Community-Based Organization (CBO) Grant Application

Submitted on	2 June 2026, 1:22PM
Receipt number	CBOG98
Related form version	8

Grant Overview

Grant Overview Acknowledgement	I acknowledge and accept the terms of the grant program

Applicant Information

Organization Name	Miami Dynasty Basketball
Organization Address	33222 No coordinates found
Unit Number	Po box 227611
Contact Person	Raul Duany
Telephone	3057994994
Email	rduany@comcast.net
Federal Employer ID Number (FEIN) number	81-1470278
Florida Corporation Number	G16000098360
Non-Profit Organization Type	501 (c)(3)
Year of Incorporation	02/16/2016

Organization Document Upload

State of Florida Certificate of Incorporation	Sunbiz.png

Federal 501 (c)(3) Determination Letter	AAU Club Certification.pdf
Federal 501 (c)(6) Determination Letter	
State of Florida Solicitation of Contribution Confirmation Letter	2026 agriculture.pdf
Certificate of Use from City of Doral	Certificate of Use.png
Internal Revenue Service (IRS) Form 990	IRS 990 Card 2025.png
Financial Statement	2025 Financials.pdf

Vendor Registration Document Upload

IRS Form W-9	W-9 Form - 2026.pdf
Vendor Registration Documents	Miami Dynasty Vendor Application 2026 .pdf

Executive Project Summary

Name of the community based organization, its mission and goals:	Miami Dynasty Basketball is a nonprofit 501c3 youth basketball program affiliated with the Amateur Athletic Union established in 2016. The program is based at Divine Savior Academy. The purpose of the Academy is to offer basketball training and develop Doral kids ages 5-18 years old for recreational and competitive leagues. Practices focus on fundamentals, speed, agility and conditioning. We adhere to the principles of the Positive Coaching Alliance and the American Coaches Association.
Why is the program/project needed in Doral?	The organization grew out of demand from Doral children to train and participate in more advanced competitive/travel indoor basketball leagues. After just one year, 96 boys and girls ages 5-18 participated in Dynasty (90% are Doral residents and/or attend Doral schools). As of May of this year, we have 152 children actively participating.
Provide narrative detailing the program/project, the objectives and targeted Doral community:	Nearly 500 Doral residents are part of the Dynasty family. Current participants attend Doral Academy, Dr. Rolando Espinosa, Eugenia B. Thomas, Divine Savior Academy, Doral Middle School, John I. Smith, Renaissance, JC Bermudez, Ronald Reagan, Shelton Academy, and Doral International Academy. The program objectives are to train children in the fundamentals of basketball,

and allow them to compete in local, regional and national tournaments.

How will the success of the program be measured?

By supporting 12 children to allow them to train, compete and develop in Dynasty programs, the organization will help develop children in the sport and keep them off the streets. Dynasty will take assistance at all practices and games to ensure full participation. Dynasty will assess their athletic performance and development at the beginning and end of the program.

How much is the total program/project cost and how much of that cost is being requested from the City?	Dynasty already self-funds 17 economically-disadvantaged Doral children by subsidizing their costs. This specific program to fund 12 children is estimated to cost $17,000, for which Dynasty is requesting a grant of $7,000.
Proposed project date	07/01/2026

Project Description

Provide a detailed description of the project for which funding is requested:	Monthly gym/practice costs for 12 Doral children for Summer/Fall seasons Uniforms for 12 Doral children Third-party league/tournament fees for 12 Doral children Travel expenses for regional & national tournaments

Budget

Total Project Budget (Enter Dollar Amount)	17000
Other Funding Sources:	Miami Dynasty internal funds

Project Budget Form

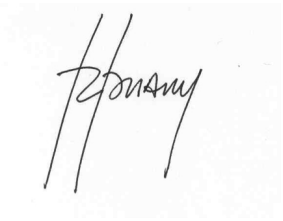
Fill Form Online

Upload Project Budget Form

Project / Program Category	Community Development

Provide more information below if you selected "Other":

Authorized Signer Information

First Name	Raul
Last Name	Duany
Job Title	Director
Telephone	305.799.4994
Email	coach@miadynasty.com
Authorized Signer	

Uploaded signature image: Signature.png

Fictitious Name Detail

Fictitious Name

MIAMI DYNASTY

Filing Information

Registration Number	G16000098360
Status	ACTIVE
Filed Date	09/08/2016
Expiration Date	12/31/2026
Current Owners	1
County	MIAMI-DADE
Total Pages	2
Events Filed	1
FEI/EIN Number	81-1470278

Mailing Address

PO BOX 227611
MIAMI, FL 33222

Owner Information

DUANY, RAUL
PO BOX 227611
MIAMI, FL 33222
FEI/EIN Number: NONE
Document Number: NONE

Document Images

09/08/2016 -- Fictitious Name Filing View image in PDF format

09/16/2021 -- Fictitious Name Renewal Filing View image in PDF format

0000451 11/16/21

FLORIDA Department of Revenue

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

85-8017078466C-0	10/10/2021	10/31/2026	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

MIAMI DYNASTY
4830 NW 99TH CT
DORAL FL 33178-1924

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.

FLORIDA Department of Revenue

Important Information for Exempt Organizations

DR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).

2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.

3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.

4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).

5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.

6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

APPLICATION FOR RENEWAL OF FICTITIOUS NAME

FILED
Sep 16, 2021
Secretary of State
G21000120952

REGISTRATION# G16000098360

Fictitious Name: MIAMI DYNASTY

Current Mailing Address:

PO BOX 227611
MIAMI, FL 33222

New Mailing Address:

Current County of Principal Place of Business:

MIAMI-DADE

New County of Principal Place of Business:

Current FEI Number:

81-1470278

New FEI Number:

Current Owner(s):

Document #: ( ) Delete
FEI #:
Name: DUANY, RAUL
Address: PO BOX 227611
City-St-Zip: MIAMI, FL 33222

Additions/Changes to Owner(s):

Document #: ( ) Change ( ) Addition
FEI #:
Name:
Address:
City-St-Zip:

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I understand that the electronic signature below shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

RD 09/16/2021

Electronic Signature(s) Date

Certificate of Status Requested ( ) **Certified Copy Requested ( )**

Amateur Athletic Union of the United States, Inc.

"Sports For All, Forever"

08/21/2025

To Whom It May Concern:

The Amateur Athletic Union of the U.S. Inc. has a group 501(c)3 determination letter from the Internal Revenue Service. The Group Exemption Number of the Amateur Athletic Union is 1155.

As an affiliated organization, the Miami Dynasty is recognized as tax-exempt under the Amateur Athletic Union of the U.S. Inc.'s group determination ruling through the time period ending August 31, 2026.

Subordinate Information:

Miami Dynasty
81-1470278
C/O Raul A Duany
4830 NW 99th Ct
Miami, Fl 33178

Sincerely,

J.B. Mirza
President & CEO

NOT VALID WITHOUT

Note: The following is a portion of this club's Articles of Organization, and as such these activities are prohibited:

The organization shall not conduct any directly or indirectly gaming. The term gaming includes Bingo, Beano, lotteries, pull-tabs pari-mutuel betting, Calcutta wagering, pickle jars, punch boards, tip boards, tip jars, certain video games, casino games, sports betting, etc.

P.O. Box 22409
Lake Buena Vista, Florida 32830

407-934-7200
www.aausports.org

Division of Consumer Services
(850) 410-3800

The Rhodes Building
2005 Apalachee Parkway
Tallahassee, Florida 32399-6500

Florida Department of Agriculture and Consumer Services

Commissioner Wilton Simpson

June 1, 2026 **Refer To: DTN4244953 CH55405**

MIAMI DYNASTY
PO BOX 227611
MIAMI, FL 33222-7611

RE: MIAMI DYNASTY
REGISTRATION#: CH55405 EXPIRATION DATE: June 6, 2027

Dear Sir or Madam:

The Department has received your application submitted under Chapter 496, Florida Statutes, the Solicitation of Contributions Act. Qualified charitable organizations are exempt from the fee based registration if they meet the following criteria, but are still required to register annually:

* The charitable organization or sponsor has less than $50,000 in total revenue during the preceding fiscal year.
* The fundraising activities of the charitable organization or sponsor are carried on by volunteers, members, or officers who are not compensated and no part of the assets or income of the organization or sponsor inures to the benefit of or is paid to any officer or member of the above named charitable organization or sponsor.
* The charitable organization or sponsor does not utilize a professional fundraising consultant, professional solicitor, or commercial co-venturer.

Based on the information provided, it appears your organization is not subject to the fee based registration and has complied with the filing requirements of s. 496.406. An annual registration is still required pursuant to s. 496.406(1)(d), Florida Statutes.

PLEASE NOTE: If you no longer meet one or more of the above listed qualifiers, you must submit an online registration application to www.fdacs.gov. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to file under s. 496.406 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

Sincerely,

Tawana Cuyler
Regulatory Consultant
850-410-3851
E-mail: tawana.cuyler@fdacs.gov

CERTIFICATE OF USE

04/12/2017

2017010334

MIAMI DYNASTY

NOT FOR PROFIT-ADMINISTRATIVE OFFICE

10212 NW 52 TER
DORAL, FL 33178

THE BUILDING ERECTED AND/OR ALTERED UPON THE ABOVE PREMISES HAS BEEN COMPLETED IN ACCORDANCE WITH ZONING AND CODE REQUIREMENTS AND WITH PLANS AND/OR SPECIFICATIONS SUBMITTED TO THE CITY OF DORAL COMMUNITY DEVELOPMENT DEPARTMENT. THIS CERTIFICATE IS ISSUED TO THE ABOVE NAMED APPLICANT FOR THE ABOVE NAMED LOCATION ONLY UPON THE EXPRESS CONDITION THAT THE APPLICANT WILL ABIDE BY AND COMPLY WITH ALL APPLICABLE ORDINANCES AND/OR BUILDING CODES PERTAINING TO THE ERECTION, CONTRUCTION, ALTERATION, REMODELING, OR USE OF BUILDINGS OR STRUCTURES.

Square Footage: 200

No. of Seats/Rooms: 0 / 0

Julian H. Perez, AICP, CFM
Planning and Zoning Department Director

RESTRICTIONS:

OFFICE FOR NOT FOR PROFIT ORGANIZATION, NO EMPLOYEES, NO GROUP GATHERING, NO STORAGE, NO SIGNS AND NO COMMERCIAL VEHICLES ON PREMISES, OFFICE USE ONLY, DRY USE ONLY.

CDPR3020CU

PLANNING AND ZONING DEPARTMENT

IRS

Confirmation

e-Postcard Profile | Select EIN | Organization Details | Contact Information | Confirmation

Your Form 990-N(e-Postcard) has been submitted to the IRS

- **Organization Name:** AMATEUR ATHLETIC UNION OF THE UNITED STATES INC
- **EIN:** 811470278
- **Tax Year:** 2024
- **Tax Year Start Date:** 09-01-2024
- **Tax Year End Date:** 08-31-2025
- **Submission ID:** 10065520252469140582
- **Filing Status Date:** 09-03-2025
- **Filing Status:** Accepted

MANAGE FORM 990-N SUBMISSIONS

Miami Dynasty Basketball

Statement of Activities $Thousands
for 2025

	2025 Total
Public Support	
Contributions	4.2
Total Public Support	**4.2**
Revenue	
Gym Dues	120
Apparel Sales	7.4
League Fees	11
Travel	35
Total Revenue	**173.4**
Total Public Support & Revenue	**177.6**
Expense	
Administration/Operations	49
Apparel	7.3
Awards	2.2
Equipment	3.7
Gym & League Fees	79
Travel	35
Total Expense	**176.2**
Change in Net Assets	**1.4**
Net Assets at Beginning of Year	3.7
Net Assets at End of Year	**5.1**

Miami Dynasty Basketball

Statement of Financial Position for 2025

$Thousands

	2025 Total
Assets	
Cash	9
Pledges & Accounts Receivable	137
Total Assets	**146**
Liabilities & Net Assets	
Accounts Payable	135
Total Liabilities	**135**
Net Assets	
Total Net Assets	**11**
Total Liabilities and Net Assets	**146**

CITY OF DORAL
PROCUREMENT & ASSET MANAGEMENT
8401 NW 53rd Terrace,
Doral, Florida 33166
procurement@cityofdoral.com

VENDOR APPLICATION

Vendor Name: Miami Dynasty **D.B.A.**: Miami Dynasty

Federal ID No.: 81-1470278 **Date Business Established**: 02/16/2016

Business Type: ☐ Corporation ☐ Proprietorship ☐ Partnership ☐ LLC ☒ Other: 501c3

Business Address: 4830 NW 99th Court

City: Doral **State**: FL **Zip**: 33178

Telephone: 305 7994994 **Website URL**: www.miadynasty.com

Payment/Remittance Address: 4830 NW 99th Court

City: Doral **State**: FL **Zip**: 33178

Contact: Raul Duany **Title**: Coach

Email: coach@miadynasty.com **Phone No.**: 3057994994

Select all that apply:

Classification	Certificate No.	Certifying Agency	Expiration Date
☐ Minority/Women Owned			
☒ Small Business			
☒ Veteran Owned			
☐ Women Owned			
☐ Other			

VENDOR CHECKLIST: This application must be resubmitted at least every three (3) years or sooner if any information changes. In addition to this Application, Vendor must complete and submit the following:

- ☐ IRS Tax Form W-9 (submitted annually)
- ☐ Conflict of Interest Disclosure Form (submitted annually)
- ☐ Ownership Disclosure & Required Affidavits (submitted every 3 years or upon notary expiration)
- ☐ Local Business Tax Receipt if within the Tri-County area
- ☐ Proof of Classification Certificate, if applicable
- ☐ Proof of Insurance, if applicable (always required when conducting work on City property)

Please note: Prior to issuing a purchase order for goods and/or services, the City may also require additional documents and information, including but not limited to proof of insurance at such coverage types and amounts that the City deems appropriate based on the nature of the goods and/or services provided.

CITY OF DORAL
PROCUREMENT & ASSET MANAGEMENT
8401 NW 53rd Terrace,
Doral, Florida 33166
procurement@cityofdoral.com

CONFLICT OF INTEREST DISCLOSURE

Vendor Name: Miami Dynasty **D.B.A.**: Miami Dynasty

Federal ID No.: 81-1470278 **Date Business Established**: 2/16/2016

Business Address: 4830 NW 99th Court

City: Doral **State**: FL **Zip**: 33178

Please note that all business entities interested in or conducting business with the City are subject to comply with the City of Doral's conflict of interest policies as stated within the certification section below. If a vendor has a relationship with a City of Doral official or employee, an immediate family member of a City of Doral official or employee, the vendor shall disclose the information required below.

1. No City official or employee or City employee's immediate family member has an ownership interest in vendor's company or is deriving personal financial gain from this contract.
2. No retired or separated City official or employee who has been retired or separated from the City for less than one (1) year has an ownership interest in vendor's Company.
3. No City employee is contemporaneously employed or prospectively to be employed with the vendor.
4. Vendor hereby declares it has not and will not provide gifts or hospitality of any dollar value or any other gratuities to any City employee or elected official to obtain or maintain a contract.

Conflict of Interest Disclosure*	
Name of City of Doral employees, elected officials, or immediate family members with whom there may be a potential conflict of interest: _____ _____ _____	( ) Relationship to employee ( ) Interest in vendor's company ( ) Other (please describe below) _____ _____ (x) No Conflict of Interest

**Disclosing a potential conflict of interest does not automatically disqualify vendors. In the event vendors do not disclose potential conflicts of interest and they are detected by the City, vendor will be exempt from doing business with the City.*

I certify that this Conflict-of-Interest Disclosure has been examined by me and that its contents are true and correct to my knowledge and belief and I have the authority to so certify on behalf of the Vendor by my signature below:

	6/24/24	Raul Duany
Signature of Authorized Representative	Date	Printed Name of Authorized Representative

CITY OF DORAL
PROCUREMENT & ASSET MANAGEMENT
8401 NW 53rd Terrace,
Doral, Florida 33166
procurement@cityofdoral.com

VENDOR AFFIDAVITS

Vendor Name: Miami Dynasty **D.B.A.**: Miami Dynasty

Federal ID No.: 81-1470278 **Date Business Established**: 2/16/2016

Business Address: 4830 NW 99th Court

City: Doral **State**: FL **Zip**: 33178

1. Ownership Disclosure

The above-named vendor hereby discloses the following principals, individuals, or companies with five percent (5%) or greater ownership interest in Vendor (*supplement as needed)*:

Name	*Address*	*% Ownership*

The above-named vendor hereby discloses the following subcontractors (*supplement as needed*:

Name	*Address*	*% Ownership*

Vendor hereby recognizes and certifies that no elected official, board member, or employee of the City of Doral ("City") shall have a financial interest in any transactions or any compensation to be paid under or through any transactions between Vendor and City, and further, that no City employee, nor any elected or appointed officer (including City board members) of the City, nor any spouse, parent or child of such employee or elected or appointed officer of the City, may be a partner, officer, director or proprietor of Vendor, and further, that no such City employee or elected or appointed officer, or the spouse, parent or child of any of them, alone or in combination, may have a material interest in the Vendor. Material interest means direct or indirect ownership of more than 5% of the total assets or capital stock of the Vendor. Any exception to these above-described restrictions must be expressly provided by applicable law or ordinance and be confirmed in writing by City. Further, Vendor recognizes that with respect to any transactions between Vendor and City, if any Vendor violates or is a party to a violation of the ethics ordinances or rules of the City, the provisions of Miami-Dade County Code Section 2-11.1, as applicable to City, or the provisions of Chapter 112, part III, Fla. Stat., the Code of Ethics for Public Officers and Employees, such Vendor may be disqualified from furnishing the goods or services for which the bid or proposal is submitted and may be further disqualified from submitting any future bids or proposals for

goods or services to City. The term "Vendor," as used herein, include any person or entity making a proposal herein to City or providing goods or services to City.

2. Public Entity Crimes

1. Vendor is familiar with and understands the provisions of Section 287.133, Florida Statutes
2. Vendor further understands that a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in s. 287.017 for CATEGORY TWO for a period of 36 months following the date of being placed on the convicted vendor list.
3. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (**INDICATE WHICH STATEMENT APPLIES**.)
    - X_____ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.
    - _____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.
    - _____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (Attach a copy of the final order.)

3. Compliance With Foreign Entity Laws

Applicant certifies as follows:

1. Vendor is not owned by the government of a foreign country of concern, as defined in Section 287.138, Florida Statutes.
2. The government of a foreign country of concern does not have a controlling interest in Vendor, as defined in Section 287.138, Florida Statutes.
3. Vendor is not organized under the laws of a foreign country of concern, as defined in Section 287.138, Florida Statutes.
4. Vendor does not have a principal place of business in a foreign country of concern, as defined in Section 287.138, Florida Statutes.
5. Vendor is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in Iran Terrorism Sectors List, created pursuant to s. 215.473.
6. Vendor is not engaged in business operations in Cuba or Syria.
7. Vendor is not participating in a boycott of Israel, and is not on the Scrutinized Companies that Boycott Israel list in accordance with the requirements of Sections 287.135 and F.S. 215.473, Florida Statutes

4. **Disability, Nondiscrimination, and Equal Employment Opportunity**

Applicant certifies that Vendor is in compliance with and agrees to continue to comply with, and ensure that any subcontractor, or third party contractor under any and all contracts with the City of Doral complies with all applicable requirements of the laws listed below including, but not limited to, those provisions pertaining to employment, provision of programs and services, transportation, communications, access to facilities, renovations, and new construction.

- The American with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104 Stat 327, 42 USC 1210112213 and 47 USC Sections 225 and 661 including Title I, Employment; Title II, Public Services; Title III, Public Accommodations and Services Operated by Private entities; Title IV, Telecommunications; and Title V, Miscellaneous Provisions.
- The Florida Americans with Disabilities Accessibility Implementation Act of 1993, Section 553.501 553.513, Florida Statutes.
- The Rehabilitation Act of 1973, 229 USC Section 794.
- The Federal Transit Act, as amended 49 USC Section 1612.
- The Fair Housing Act as amended 42 USC Section 3601-3631

5. **Conformance with OSHA Standards**

Applicant certifies and agrees that Applicant has the sole responsibility for compliance with all the requirements of the Federal Occupational Safety and Health Act of 1970, and all State and local safety and health regulations, and in the event the City engages Vendor, Vendor agrees to indemnify and hold harmless the City of Doral, against any and all liability, claims, damages losses and expenses the City may incur due to the failure of itself or any of its subcontractors to comply with such act or regulation in the performance of the contract.

VENDOR AFFIRMATION

I, the undersigned affiant, being first duly sworn as an authorized agent of the below-named Vendor, does hereby affirm and attest under penalty of perjury as the proposed Vendor for City of Doral that the certifications and statements provided above on behalf of Vendor are true to the best of affiant's knowledge and belief and that Vendor is compliant with all requirements outlined in these City of Doral Affidavits. Vendor acknowledges it is required to comply with and keep current all statements sworn to in the above affidavits and will notify the City of Doral immediately if any of the statements attested hereto are no longer valid.

Raul Duany
Vendor Name

6/24/24
Date Signed

Affiant Signature

Raul Duany, Coach
Affiant Name & Title (Printed)

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing instrument was affirmed, subscribed, and sworn to before me this 24TH day of JUNE, 2024 by means of ☑ physical presence or ☐ online notarization, by RAUL DUANY who is personally known to me or who produced the following identification: _____.

[Notary Seal]

Nelson Royo
Comm.: HH 412303
Expires: Jun. 24, 2027
Notary Public - State of Florida

Notary Public for the State of FLORIDA
My commission expires: 6-24-2027

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.)

Miami Dynasty

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) . . . .

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) 501c3

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 . . . . . ☐

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.)

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

PO box 227611

6 City, state, and ZIP code

Miami FL 33222

Requester's name and address (optional)

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

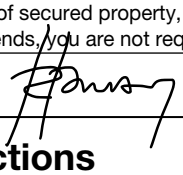
8	1	–	1	4	7	0	2	7	8

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** 1/10/2026

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

	Monthly amount per athlete	Amount for 12 athletes	Total for 2024
Monthly Practice Dues	$ 150.00	$ 1,800.00	$ 21,600.00
2025 Uniforms and equipment	$ 170.00	$ 2,040.00	$ 2,040.00
AAU Membership/Insurance	$ 18.00	$ 216.00	$ 216.00
Monthly Tournaments	$ 65.00	$ 780.00	$ 9,360.00
Travel Tournament expenses	$ 1,200.00	$ 14,400.00	$ 14,400.00
	$ 1,603.00	$ 19,236.00	**$ 47,616.00**