City of Port St. Lucie
Procurement Management Division
India Barr-Procurement Contracting Officer, II
121 SW Port St. Lucie Blvd,, Port St. Lucie, FL 34984

[ATL FAMILY LOGISTICS] RESPONSE DOCUMENT REPORT

IFB No. 20250229

Furniture Moving Services - Facilities Maintenance

RESPONSE DEADLINE: October 27, 2025 at 3:00 pm

Report Generated: Monday, October 27, 2025

ATL Family Logistics Response

CONTACT INFORMATION

Company:
ATL Family Logistics

Email:
team@atlfamilylogistic.com

Contact:
Taglionie Valeus

Address:
1442 Halifax St
Petersburg, FL 23803

Phone:
N/A

Website:
https://atlfamilylogistic.com/

Submission Date:
Oct 27, 2025 2:52 PM (Eastern Time)

ADDENDA CONFIRMATION

No addenda issued

QUESTIONNAIRE

1. Mandatory Forms

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

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

Please download the below documents, complete, and upload.

- PSL-Contractor's_General_In...

ATL_-_PSL-Contractor's_General_Information_Worksheet.pdf
Proposal_-_Furniture_Moving_Services-Facilities_Maintenance_-_ATL_Family_Logistic_FINAL.pdf

E-VERIFY FORM *
Please download the below documents, complete, and upload.

- E-Verify_Form.pdf

ATL_-_EVerify_Form.jpeg

NON-COLLUSION AFFIDAVIT *
Please download the below documents, complete, and upload.

- Non-Collusion_Affidavit-fil...

ATL_-_Non-Collusion_Affidavit.pdf

SUPPLIER LOCATION CERTIFICATION
Please download the below documents, complete, and upload.

- Supplier_Location_Certifica...

ATL_-_Supplier_Location_Certification.jpeg

COPY OF W-9*
ATL_W9-2.pdf

COPY OF CERTIFICATE OF INSURANCE *
ATL_-_Insurance_Compliance_Statement.pdf

COPY OF LICENSES OR CERTIFICATIONS*
ATL_-_Business_Licenses.pdf

COPY OF BID BOND *
ATL_-_Money_Order.jpeg

2. Electronic Confirmation

CONE OF SILENCE AND COMMUNICATION DOCUMENT*
To ensure fair consideration is given for all Proposers, it must be clearly understood that upon release of the proposal and during the proposal process, firms and their employees of related companies as well as paid or unpaid personnel acting on their behalf shall not contact or participate in any type of contact with City employees, department heads or elected officials, up to and including the Mayor and City Council. The “Cone of Silence” is in effect for this solicitation from the date the solicitation is advertised on the OpenGov Portal,

until the time an award decision has been approved by City Council and fully executed by all parties. Information about the Cone of Silence can be found under the City Code of Ordinances, Section 35.13. Contact with anyone other than the Issuing Officer may result in the vendor being disqualified. All contact must be coordinated through the Issuing Officer, for the procurement of these services.

Confirmed

CONTRACTOR'S CODE OF ETHICS*

The City of Port St Lucie ("City), through its Procurement Management Division ("Procurement Management Division") is committed to a procurement process that fosters fair and open competition, is conducted under the highest ethical standards and enjoys the complete confidence of the public. To achieve these purposes, Procurement Management Division requires each vendor who seeks to do business with the City to subscribe to this Contractor's Code of Ethics.

- A Contractor's bid or proposal will be competitive, consistent and appropriate to the bid documents.
- A Contractor will not discuss or consult with other Vendors intending to bid on the same Contract or similar City Contract for the purpose of limiting competition. A Vendor will not make any attempt to induce any individual or entity to submit or not submit a bid or proposal.
- Contractor will not disclose the terms of its bids or proposal, directly or indirectly, to any other competing Vendor prior to the bid or proposal closing date.
- Contractor will completely perform any Contract awarded to it at the contracted price pursuant to the terms set forth in the Contract.
- Contractor will submit timely, accurate and appropriate invoices for goods and/or services actually performed under the Contract.
- Contractor will not offer or give any gift, item or service of value, directly or indirectly, to a City employee, City official, employee family member or other vendor contracted by the City.
- Contractor will not cause, influence or attempt to cause or influence, any City employee or City Official, which might tend to impair his/her objectivity or independence of judgment; or to use, or attempt to use, his/her official position to secure any unwarranted privileges or advantages for that Vendor or for any other person.

♦ Contractor will disclose to the City any direct or indirect personal interests a City employee or City official holds as it relates to a Vendor contracted by the City.

♦ Contractor must comply with all applicable laws, codes or regulations of the countries, states and localities in which they operate. This includes, but is not limited to, laws and regulations relating to environmental, occupational health and safety, and labor practices. In addition, Contractor must require their suppliers (including temporary labor agencies) to do the same. Contractor must conform their practices to any published standards for their industry. Compliance with laws, regulations and practices include, but are not limited to, the following:

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

o Providing workers with a safe working environment, which includes identifying and evaluating workplace risks and establishing processes for which employee can report health and safety incidents, as well as providing adequate safety training.

o Providing workers with an environment free of discrimination, harassment and abuse, which includes establishing a written antidiscrimination and anti-bullying/harassment policy, as well as clearly noticed policies pertaining to forced labor, child labor, wage and hours, and freedom of association.

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

Confirmed

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

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.

2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.

3. Give each employee engaged in providing the commodities or contractual services that are under proposal a copy of the statement specified in subsection (1).

4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 Florida Statutes or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.

5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.

6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

Confirmed

AFFIDAVIT OF NONGOVERNMENT ENTITY ANTI-HUMAN TRAFFICKING LAWS*
In accordance with section 787.06(13), Florida Statutes, the representative of the nongovernmental entity bidder (“Entity”), attests under penalty of perjury that the Entity does not use coercion for labor or services as defined in section 787.06.

Confirmed

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

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

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

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

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

Confirmed

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

PRICE TABLES

SCHEDULE A - COST WORKSHEET

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
1	Labor (Hourly Rate)	1	Hourly	$599.00	$599.00
2	Project Manager / Supervisor	1	Hourly	$100.00	$100.00
3	Transportation Fees - Mileage Rate (For Transportation of Items)	1	Mile	$3.50	$3.50
Material Sales or Material Rental					
4	3.0 Cubic Foot Auto-Bottom Box	1	Per Box	$4.00	$4.00
5	Plastic Tape	1	Per Roll	$18.75	$18.75
6	Shrink Wrap/Stretch Wrap 20'x100' Roll	1	Per Roll	$350.00	$350.00
7	Bubble Wrap (24'x250' Roll - Small bubbles)	1	Per Roll	$120.60	$120.60
8	3.0 Cubic Foot Plastic Bin	1	Weekly Rental	$50.00	$50.00
9	Plastic Bin Wheels/Dollies	1	Weekly Rental	$200.00	$200.00
Other Fees					
10	Disposal Fee	1	Per Ton	$100.00	$100.00
11	Dumpster Rental	1	Per 40 Cubic Yard Bin	$750.00	$750.00
Storage Fees					
12	Truck Overnight Hold	1	12 Hour Max	$200.00	$200.00

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
13	Vault (7'x6'x5')	1	Per Month	$250.00	$250.00
14	Pallet Position, Standard (48"Wx48"dx54"h)	1	Per Month	$50.00	$50.00
TOTAL					**$2,795.85**

CONTRACTOR'S GENERAL INFORMATION WORK SHEET

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

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

Name: ATL FAMILY LOGISTIC LLC

Address: 530 NW 42ND POMPANO BEACH FL 33064

Telephone Number: 954-708-3815

Fax Number:

3. Contact person: TAGLIONIE VALEUS Email: TEAM@ATLFAMILYLOGISTIC.COM

4. Firm's previous names (if any). _____

5. How many years has your organization been in business? 4 YEARS

6. Is the firm claiming Local Preference under City Ordinance 35.12? YES / NO

7. List the license(s) that qualifies your firm to construct this project: _____

BUSINESS LICENCE TO PROVIDE MOVING SERVICES, FREIGHT

8. List five (5) similar to this project completed by your firm in the last 5 years along with a brief description of project, location of project, client name, client phone number, email, value of contract, your firm's percentage of the total contract value, as well as the number of change orders and the total change order value. **DO NOT USE the City of Port St Lucie as a reference**.

Project Number 1

Project Name: ALOFT FT.LAUDERDALE

Description: MOVING-HOTEL FF&E

Location: FT.LAUDERDALE

Client Name, Phone Number & Email: ADAM 917-400-6737 adam@dsgdevelopment.com

Value of Total Contract: 300k

Date of Completion: OCTOBER 2023

Firm's Percentage of Total Contract: 100%

Number of Change Orders: 4

Value of Change Orders: 35,000.00

Was Project Completed on Schedule: YES

Was Project Completed within Budget? YES

Project Number 2

Project Name: VERDEX CONSTRUCTION

Description: MOVING& INSTALLATION OF VANITIES, SHOWER PANELS, DOORS,MIRRORS...

Location: FT LAUDERDALE

Client Name, Phone Number & Email: MARC 561-660-2312 MARC.BAROUDI@VERDEX.COM

Value of Total Contract: 110K

Date of Completion: OCTOBER 2023

Firm's Percentage of Total Contract: 100%

Number of Change Orders: 4

Value of Change Orders: 30K

Was Project Completed on Schedule: YES

Was Project Completed within Budget? YES

Project Number 3

Project Name: HOME RENOVATIONS

Description: DELIVERY &MOVING APPLIANCES

Location: POMPANO BEACH

Client Name, Phone Number & Email: COURIER EXPRESS

Value of Total Contract: $30K

Date of Completion: AUGUST 2023

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

Project Number 4

Project Name: CANOPY BY HILTON

Description: HOTEL FF&E PROJECT

Location: WEST PALM FL

Client Name, Phone Number & Email:

Value of Total Contract: 40K

Date of Completion: DECEMBER 2020

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

Project Number 5

Project Name: FLEX MOVING

Description: MOVING FURNITURE

Location: POMPANO BEACH

Client Name, Phone Number & Email: Graham 470-469-2176

Value of Total Contract: 30K

Date of Completion: DECEMBER 2024

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

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

TAGLIONE VALEUS. PROJECT MANAGER/SUPERVISOR /BUSINESS MANAGEMENT Degree
REDJY PIERRE / AGENT SUPPORT
BRIAN HOROWITZ / AGENT SUPPORT
JAIME LOPEZ /MOVERS
SERGIO LOPEZ/ MOVERS
JESSIE GREGG/ MOVERS
JUAN DELGADO /MOVERS
GUSTAVO MARTINEZ/ MOVERS

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

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

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

Yes ( ) No (x)

If yes, please explain:

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

There have been no pending or completed lawsuits involving ATL Family Logistic LLC or any principal with over 10% interest in the past five (5) years.

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

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

There have been no judgments from lawsuits involving ATL Family Logistic LLC in the past five (5) years.

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

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

Neither ATL Family Logistic LLC nor any of its principals have had any criminal violations or convictions.

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

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

GOOD GREEK TOTAL RELOCATION SERVICES

BRIAN HOROWITZ / 561-683- 1313

16. Does your company accept Visa (Purchasing Card) payment method **YES** **or NO**
If yes, is there a surcharge and how much is the surcharge.

17. Does your company accept ACH payment method. **YES** **OR NO**

TAGLIONIE VALEUS - TAGG

Signature

OWNER

Title

INVITATION FOR BID

October 27, 2025

20250229

FURNITURE MOVING SERVICES - FACILITIES MAINTENANCE

Presented To

PORT ST. LUCIE
HEART OF THE TREASURE COAST

THE CITY OF PORT ST. LUCIE

Presented By

ATL FAMILY LOGISTIC LLC
530 NW 42nd Ct,
Pompano Beach, FL 33064

POC: Taglionie Valeus
Team@atlfamilylogistic.com
+1 954 708 3815

UEI NUMBER: LC6QPKGMK1P3
CAGE CODE: 0SPQ8

October 27, 2025

India Barr
Procurement Contracting Officer II
City of Port St. Lucie
121 S.W. Port St. Lucie Blvd.
Port St. Lucie, FL 34984

Subject: Response to IFB #20250229 – Furniture Moving Services – Facilities Maintenance

Dear Ms. Barr,

On behalf of ATL Family Logistic LLC, I am pleased to submit our proposal in response to the City of Port St. Lucie's Invitation for Bid (IFB) #20250229 for Furniture Moving Services – Facilities Maintenance.

ATL Family Logistic LLC is a woman-owned, minority-certified small business with an expanding reputation for delivering high-quality, dependable moving and logistics services across municipal, institutional, and commercial environments. With several years of experience in complex relocations and time-sensitive delivery operations, our team is equipped with the personnel, equipment, and operational systems necessary to support the City's facility moving needs efficiently and professionally.

We understand and accept the requirements outlined in the IFB and are prepared to comply with all specifications related to scope of work, insurance, licensing, supervision, equipment standards, and responsive scheduling. Our proposal reflects a complete and responsive bid submission, inclusive of all required documentation and cost tables.

We are excited about the opportunity to support the City of Port St. Lucie in achieving its operational and maintenance goals. Please do not hesitate to contact us should additional information be required.

Thank you for your consideration.

Sincerely,

Taglionie Valeus

Taglionie Valeus
Owner / Operations Director
ATL Family Logistic LLC
Phone: (954) 708-3815
Email: team@atlfamilylogistic.com
Address: 530 NW 42nd Ct, Pompano Beach, FL 33064

Table of Contents

I. Executive Summary

ATL Family Logistic LLC is pleased to submit this proposal in response to the City of Port St. Lucie's Invitation for Bid (IFB) #20250229 for Furniture Moving Services – Facilities Maintenance. With a growing footprint in commercial and government logistics, ATL Family Logistic LLC brings a proven record of excellence in relocation, equipment handling, and facility support services.

Our team possesses the operational depth and scalability to deliver end-to-end moving solutions that align with the City's standards. We offer professionally trained crews, modern box trucks equipped with lift gates, and an array of non-marring moving equipment to ensure safe, efficient, and damage-free relocation services across City facilities. Through a strong combination of operational discipline and advanced logistical planning, we ensure each move is conducted with precision, transparency, and minimal disruption.

Leveraging expanded capacity, additional fleet resources, and enhanced relocation expertise, our company is uniquely positioned to support the City on both routine and high-volume projects. We handle every step of the move process—from pre-move walkthroughs and furniture disassembly/reassembly to packing, transport, storage, and eco-conscious disposal. Every engagement is supported by uniformed personnel, supervisory oversight, and dedicated project management, ensuring compliance with OSHA guidelines, City scheduling, and the specific needs of each department we serve.

ATL Family Logistic LLC is fully insured, licensed, and committed to exceeding expectations through accountable service, responsive communication, and an unwavering focus on quality. We appreciate the opportunity to support the City of Port St. Lucie and are confident in our ability to deliver reliable, on-demand furniture moving services tailored to meet the City's facility maintenance objectives.

II. Understanding of the Scope of Work

ATL Family Logistic LLC fully understands the City of Port St. Lucie's requirement for a responsive, reliable, and safety-driven provider of furniture moving services to support its Facilities Maintenance operations. The scope outlined in Section 2 of IFB #20250229 calls for a contractor capable of performing a wide range of moving-related services on an as-needed basis across various City departments and locations.

We recognize that the City requires a moving partner that can effectively execute:

- Building-to-building and office-to-office relocations, including transporting furniture and equipment via enclosed trucks.
- Internal moves within the same facility, including disassembly and reassembly of furniture and equipment.
- Delivery to surplus, disposal, or recycling sites, maintaining chain-of-custody protocols.
- Short-term storage solutions for office items, furniture, and boxed materials.
- Provision of moving supplies, including cardboard and plastic bins, shrink wrap, and protective materials, available for purchase or rental.
- Packing and unpacking support for non-personal items, ensuring safe handling and protection of City assets during the move process.

In addition, we are prepared to meet the City's requirements for:

- Use of non-marring equipment, padded wall covers, and flooring protection to prevent damage to City facilities.
- Licensed and insured operators with valid driver's licenses, operating well-maintained, enclosed trucks with lift gates and ramps.
- Uniformed, trained, and supervised personnel with experience in large-scale and sensitive moves.
- Proper disposal and recycling of materials post-move, including removal and breakdown of packing materials at no additional cost.
- Safety compliance, including adherence to OSHA standards and any additional site-specific security protocols or background checks.

ATL Family Logistic LLC is equipped with the resources, personnel, and operational discipline necessary to fulfill these tasks with care, precision, and professionalism. With access to an expanded fleet, scalable labor resources, and a track record of managing complex moves, we are fully capable of supporting the City's needs across regular and high-volume moving schedules. Our crews are experienced in pre-planning, logistics coordination, and onsite execution, ensuring each move is completed efficiently and with minimal disruption to City operations.

III. Technical Approach

ATL Family Logistic LLC approaches each relocation project with a strategic and disciplined methodology focused on minimizing disruption, ensuring asset protection, and maintaining clear communication with City personnel. Our comprehensive technical approach encompasses pre-move planning, precise execution, and strict adherence to safety and regulatory compliance.

A. Pre-Move Planning

Our process begins with a detailed **site walkthrough**, conducted with the designated City department representative. This allows our team to assess access points, identify special handling requirements, review potential safety risks, and finalize logistics for loading/unloading zones and staging areas.

During this phase, we:

- Develop a move schedule tailored to the City's operational needs.
- Confirm scope of services including storage, packing materials, and disposal.
- Identify furniture or equipment that requires disassembly and reassembly.
- Assign a project supervisor and document specific departmental instructions.

B. Execution of Moves

ATL Family Logistic LLC executes all moves with efficiency, professionalism, and care. Our crews follow a standardized protocol that ensures both the safety of City assets and adherence to timelines.

Key execution steps include:

- **Furniture Disassembly and Reassembly**: Items are carefully disassembled as needed using the proper tools and methods to avoid damage. Upon arrival, components are reassembled and placed per instructions.
- **Secure Transport**: All items are wrapped using shrink wrap, blankets, or bubble wrap, and loaded into enclosed box trucks with lift gates and tie-down equipment. Non-marring dollies and carts are used to protect facility surfaces.
- **Chain of Custody**: Inventory is tracked during transit, with sign-off forms used at both pick-up and delivery sites to document item movement.
- **Weather Mitigation**: In case of inclement weather, we utilize tarps, plastic sheeting, and covered carts to protect assets. Crews are equipped to adjust schedules and reroute as needed for safety.

C. Safety and Compliance

Our operations are fully compliant with OSHA regulations and City safety standards. We maintain a proactive culture of safety across all phases of service.

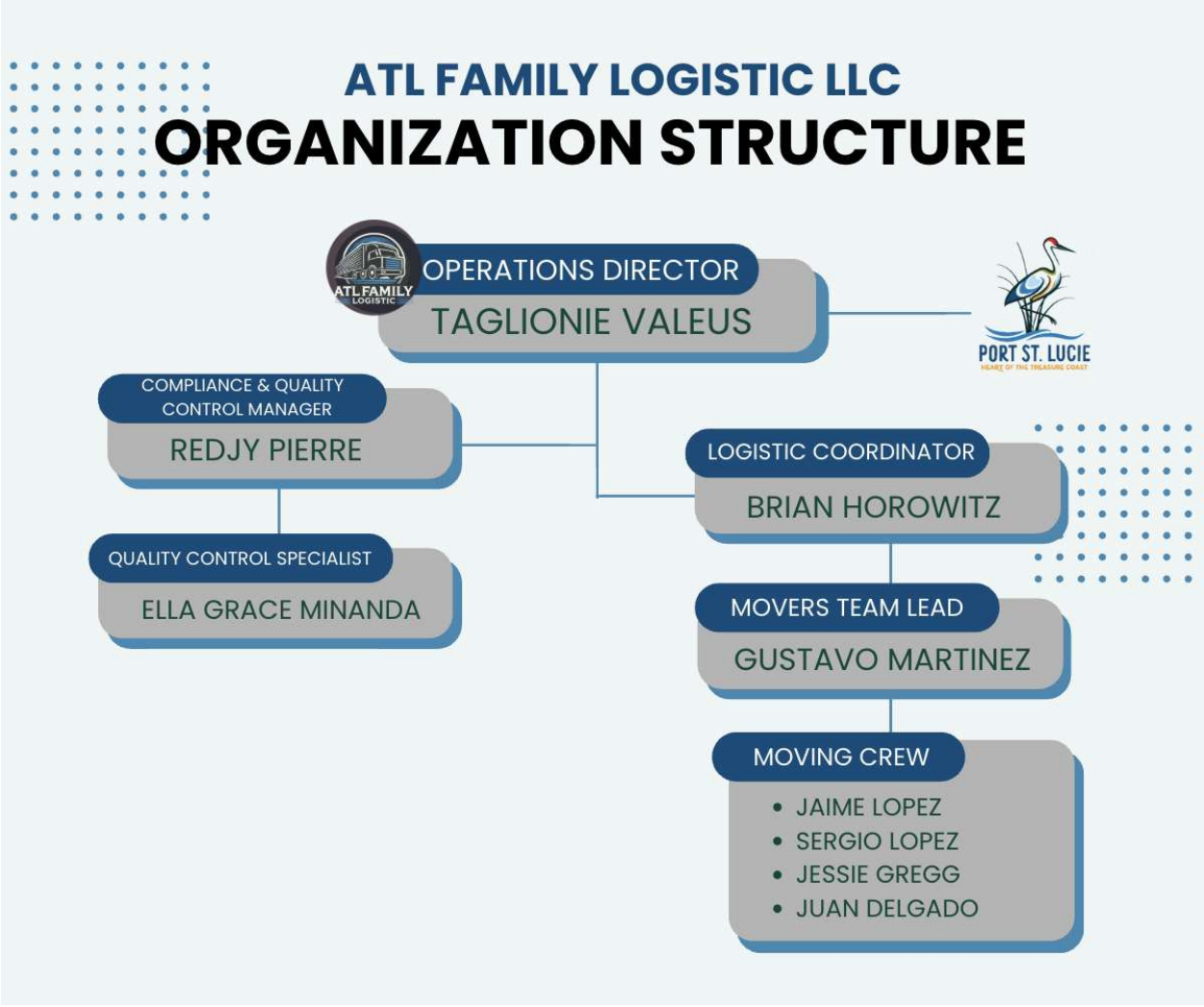
- All personnel are uniformed, carry photo ID badges, and are trained in proper lifting, handling, and hazard awareness protocols.
- A designated on-site supervisor oversees each project with authority to address any emerging issues and ensure quality standards are met.
- Equipment and Vehicles are regularly inspected and maintained. Trucks are fully enclosed, insured, and equipped with ramps, lift gates, and safety restraints.

ATL Family Logistic LLC ensures each move is executed with minimal disruption, full accountability, and consistent quality, providing the City of Port St. Lucie with a trusted moving partner for its facilities maintenance needs.

IV. Personnel and Staffing

ATL Family Logistic LLC brings together a team of trained, uniformed, and experienced professionals to deliver high-quality furniture moving services for the City of Port St. Lucie. We have designed our staffing plan to ensure reliability, accountability, and efficient execution on every project, backed by an operational structure capable of scaling to meet the City's needs.

A. Organizational Chart for Project Execution



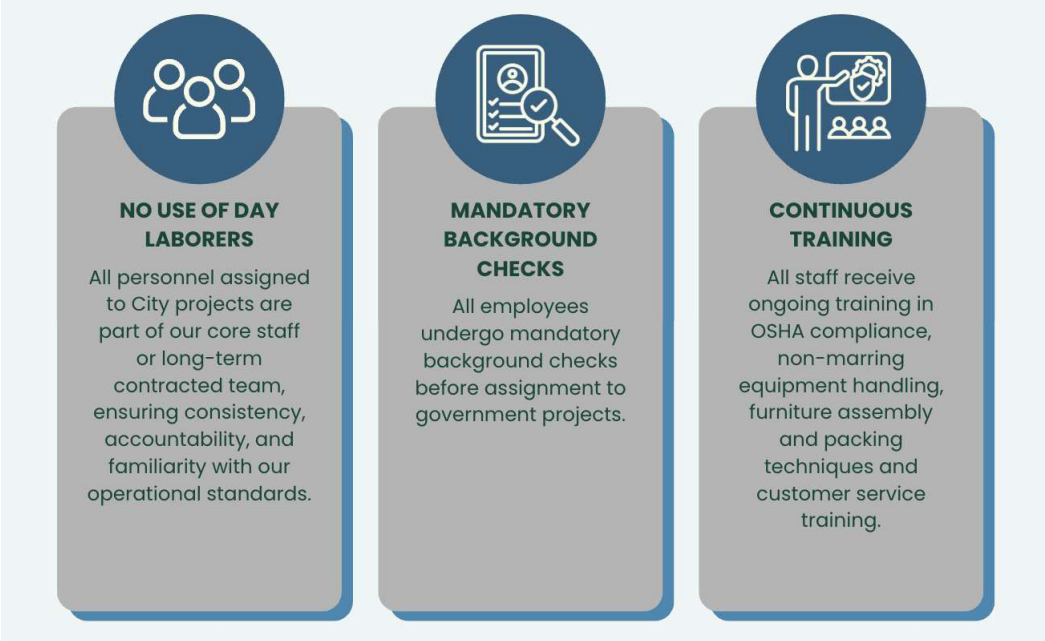
- **Operations Director -** Oversees the entire contract, ensuring strategic direction, client satisfaction, and operational success. She will act as the executive liaison with the City, ensure contract compliance, and approve resource allocation.

- **Compliance and Quality Control Manager** - Ensures all services meet City specifications, safety standards, and contractual obligations. He is critical for risk mitigation, performance audits, and maintaining quality across all job sites.
- **Quality Control Specialist** - Conducts inspections before, during, and after each move; documents conditions; verifies service quality. She serves as the eyes on the ground to ensure flawless execution and adherence to service standards.
- **Logistic Coordinator** - Plans and schedules all moves, manages fleet deployment, and allocates equipment and labor resources. He ensures efficiency, timeliness, and cost control while avoiding scheduling conflicts.
- **Team Lead** - Supervises the moving crew on-site, executes the move plan, communicates with project supervisor. He is key for team coordination, safety enforcement, and ensuring smooth field operations.
- **Moving Crew** - Performs the physical relocation tasks—packing, loading, transporting, unloading, and assembling furniture. They are the backbone of the operation; trained professionals responsible for protecting City assets during every move.

Our structured team approach ensures that each move is executed with precision, professionalism, and accountability. With clearly defined roles and experienced personnel in place, we are fully equipped to meet the City's operational demands while maintaining the highest standards of safety and service quality.

B. Hiring and Training Standards

ATL Family Logistic LLC is committed to maintaining a reliable and qualified workforce. Our policies include:



- **No use of day laborers** – All personnel are part of our core or long-term contracted team.
- **Mandatory background checks** for all employees before assignment to government projects.
- **Ongoing training** in:
    - OSHA compliance and safety practices
    - Non-marring equipment handling
    - Furniture system assembly and packing techniques
    - Customer service and professional conduct

Our staffing model ensures that each move is conducted by a team familiar with industry standards, safety protocols, and City requirements. Every project is led by a qualified supervisor with full authority to manage day-to-day tasks, communicate with City representatives, and enforce quality and safety controls.

V. Equipment and Resources

ATL Family Logistic LLC maintains a reliable fleet and a full inventory of professional-grade moving equipment to support safe and efficient relocations for the City of Port St. Lucie. Our resources are carefully selected and regularly maintained to meet the demands of government facility moves.

A. Fleet and Equipment Inventory

- Box Trucks: Multiple 24- and 26-foot enclosed trucks equipped with lift gates, non-slip ramps, and cargo securing systems
- Dollies and Carts: Heavy-duty 4-wheel dollies, appliance dollies, panel carts, and library carts
- Protective Materials: Furniture blankets, shrink wrap, plastic wrap, mattress covers, and padded wall/floor protectors
- Packing Supplies: Cardboard boxes, plastic totes, bubble wrap, and tape dispensers

B. Maintenance and Condition

Our fleet and equipment undergo routine preventive maintenance and inspections:

- Trucks are serviced per manufacturer guidelines and receive pre-trip and post-trip inspections before each move.
- Equipment such as dollies and lift gates are regularly checked for wear, safety, and performance.

- Protective materials are replaced routinely to ensure cleanliness and effectiveness.

C. Scalability and Surge Support

To support larger moves or overlapping service needs, ATL Family Logistic LLC has access to additional fleet vehicles and trained labor through our pre-established partnership with a trusted industry provider - **Good Greek Moving and Storage Services**. This expanded capacity ensures we can scale quickly while maintaining control, quality, and compliance. All supplemental resources operate under ATL's direct supervision and are held to the same standards of safety, professionalism, and operational discipline.

D. Non-Marring and Facility-Safe Practices

All moving equipment is selected for **non-marring functionality** to protect City floors, walls, and fixtures. Our vehicles are lift-equipped to minimize manual lifting and reduce damage risk. During moves, our teams use floor runners, corner guards, and door jamb protectors to ensure full protection of City property.

ATL Family Logistic LLC is fully equipped and prepared to support a wide range of moving tasks with the tools, materials, and vehicles necessary for safe, efficient, and professional execution.

VI. Quality Assurance and Damage Control

ATL Family Logistic LLC maintains a strong quality assurance process designed to protect City assets, ensure accountability, and deliver consistent service excellence on every move.

A. Pre- and Post-Move Documentation

Before each move, our team conducts a detailed walkthrough with the designated City representative to assess and **document the condition** of all items and areas involved. We use digital checklists and photo documentation to record the state of furniture, equipment, and surrounding facility features (walls, floors, doors). Upon completion, a post-move inspection is conducted to confirm that all assets were delivered intact and that no damage occurred during transport or handling.

B. Damage Claims Process

In the rare event of damage, we initiate a **claims response protocol** that includes:

- Immediate documentation of the incident
- Notification to the City's project contact
- Completion of a written incident report with supporting photos
- Internal review by our quality control team
- Coordination with City representatives to resolve or compensate for the issue promptly

Our goal is to resolve all claims efficiently, transparently, and to the City's satisfaction.

C. Continuous Improvement and Customer Satisfaction

We track performance and feedback from every project to improve our operations. After-action reviews are conducted to identify strengths and any areas for improvement. Customer satisfaction surveys or verbal feedback are used to evaluate team performance, with lessons integrated into future training and process refinement.

ATL Family Logistic LLC is committed to delivering every project with minimal disruption and maximum care, ensuring a positive and professional experience for all City departments we serve.

ATL Family Logistic LLC appreciates the opportunity to present this proposal in response to IFB #20250229. With our experienced team, dependable resources, and a proven commitment to quality, safety, and responsiveness, we are confident in our ability to deliver exceptional furniture moving services that meet the operational needs of the City of Port St. Lucie. We look forward to the possibility of supporting the City's facilities with professionalism, accountability, and a results-driven approach.

Supplier/Consultant acknowledges and a

1. Shall utilize the U.S. Department of Homel
employees hired by the Supplier/Consultar
2. Shall expressly require any subcontractors
utilize the U.S. Department of Homeland S
hired by the subcontractor during the contr
3. The Contractor hereby represents that it is
Statutes. The Contractor further represen
448.095 Florida Statutes, during the term
4. The Contractor hereby warrants that it has
Florida Statutes, within the year preceding

PORT ST. LUCIE
HEART OF THE TREASURE COAST

NON-COLLUSION AFFIDAVIT

State of FLORIDA }

County of Broward }

Taglonie Vales, being first duly sworn, disposes and says that:
(Name/s)

1. They are Owner of ATL Family Logistic 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.

PORT ST. LUCIE
HEART OF THE TREASURE COAST

(Signed) _____

(Title) Owner

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

The foregoing instrument was acknowledged before me this *(Date)* October 23, 2025

by: _____ who is personally known to me or who has produced

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

Commission No. HH571777

Notary Print: DACKMAR Eugene

Notary Signature: DACKMAR Eugene

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and beli

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

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

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

ATL FAMILY LOGISTIC

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☑ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . S

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

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

530 NW 42ND CT

6 City, state, and ZIP code

POMPANO BEACH FL 33064

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

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

Social security number

			–		–				

or

Employer identification number

8	7	–	4	1	7	0	8	5	2

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** TAGLIONIE VALEUS **Date** 10/23/2025

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

must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

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

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

Caution: If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);

2. Certify that you are not subject to backup withholding; or

3. Claim exemption from backup withholding if you are a U.S. exempt payee; and

4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and

5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding. Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester;

2. You do not certify your TIN when required (see the instructions for Part II for details);

3. The IRS tells the requester that you furnished an incorrect TIN;

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or

5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under "*By signing the filled-out form*" above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

• **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note for ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

• **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or "doing business as" (DBA) name on line 2.

• **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

• **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.

• **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner's name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

IF the entity/individual on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation.
• Individual or • Sole proprietorship	Individual/sole proprietor.
• LLC classified as a partnership for U.S. federal tax purposes or • LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	Limited liability company and enter the appropriate tax classification: P = Partnership, C = C corporation, or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

Note: A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

• Generally, individuals (including sole proprietors) are not exempt from backup withholding.

• Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.

• Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.

• Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space on line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).

2—The United States or any of its agencies or instrumentalities.

3—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities.

5—A corporation.

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory.

7—A futures commission merchant registered with the Commodity Futures Trading Commission.

8—A real estate investment trust.

9—An entity registered at all times during the tax year under the Investment Company Act of 1940.

10—A common trust fund operated by a bank under section 584(a).

11—A financial institution as defined under section 581.

12—A middleman known in the investment community as a nominee or custodian.

13—A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
• Interest and dividend payments	All exempt payees except for 7.
• Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
• Barter exchange transactions and patronage dividends	Exempt payees 1 through 4.
• Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5.[2]
• Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

[1] See Form 1099-MISC, Miscellaneous Information, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).

B—The United States or any of its agencies or instrumentalities.

C—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.

G—A real estate investment trust.

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.

I—A common trust fund as defined in section 584(a).

J—A bank as defined in section 581.

K—A broker.

L—A trust exempt from tax under section 664 or described in section 4947(a)(1).

M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have, and are not eligible to get, an SSN, your TIN is your IRS ITIN. Enter it in the entry space for the Social security number. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.SSA.gov*. You may also get this form by calling 800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/EIN*. Go to *www.irs.gov/Forms* to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to *www.irs.gov/OrderForms* to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account[1]
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor[2]
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee[1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner[1]
6. Sole proprietorship or disregarded entity owned by an individual	The owner[3]
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The grantor*
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity[4]
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

* **Note:** The grantor must also provide a Form W-9 to the trustee of the trust.

** For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information, such as your name, SSN, or other identifying information, without your permission to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax return preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity, or a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 877-777-4778 or TTY/TDD 800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at *spam@uce.gov* or report them at *www.ftc.gov/complaint*. You can contact the FTC at *www.ftc.gov/idtheft* or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see *www.IdentityTheft.gov* and Pub. 5027.

Go to *www.irs.gov/IdentityTheft* to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.

Insurance Compliance Statement

I, Taglionie Valeus, being duly sworn, depose and say:

I am the Owner of ATL Family Logistic LLC, located at 530 NW 42nd Ct, Pompano Beach, FL 33064 USA. I am authorized to make this affidavit on behalf of ATL Family Logistic LLC.

I acknowledge that, as per the requirements outlined in the Insurance section of the City of Port St. Lucie's Invitation for Bid (IFB) No. 20250229 for Furniture Moving Services – Facilities Maintenance, ATL Family Logistic LLC is required to maintain and provide a Certificate of Insurance (COI) demonstrating compliance with the following coverage:

- **Commercial General Liability Insurance**: Minimum of $1,000,000 per occurrence and $2,000,000 aggregate.
- **Workers' Compensation Insurance and Employer's Liability**: In accordance with Florida law, with minimum limits of $100,000 each accident, $100,000 each disease/employee, and $500,000 disease/aggregate.
- **Business Automobile Liability**: $1,000,000 per accident for owned, non-owned, and hired autos.
- **Inland Marine Insurance**: $1,000,000 Bailee's Coverage for property in the care, custody, or control of ATL Family Logistic LLC.
- **Additional Insured Endorsement**: The City of Port St. Lucie must be named as an additional insured on applicable policies, with coverage listed under Contract #20250229.

I hereby affirm that ATL Family Logistic LLC understands and accepts these insurance requirements and will provide the required Certificate(s) of Insurance promptly **upon award of the contract**.

This affidavit serves as our formal acknowledgment of the City's insurance requirements. We are committed to full compliance and will ensure that all required documentation is submitted in accordance with the IFB.

I understand that failure to provide proof of insurance coverage as required may affect the City's ability to accept or award our bid.

Signed,

Taglionie Valeus
Owner, ATL Family Logistic LLC
Date: October 24, 2025

Electronic Articles of Organization For Florida Limited Liability Company

L21000532984
FILED 8:00 AM
December 20, 2021
Sec. Of State
jsdennis

Article I

The name of the Limited Liability Company is:

ATL FAMILY LOGISTIC LLC

Article II

The street address of the principal office of the Limited Liability Company is:

530 NW 42ND CT
DEERFIELD BEACH, FL. US 33064

The mailing address of the Limited Liability Company is:

530 NW 42ND CT
POMPANO BEACH, FL. US 33064

Article III

The name and Florida street address of the registered agent is:

ALOURDES VALEUS
530 NW 42CT
POMPANO BEACH, FL. 33064

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: ALOURDES VALEUS

L21000532984
FILED 8:00 AM
December 20, 2021
Sec. Of State
jsdennis

Article IV

The name and address of person(s) authorized to manage LLC:

Title: CEO
ALOURDES VALEUS
530 NW 42CT
POMPANO BEACH, FL. 33064 US

Title: CEO
TAGLIONIE VALEUS
530 NW 42ND CT
POMPANO BEACH, FL. 33064 US

Article V

The effective date for this Limited Liability Company shall be:

12/20/2021

Signature of member or an authorized representative

Electronic Signature: ALOURDES VALEUS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. 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, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

2025 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Feb 06, 2025
Secretary of State
7934935166CR

DOCUMENT# L21000532984

Entity Name: ATL FAMILY LOGISTIC LLC

Current Principal Place of Business:

530 NW 42ND CT
DEERFIELD BEACH, FL 33064

Current Mailing Address:

530 NW 42ND CT
POMPANO BEACH, FL 33064 US

FEI Number: 87-4170852

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VALEUS, TAGLIONIE
530 NW 42CT
POMPANO BEACH, FL 33064 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TAGLIONIE VALEUS 02/06/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	VP	Title	CEO
Name	VALEUS, ALOURDES	Name	VALEUS, TAGLIONIE
Address	530 NW 42CT	Address	530 NW 42ND CT
City-State-Zip:	POMPANO BEACH FL 33064	City-State-Zip:	POMPANO BEACH FL 33064

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TAGLIONIE VALEUS CEO 02/06/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date