

CONTRACTOR'S GENERAL INFORMATION WORK SHEET
eBID #20230107

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 4433 SW XAVIER ST P.L., FL 34953, this 28 day of MARCH, 2024
(Location)
Name of Organization/Contractor: ST LUCIE LANDSCAPE, INC (DBA: SUNCREST LANDSCAPE SERVICES)
By: JAMES L. CLARK PRESIDENT AND CEO
Name and Title

- 1. Corporation, Partnership, Joint Venture, Individual or other? CORP.
- 2. Firm's name and main office address, telephone, and fax numbers

Name: ST LUCIE LANDSCAPE, INC.
Address: 4433 SW XAVIER ST
PORT ST LUCIE, FL 34953
Telephone Number: 772-618-3634
Fax Number: _____

- 3. Contact person: JIM CLARK Email: SUNCRESTSERVICES@GMAIL.COM
- 4. Firm's previous names (if any). —
- 5. How many years has your organization been in business? 14
- 6. Total number of staff at this location: 8 Total number of staff on the Treasure Coast: 8
- 7. Is the Firm a minority business: YES NO
If no, is your company planning to implement such a program? YES
- 8. Is the firm claiming Local Preference under City Ordinance 35.14? YES / NO
- 9. List the license(s) that qualifies your firm to construct this project: _____

CITY OF PSL BTR # 136661
UF IFAS BEST MANAGEMENT PRACTICES CERTIFICATION:
GV21925, GV21926

10. **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
1	3-15-24		

11. List **five (5) Mowing & Trimming services** 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: EXTRA SPACE STORAGE

Description: COMMERCIAL LANDSCAPE MAINTENANCE FOR 19 LOCATIONS OVER 3 COUNTIES,

Location: 19 LOCATIONS: ST LUCIE, MARTIN, PALM BEACH COUNTIES

Client Name, Phone Number & Email: MARY SOLIS 772-269-0500 MSOLIS@EXTRASPACE.COM

Value of Total Contract: \$133,968

Date of Completion: 3-31-24 (AND ONGOING FOR '24-'25)

Firm's Percentage of Total Contract: 100%

Number of Change Orders: 11

Value of Change Orders: \$7,857

Was Project Completed on Schedule: YES

Was Project Completed within Budget? YES

Project Number 2

Project Name: LAKES AT SAVANNAHS - HOA

Description: COMMERCIAL LANDSCAPE MAINTENANCE FOR 242 UNITS OVER 7 ACRES WITH 1 POOL, 1 CLUB HOUSE, 1 TENNIS COURT

Location: 1800 S DOVETAIL DRIVE FORT PIERCE, FL 34982

Client Name, Phone Number & Email: WILMA SCHMITZ AND LINDA CLARE LANDMCLASS@OUTLOOK.COM

Value of Total Contract: 52,200 772-200-1184

Date of Completion: 9-1-23 (AND ONGOING)

Firm's Percentage of Total Contract: 100%

Number of Change Orders: 6

Value of Change Orders: \$4,574

Was Project Completed on Schedule: YES

Was Project Completed within Budget? YES

Project Number 3

Project Name: OCEAN VIEW - HOA

Description: COMMERCIAL LANDSCAPE MAINTENANCE FOR
A 14.8 ACRE COMMUNITY WITH 5 CONDO BUILDINGS, 2 POOLS,
1 CLUBHOUSE AND TENNIS COURT

Location: 2375 NE OCEAN BLVD JENSEN BEACH FL 34996

Client Name, Phone Number & Email: OLGA SCALLEY 305-495-2029 OLGAUIS@BELLSONET.NET

Value of Total Contract: \$49,186

Date of Completion: 7-1-23 (AND ONGOING '24-'25)

Firm's Percentage of Total Contract: 100%

Number of Change Orders: 10

Value of Change Orders: \$6,423

Was Project Completed on Schedule: YES

Was Project Completed within Budget? YES

Project Number 4

Project Name: BEACHWOOD VILLAS

Description: A 5.85 ACRE CONDO COMMUNITY WITH
1.7 ACRES OF BEACH SCAPING MAINTENANCE, COURTNEY POOL
AND COURTYARD

Location: 2355 NE OCEAN BLVD STUART, FL 34996

Client Name, Phone Number & Email: HOLLI MOLLER BEACHWOODVILLAS@GMAIL.COM

Value of Total Contract: \$47,100 772-255-4667

Date of Completion: 10-1-23 (AND ONGOING '24-'25)

Firm's Percentage of Total Contract: 100%

Number of Change Orders: 2

Value of Change Orders: \$2,381

Was Project Completed on Schedule: YES

Was Project Completed within Budget? YES

Project Number 5

Project Name: WHISPERING CREEK CO-OP (HOA)

Description: A 29.2 ACRE COMMUNITY WITH 217 UNITS,
POOL, CLUBHOUSE AND OPEN COMMON AREA

Location: 2023 ST LUCIE BLVD FT PIERCE, FL 34946

Client Name, Phone Number & Email: DIANE KOEHLER 772-461-3620 2023CRK@COMCAST.NET

Value of Total Contract: \$51,936

Date of Completion: 10-1-23 (AND ONGOING '24-'25)

Firm's Percentage of Total Contract: 100%

Number of Change Orders: 0

Value of Change Orders: 0

Was Project Completed on Schedule: YES

Was Project Completed within Budget? YES

COMCAST.NET

12. List the number of personnel that will be assigned to the project and include job titles and their licenses or certifications.
- JIM CLARK: PRES/CEO DL, B.S (WVU) MBA (WF)
 - TIMOTHY MARTIN: CREW MGR DL, BMP CERT.
 - BRYAN CURRIE: CREW MGR DL, BMP CERT.
 - PASCUAL MATEU: SENIOR CREW
 - MIKE BONO: SENIOR CREW
 - ANDRES FRANCISCO: SENIOR CREW
 - MADDIE REED: JR CREW
 - ASHLEY REED: JR CREW

13. 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: NONE

Project Number 1

Project Name: _____

Project Location: _____

Client Name and Phone Number: _____

Engineer Name and Phone Number: _____

Date: _____

Reason: _____

Insert additional projects if needed.

14. 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:
- _____
- _____
- _____

15. 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:

NONE
(N/A is not an acceptable answer - insert lines if needed)

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

NONE
(N/A is not an acceptable answer - insert lines if needed)

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

NONE
(N/A is not an acceptable answer - insert lines if needed)

20. Provide a Project Management Plan.

21. Provide an Equipment List.



Signature

PRES & CEO

Title

E-Bid #20230107

Mowing & Trimming Services at City Park Lands

Equipment List

Quan.	Description
1	2021 CHEVY 3500 LCF 23' DUMP LANDSCAPE TRUCK
1	2010 FORD F-250 LANDSCAPE TRUCK
3	STIHL BACKPACK BLOWERS GWS
3	ECHO BACKPACK BLOWERS
3	STIHL 111FS LINE TRIMMERS
6	STIHL FS94 HEDGE TRIMMERS
3	ECHO X-SERIES LINE TRIMMERS
4	ECHO PEZZES EDGERS
1	STIHL HS 87 HEDGE TRIMMER
2	STIHL POLE SAW HT 185
2	STIHL 151 CHAIN SAWS
1	STIHL 194 CHAIN SAW
1	WRIGHT 2XL 72" MOWER WITH MULCH DECK
1	WRIGHT 2XL 52" MOWER WITH MULCH DECK
1	DIXIE CHOPPER CLASSIC 50" W/MULCH DECK
1	JOHN DEERE QUICK TRAK 52" W/MULCH DECK
1	JOHN DEERE QUICK TRAK 36" W/MULCH DECK
6	PRO-TRADER FIBERGLASS LAWN RAKES
1	SUN COAST 6' X 15' ENCLOSED TRAILER
1	CONTINENTAL CARGO 8.5' X 20' ENCLOSED TRAILER
1	BIG TEX UTILITY TRAILER 8.5' X 16'

Landscape Maintenance Proposal for



City of Port St Lucie
121 S.W. Port St Lucie Blvd. Port St Lucie, FL 34984

Offered by



Palm Beach – Martin – St Lucie

772-618-3634

www.suncrestservices.com

LANDSCAPE MANAGEMENT SERVICE FREQUENCY and SCHEDULE (Weekly 42x Sites)

<i>Turf Care</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Total</i>
Mowing	2	3	4	4	4	4	4	4	4	4	3	2	42
Edging	2	3	4	4	4	4	4	4	4	4	3	2	42
Fertilizing													x
<i>Bed Care</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Total</i>
Weed Control	1	1	1	1	1	1	1	1	1	1	1	1	12
Pre-Emergent	1			1			1			1			4
<i>Plant/Shrub</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Total</i>
Shrub Pruning	1	1	1	1	1	1	1	1	1	1	1	1	12
Small Tree/Palm and Ornamentals													
<i>Other</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Total</i>
Blowing	2	3	4	4	4	4	4	4	4	4	3	2	42
Mulch													x
Irrigation Check													x
Pest Controls													x
Quality Checks		1			1			1			1		4

x = does not apply

Schedule is a guideline to plan work. However, the property is assessed for needs at each visit and work adjusted accordingly. In most cases hedge trimming may be performed each week in summer covering the entire community over four visits.

LANDSCAPE MANAGEMENT SERVICE FREQUENCY and SCHEDULE (Bi-Weekly 24x Sites)

<i>Turf Care</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Total</i>
Mowing	2	2	2	2	2	2	2	2	2	2	2	2	24
Edging	2	2	2	2	2	2	2	2	2	2	2	2	24
Fertilizing													x
<i>Bed Care</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Total</i>
Weed Control	1	1	1	1	1	1	1	1	1	1	1	1	12
Pre-Emergent	1			1			1			1			4
<i>Plant/Shrub</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Total</i>
Shrub Pruning	1	1	1	1	1	1	1	1	1	1	1	1	12
Small Tree/Palm and Ornamentals													
<i>Other</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Total</i>
Blowing	2	2	2	2	2	2	2	2	2	2	2	2	24
Mulch													x
Irrigation Check													x
Pest Controls													x
Quality Checks		1			1			1			1		4

x = does not apply

Schedule is a guideline to plan work. However, the property is assessed for needs at each visit and work adjusted accordingly.

LANDSCAPE MANAGEMENT DETAILS

PEOPLE

Jim Clark will be the point person and overall manager of the contract. Tim Martin will be the lead Crew Manager for each site VISIT.

Work Crews of between two and six individuals will service each site depending on size and required work. Larger sites with large open mowing areas may have an advance team of two people mowing ahead of a crew.

WORK SCOPE

As specified in 1.3.1.

Additional internal work orders may be issued as dictated by Quality Control checks and Crew Leader observations.

SERVICE VISITS

Work Crews of between three and six individuals will service each site depending on size and required work. Larger sites with large open mowing areas may have an advance team of two people mowing ahead of a crew. Advance trash teams of 2 may visit higher traffic sites ahead of the landscape crew to ensure any obstacles have been cleared.

Logistics software will route crews to optimal efficiency with park population traffic considered to accommodate better times of day for service.

EQUIPMENT

More detailed sites will require a normal full loaded enclosed trailer with all equipment including mowers, edgers, line trimmers, hedge trimmers, blowers, and all associated support equipment. Larger open mowing sites may only require a limited inventory of larger mowers, blowers, and line trimmers. All mowers are equipped with mulching decks and blades at all times.

SAFETY

Per company policy all workers will always wear eye protection. Mowing crews will always wear hearing protection. The safety and wellbeing of any civilian present will always be a high priority consideration.



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 Nadia Tourjee, Issuing Officer, for the procurement of these services.

All questions regarding this Solicitation are to be submitted in writing to Nadia Tourjee, Procurement Contracting Officer I with the Procurement Management Department via e-mail NTourjee@cityofpsl.com, or by phone 772-871-5224. 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: JAMES L. CLARK
Signed: [Signature]
Company and Job Title: ST LUCIE LANDSCAPE, INC.
Date: 3-28-24



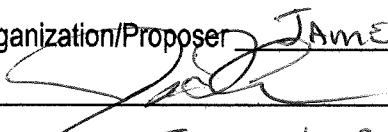
e-BID #20230107
CONTRACTOR'S CODE OF ETHICS

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 JAMES L. CLARK
Signature 
Printed Name and Title JAMES L. CLARK PRESIDENT AND CEO
Date 3-28-24

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.



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 2414616

Date of Authorization 3-28-24

Name of Contractor ST LUCIE LANDSCAPE, INC.

Name of Project MOWING AND TRIMMING SERVICES AT CITY PARKS AND LANDS

Solicitation Number (If Applicable) _____

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

Executed on MARCH, 28, 2024 in PORT ST LUCIE (city), FL (state).



Signature of Authorized Officer

JAMES L CURRIE

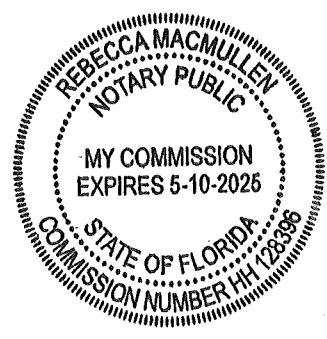
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 28 DAY OF March, 2024.

NOTARY PUBLIC Rebecca MacMullen

My Commission Expires: May 10, 2025





PORT ST. LUCIE
HEART OF THE TREASURE COAST

NON-COLLUSION AFFIDAVIT
EBID#20230107

Mowing & Trimming Services at City Park Lands

State of FLORIDA }

County of ST LUCIE }

JAMES L. CLARIC, being first duly sworn, disposes and says that:
(Name/s)

1. They are PRES & CEO of ST LUCIE LANDSCAPE 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;

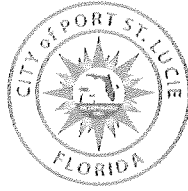
3. Such Proposal is genuine and is not a collusive or sham Proposal;

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) [Signature]

(Title) PRESIDENT AND CEO



"A City for All Ages"

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

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

by: James Clark who is personally known to me or who has produced
FL DR License as identification and who did (did not) take an oath.

Commission No. HH128396

Notary Print: Rebecca MacMullen

Notary Signature: Rebecca MacMullen





PORT ST. LUCIE
HEART OF THE TREASURE COAST

DRUG-FREE WORKPLACE FORM
e-BID #20230107
Mowing & Trimming Services at City Park Lands

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

ST LUCIE LAND CARE, 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

3-28-24
Date

Request for Taxpayer Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.	See Specific Instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p>St Lucie Landcare, Inc.</p>	
		<p>2 Business name/disregarded entity name, if different from above.</p> <p>Suncrest Landscape Services</p>	
		<p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)</p> <p>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p>
		<p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/></p>	
		<p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p>4433 SW Xavier St</p>	<p>Requester's name and address (optional)</p> <p>City of Port St Lucie</p>
		<p>6 City, state, and ZIP code</p> <p>Port St Lucie, FL 34953</p>	<p>121 SW Port St Lucie Blvd Port St Lucie, FL 34984</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.

Social security number									
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
or									
Employer identification number									
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;">4</td> <td style="width: 25%;">7</td> <td style="width: 25%;">-</td> <td style="width: 25%;">2</td> </tr> </table>	4	7	-	2	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;">5</td> <td style="width: 25%;">8</td> <td style="width: 25%;">9</td> <td style="width: 25%;">5</td> </tr> </table>	5	8	9	5
4	7	-	2						
5	8	9	5						
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;">3</td> <td style="width: 25%;">9</td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>	3	9							
3	9								

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date 3-28-24
------------------	--------------------------	---------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/31/2023

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 Hiscox Inc. 520 Madison Avenue 32nd Floor New York, New York 10022	CONTACT NAME: PHONE (A/C, No, Ext): (888) 202-3007 FAX (A/C, No):	
	E-MAIL ADDRESS: contact@hiscox.com	
INSURED St Lucie Landcare, Inc. 533 SW Ray Ave Port St Lucie, FL 34983	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Hiscox Insurance Company Inc	NAIC # 10200
	INSURER B:	
	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	P100.267.666.7	05/15/2023	05/15/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ S/T Gen. Agg. \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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)

CERTIFICATE HOLDER**CANCELLATION**

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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CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
03/31/2023

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.

PRODUCER Hiscox Inc. 520 Madison Avenue 32nd Floor New York, New York 10022	CONTACT NAME: PHONE (A/C, No. Ext): 844-357-0403 FAX (A/C, No): E-MAIL ADDRESS: contact@hiscox.com PRODUCER CUSTOMER ID:														
INSURED St Lucie Landcare, Inc. 533 SW Ray Ave Port St Lucie, FL 34983	<table border="1" style="width:100%;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Hiscox Insurance Company Inc.</td> <td style="text-align: center;">10200</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Hiscox Insurance Company Inc.	10200	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Hiscox Insurance Company Inc.	10200														
INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	PROPERTY		P100.267.666.7	05/15/2023	05/15/2024	X	BUILDING	\$
	CAUSES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	\$ 25,000
	BASIC	BUILDING					BUSINESS INCOME	\$
	BROAD	CONTENTS					EXTRA EXPENSE	\$
	X SPECIAL						\$ 500	RENTAL VALUE
	EARTHQUAKE						BLANKET BUILDING	\$
	WIND						BLANKET PERS PROP	\$
	FLOOD						BLANKET BLDG & PP	\$
			\$					
			\$					
	INLAND MARINE	TYPE OF POLICY					\$	
	CAUSES OF LOSS						\$	
	NAMED PERILS	POLICY NUMBER					\$	
							\$	
	CRIME						\$	
	TYPE OF POLICY						\$	
							\$	
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN						\$	
							\$	

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE </p>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/26/2024

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 Paychex Insurance Agency, Inc. 225 Kenneth Drive Rochester NY 14623		CONTACT NAME: Mary Storti PHONE (A/C, No. Ext): (877) 266-6850 E-MAIL ADDRESS: piapc_customerservice@paychex.com FAX (A/C, No):	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Employers Insurance Company	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED St Lucie Landcare, Inc. DBA Suncrest Landscape Services 4433 Southwest Xavier Street Port St. Lucie FL 34953		NAIC # 11512	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	EIG553550900	03/20/2024	03/20/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

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

Mary P. Storti

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Contractor's Pollution Liability Coverage

Limits of Insurance

Per Occurrence Limit	\$1,000,000
General Aggregate Limit	\$1,000,000
Each Transportation Pollution Condition Limit	\$1,000,000
Each Non-Owned Disposal Site Pollution Condition Limit	\$1,000,000
Each Emergency Response Limit	\$1,000,000
Each Crisis Management Limit	\$1,000,000
Each Sudden And Accidental Discharge, Release, or Escape of Pollutants Condition Limit	\$1,000,000

Deductible \$2,500

Additional coverages (included in total premium)

Coverage	Limit	Premium
Incidental Professional Services Liability Coverage - Claims Made	Each Act, Error or Omission \$1,000,000 General Aggregate \$1,000,000 Retro Date 03/28/2024	\$48

Classification and revenue basis

Class Description	Total Revenue
Grading of Land & Landscaping	\$750,000
Total	\$750,000

Audit Provision: Not subject to audit

Terrorism

The Terrorism Risk Insurance Act (TRIA), as amended, requires insurance companies to offer limited terrorism coverage. TRIA coverage will cost 1% of the total premium.

If purchased, the MEEI 2346 Exclusion of Certified Acts of Terrorism will be removed from your policy and the MEIL 2563 Cap on Losses from Certified Acts of Terrorism will be added.

Premium

Contractor's pollution liability



Business Auto Declaration

This is a description of your coverage.
Please retain for your records.

GEICO General Insurance Company

ITEM ONE

Agent Name and Address:

Geico
One GEICO Blvd.
Fredericksburg, VA 22412
1-866-509-9444

Policy Number: 9300042872-00

Policy Period:

02-07-2024 through 08-07-2024
Your coverage begins and ends at 12:01am
Standard Time at the address of the named insured.

Named Insured and Mailing Address:

ST LUCIE LANDCARE, INC
4433 Southwest Xavier Street
PORT SAINT LUCIE, FL 34953
Email Address: suncrestservices@gmail.com

Entity Type: Corporation

Description of Business: LANDSCAPING SERVICES

Endorsements Attached to this Policy: **SEE SCHEDULE OF FORMS AND ENDORSEMENTS**

ITEM TWO

Schedule Of Coverages And Covered Autos

This policy provides only those coverages where a premium and a symbol are shown, in the below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos column and a charge is shown in the premium column next to the name of the coverage below.

Coverages	Covered Autos	Limits and/or Deductibles	Vehicle 1	Vehicle 2
Covered Auto Liability	7	50k/100k/25k	\$1,610	\$126
Personal Injury Protection (Or Equivalent No-fault Coverage)	7	Separately Stated In Each Personal Injury Protection Endorsement Minus "SEE ENDORSEMENT" Deductible	\$191	\$3
Added Personal Injury Protection (Or Equivalent Added No-fault Coverage)				
Auto Medical Payments		NOT INCLUDED	NOT INCLUDED	NOT INCLUDED
Uninsured Motorists	7	50k/100k	\$217	\$27
Underinsured Motorists (When Not Included In Uninsured Motorists)	7	INCLUDED	INCLUDED	INCLUDED
Physical Damage Comprehensive Coverage	7	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning**	\$215 Deductible \$1,000	\$60 Deductible \$500



000401930004287209030010895



CITY OF PORT SAINT LUCIE BUSINESS TAX RECEIPT

PLEASE POST IN CONSPICUOUS PLACE OR KEEP ON PERSON

Term : 10/01/2023 — 09/30/2024

2023 - 2024

Business Address: 4433 SW XAVIER ST

BTR#: 136661

Date Made: 07/19/2023

Business Name: ST LUCIE LANDCARE INC

Mailing Address: 4433 SW XAVIER ST

PORT ST LUCIE, FL 34953

A handwritten signature in black ink that reads "Joanne Grayson".

Business Tax Authority

Category:	Category 2	LAWN SERVICE / LANDSCAPING	\$66.25
Additional Data:			

Total Tax Paid: \$66.25

THIS IS A RECEIPT FOR TAX PAID AND IS NOT REGULATORY IN NATURE

This receipt does not warrant that the receipt holder is competent to perform in the business, but that the holder has paid the required tax and provided the necessary documentation (if required) for this business. Valid only when all state and local regulated trade licenses/competency cards are valid for the current fiscal year as required by law.

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

REGISTRATION# G21000039613

Fictitious Name to be Registered: SUNCREST LANDSCAPE SERVICES

Mailing Address of Business: 4433 SW XAVIER ST
PORT SAINT LUCIE, FL 34953

Florida County of Principal Place of Business: MULTIPLE

FEI Number: 47-2589539

FILED
Mar 22, 2021
Secretary of State

Owner(s) of Fictitious Name:

ST LUCIE LANDCARE, INC
4433 SW XAVIER ST
PORT SAINT LUCIE, FL 34953
Florida Document Number: P18000047470
FEI Number: 47-2589539

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

JAMES LYNN CLARK

03/22/2021

Electronic Signature(s)

Date

Certificate of Status Requested (X)

Certified Copy Requested (X)



GV21926-1

Certificate #
GV21926

Trainee ID #



Certificate of Training Best Management Practices Florida Green Industries

The undersigned hereby acknowledges that

Bryan C. Clark

has successfully met all requirements necessary to be fully trained through the Green Industries Best Management Practices Program developed by the Florida Department of Environmental Protection with the University of Florida Institute of Food and Agricultural Sciences.

Issuer

L. Sanagorski

Instructor

4/11/2013

Date of Class

DEP Program Administrator

Not valid without seal



GV21925-1

Certificate #
GV21925

Trainee ID #



Certificate of Training Best Management Practices Florida Green Industries

The undersigned hereby acknowledges that

Brandon M. Clark

has successfully met all requirements necessary to be fully trained through the Green Industries Best Management Practices Program developed by the Florida Department of Environmental Protection with the University of Florida Institute of Food and Agricultural Sciences.

Issuer

L. Sanagorski

Instructor

4/11/2013

Date of Class

DEP Program Administrator

Not valid without seal