) are answered "Yes," the loan will not be approved.

Question	Yes	No
5. Is the Applicant (if an individual) or any individual owning 20% or more of the equity of the Applicant subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction, or presently incarcerated, or on probation or parole? Initial here to confirm your response to question 5 → AG	☐	■
6. Within the last 5 years, for any felony, has the Applicant (if an individual) or any owner of the Applicant 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? Initial here to confirm your response to question 6 → AG	☐	■
7. Is the United States the principal place of residence for all employees of the Applicant included in the Applicant's payroll calculation above?	■	☐
8. Is the Applicant a franchise that is listed in the SBA's Franchise Directory?	☐	■

Paycheck Protection Program
Borrower Application Form

By Signing Below, You Make the Following Representations, Authorizations, and Certifications

CERTIFICATIONS AND AUTHORIZATIONS

I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them.
- The Applicant is eligible to receive a loan under the rules in effect at the time this application is submitted that have been issued by the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the Paycheck Protection Program Rule).
- The Applicant (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13 C.F.R. 121.201 for the Applicant's industry.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- Any loan received by the Applicant under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was for a purpose other than paying payroll costs and other allowable uses loans under the Paycheck Protection Program Rule.

For Applicants who are individuals: I authorize the SBA to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended

CERTIFICATIONS

The authorized representative of the Applicant must certify in good faith to all of the below by **initialing** next to each one:

AG The Applicant was in operation on February 15, 2020 and had employees for whom it paid salaries and payroll taxes or paid independent contractors, as reported on Form(s) 1099-MISC.

AG Current economic uncertainty makes this loan request necessary to support the ongoing operations of the Applicant.

AG The funds will be used to retain workers and maintain payroll or make mortgage interest payments, lease payments, and utility payments, as specified under the Paycheck Protection Program Rule; I understand that if the funds are knowingly used for unauthorized purposes, the federal government may hold me legally liable, such as for charges of fraud.

AG The Applicant will provide to the Lender documentation verifying the number of full-time equivalent employees on the Applicant's payroll as well as the dollar amounts of payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities for the eight-week period following this loan.

AG I understand that loan forgiveness will be provided for the sum of documented payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities, and not more than 25% of the forgiven amount may be for non-payroll costs.

AG During the period beginning on February 15, 2020 and ending on December 31, 2020, the Applicant has not and will not receive another loan under the Paycheck Protection Program.

AG I further certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain a guaranteed loan from SBA is punishable under the law, including under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to $250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than $5,000; and, if submitted to a federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than $1,000,000.

AG I acknowledge that the lender will confirm the eligible loan amount using required documents submitted. I understand, acknowledge and agree that the Lender can share any tax information that I have provided with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews.

Signature of Authorized Representative of Applicant — Date: 04/30/2020

Print Name: Andre Gaines — Title: Owner

ARTICLES OF ORGANIZATION

Electronically Filed
Secretary of State
Filing Date: 12/29/2017 9:35:02 AM

BUSINESS INFORMATION

CONTROL NUMBER	18001595
BUSINESS NAME	Gaines Reservation and Travel LLC
BUSINESS TYPE	Domestic Limited Liability Company
EFFECTIVE DATE	12/29/2017

PRINCIPAL OFFICE ADDRESS

ADDRESS	85 Rosemont Ct, Hiram, GA, 30141, USA

REGISTERED AGENT'S NAME AND ADDRESS

NAME	ADDRESS
Andre Gaines	85 Rosemont Ct, Paulding, Hiram, GA, 30141, USA

ORGANIZER(S)

NAME	TITLE	ADDRESS
Andre Gaines	ORGANIZER	85 Rosemont Ct, Hiram, GA, 30141, USA

OPTIONAL PROVISIONS

N/A

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE	Andre Gaines
AUTHORIZER TITLE	Organizer

CITY OF HIRAM
217 MAIN ST
HIRAM, GA 30141-3249
Phone: (770)943-3726 ext. 2013 Fax: (770)439-2372

APPLICATION FOR OCCUPATIONAL TAX RENEWAL
Application Date: 10/02/2019
License Year: 2020

AVOID PENALTY
Penalty and Interest begin on 4/01/ 2020

If no longer in business, please so indicate and return the application.

Business Contact Information

Account Number	DBA	Physical Location
003649	GAINES RESERVATION AND TRAVEL LLC	85 ROSEMONT CT

Mailing Address	City, State, Zip	Phone
85 ROSEMONT CT	HIRAM, GA 30141	

Tax ID Number	E-Verify Number	Owner	Email
[redacted]		ANDRE GAINES	

Business Information

Business Description	NAICS Code	Ownership Type
Travel Agencies	561510	Sole Proprietorship

Corporation/LLC Name:

Calculation of License Fee Based on Rate Schedule: CLASS 1 Home Based: YES

(See Reverse for Rate Table)

2019 Gross Receipts*: $_____ or # of Professionals****(@$400 each):_____

*This will serve as your estimate for 2020 Gross Receipts (final 2020 occupation tax will be based on your 2020 actual gross receipts)
**If you were in business less than 12 months of 2019, total your gross receipts for the months you were in business for 2019, divide that amount by the number of months you were in business in 2019 and multiply that by 12.
***If you have multiple locations, please see City of Hiram Code of Ordinances Section 10-25
****Professionals (O.C.G.A. 48-13-9(1)-(18) have the option to pay $400 per professional: no disclosure of gross receipts would be required
*****Subcontractor information may be requested

I,_____, do solemnly swear under oath and penalty of perjury, that the gross receipts information provided above is true and correct as stated on the applicable income tax return of the business, less allowed exemptions, or, if no tax return has been filed for the applicable year, the gross receipts are true and correct to the best of my knowledge, ability, and training based on financial documents such as a CPA statement and/or the business's annual profit and loss statement. I understand that pursuant to City of Hiram Code of Ordinances Section 19-22, the City has the right to inspect the books or records of any business providing gross receipts information.

APPLICATION SIGNEE MUST ALSO SIGN & SUBMIT THE S.A.V.E & E-VERIFY AFFIDAVITS & SUBMIT A SECURE & VERIFIABLE DOCUMENT, UNLESS OTHERWISE EXEMPT

License Fee _____
Late Payment Penalty _____
Late Payment Interest _____
TOTAL PAYMENT _____

_____ Signature _____ Title _____ Date

Sworn to and subscribed before me this_____day of_____, 20____.

Notary Public Signature/Seal_____

INFORMATION PROVIDED ON THIS FORM IS SUBJECT TO THE GEORGIA OPEN RECORDS ACT, EXCEPT GROSS RECEIPTS; CERTAIN INFORMATION WILL BE TRANSMITTED TO THE GEORGIA DEPARTMENT OF REVENUE, PURSUANT TO O.C.G.A 48-13-20.1. ANY FALSE STATEMENT, MISREPRESENTATION OF FACT(S) OR OMISSION MAY BE CAUSE FOR CRIMINAL PROSECUTION. O.C.G.A. 16-10-20

City of Hiram

Occupational Tax Certificate

2019

Date Issued: 09/10/2019 Certificate Number: OCC19-16715 Expiration Date: 12/31/2019

Issued to: **GAINES RESERVATION AND TRAVEL**
Type of Business: **Travel Agencies**
Location: **85 ROSEMONT CT**
Mailing Address: **GAINES RESERVATION AND TRAVEL**

85 ROSEMONT CT
HIRAM, GA 30141

In consideration of which is granted a Certificate in this City for the period ending December 31, 2019.

Witness by hand and seal for the City, day and year above written.

City Clerk

DISPLAY IN A CONSPICUOUS PLACE. MAY BE REVOKED FOR CAUSE.
NON-TRANSFERABLE

City of Hiram

Occupational Tax Certificate

Receipt for Certificate

2019

Date Issued: 09/10/2019 Certificate Number: OCC19-16715 Expiration Date: 12/31/2019

FEE INFORMATION

CLASS 1 $125.00

TOTAL PAID $125.00

Control Number : 18001595

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF ORGANIZATION

I, **Brian P. Kemp**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

Gaines Reservation and Travel LLC
a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on **12/29/2017** by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on **01/04/2018**.

Brian P. Kemp
Secretary of State

GEORGIA CORPORATIONS DIVISION

GEORGIA SECRETARY OF STATE
BRAD RAFFENSPERGER

HOME (/)

BUSINESS SEARCH

BUSINESS INFORMATION

Business Name:	**Gaines Reservation and Travel LLC**	Control Number:	**18001595**
Business Type:	**Domestic Limited Liability Company**	Business Status:	**Active/Compliance**
NAICS Code:	**Unknown**	NAICS Sub Code:	
Principal Office Address:	**75 Log Cabin Dr Apt 506, Dallas, GA, 30157, USA**	Date of Formation / Registration Date:	**12/29/2017**
State of Formation:	**Georgia**	Last Annual Registration Year:	**2020**

REGISTERED AGENT INFORMATION

Registered Agent Name: **Andre Gaines**
Physical Address: **75 Log cabin Dr apt 506, Dallas, GA, 30157, USA**
County: **Paulding**

Back Filing History Name History
Return to Business Search

Report a Problem?