



City of Port St. Lucie
Procurement Management Division
121 SW Port St. Lucie Blvd., Port St. Lucie, FL 34984

[RACK'D ROOFING & CONSTRUCTION] RESPONSE DOCUMENT REPORT

IFB No. 20260069

Replacement Roof Community Center

RESPONSE DEADLINE: February 26, 2026 at 3:00 pm

Report Generated: Monday, April 27, 2026

Rack'D Roofing & Construction Response

CONTACT INFORMATION

Company:

Rack'D Roofing & Construction

Email:

info@rackdrc.com

Contact:

Melissa Crum

Address:

2605 Orange Ave
Fort Pierce, FL 34947

Phone:

(772) 801-5492

Website:

<https://rackdrc.com/>

Submission Date:

Feb 26, 2026 10:38 AM (Eastern Time)

ADDENDA CONFIRMATION

Addendum #1

Confirmed Feb 26, 2026 9:52 AM by Melissa Crum

Addendum #2

Confirmed Feb 26, 2026 9:52 AM by Melissa Crum

Addendum #3

Confirmed Feb 26, 2026 9:52 AM by Melissa Crum

QUESTIONNAIRE

1. Mandatory Forms

CONTRACTOR'S GENERAL INFORMATION WORKSHEET*

Pass

It is understood and agreed that the following information is to be used by the City to determine the qualifications of prospective Contractor to perform the work required. The Contractor waives any claim against the City that might arise with respect to any decision concerning the qualifications of the Contractor.

The undersigned attests to the truth and accuracy of all statements made on this questionnaire. Also, the undersigned hereby authorizes any public official, Engineer, Surety, bank, material or equipment manufacturer, or distributor, or any person, firm or corporation to furnish the City any pertinent information requested by the City deemed necessary to verify the information on this questionnaire.

Please download the below documents, complete, and upload.

- [PSL-Contractor's General In...](#)

Contractor's_General_Information_Work_Sheet.pdf

W9.pdf

E-VERIFY FORM *

Pass

Please download the below documents, complete, and upload.

- [E-Verify Form.pdf](#)

E-Verify_form.pdf

NON-COLLUSION AFFIDAVIT *

Pass

Please download the below documents, complete, and upload.

- [Non-Collusion Affidavit-fil...](#)

Non-Collusion_Affidavit.pdf

SUPPLIER LOCATION CERTIFICATION

Pass

Please download the below documents, complete, and upload.

- [Supplier Location Certifica...](#)

Supplier_Location_Certification.pdf

COPY OF W-9*

Pass

W9.pdf

COPY OF CERTIFICATE OF INSURANCE *

Pass

City_of_Port_Saint_Lucie_-_COI.pdf

COPY OF LICENSES OR CERTIFICATIONS*

Pass

Rack'd_state_license.pdf

Melissa_state_license.pdf

COPY OF BID BOND *

Pass

Copy_of_check.pdf

2. Electronic Confirmation

CONE OF SILENCE AND COMMUNICATION DOCUMENT*

Pass

To ensure fair consideration is given for all Proposers, it must be clearly understood that upon release of the proposal and during the proposal process, firms and their employees of related companies as well as paid or unpaid personnel acting on their behalf shall not contact or participate in any type of contact with City employees, department heads or elected officials, up to and including the Mayor and City Council. The “Cone of Silence” is in effect for this solicitation from the date the solicitation is advertised on the OpenGov Portal, until the time an award decision has been approved by City Council and fully executed by all parties. Information about the Cone of Silence can be found under the City Code of Ordinances, Section 35.13. Contact with anyone other than the Issuing Officer may result in the vendor being disqualified. All contact must be coordinated through the Issuing Officer, for the procurement of these services.

Confirmed

CONTRACTOR'S CODE OF ETHICS*

Pass

The City of Port St Lucie (“City”), through its Procurement Management Division (“Procurement Management Division”) is committed to a procurement process that fosters fair and open competition, is conducted under the highest ethical standards and enjoys the

complete confidence of the public. To achieve these purposes, Procurement Management Division requires each vendor who seeks to do business with the City to subscribe to this Contractor's Code of Ethics.

- ◆ A Contractor's bid or proposal will be competitive, consistent and appropriate to the bid documents.
- ◆ A Contractor will not discuss or consult with other Vendors intending to bid on the same Contract or similar City Contract for the purpose of limiting competition. A Vendor will not make any attempt to induce any individual or entity to submit or not submit a bid or proposal.
- ◆ Contractor will not disclose the terms of its bids or proposal, directly or indirectly, to any other competing Vendor prior to the bid or proposal closing date.
- ◆ Contractor will completely perform any Contract awarded to it at the contracted price pursuant to the terms set forth in the Contract.
- ◆ Contractor will submit timely, accurate and appropriate invoices for goods and/or services actually performed under the Contract.
- ◆ Contractor will not offer or give any gift, item or service of value, directly or indirectly, to a City employee, City official, employee family member or other vendor contracted by the City.
- ◆ Contractor will not cause, influence or attempt to cause or influence, any City employee or City Official, which might tend to impair his/her objectivity or independence of judgment; or to use, or attempt to use, his/her official position to secure any unwarranted privileges or advantages for that Vendor or for any other person.
- ◆ Contractor will disclose to the City any direct or indirect personal interests a City employee or City official holds as it relates to a Vendor contracted by the City.
- ◆ Contractor must comply with all applicable laws, codes or regulations of the countries, states and localities in which they operate. This includes, but is not limited to, laws and regulations relating to environmental, occupational health and safety, and labor practices. In addition, Contractor must require their suppliers (including temporary labor agencies) to do the same. Contractor must conform their practices to any published standards for their industry. Compliance with laws, regulations and practices include, but are not limited to, the following:

- o Obtaining and maintaining all required environmental permits. Further, Contractor will endeavor to minimize natural resource consumption through conservation, recycling and substitution methods.
- o Providing workers with a safe working environment, which includes identifying and evaluating workplace risks and establishing processes for which employee can report health and safety incidents, as well as providing adequate safety training.
- o Providing workers with an environment free of discrimination, harassment and abuse, which includes establishing a written antidiscrimination and anti-bullying/harassment policy, as well as clearly noticed policies pertaining to forced labor, child labor, wage and hours, and freedom of association.

DISCLAIMER: This Code of Ethics is intended as a reference and procedural guide to Contractors. The information it contains should not be interpreted to supersede any law or regulation, nor does it supersede the applicable Contractor Contract. In the case of any discrepancies between it and the law, regulation(s) and/or contractor contract, the law, regulatory provision(s) and/or vendor contract shall prevail.

Confirmed

DRUG FREE WORKPLACE*

Pass

The undersigned Contractor in accordance with section 287.087, Florida Statutes, hereby certifies that they comply fully with the below requirements.

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under proposal a copy of the statement specified in subsection (1).

4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 Florida Statutes or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

Confirmed

AFFIDAVIT OF NONGOVERNMENT ENTITY ANTI-HUMAN TRAFFICKING LAWS*

Pass

In accordance with section 787.06(13), Florida Statutes, the representative of the nongovernmental entity bidder ("Entity"), attests under penalty of perjury that the Entity does not use coercion for labor or services as defined in section 787.06.

Confirmed

VENDOR SCRUTINIZED COMPANIES LIST CERTIFICATION*

Pass

Sections [287.135](#) and [215.473](#), Florida Statutes, prohibit Florida municipalities from contracting with companies, for goods or services over \$1,000,000 that are on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or to engage in any Business operations with Cuba or Syria. Sections 287.135 and 215.4725 also prohibit Florida municipalities from contracting with companies, for goods or services in any amount that are on the list of Scrutinized Companies that Boycott Israel.

The list of "Scrutinized Companies" is created pursuant to Section 215.473, Florida Statutes. A copy of the current list of "Scrutinized Companies" can be found at the following link:

https://www.sbafla.com/media/mqodaonn/2024_12_17_-israel-scrutinized-companies-list-for-web.pdf

As the person authorized to sign on behalf of the Respondent Vendor, I hereby certify that the company identified above in the section entitled "Respondent Vendor Name" is not listed on either the Scrutinized Companies with Activities in Sudan List; or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; is not participating in a boycott of Israel; and does not have any business operations with Cuba or Syria. I understand that pursuant to Sections 287.135 and 215.473, Florida Statutes, the submission of a false certification may subject the Respondent Vendor to civil penalties, attorney's fees, and/or costs.

I understand and agree that the City may immediately terminate any contract resulting from this solicitation upon written notice if the company referenced above are found to have submitted a false certification or any of the following occur with respect to the company or a related entity: (i) for any contract for goods or services in any amount of monies, it has been placed on the Scrutinized Companies that Boycott Israel List, or is engaged in a boycott of Israel, or (ii) for any contract for goods or services of one million dollars (\$1,000,000) or more, it has been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or it is found to have been engaged in business operations in Cuba or Syria.

Confirmed

I CERTIFY THAT I HAVE READ, UNDERSTOOD, AND AGREED TO THE TERMS OUTLINED IN THIS SOLICITATION, INCLUDING ALL ADDENDA, NOTICES, AND THE QUESTION & ANSWER SECTION. FURTHERMORE, I CONFIRM THAT I AM AUTHORIZED TO SUBMIT THIS RESPONSE ON BEHALF OF MY COMPANY.*

Pass

Confirmed

PRICE TABLES

BASE BID (QTY + UNIT PRICE)

Total Base Bid Price = Labor + Materials

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
1	Metal Roof Replacement (sq. ft.)	37,821	SQ FT	\$8.68	\$328,286.28
2	Flat Roof Replacement (sq. ft.)	1,746	SQ FT	\$11.50	\$20,079.00
3	Gutters & Downspouts	1	Lump sum	\$14,350.00	\$14,350.00
4	Cleanup, Permits, Safety	1	Lump sum	\$6,051.72	\$6,051.72
TOTAL					\$368,767.00

CONTINGENCY (10% OF TOTAL BASE BID)

Note: The contingency amount is city-controlled and will only be used with City approval. Contractors should not assume this amount is automatically payable.

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
5	Contractors must calculate a 10% contingency based on their Base Bid Total amount. For example, if the Base Bid Total amount is \$100,000, the contingency amount would be \$10,000 (which is 10% of \$100,000).	1	EA	\$36,867.70	\$36,867.70
TOTAL					\$36,867.70



CONTRACTOR'S GENERAL INFORMATION WORK SHEET

1. Corporation, Partnership, Joint Venture, Individual or other? Corporation
2. Firm's name and main office address, telephone and fax numbers
Name: Rack'D Roofing + Construction
Address: 2605 Orange Ave
Ft Pierce FL 34947
Telephone Number: 772-801-5492
Fax Number: _____
3. Contact person: Kendall Gogarty Email: Kendall@RACKDR.com
4. Firm's previous names (if any). Native Roofing Solutions
5. How many years has your organization been in business? 5 years
6. Is the firm claiming Local Preference under City Ordinance 35.12? YES / NO
7. List the license(s) that qualifies your firm to construct this project: CCC 133 4800
8. List five (5) similar to this project completed by your firm in the last 5 years along with a brief description of project, location of project, client name, client phone number, email, value of contract, your firm's percentage of the total contract value, as well as the number of change orders and the total change order value. **DO NOT USE the City of Port St Lucie as a reference.**

Project Number 1

Project Name: Laishley Re-roof
Description: Reroof Metal to 1.5" mechanical LOCK ROOF

Location: 551 W Petta Esplanade Punta Gorda
Client Name, Phone Number & Email: Barbara Laishley 941-815-7333
Value of Total Contract: 90,000.00 Barbara@Barbaralaishley.com
Date of Completion: 2.25.26
Firm's Percentage of Total Contract: 100%
Number of Change Orders: none
Value of Change Orders: —
Was Project Completed on Schedule: YES
Was Project Completed within Budget? YES

Project Number 2

Project Name: East Coast Lumber
Description: Metal Re-roof

Location: 308 Ave A Fort Pierce
Client Name, Phone Number & Email: East Coast Lumber 772-263-1459
Value of Total Contract: 65,000
Date of Completion: 11/20/25
Firm's Percentage of Total Contract: 100%
Number of Change Orders: —
Value of Change Orders: —
Was Project Completed on Schedule: YES
Was Project Completed within Budget? YES

Project Number 3

Project Name: Celeste Jackson -re roof
Description: Re roof to 1.5" mechanical LOCK

Location: 11322 E Teach RD Palm Beach Gardens
Client Name, Phone Number & Email: Celeste Jackson 561 213 8213
Value of Total Contract: 85,200.00 I+sa Laishley@gmail.com

Date of Completion: 12.1.2023
 Firm's Percentage of Total Contract: 100%
 Number of Change Orders: 0
 Value of Change Orders: \$
 Was Project Completed on Schedule: Yes
 Was Project Completed within Budget? Yes

Project Number 4

Project Name: Wells Brothers Construction

Description: Re roof Community center 15" mechanical
 Lock

Location: 2369 NE Dixie Hwy Stuart

Client Name, Phone Number & Email: Wells Brothers Construction

Value of Total Contract: \$168,000.00 772.220-6001

Date of Completion: 10.4.2024

Firm's Percentage of Total Contract: 100%

Number of Change Orders: 1

Value of Change Orders: \$5000.00

Was Project Completed on Schedule: Yes

Was Project Completed within Budget? Yes

Project Number 5

Project Name: FPL Barn

Description: Metal Re-Roof

Location: Okeechobee FL

Client Name, Phone Number & Email: FPL 772-370-2224

Value of Total Contract: \$117,500.00

Date of Completion: 10/20/25

Firm's Percentage of Total Contract: 100%

Number of Change Orders: 1

Value of Change Orders: 3,000

Was Project Completed on Schedule: Yes

Was Project Completed within Budget? Yes

9. List the number of personnel that will be assigned to the project and include job titles and their licenses or certifications.

Rendall Gogarty - Commercial Operations
Leigh Sutton - Commercial Project Manager

10. Has the Contractor or any principals of the applicant organization failed to qualify as a responsible Contractor; refused to enter into a contract after an award has been made; failed to complete a contract during the past five (5) years or been declared to be in default in any contract or been assessed liquidated damages in the last five (5) years? List the name of project, location, client, engineer, date and reason. Use additional pages if needed.

Total Number of Projects where Failure to Complete Work Occurred: _____

NO Project Number 1
Project Name: _____
Project Location: _____
Client Name and Phone Number: _____
Engineer Name and Phone Number: _____
Date: _____
Reason: _____

Insert additional projects if needed.

11. Has the Contractor or any of its principals ever been declared bankrupt or reorganized under Chapter 11 or put into receivership?

Yes () No (X)

If yes, please explain:

12. List any lawsuits pending or completed within the past five (5) years involving the corporation, partnership or individuals with more than ten percent (10 %) interest:

N/A

(N/A is not an acceptable answer - insert lines if needed)

13. List any judgments from lawsuits in the last five (5) years:

N/A

(N/A is not an acceptable answer - insert lines if needed)

14. List any criminal violations and/or convictions of the Proposer and/or any of its principals:

N/A

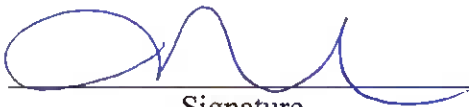
(N/A is not an acceptable answer - insert lines if needed)

15. List subcontractors and major material suppliers for the project. Include telephone numbers. Insert additional sheets if necessary.

ABC Supply Co 772 260 2579

Elite Metals 772-247-4227

N/A



Signature

Owner

Title

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

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

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Rack'D Roofing & Construction LLC</p>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Trust/estate</p> <p><input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ S-Corp</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. P.O. Box 1513</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code Fort Pierce FL 34954</p>	
	<p>7 List account number(s) here (optional)</p>	

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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
or										
Employer identification number										
8	5		-	4	2	0	1	9	1	6

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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	<p>Signature of U.S. person ▶ </p>	<p>Date ▶ 02/26/2026</p>
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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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



E-Verify Form

Supplier/Consultant acknowledges and agrees to the following:

1. Shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the Supplier/Consultant during the term of the contract; and
2. Shall expressly require any subcontractors performing work or providing services pursuant to the state contract to likewise utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term.
3. The Contractor hereby represents that it is in compliance with the requirements of Sections 448.09 and 448.095, Florida Statutes. The Contractor further represents that it will remain in compliance with the requirements of Sections 448.09 and 448.095 Florida Statutes, during the term of this contract and all attributed renewals.
4. The Contractor hereby warrants that it has not had a contract terminated by a public employer for violating Section 448.095, Florida Statutes, within the year preceding the effective date of this contract. If the Contractor has a contract terminated by a public employer for any such violation during the term of this contract, it must provide immediate notice thereof to the City.

E-Verify Company Identification Number 2215102

Date of Authorization 7/20/2023

Name of Contractor RACK'D Roofing + Construction

Name of Project PSL Community Center

Solicitation Number (If Applicable) _____

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on Feb, 26, 2023 in Fort Pierce (city), FL (state).

[Signature]
Signature of Authorized Officer

Melissa Crum
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 26 DAY OF February, 2023.

NOTARY PUBLIC Carlyn Heaton

My Commission Expires: 2/12/2030



CARLYN HEATON
Notary Public
State of Florida
Comm# HH767450
Expires 2/12/2030



NON-COLLUSION AFFIDAVIT

State of Florida }

County of St Lucie }

Melissa Crum _____, being first duly sworn, disposes and says that:
(Name/s)

1. They are Owner of BACKD ROOFING + CONSTRUCTION the Proposer that
(Title) (Name of Company)

has submitted the attached PROPOSAL;

2. He is fully informed respecting the preparation and contents of the attached proposal and of all pertinent circumstances respecting such PROPOSAL;

3. Such Proposal is genuine and is not a collusive or sham Proposal;

4. Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Proposal in connection with the contract for which the attached proposal has been submitted or to refrain from proposing in connection with such Contract or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached Proposal or of any other Proposer, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the City of Port St. Lucie or any person interested in the proposed Contract; and

5. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.



SUPPLIER LOCATION CERTIFICATION

The undersigned, as a duly authorized representative of the Supplier listed herein, certifies to the best of their knowledge and belief, that the Supplier's location is correctly reflected based upon the below information. For purposes of this section, "Location" shall mean a business which:

- a) How far is the Supplier's fixed office or distribution point located from City Hall; and
14.9 miles
- b) Is the principal offeror who is a single offeror; a business which is the prime contractor and not a subcontractor; or a partner or joint venturer submitting an offer in conjunction with other businesses. Principal offeror

Complete the following and upload this document and the Google Maps print out to the required sourcing platform:

Business Name: <u>RACK'D Roofing & Construction</u>	
Current Local Address: <u>2605 Orange Ave Ft Pierce FL 34947</u>	Phone: <u>772 801 5492</u>
Length of time at this address: <u>4 years</u>	Fax:
Please provide your prior business address if the above address has been for less than one (1) year, prior to the issuance of this solicitation.	
Length of time at this address:	
Home Office Address: <u>2605 Orange Ave Ft Pierce</u>	Phone: <u>772 801 5492</u>
Length of time at this address: <u>4 years</u>	Fax:

(Signed) [Signature]
 (Title) Owner

STATE OF FLORIDA)
 COUNTY OF ST. LUCIE) SS:

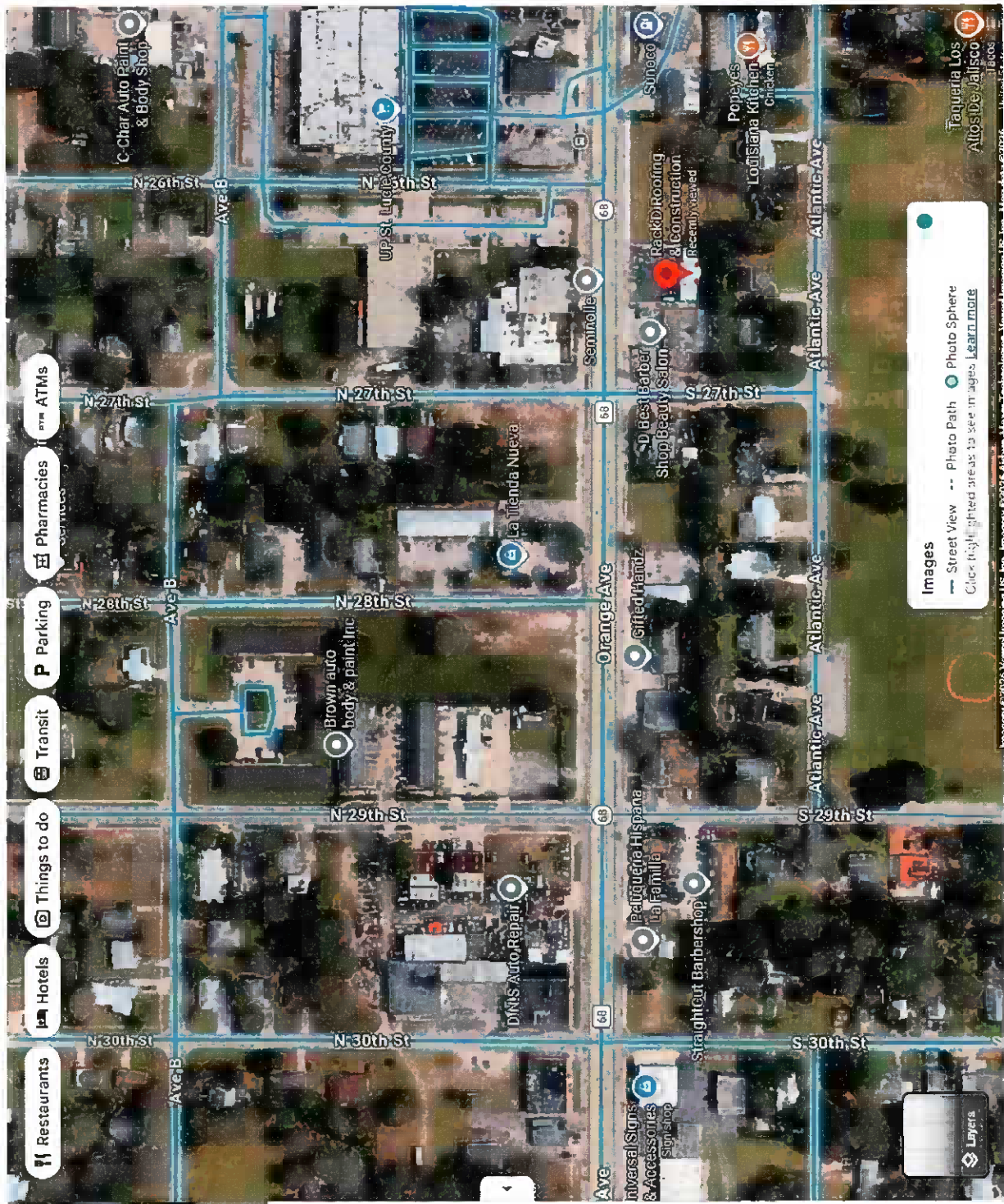
The foregoing instrument was acknowledged before me this (Date) February 26, 2020

by: Melissa Crum who is personally known to me or who has produced

_____ as identification and who did (did not) take an oath.

Carlyn Heaton Cadly Heaton Commission No. HH 767450
 Notary (print & sign name)





Rack'D Roofing & Construction

4.7 ★★★★★ (249)
Roofing contractor · 📍

[Manage your Business Profile](#)

2,665 views

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Directions | Save | Nearby | Send to phone | Share

[Book online](#)

Sponsored · By Rack'D Roofing & Construction

Construction Company - Rack'd Roofing & Cons...
Rack'd Roofing & Construction is The Trusted Choice For Roofing Services In Florida.
www.rack-d.com/

[Visit Site](#)

📍 2605 Orange Ave, Fort Pierce, FL 34947

🕒 Open · Closes 5 PM

Images

- Street View
- Photo Path
- 🌐 Photo Sphere

Click on highlighted areas to see in ages. [Learn more](#)



Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

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

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b style="font-size: 1.2em;">Rack'D Roofing & Construction LLC		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate		
	<input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ S-Corp Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.		
	5 Address (number, street, and apt. or suite no.) See instructions. P.O. Box 1513		Requester's name and address (optional)
	6 City, state, and ZIP code Fort Pierce FL 34954		
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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
or										
Employer identification number										
8	5		-	4	2	0	1	9	1	6

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ▶ 02/26/2026
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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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Ron DeSantis, Governor



Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE ROOFING CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

CRUM, RYAN

RACK'D ROOFING & CONSTRUCTION LLC
2605 ORANGE AVE
FORT PIERCE FL 34947

LICENSE NUMBER: CCC1334800

EXPIRATION DATE: AUGUST 31, 2026

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Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

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CRUM, MELISSA

RACK'D ROOFING & CONSTRUCTION LLC
2605 ORANGE AVE
FORT PIERCE FL 34947

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EXPIRATION DATE: AUGUST 31, 2026

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PO BOX 1513
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3301

63-1403/631

CHECK ARMOR
PAPER PROTECTION

DATE

02.26.24

PAY TO THE ORDER OF

City of Port St. Lucie

\$ 500.00

1

Five Hundred

00/100 DOLLARS



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[Signature]

FOR Bid Bond

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