

**Procurement Management Department
E-Bid # 20240137
E-Bid Reply Excel Spreadsheet
Mowing & Upland Maintenance
for the Eastern Watershed Improvement Project Sites (EWIP)**

Company Name:

Site #	Site Name	Unit of Measure	Lake Bank Area	Area TOB to PL	Total Site Area
1	Patio Circle STA	AC	0.97	0.60	1.57
2	Mary Terrace STA	AC	0.50	0.77	1.27
3	Leithgow Street STA	AC	0.53	0.54	1.07
4	Cane Slough STA	AC	2.78	2.92	5.70
5	Lennard Square STA	AC	1.51	12.75	14.26
6	Loutus STA / US #1 Outfall Channel	AC	2.57	1.26	3.83
7	Loutus to Calais Street PS Channel (DROW)	AC	2.12	0.70	2.82
8	Howard Creek STA (to Weir)	AC	4.46	3.28	7.74
9	Howard Creek (Weir to Westmoreland)	AC	2.57	4.62	7.19
10	Burr Street STA	AC	0.69	0.73	1.42
11	Tiffany Channel (East)	AC	1.40	2.02	3.42
12	Tiffany Channel (West & water)	AC	5.56	7.40	12.96
13	Sagamore STA @ Concord Drive (East)	AC		2.50	2.50
14	Sagamore STA @ Concord Drive (West)	AC		2.00	2.00
15	Concord Drive (441 NW Concord Dr)	AC		0.25	0.25
16	Total Acreage		25.66	42.34	68.00
17	Unit Price Per Acre				\$ 38.00
18	Total Amount Per Occurrence				\$ 2,584.00
19	Total Annual Amount (36 cuts)				\$ 93,024.00

*Notes: Only enter the annual amount from Line #19 on the E-Bid Reply Sheet (Line 5.4)

NOTICE TO ALL PROPOSERS:

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 DemandStar, 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 of Port St. Lucie Ordinance 20-15, Section 35.13. Contact with anyone other than the Issuing Officer may result in the vendor being disqualified. All contact must be coordinated through Keith Stewart, Issuing Officer, for the procurement of these services.

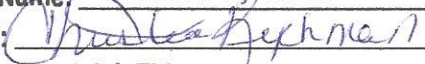
All questions regarding this Solicitation are to be submitted in writing to Keith Stewart, Procurement Manager with the Procurement Management Department via e-mai: kstewart@cityofpsl.com, or by phone 772-344-4068 Please reference the Solicitation number on all correspondence to the City.

All questions, comments and requests for clarification must reference the Solicitation number on all correspondence to the City. Any oral communications shall be considered unofficial and non-binding.

Only written responses to written communication shall be considered official and binding upon the City. The City reserves the right, at its sole discretion, to determine appropriate and adequate responses to the written comments, questions, and requests for clarification.

*NOTE: All addendums and/or any other correspondence before bid close date (general information, question and responses) to this solicitation will be made available exclusively through the DemandStar's Website for retrieval. All notice of intent to award documentation will be published on the City Clerk's Website. Proposers are solely responsible for frequently checking these websites for updates to this solicitation.

I understand and shall fully comply with all requirements of City of Port. St. Lucie Ordinance 20-15, Section 35.13.

Typed Name: Christina Ryckman
Signed: 
Company and Job Title: Vice President
Date: 08/28/2024



PORT ST. LUCIE
HEART OF THE TREASURE COAST

DRUG-FREE WORKPLACE FORM
E-RFP #20240137

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that

Classic Cuts & Fish Pond Design Inc. does:
(Name of Business)

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.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.


Contractor's Signature

8/28/2024
Date

VENDOR CERTIFICATION REGARDING SCRUTINIZED COMPANIES' LISTS

Vendor Name: Classic Cuts & Fish Pond Design Inc.
Vendor FEIN: 223898420
Authorized Representative's Name: Christina Ryckman
Authorized Representative's Title: Vice President
Address: 1003 Tilton Road
City, State and Zip Code: Port Saint Lucie FL 34952
Phone Number: 772-201-7716
Email Address: Classiccutslandscapesl@gmail.com

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/fsb/FundsWeManage/FRSPensionPlan/GlobalGovernanceMandates/QuarterlyReports.aspx>

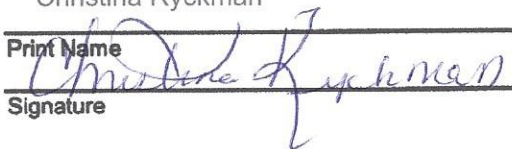
As the person authorized to sign on behalf of the Respondent Vendor, I hereby certify that the company identified above in the section entitled "Respondent Vendor Name" is not listed on either the Scrutinized Companies with Activities in Sudan List; or the Scrutinized Companies with Activities in the 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.

Authorized Signature
Christina Ryckman

Print Name

Signature





PORT ST. LUCIE
HEART OF THE TREASURE COAST

NON-COLLUSION AFFIDAVIT
EBID#20240137

State of Florida }

County of St. Lucie }

Christina Lapi Ryckman, being first duly sworn, disposes and says that:
(Name/s)

1. They are Vice President of Classic Cuts & Fish Pond Design Inc. 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.

(Signed) Christina Ryckman

(Title) Vice President

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

The foregoing instrument was acknowledged before me this (Date) August 28, 2024

by: Christina Ryckman who is personally known to me or who has produced
Fl. Drivers License as identification and who did (did not) take an oath.

Commission No. HH 099771

Notary Print: Pamela R Ortiz

Notary Signature: Pamela R Ortiz



PAMELA R. ORTIZ
Commission # HH 099771
Expires March 18, 2025
Bonded Thru Budget Notary Services



PORT ST. LUCIE
HEART OF THE TREASURE COAST

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 1769458

Date of Authorization 12/16/2021

Name of Contractor Classic Cuts & Fish Pond Design Inc.

Name of Project Mowing & Upland Maintenance of the Eastern Water Shed

Solicitation Number (If Applicable) _____

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

Executed on Aug. 28, 2024 in Port Saint Lucie (city), FL. (state).

Christina Ryckman
Signature of Authorized Officer

Christina Ryckman/vice president
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 28 DAY OF August, 2024

NOTARY PUBLIC Pamela R Ortiz

My Commission Expires: March 18, 2025



PAMELA R. ORTIZ
Commission # HH 099771
Expires March 18, 2025
Bonded Thru Budget Notary Services

CONTRACTOR'S GENERAL INFORMATION WORK SHEET
eBID #20240137

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.

Dated at St. Lucie County, this 28 day of Sept., 2024
(Location)

Name of Organization/Contractor: Classic Cuts & Fish Pond Design Inc.

By: Christina Lapi Ryckman - Vice President
Name and Title

1. Corporation, Partnership, Joint Venture, Individual or other? Inc. Individual

2. Firm's name and main office address, telephone, and fax numbers

Name: Classic Cuts & Fish Pond Design Inc.

Address: 1003 Tilton Road Port Saint Lucie Florida 34952

Telephone Number: 772-201-7716

Fax Number:

3. Contact person: Christina Ryckman Email: Classiccutslandscapespl@gmail.com

4. Firm's previous names (if any). none

5. How many years has your organization been in business? 29 yrs.

6. Total number of staff at this location: 3 Total number of staff on the Treasure Coast: 3

7. Is the Firm a minority business: YES / (NO)
If no, is your company planning to implement such a program? No

8. Is the firm claiming Local Preference under City Ordinance 35.12? YES / (NO)

9. **ADDENDUM ACKNOWLEDGMENT** - Bidder acknowledges that the following addenda have been received and are included in its proposal/bid:

Addendum Number	Date Issued	Addendum Number	Date Issued

10. **BID RESPONSE:**

11.1 Bidder will / will not accept the Purchasing Card (Visa).
(please circle one)

11.2 Percentage of discount when payment is made with Visa: 0 %
*Please Note: The City has implemented a **Purchasing Card Program**. The Bidder can take advantage of this project and in consideration receive payment within several days instead of the City's payment policy. Any percentage off the bid price for the acceptance of Visa will be consideration in the bid award. If no such percentage is given, the City shall assume zero (0) percent discount applies.*

11.3 Bid Reply Total from Cost Worksheet – Schedule “A”: \$ 0
(This figure must match the Cost Worksheet and the figure that is to be used on the DemandStar web page. Discrepancies between the Cost Worksheet spreadsheet uploaded on DemandStar, the dollar amount listed on the web page at the time of submittal and the Cost Work Sheet #20240137 uploaded on DemandStar will be resolved in favor of the Cost Worksheet – Schedule “A” that is uploaded at time of submittal.)

Bidders are cautioned that the anticipated quantities used for this computation will be estimates. The City makes no guarantee as to the actual quantity that will be utilized during the Contract period. A unit price for each item shall be offered shall be shown, and such price shall include packing and shipping unless otherwise specified. A total shall be entered in the “Total” column for each separate item. In case of discrepancy between the unit price and the extended price, the unit price will supersede. The total amount shall be entered on line 11.3 above and entered on the DemandStar web page. The City reserves the right to split the award, if in the City’s opinion such a split is in the best interest of the City.

Interpretation of the Approximate Quantities - The Bidder’s attention is called to the fact that any estimate of quantities of work to be done and materials to be furnished under the specifications as shown on the proposed form (or elsewhere) is approximate only and not guaranteed by the City. The City does not assume any responsibility that the final quantities shall remain in strict accordance with the estimated quantities, nor shall the Bidder plead misunderstanding or deception because of such estimate of quantities or of the character, location of the work, or other condition pertaining thereto.

11. List three (3) Mowing and Upland Maintenance projects 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: Pinecrest Lakes
Description: Lawn maintenance, weed eating, edging blowing

Location: Pinecrest Lakes Home owners Association
Client Name, Phone Number & Email: Suzie@coastalstheone.com
Value of Total Contract: 42,800.00
Date of Completion: -
Firm's Percentage of Total Contract: 42,800.00
Number of Change Orders: 0
Value of Change Orders: 0
Was Project Completed on Schedule: yes
Was Project Completed within Budget? yes

Project Number 2

Project Name: Bridges & Structures
Description: Mowing, weed eating blowing and trash removal

Location: City of Port Saint Lucie
Client Name, Phone Number & Email: city of psl
Value of Total Contract: 16,200.00
Date of Completion: Still in contract
Firm's Percentage of Total Contract: 16,200.00
Number of Change Orders: 0
Value of Change Orders: 0
Was Project Completed on Schedule: yes
Was Project Completed within Budget? yes

Project Number 3

Project Name: Las Palmas Home owners association
Description: Maintenance lawn care service
mowing, trimming, edging, blowing and trash removal

Location: Port Saint Lucie
Client Name, Phone Number & Email: Laspalmay40A@hotmail.com

Value of Total Contract: 24,000.00

Date of Completion: still under Contract

Firm's Percentage of Total Contract: 24,000.00

Number of Change Orders: 0

Value of Change Orders: 0

Was Project Completed on Schedule: yes

Was Project Completed within Budget? yes

Project Number 4

Project Name: EWIP

Description: Upland Maintenance for the Eastern Water Shed

Location: City of PSL

Client Name, Phone Number & Email: City of PSL

Value of Total Contract: 85,000.00

Date of Completion: 8/31/2024

Firm's Percentage of Total Contract: 85,000.00

Number of Change Orders: 0

Value of Change Orders: 0

Was Project Completed on Schedule: yes

Was Project Completed within Budget? yes

Project Number 5

Project Name:

Description:

Location:

Client Name, Phone Number & Email:

Value of Total Contract:

Date of Completion:

Firm's Percentage of Total Contract:

Number of Change Orders:

Value of Change Orders:

Was Project Completed on Schedule:

Was Project Completed within Budget?

12. Status of current contracts. Please provide the name & number of current contracts as well as a sample list of the projects currently underway.

Four current Contracts

Pinecrest Lakes
City of PSL
Las Palmas

13. How will the Contractor be able to meet the project timeline and budget given the current workload, work force and equipment?

will meet Project timeline designated date schedule

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

Michael Ryckman DL R255-553-71-0820 1003 Tilton Road Psl FI 34952
JOSE MANUE BRAVO PINEDA DL B611-433-74-046-0
947 Skylark Drive
Fort Pierce, FL 34982-6656

15. 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 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: 0

Project Number 1
Project Name:
Project Location:
Client Name and Phone Number:
Engineer Name and Phone Number:
Date:
Reason:

Insert additional projects if needed.

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

Yes ()

No ()

If yes, please explain:

17. 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:

0

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

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

0

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

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

0

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

Charlene Byrdman
Signature

Vice President
Title



e-BID #20240094
CONTRACTOR'S CODE OF ETHICS

The City of Port St Lucie ("City), through its Procurement Management Department ("Procurement Management Department") 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 Department 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:

- Obtaining and maintaining all required environmental permits. Further, Contractor will endeavor to minimize natural resource consumption through conservation, recycling and substitution methods.
- 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.
- 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.

Name of Organization/Proposer Classic Cuts & Fish Pond Design Inc./ Christina Ryckman

Signature 

Printed Name and Title Christina Ryckman

Date 8/28/2024

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.

Sample Self-Certification

The undersigned acknowledges that the Build America, Buy America Act (BABA) requires that NEH will not provide federal financial assistance for “infrastructure” projects “unless all of the iron, steel, manufactured products, and construction materials used in the project are produced in the United States” (Section 70914 of Public Law No. 117-58, §§ 70901-52). The undersigned certifies that for the _____ (Project Name and Location) that the iron, steel, manufactured products, and construction materials used in this contract are in full compliance with BABA requirements, including:

All iron and steel used in the project were produced in the United States. This means all manufacturing processes, from the initial melting stage through the application of coatings, occurred in the United States.

All manufactured products purchased with NEH financial assistance were produced in the United States. For a manufactured product to be considered produced in the United States, the cost of the components of the manufactured product that are mined, produced, or manufactured in the United States is greater than 55% of the total cost of all components of the manufactured product, unless another standard for determining the minimum amount of domestic content of the manufactured product has been established under applicable law or regulation.

All construction materials were manufactured in the United States. This means that all manufacturing processes for the construction material occurred in the United States.

The Contractor or Subcontractor, _____, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor or Subcontractor understands and agrees that the provisions of 31 U.S.C. Chap. 38, Administrative Remedies for False Claims and Statements, apply to this certification and disclosure, if any.

Signature of Contractor or Subcontractor’s Authorized Official

Name and Title of Contractor or Subcontractor’s Authorized Official

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/27/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER A BETTER DEAL INSURANCE AGENCY 1034 SW Bayshore Blvd Port St Lucie, FL 34983	CONTACT NAME: PHONE (A/C, No, Ext): (772)871-1975	FAX (A/C, No): (772)871-9134	
	E-MAIL ADDRESS: lennym55@bellsouth.net		
INSURED CLASSIC CUTS AND FISHPOND DESIGN INC 1003 TILTON RD PORT ST LUCIE, FL 34952	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : NORTHFIELD INSURANCE CO		
	INSURER B : NATIONAL GENERAL		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	x	QD357549	10/25/2023	10/25/2024	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			2020316212	10/5/2023	10/5/2024	COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$ 50,000
							BODILY INJURY (Per accident) \$ 100,000
							PROPERTY DAMAGE (Per accident) \$ 25,000
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CITY OF PORT ST LUCIE A MUNICIPALITY OF THE STATE OF FLORIDA ITS OFFICERS AND AGENTS AND EMPLOYEE'S AS ADDITIONAL INSURED , ADDITIONAL INSURED FOR ON-GOING OPS.30-DAY NOTICE OF CANCELLATION. CONTRACT # 20180159

CERTIFICATE HOLDER**CANCELLATION**

CITY OF PORT ST LUCIE
 121 SW PORT ST LUCIE BLVD
 PORT ST LUCIE FL 34984

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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Northfield Insurance Company
St. Paul, MN 55102

**COMMON POLICY
DECLARATIONS**

Agency No: 473000004 Producer No: 630 Policy No: WS550587
 Previous Policy No: WS495520
POLICY PERIOD: From 10/25/2023 To 10/25/2024 Term: 1 Year
 at 12:01 A.M. at your mailing address shown below.
Named Insured:
 Classic Cuts & Fish Pond Designs Inc

Mailing Address: 1003 Tilton Rd
 Port St Lucie FL 34952
BUSINESS DESCRIPTION: Landscape

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

COVERAGE PART DESCRIPTION	PREMIUM
Commercial General Liability Coverage Part	\$ 1,444.00
PREMIUM TOTAL	\$ 1,444.00
Policy Fee	\$ 75.00
Service Fee	\$.91
Surplus Lines Tax	\$ 75.04
POLICY TOTAL	\$ 1,594.95

Minimum earned premium of 25% of the policy premium applies in the event of cancellation.
 Policy Fee is fully earned at inception and non-refundable in the event of flat cancellation.


SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

FORMS AND ENDORSEMENTS

The schedule of coverage declarations, forms and endorsements shown on S1D-ILS make up your policy as of the effective date shown above.

Agency Name/Address: 727-669-8886
 Strickland General Agency A Better Deal Insurance Inc
 15500 Roosevelt Blvd, Ste 103 1034 SW Bayshore Blvd.
 Clearwater, FL 33760 Port St. Lucie, FL 34983

Countersigned: 10/06/2023 DR By  Date Authorized Representative



Northfield Insurance Company
St. Paul, MN 55102

**COMMERCIAL GENERAL LIABILITY
COVERAGE PART DECLARATIONS**

Effective Date: 10/25/2023 12:01 A.M. at your mailing address

Policy No: WS550587

Named Insured:

Classic Cuts & Fish Pond Designs Inc

LIMITS OF INSURANCE

Each Occurrence Limit	\$ 1,000,000
Damage To Premises Rented To You Limit	\$ 100,000 Any One Premises
Medical Expense Limit	\$ 10,000 Any One Person
Personal and Advertising Injury Limit	\$ 1,000,000 Any One Person or Organization
General Aggregate Limit	\$ 2,000,000
Products/Completed Operations Aggregate Limit	\$ 2,000,000

BUSINESS INFORMATION

Form of Business: Individual Joint Venture Partnership Limited Liability Company Trust
 Organization, including a Corporation (but not including a partnership, joint venture, trust or limited liability company.)

Loc. # Address of All Premises (Including Zip Code) That You Own, Rent or Occupy

001 1003 Tilton Rd Port St Lucie FL 34952

PREMIUM

Loc. #	Classification	Code No.	Premium Base	Rate		Advance Premium	
				Pr/CO	All Other	Pr/CO	All Other
001	Excavation - NOC	94007	p	1	68.580	223.164 \$	\$.00
001	Irrigation Works Operations. - Products-completed operations are subject to General Aggregate Limit.	96703	p+	1	Included	250.641 \$	Included \$.00
001	Landscape Gardening. - Products-completed operations are subject to General Aggregate Limit.	97047	p+	46,700	Included	23.417 \$	Included \$ 1,094.00
001	Lawn Care Services. - Products-completed operations are subject to General Aggregate Limit.	97050	p+	1	Included	38.592 \$	Included \$.00
	Blanket Additional Insureds -		t	1		Flat Chrg \$	\$ 250.00
		Fully Earned					
	Blanket Waivers Of Subrogation -		t	1		Flat Chrg \$	\$ 100.00
		Fully Earned					
						Subline Premiums s	.00 \$ 1,444.00
						Total Advance Premium	\$ 1,444.00

FORMS AND ENDORSEMENTS

The schedule of coverage declarations, forms and endorsements shown on S1D-ILS make up your policy as of the effective date shown above.

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

CLASSIC CUTS LANDSCAPE LLC
1003 TILTON RD
PORT SAINT LUCIE FL 34952

Policy Number: **2020316212**
 Named Insured:
CLASSIC CUTS LANDSCAPE LLC
 Policy Period:
10/5/2023 - 10/5/2024
 Date of Notice: **03/22/2024 4:27 PM**
 Policy Underwritten By:
Integon Preferred Insurance Company
24 Hour Claim Reporting: 1-800-468-3466
For Policy Information: 1-877-468-3466
www.MyNatGenPolicy.com

Your Agent:
A Better Deal Ins Inc
 1034 SW Bayshore Blvd
 Port St Lucie FL 34983
 (772) 871-7764

FL COMMERCIAL VEHICLE DECLARATIONS PAGE

Endorsement Effective **03/22/2024 4:27 PM**

Integon Preferred Insurance Company

The following changes were made to your policy – Vehicle(s) Added, Vehicle(s) Deleted

Drivers, Employees and Household Residents

#	Name	Driver Status	License #	Lic State	Date of Birth	Gender	Marital Status	Driver Pts	Yrs. Licensed
#1	Michael Ryckman	Owner Driver	XXXX0820	FL	3/2/1971	Male	Married	4	36
		Accidents/Violations Description							
#1		Date: 1/19/2023	At fault collision accident						
#2	Jose Bravo	Employee	XXXX0460	FL	2/6/1974	Male	Single	0	33

Insured Vehicle(s) and Schedule of Coverages

#	Vehicle Description	VIN	Usage	Radius
#1	2014 FORD F150 SUPER CAB	1FTFX1EF1EKG09392-FCA626	Business Use Only	100
	Garaging Location:	34952		
	Policy Coverage Level	ScheduledAuto		
	Coverages Provided	Limits/Deductibles	Premium	
	Bodily Injury	\$50,000 Each Person / \$100,000 Each Accident	\$762.00	
	Property Damage	\$25,000 Each Accident	\$290.00	
	Custom Equipment	\$1,000	Included	
	Personal Injury Protection	Basic \$10,000 with Work Comp	\$214.00	
	Comprehensive	Actual Cash Value - \$500 Deductible	\$119.00	
	Collision	Actual Cash Value - \$500 Deductible	\$254.00	
	Total for this Vehicle		\$1,639.00	

Comprehensive	Actual Cash Value - \$500 Deductible	\$105.00
Collision	Actual Cash Value - \$500 Deductible	\$238.00
	Total for this Vehicle	\$1,272.00

	Combined Vehicle Premium	\$4,910.00
	Installation Plan Processing Fee	\$10.00
	Total 12 Month Policy Premium	\$4,920.00

Discounts Applied

Policy Level

In Agency Transfer
Paperless Discount
Package Discount

Vehicle Level

1 Airbag Discount
2 Airbag Discount
7 Airbag Discount
7 Anti-lock Brakes Discount
2 Anti-lock Brakes Discount
1 Anti-lock Brakes Discount
1 Anti-theft Discount
2 Anti-theft Discount

Surcharges Applied

Policy Level

Step Down Buy Back Endorsement

Important Notice

Online Policy Documents: Your policy form and coverage endorsements may be viewed by going to our website: www.MyNatGenPolicy.com. Click on the Policy Documents link at the top and enter your Policy Number and Last Name.

Additional Policy Information

Insured email: CLASSICCUTSLANDSCAPEPSL@GMAIL.COM

Vehicle	Rating Territory
#1	250
#2	250
#4	250
#5	250
#6	250
#7	250
Tier	3

Disclosure of Possible Additional Charges

The amounts below are authorized for use in this state. However, they are only charged if they apply to your policy.

Additional Insured Charge	\$25.00
Additional Insured Charge - Blanket - Non Fleet	\$500.00
Additional Insured Charge - Contractual Liability	\$25.00
Federal Filing Fee	\$75.00
Form E Filing Charge	\$50.00
FR Filing Charge	\$50.00
Installation Plan Processing Fee	\$10.00

#2	2009 CHEV SILVERADO C1500	VIN: 1GCEC14X89Z219341- HD3614	Usage: Business Use Only	Radius: 100
	Garaging Location:	34952		
	Policy Coverage Level	ScheduledAuto		
	Coverages Provided	Limits/Deductibles		Premium
	Bodily Injury	\$50,000 Each Person / \$100,000 Each Accident		\$737.00
	Property Damage	\$25,000 Each Accident		\$281.00
	Custom Equipment	\$1,000		Included
	Personal Injury Protection	Basic \$10,000 with Work Comp		\$228.00
	Comprehensive	Actual Cash Value - \$500 Deductible		\$74.00
	Collision	Actual Cash Value - \$500 Deductible		\$145.00
		Total for this Vehicle		\$1,465.00
#4	2002 KIDR TRAILER	VIN: 1K907X18X2D201156	Usage: Business Use Only	Radius: 100
	Garaging Location:	34952		
	Policy Coverage Level	ScheduledAuto		
	Coverages Provided	Limits/Deductibles		Premium
	Bodily Injury	\$50,000 Each Person / \$100,000 Each Accident		\$128.00
	Property Damage	\$25,000 Each Accident		\$50.00
		Total for this Vehicle		\$178.00
#5	2014 CUTL CUSTOM TRAILER	VIN: 5WKBE1629E024754	Usage: Business Use Only	Radius: 100
	Garaging Location:	34952		
	Policy Coverage Level	ScheduledAuto		
	Coverages Provided	Limits/Deductibles		Premium
	Bodily Injury	\$50,000 Each Person / \$100,000 Each Accident		\$128.00
	Property Damage	\$25,000 Each Accident		\$50.00
		Total for this Vehicle		\$178.00
#6	1999 CUTL CUSTOM TRAILER	VIN: 1E9ES142XXC103130	Usage: Business Use Only	Radius: 100
	Garaging Location:	34952		
	Policy Coverage Level	ScheduledAuto		
	Coverages Provided	Limits/Deductibles		Premium
	Bodily Injury	\$50,000 Each Person / \$100,000 Each Accident		\$128.00
	Property Damage	\$25,000 Each Accident		\$50.00
		Total for this Vehicle		\$178.00
#7	2015 CHEV SILVERADO C1500	VIN: 1GCNCPEC9FZ274424- H9A6A3	Usage: Business Use Only	Radius: 100
	Garaging Location:	34952		
	Policy Coverage Level	ScheduledAuto		
	Loss Payee	Address		
	Westlake financial	4751 Wilshire Blvd Ste 100, Los Angeles, CA 90010		
	Coverages Provided	Limits/Deductibles		Premium
	Bodily Injury	\$50,000 Each Person / \$100,000 Each Accident		\$585.00
	Property Damage	\$25,000 Each Accident		\$223.00
	Custom Equipment	\$1,000		Included
	Personal Injury Protection	Basic \$10,000 with Work Comp		\$121.00

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**TOTAL GENERAL AGGREGATE LIMIT
PER PROJECT(S) - GENERAL AGGREGATE LIMIT**

*This endorsement is **EFFECTIVE** 05/01/2024

*and is part of Policy Number: WS550587

*issued to: Classic Cuts & Fish Pond Designs Inc

*Entry optional if shown in the Policy Declarations. If no entry is shown, the effective date of the endorsement is the same as the effective date of the policy.

This endorsement modifies insurance under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Total General Aggregate Limit: \$ 5,000,000

A. The Total General Aggregate Limit stated in the Schedule above is the most we will pay for the sum of all:

1. Medical Expenses under **COVERAGE C (SECTION I)**;

2. Damages under **COVERAGE A (SECTION I)**, except damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard"; and

3. Damages under **COVERAGE B (SECTION I)**

regardless of the number of:

a. Insureds;

b. Claims made or "suits" brought;

c. Persons or organizations making claims or bringing "suits"; or

d. "Projects".

B. For all sums which the insured becomes legally obligated to pay as damages because of "bodily injury" or "property damage" caused by "occurrences" under **COVERAGE A (SECTION I)**, and for all medical expenses for "bodily injury" caused by accidents under **COVERAGE C (SECTION I)**, which can be attributed only to operations at a single "project":

1. A separate Per Project General Aggregate Limit applies to each "project", and that limit is equal to the amount of the General Aggregate Limit shown in the Declarations.

2. Subject to the Total General Aggregate Limit stated in the Schedule above, the Per Project General Aggregate Limit is the most we will pay for the sum of all damages under **COVERAGE A**, except damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard", and for medical expenses under **COVERAGE C** regardless of the number of:

a. Insureds;

b. Claims made or "suits" brought; or

c. Persons or organizations making claims or bringing "suits".

3. Any payments made under **COVERAGE A** for damages or under **COVERAGE C** for medical expenses shall reduce both the Total General Aggregate Limit stated in the Schedule above, and the Per Project General Aggregate Limit for that "project". Such payments shall not reduce the General Aggregate Limit shown in the Declarations nor shall they reduce any other Per Project General Aggregate Limit for any other "project".

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES



Northfield Insurance Company
St. Paul, MN 55102

Named Insured

Classic Cuts & Fish Pond Designs Inc

Endorsement Number 1

Policy Period: From 10/25/2023 To 10/25/2024

Policy Number WS550587

Changes Effective 05/01/2024

(12:01 A.M. Std. Time)

This endorsement modifies insurance provided under the following:

Commercial General Liability Coverage Part

Changes

Policy is Amended to Include:

ADD Form S2803-CG (5/11) Per Project Aggregate Limit

All other terms and conditions remain unchanged.

05-07-2024 / cfj

The following form(s) is ADDED to the policy:

S2803-CG (5/11) Total General Aggregate Limit Per Project(s) -
General Aggregate Limit

ENDORSEMENT PREMIUM:	\$	121.00	Additional
Service Fee	\$.07	Additional
Surplus Lines Tax	\$	5.98	Additional
ENDORSEMENT TOTAL:	\$	127.05	Additional
NEW TERM PREMIUM:	\$	1,694.00	

05/07/2024 CH

Date

Authorized Representative

4. The limits shown in the Declarations for Each Occurrence, Damage To Premises Rented To You and Medical Expense continue to apply. However, instead of being subject to the General Aggregate Limit shown in the Declarations, such limits will be subject to both the Total General Aggregate Limit stated in the Schedule above, and the applicable Per Project General Aggregate Limit.
- C. For all sums which the insured becomes legally obligated to pay as damages because of "bodily injury" or "property damage" caused by "occurrences" under **COVERAGE A (SECTION I)**, and for all medical expenses for "bodily injury" caused by accidents under **COVERAGE C (SECTION I)**, which cannot be attributed only to operations at a single "project":
1. Any payments made under **COVERAGE A** for damages shall reduce both the Total General Aggregate Limit stated in the Schedule above and the General Aggregate Limit, or shall reduce the Products-Completed Operations Aggregate Limit, whichever is applicable.
 2. All payments made under **COVERAGE C** for medical expenses shall reduce both the Total General Aggregate Limit stated in the Schedule above and the General Aggregate Limit; and
 3. Such payments shall not reduce the Per Project General Aggregate Limit for any "project".

As respects this Provision C., the limits shown in the Declarations for Each Occurrence, Damage To Premises Rented To You and Medical Expense continue to apply.

D. Part 2. of **SECTION III - LIMITS OF INSURANCE** is deleted and replaced by the following:

2. The General Aggregate Limit is the most we will pay for the sum of:
 - a. Damages under **COVERAGE B**; and
 - b. Damages because of "bodily injury" or "property damage" caused by "occurrences" under **COVERAGE A (SECTION I)**, and for all medical expenses for "bodily injury" caused by accidents under **COVERAGE C (SECTION I)**, which cannot be attributed only to operations at a single project.

E. When coverage for liability arising out of the "products-completed operations hazard" is provided, any payments for damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard" will reduce the Products-Completed Operations Aggregate Limit, and not reduce the Total General Aggregate Limit stated in the Schedule above, the General Aggregate Limit, or the Per Project General Aggregate Limit for any "project".

F. For the purposes of this endorsement, the **DEFINITIONS** Section is amended by the addition of the following definition:

"Project" means an area away from premises owned by or rented to you at which you are performing operations pursuant to a contract or agreement. For the purposes of determining the applicable aggregate limit of insurance, each "project" that includes premises involving the same or connecting lots, or premises whose connection is interrupted only by a street, roadway or waterway, or by a right-of-way of a railroad, shall be considered a single "project".

G. The provisions of **LIMITS OF INSURANCE (SECTION III)** not otherwise modified by this endorsement shall continue to apply as stipulated.



2023 - 2024

St. Lucie County Local Business Tax Receipt

Facilities or machines # Rooms # Seats # Employees #4 Receipt #1010608
Type of business 7202 LANDSCAPE/LAWN CARE Expires SEPTEMBER 30, 2024

DBA name Business Classic Cuts & Fish Pond Designs Inc

Mailing address: Classic Cuts & Fish Pond Designs Inc Business location: 1003 Tilton Rd
1003 Tilton Rd Port St Lucie, FL 34952
Port St Lucie, FL 34952

RENEWAL
Original tax: \$15.10 St Lucie County 3414-501-0706-010/0 P03000115318
Penalty:
Collection cost:
Total: \$15.10 Paid 07/06/2023 15.10 0025-20230706-043359

Law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the county. Upon failure to do so, the local business taxpayer shall be subject to the payment of another Local Business Tax for the same business, profession or occupation.

Pursuant to Florida law, all Local Business Tax Receipts shall be sold by the Tax Collector beginning July 1 of each year and shall expire on September 30 of the succeeding year. Those Local Business Tax Receipts renewed beginning October 1 shall be delinquent and subject to a delinquency penalty of 10 percent for the month of October. An additional 5 percent penalty for each month of delinquency is added until paid, provided that the total delinquency penalty shall not exceed 25 percent of the Local Business Tax for the delinquent establishment.

In addition to the penalty, the Tax Collector is entitled to a collection fee of \$1 to \$5. This fee is based on the amount of Local Business Tax, which will be collected from delinquent taxpayers after September 30 of the business year.

This receipt is a Local Business Tax only. It does not permit the local business taxpayer to violate any existing regulatory or zoning laws of the state, county or city. It also does not exempt the local business taxpayer from any other taxes, licenses or permits that may be required by law.

Pursuant to Florida law, Local Business Taxes are subject to change.

Classic Cuts & Fish Pond Designs Inc
1003 Tilton Rd
Port St Lucie, FL 34952



2023 - 2024

St. Lucie County Local Business Tax Receipt

Facilities or machines # Rooms # Seats # Employees #4 Receipt #1010609
 Type of business 7299 MISC/PUBLIC SERVICE (CREATING Expires SEPTEMBER 30, 2024
 LANDSCAPE PONDS)

DBA name Business Classic Cuts & Fish Pond Designs Inc

Mailing address: Classic Cuts & Fish Pond Designs Inc Business location: 1003 Tilton Rd
 1003 Tilton Rd Port St Lucie, FL 34952
 Port St Lucie, FL 34952

RENEWAL		St Lucie County	
Original tax:	\$15.10	3414-501-0706-010/0	P03000115318
Penalty:			
Collection cost:			
Total:	\$15.10	Paid 07/06/2023 15.10	0025-20230706-043359

Law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the county. Upon failure to do so, the local business taxpayer shall be subject to the payment of another Local Business Tax for the same business, profession or occupation.

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Pursuant to Florida law, Local Business Taxes are subject to change.

Classic Cuts & Fish Pond Designs Inc
 1003 Tilton Rd
 Port St Lucie, FL 34952



JIMMY PATRONIS
CHIEF FINANCIAL OFFICER

**STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION**

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

NON-CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 9/26/2023

EXPIRATION DATE: 9/25/2025

PERSON: MICHAEL M RYCKMAN

EMAIL: CLASSICCUTSLANDSCAPEPSL@GMAIL.COM

FEIN: 223898420

BUSINESS NAME AND ADDRESS:

CLASSIC CUTS & FISH POND DESIGNS, INC.

1003 TILTON ROAD

PORT SAINT LUCIE, FL 34952

This certificate of election to be exempt is NOT a license issued by the Department of Business and Professional Regulation. To determine if the certificate holder is required to have a license to perform work or to verify the license of the certificate holder, go to www.myfloridalicense.com.

IMPORTANT: Pursuant to subsection 440.05(13), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(11), F.S., Certificates of election to be exempt issued under subsection (3) apply only to the corporate officer named on the notice of election to be exempt. Pursuant to subsection 440.05(12), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT
RULE 69L-6.012, F.A.C. REVISED 01/2023

E01797006

QUESTIONS? (850) 413-1609



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Profit Corporation

CLASSIC CUTS & FISH POND DESIGNS, INC.

Filing Information

Document Number P03000115318
FEI/EIN Number 22-3898420
Date Filed 10/13/2003
State FL
Status ACTIVE

Principal Address

1003 TILTON RD
PORT SAINT LUCIE, FL 34952

Changed: 05/02/2008

Mailing Address

1003 TILTON RD
PORT SAINT LUCIE, FL 34952

Changed: 05/02/2008

Registered Agent Name & Address

RYCKMAN, MICHAEL
1003 TILTON RD
PORT SAINT LUCIE, FL 34952

Address Changed: 05/02/2008

Officer/Director Detail

Name & Address

Title P

RYCKMAN, MICHAEL
1003 TILTON RD
PORT SAINT LUCIE, FL 34952

Title VP

RYCKMAN, CHRISTINA LAPI
1003 TILTON ROAD
PORT SAINT LUCIE, FL 34952

Annual Reports

Report Year	Filed Date
2022	01/31/2022
2023	04/13/2023
2024	04/17/2024

Document Images

<u>04/17/2024 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/13/2023 -- ANNUAL REPORT</u>	View image in PDF format
<u>01/31/2022 -- ANNUAL REPORT</u>	View image in PDF format
<u>03/11/2021 -- ANNUAL REPORT</u>	View image in PDF format
<u>02/12/2020 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/03/2019 -- ANNUAL REPORT</u>	View image in PDF format
<u>02/23/2018 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/27/2017 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/01/2016 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/13/2015 -- ANNUAL REPORT</u>	View image in PDF format
<u>02/13/2014 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/03/2013 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/29/2012 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/13/2011 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/30/2010 -- ANNUAL REPORT</u>	View image in PDF format
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<u>04/11/2005 -- ANNUAL REPORT</u>	View image in PDF format
<u>07/29/2004 -- ANNUAL REPORT</u>	View image in PDF format
<u>10/13/2003 -- Domestic Profit</u>	View image in PDF format