



PROJECT MANAGEMENT PLAN & PROJECT APPROACH

Felix Associates of Florida, Inc. has been awarded multiple utility contracts over the years. Based on our success with these past projects, we would approach the City of Port St Lucie work in a similar way.

Our approach would start with a site visit by our proposed superintendent, to get a comprehensive understanding of the existing conditions and determine any limiting factors such as staging areas, site access, overhead utilities, surface or ground water, etc.

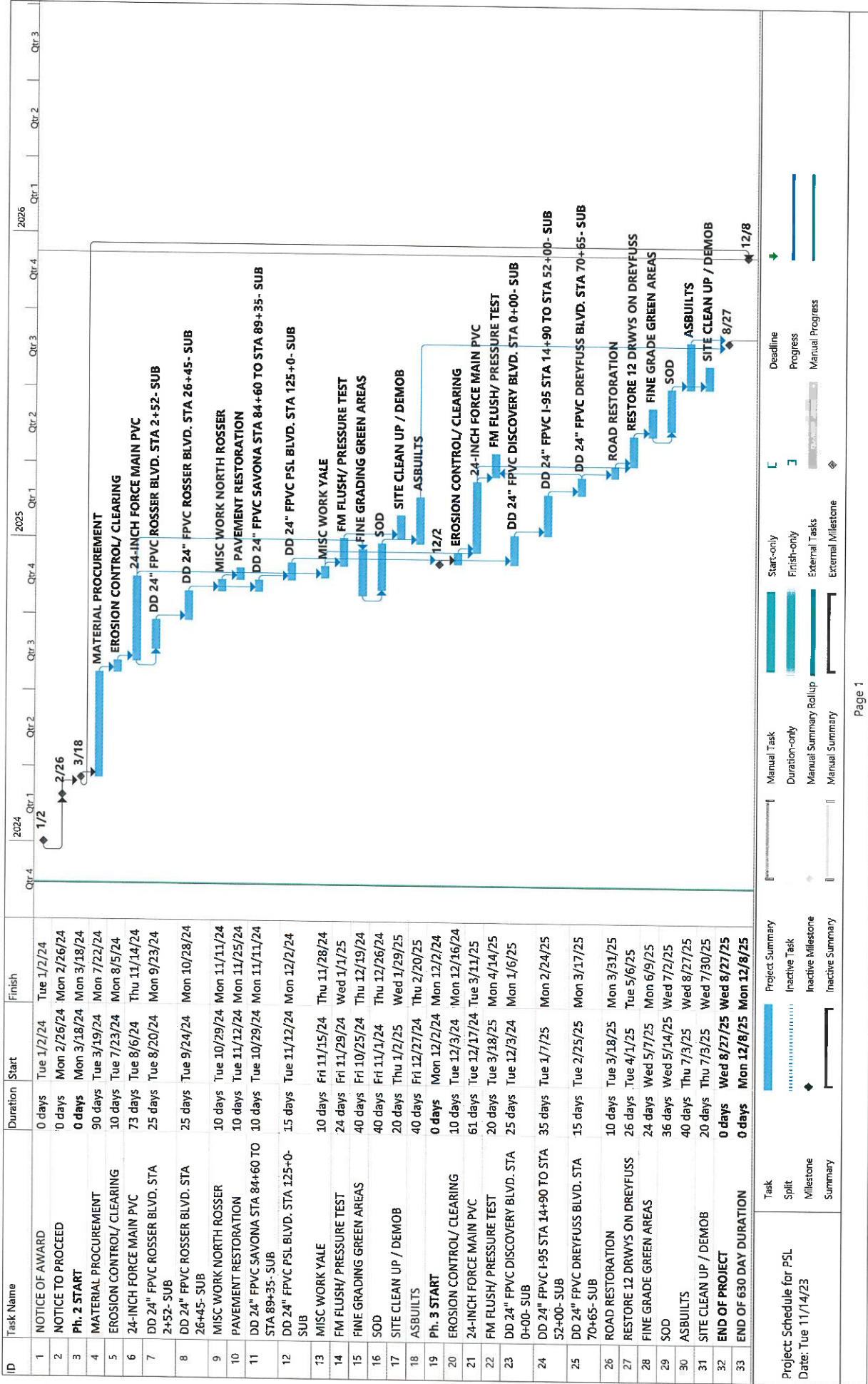
Prior to mobilization, we would utilize our HCSS HeavyJob software for project management. Our foremen complete diaries, timecards and photos and submit them daily via iPads. Information is uploaded to our server and we have immediate access to cost data and field conditions. A screenshot from HeavyJob is attached to illustrate the documentation. HeavyJob would track work performed on time and material, track change orders, track quantities for pay request, and track any unanticipated condition or event. Daily diaries and project photos provide valuable documentation. We will have roughly 5-20 in house and subcontractor personal assigned to this project at any given time to help complete this project within the schedules duration.

Maintenance of traffic is often a critical component of underground utility work in development areas and we take the safety of our crews and the public seriously. We utilize Bob's Barricades for MOT designs and equipment rentals due to their expertise in the field. Job specific designs often involve specialized sequencing to minimize the disruption to the public, both vehicular and pedestrian. Temporary sidewalks and roadways are constructed when conditions permit. In addition to the superintendent, our projects will have a project engineer assigned to them to help coordinate these public relations.

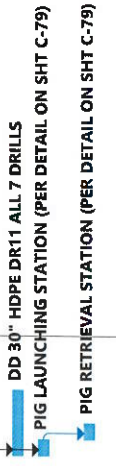
Felix Associates of Florida, Inc. has developed as extensive Safety and Health Plan as a result of working on large projects for organizations such as Florida Power & Light and Reedy Creek Improvements District / Walt Disney World. Our positive safety culture is supported and maintained by all levels of employment. As a result, we have an EMR rating of 0.85. In addition to our own safety program, Felix Associates of Florida, Inc. have the support of our own Construction Safety Manager by visiting project sites and assessing working conditions. This helps to identify safety related issues and risks on project sites. Once risks are identified, he works directly with the project leadership to design solutions to mitigate the exposure to those risks. Also working with the employees to train each member on proper safety procedures.

Our HeavyJob software also assists in the management of our safety plan by documenting toolbox talks, job hazardous analyses, and confine space permits. We put safety first!

Felix Associates of Florida, Inc. Draft Schedule



ID	Task Name	Duration	Start	Finish	2024	2025	2026
34	ALTERNATES IF SELECTED- ADD DAYS TO SCHEDULE	0 days	Wed 8/27/25	Wed 8/27/25	Qtr. 4	Qtr. 1	Qtr. 1
35	DD 30" HDPE DR11- ALL 7 DRILLS	40 days	Thu 8/28/25	Wed 10/22/25	Qtr. 4	Qtr. 1	Qtr. 2
36	PIG LAUNCHING STATION (PER DETAIL ON SHT C-79)	10 days	Thu 8/28/25	Wed 9/10/25	Qtr. 4	Qtr. 1	Qtr. 2
37	PIG RETRIEVAL STATION (PER DETAIL ON SHT C-79)	10 days	Thu 9/11/25	Wed 9/24/25	Qtr. 4	Qtr. 1	Qtr. 2



Task	Manual Task	Project Summary	Task	Manual Task	Start-only	Deadline
Split	Duration-only	Inactive Task	Duration-only	Start-only	Finish-only	Progress
Milestone	Manual Summary Rollup	Inactive Milestone	Manual Summary Rollup	External Tasks	External Milestone	Manual Progress
Summary	Manual Summary	Inactive Summary	Manual Summary	External Milestone	External Milestone	Manual Progress

Project Schedule for PSL
Date: Tue 11/14/23



AIA[®] Document A310[™] – 2010

Bid Bond

CONTRACTOR:

(Name, legal status and address)

Felix Associates of Florida, Inc.
8528 SW Kansas Avenue
Stuart, FL 34997

OWNER:

(Name, legal status and address)

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

BOND AMOUNT: \$ Five Percent of Bid Amount

PROJECT:

(Name, location or address, and Project number, if any)

Construction of 24" Force Main from Westport Wastewater treatment plant to Glades
Booster Pump Station E-Bid: 20230111

SURETY:

(Name, legal status and principal place of business)

Philadelphia Indemnity Insurance Company
One Bala Plaza East, Ste. 100
Bala Cynwyd, PA 19004

ADDITIONS AND DELETIONS:

The author of this document has added information needed for its completion. The author may also have revised the text of the original AIA standard form. An *Additions and Deletions Report* that notes added information as well as revisions to the standard form text is available from the author and should be reviewed. A vertical line in the left margin of this document indicates where the author has added necessary information and where the author has added to or deleted from the original AIA text.

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

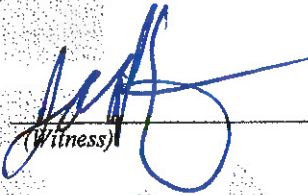
When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

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User Notes:

(877099080)

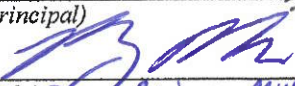
Signed and sealed this 7th day of November, 2023


(Witness)


(Witness) Laura Renne

Felix Associates of Florida, Inc.

(Principal)


(Title) Benjamin Miller VP

Philadelphia Indemnity Insurance Company

(Surety)

(Seal)


(Title) Lisa Nosal, Atty-In-Fact



Init.

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User Notes:

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ACKNOWLEDGEMENT OF SURETY

State of New Jersey]
 |-ss
County of Passaic]

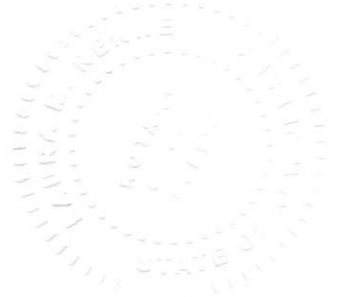
On November 7, 2023, before me personally came Lisa Nosal to me known, who, being by me duly sworn, did depose and say that she is an attorney-in-fact of Philadelphia Indemnity Insurance Company the corporation described in and which executed the within instrument; that she knows the corporate seal of said corporation, and that the seal affixed to the within instrument is such corporate seal, and that she signed the said instrument and affixed the said seal as Attorney-in-Fact by authority of the Board of Directors of said corporation and by authority of this office under the Standing Resolutions thereof.

My Commission expires:



Notary Public

LAURA M. RENNE
Notary Public, State of New Jersey
My Commission Expires
February 05, 2024



PHILADELPHIA INDEMNITY INSURANCE COMPANY

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That PHILADELPHIA INDEMNITY INSURANCE COMPANY (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint Louis A. Vlahakas, Robert Culnen, Joseph W. Mallory, Lisa Nosal, Pamela J. Boyle, Stephanie Foy, Quintin Petty and Mark Culnen of C&H Agency Inc., its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof issued in the course of its business and to bind the Company thereby, in an amount not to exceed \$50,000,000.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 5TH DAY OF MARCH, 2021.

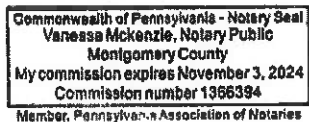


(Seal)

John Glomb, President & CEO
Philadelphia Indemnity Insurance Company

On this 5th day of March, 2021 before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the PHILADELPHIA INDEMNITY INSURANCE COMPANY; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.

Notary Public:



residing at:

Bala Cynwyd, PA

My commission expires:

November 3, 2024

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 5th day March, 2021 are true and correct and are still in full force and effect. I do further certify that John Glomb, who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 7th day of November, 2023



Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

PHILADELPHIA INDEMNITY INSURANCE COMPANY

Statutory Statements of Admitted Assets, Liabilities and Capital and Surplus (in thousands, except par value and share amounts)

<u>Admitted Assets</u>	As of December 31,	
	<u>2022</u>	<u>2021</u>
Bonds (fair value \$7,902,637 and \$8,447,694)	\$ 8,709,823	\$ 8,102,442
Preferred stocks (fair value \$14,560 and \$19,262)	14,560	19,262
Common stocks (cost \$24,136 and \$44,923)	28,395	43,194
Mortgage loans	1,074,734	957,986
Real estate	21,779	29,408
Other invested assets (cost \$212,500 and \$194,229)	234,138	218,926
Receivables for securities sold	476	152
Cash, cash equivalents and short-term investments	<u>95,212</u>	<u>128,587</u>
Cash and invested assets	10,179,117	9,499,957
Premiums receivable, agents' balances and other receivables	955,218	914,676
Reinsurance recoverable on paid loss and loss adjustment expenses	64,607	45,200
Accrued investment income	88,001	74,000
Receivable from affiliates	4,406	5,171
Federal income taxes receivable	21,231	8,144
Net deferred tax assets	150,526	141,943
Other assets	<u>11,196</u>	<u>9,953</u>
Total admitted assets	<u>\$ 11,474,302</u>	<u>\$ 10,699,044</u>
<u>Liabilities and Capital and Surplus</u>		
Liabilities:		
Unpaid loss and loss adjustment expenses	\$ 5,680,508	\$ 5,436,808
Unearned premiums	1,766,050	1,658,339
Reinsurance payable on paid loss and loss adjustment expenses	39,160	35,820
Ceded reinsurance premiums payable	119,157	130,474
Commissions payable, contingent commissions and other similar charges	247,996	228,628
Funds held	82,555	77,317
Payable to affiliates	21,337	19,465
Provision for reinsurance	678	471
Payable for securities purchased	42,426	19,045
Accrued expenses and other liabilities	<u>58,292</u>	<u>47,213</u>
Total liabilities	<u>8,058,159</u>	<u>7,653,580</u>
Capital:		
Common stock, par value of \$10 per share; 1,000,000 shares authorized, 450,000 shares issued and outstanding	4,500	4,500
Surplus:		
Gross paid-in and contributed surplus	386,071	386,071
Unassigned surplus	<u>3,025,572</u>	<u>2,654,893</u>
Total surplus	<u>3,411,643</u>	<u>3,040,964</u>
Total capital and surplus	<u>3,416,143</u>	<u>3,045,464</u>
Total liabilities and capital and surplus	<u>\$ 11,474,302</u>	<u>\$ 10,699,044</u>

The undersigned, being duly sworn, says: That she is the Executive Vice President and Chief Financial Officer of Philadelphia Indemnity Insurance Company; that said Company is a corporation duly organized in the state of Pennsylvania, and licensed and engaged in the State of Pennsylvania and has duly complied with all the requirements of the laws of the said State applicable of the said Company and is duly qualified to act as Surety under such laws; that said Company has also complied with and is duly qualified to act as Surety under the Act of Congress. And that to the best of her knowledge and belief the above statement is a full, true and correct statement of

Attest:

Commonwealth of Pennsylvania - Notary Seal
Kimberly A. Kessleski, Notary Public
Montgomery County
My commission expires December 18, 2024
Commission number 1245769
Member, Pennsylvania Association of Notaries

Sworn to before me this 6th day of June 2023.

DocuSigned by:

Karen Gilmer-Paucello

Karen Gilmer-Paucello, EVP & CFO

Kimberly Kessleski
Kimberly Kessleski, Notary



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

CONSTRUCTION INDUSTRY LICENSING BOARD
THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

AMATO, VINCENT JAMES

FELIX ASSOCIATES OF FLORIDA INC
19270 PINETREE DR
JUPITER FL 33469

LICENSE NUMBER: CGC1507744

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at MyFloridaLicense.com



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Ron DeSantis, Governor

Melanie S. Griffin, Secretary



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

CONSTRUCTION INDUSTRY LICENSING BOARD

THE UNDERGROUND UTILITY & EXCAVATION CO HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

MILLER, BENJAMIN MICHAEL

FELIX ASSOCIATES OF FLORIDA INC
8528 S W KANSAS AVE
STUART FL 34997

LICENSE NUMBER: CUC1224947

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at MyFloridaLicense.com



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**CONTRACTOR'S GENERAL INFORMATION WORKSHEET/QUESTIONNAIRE
E-Bid #20230111 - ATTACHMENT E**

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 Martin county, this 10th day of November, 2023
(Location)

Name of Organization/Contractor: Felix Associates of Florida Inc.

By: Benjamin Miller, Vice President
Name and Title

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

Name: Felix Associates of Florida Inc.
Address: 8528 SW Kansas Avenue
Stuart, Florida 34997
Telephone Number: 772-220-2722
Fax Number: 772-220-2728

3. Contact person: Benjamin Miller Email: Bmiller@felixassociates.net

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

5. How many years has your organization been in business? 14

6. Has your firm ever received a cure notice from a government entity? () Yes (X) No
 If yes, please explain: _____

7. **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	10/3/2023	7	11/3/2023
2	10/9/2023	8	11/3/2023
3	11/1/2023	9	11/13/2023
4	11/1/2023	10	11/13/2023
5	11/3/2023		
6	11/3/2023		

8. **Provide a Detailed Project Management Plan for the project. This is a mandatory document.**
9. **Provide the Proposed Project Schedule. This is a mandatory document.**
10. **List five (5) force main or water main construction projects similar to this project completed by your firm along with a brief description of project, location of project, client name, client phone number, 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.**

Project Number 1

Project Name: Discovery Way at Riverland Parcel A- PSL Improvements

Description & size: Installation of 5,000 LF of 24" PVC Forcemain Open Cut; 1,058 (3 bores) LF of 24" HDPE Force Main by HDD; 114 LF of 8" HPPP & 792 LF of 12" HPPP Open Cut, Yard Drains and Sidewalk Restoration.

Location: Traditions in Port Saint Lucie, Fl

Client Name, Phone Number & Email: Dennis Wheelin, 561-348-0314, Dennis.Wheelin@glhomes.com

Value of Total Contract: \$ 2,602,875.00

Date of Completion: 1/9/2023

Firm's Percentage of Total Contract: 100%

Number of Change Orders: 0

Value of Change Orders: \$0.00

Was Project Completed on Schedule: Yes

Was Project Completed within Budget? Yes

Project Number 2

Project Name: Accel Manufacturing

Description & size: Installation of Underground Utilities - 5,142 LF for Drainage, 37 Drainage Structures, 3,140 LF of Watermain and 1,493 LF of Gravity Sewer and 10 Manholes.

Location: Traditions in Port Saint Lucie, Fl

Client Name, Phone Number & Email: William Dunn, 561-791-1953, Wtdunn@hjcontracting.com

Value of Total Contract: \$ 677,081.72

Date of Completion: 3/22/2023

Firm's Percentage of Total Contract: 100%

Number of Change Orders: 5

Value of Change Orders: \$ 41,141.72

Was Project Completed on Schedule: Yes

Was Project Completed within Budget? Yes

Project Number 3

Project Name: Floresta Drive Ph. 1

Description & size: The improvements include both a two-lane section with landscaped median and a two-lane section with a bi-directional turn lane. Both sections include sidewalks, bike lanes, curb and gutter, landscape, irrigation, watermain adjustments and pedestrian lighting.

Location: Port Saint Lucie, Fl

Client Name, Phone Number & Email: Heath Stocton, 772-344-4239, Hstocton@cityofpsl.com

Value of Total Contract: \$ 12,378,773.96

Date of Completion: 4/27/2023

Firm's Percentage of Total Contract: 100%

Number of Change Orders: 51

Value of Change Orders: \$1,290,982.55

Was Project Completed on Schedule: Yes

Was Project Completed within Budget? No

Project Number 4

Project Name: North River Shores Vacuum Sewer & neighborhood Restoration

Description & size: Installation of new RCP & HDPE pipes, Open cut & repair Road crossings, driveway and drainage inlet restoration. Construction of new vacuum sewage system, force main and drainage system.

Location: Stuart, Fl

Client Name, Phone Number & Email: Phil Keathley, 772-223-7977, Pkeathley@martin.fl.us

Value of Total Contract: \$ 3,550,720.90

Date of Completion: 11/8/2019

Firm's Percentage of Total Contract: 100%

Number of Change Orders: 5

Value of Change Orders: \$ -398,882.10

Was Project Completed on Schedule: Yes

Was Project Completed within Budget? Yes

Project Number 5

Project Name: Community Blvd. - Parcel B

Description & size: Utility and roadwork. Approximately 1,683 LF of roadway with 12-inch, 24-inch PVC watermain, Fire Hydrants and 16" PVC forcemain, including drainage structures, piping and strip drains.

Location: Traditions in Port Saint Lucie, Fl

Client Name, Phone Number & Email: Dennis Wheelin, 561-348-0314, Dennis.Wheelin@glhomes.com

Value of Total Contract: \$ 3,253,601.60

Date of Completion: 1/9/2023

Firm's Percentage of Total Contract: 100%

Number of Change Orders: 4

Value of Change Orders: \$ 91,174.00

Was Project Completed on Schedule: Yes

Was Project Completed within Budget? Yes

- 11. List subcontractors and major material suppliers for the project. Include telephone numbers. Insert additional sheets if necessary. Attach all licenses and certifications that qualify them to perform the work.

Material Supplier- Core and Main - 772-466-5955

Subcontractor - K3 Directional Drilling - 772-600-7118

- 12. 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: Zero

Project Number 1

Project Name:

Project Location:

Client Name and Phone Number:

Engineer Name and Phone Number:

Date:

Reason:

Insert additional projects if needed.

- 13. 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:

- 14. 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)

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

None.

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

16. 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)



Signature

Vice President

Title



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/12/2023

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 C & H Agency 783 Riverview Drive P.O. Box 324 Totowa NJ 07511	CONTACT NAME: Jo-Ann Intiso PHONE (A/C, No, Ext): (973) 890-0900 E-MAIL ADDRESS: jintiso@chagency.com	FAX (A/C, No): (973) 812-9860
	INSURER(S) AFFORDING COVERAGE	
INSURED Felix Associates of Florida, Inc. 8528 SW Kansas Avenue Stuart FL 34997	INSURER A: Executive Risk Indemnity	NAIC # 35181
	INSURER B: Federal Insurance Co.	20281
	INSURER C: Navigators Specialty Insurance Co.	42307
	INSURER D: Champlain Specialty Insurance Company	16834
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 22-23 GL **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			54326202	12/31/2022	12/31/2023	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input checked="" type="checkbox"/> XCU-Completed Ops						MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> Blanket Contractual						PERSONAL & ADV INJURY \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 4,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 4,000,000
	OTHER:						\$
B	AUTOMOBILE LIABILITY			54326201	12/31/2022	12/31/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
							\$
B	<input type="checkbox"/> UMBRELLA LIAB			5671-7285	12/31/2022	12/31/2023	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$ 5,000,000
		<input type="checkbox"/> CLAIMS-MADE					Follow Form \$
	DED		RETENTION \$				
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			54326203	12/31/2022	12/31/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Pollution Liability			NY22ECPX00454NC	12/31/2022	12/31/2023	Per Incident: \$1,000,000
							Aggregate: \$2,000,000

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

SAMPLE CERTIFICATE - EVIDENCE OF INSURANCE - WITH POLLUTION

CERTIFICATE HOLDER**CANCELLATION**

SAMPLE CERTIFICATE WITH POLLUTION	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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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY C & H Agency		NAMED INSURED Felix Associates of Florida, Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

D. Excess Liability - Follow Form
Carrier: Champlain Specialty Insurance Company
Policy#: CSAR-CEL-0001625-01
Policy Dates: 12/31/22-12/31/23
Limits: \$5,000,000 Occurrence/\$5,000,000 Aggregate

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 Ms. Robyn Holder, Issuing Officer, for the procurement of these services.

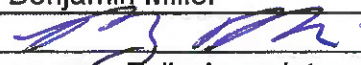
All questions regarding this Solicitation are to be submitted in writing to Robyn Holder, Procurement Manager with the Procurement Management Department via e-mail rholder@cityofpsl.com, or by phone 772-344-4293. Please reference the Solicitation number on all correspondence to the City.

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: Benjamin Miller
Signed: 
Company and Job Title: Felix Associates of Florida, Inc. - Vice President
Date: Type text here November 10th, 2023

CITY OF PORT ST. LUCIE, FLORIDA

TRENCH SAFETY ACT COMPLIANCE STATEMENT

Instructions:

Chapter 90-96 of the Laws of Florida requires all Contractors' engaged by The City of Port St. Lucie, Florida to comply with Occupational Safety and Health Administration Standard 29 C.F.R. s. 1926.650 Subpart P. All prospective Contractors are required to sign the compliance statement and provide compliance cost information where indicated below. The costs for complying with the Trench Safety Act must be incorporated into this project's base bid.


Certify this form in the presence of a notary public or other officer authorized to administer oaths.

Certification

1. I understand that Chapter 90-96 of the Laws of Florida (The Trench Safety Act) requires me to comply with OSHA Standard 29 C.F.R. s. 1926.650 Subpart P. I will comply with The Trench Safety Act and I will design and provide trench safety systems at all trench excavations in excess of five feet in depth for this project.
2. The estimated cost imposed by compliance with The Trench Safety Act will be:

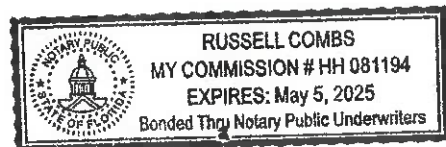
Five Thousand		Dollars
(Written)		(Figures)
3. The amount listed above has been included within the Base Bid.

Certified: Felix Associates of Florida, Inc.
(Company-Contractor)

By:  Vincent Amato
(President's Signature) (President's Typed or Printed Name)

Sworn to and subscribed before me in Martin County, Florida on the day of November 10th, 2023.

NOTARY PUBLIC



NON-COLLUSION AFFIDAVIT

State of Florida

County of Martin }

Benjamin Miller, being first duly sworn, disposes and says that:

(Name/s)

1. They are Vice President of Felix Associates of Florida, 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) 

(Title) Vice President

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

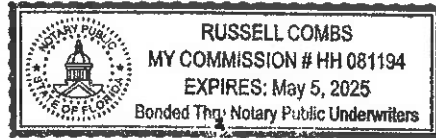
The foregoing instrument was acknowledged before me this (Date) November 10th, 2023

by: Benjamin Miller who is **personally known to me** or who has produced
_____ as identification and who did (did not) take an oath.

Commission No. HH081194

Notary Print: RUSSELL COMBS

Notary Signature: 





"A City for All Ages"

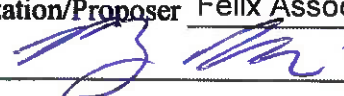
CONTRACTOR'S CODE OF ETHICS

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 Felix Associates of Florida, Inc.
Signature 
Printed Name and Title Benjamin Miller Vice President

Date November 10th, 2023

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.

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 405530

Date of Authorization 03/31/2011

Name of Contractor Felix Associates of Florida, Inc.

Name of Project Construction of a 24" Forcemain from Westport Wastewater Treatment Plant to Galeds Booster Pump Station

Solicitation Number (If Applicable) 20230111

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

Executed on November, 10th, 2023 in Stuart (city), FL (state).



 Signature of Authorized Officer

Benjamin Miller Vice President

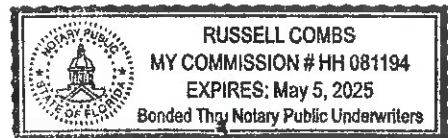
 Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 10th DAY OF November, 2023.

NOTARY PUBLIC _____

My Commission Expires: 5/5/2025



DRUG-FREE WORKPLACE FORM

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

Felix Associates of Florida, 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 bid 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 bid, 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 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.



Bidder's Signature

November 10th, 2023

Date

CERTIFICATION REGARDING LOBBYING

The undersigned Bidder/Contractor certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying", 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq.*)]
- (3) The undersigned shall require that the language of this certification be included in the awards documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. 1352 (1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure]

The Bidder/Contractor, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, *et seq.*, apply to this certification and disclosure, if any.

Company Name: Felix Associates of Florida, Inc.

Authorized By:  Benjamin Miller
(Sign) (Print Name)

Title: Vice President Date: November 10th, 2023

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Primary Covered Transactions

The Bidder certifies that, the firm or any person associated therewith in the capacity of owner, partner, director, officer, principal, investigator, project director, manager, auditor, and/or position involving the administration of federal funds:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions, as defined in 49 CFR s29.110(a), by any federal department or agency;

(b) have not within a three-year period preceding this certification been convicted of or had a civil judgment rendered against it for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local government transaction or public contract; violation of federal or state antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property

(c) are not presently indicted for or otherwise criminally or civilly charged by a federal, state, or local governmental entity with commission of any of the offenses enumerated in paragraph (b) of this certification; and

(d) have not within a three-year period preceding this certification had one or more federal, state, or local government public transactions terminated for cause or default.

The Bidder certifies that it shall not knowingly enter into any transaction with any subcontractor, material supplier, or vendor who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this project by any federal agency unless authorized by the Florida Department of Transportation."

Company Name: Felix Associates of Florida, Inc.

Authorized By:  Benjamin Miller
(Sign) (Print Name)

Title: Vice President Date: November 10th, 2023

VENDOR CERTIFICATION REGARDING SCRUTINIZED COMPANIES' LISTS

Vendor Name: Felix Associates of Florida Inc.
Vendor FEIN: 26-4299335
Authorized Representative's Name: Benjamin Miller
Authorized Representative's Title: Vice President
Address: 8528 SW Kansas Avenue
City, State and Zip Code: Stuart, Florida, 34997
Phone Number: 772-220-2722
Email Address: Bmiller@felixassociates.net

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

The list of "Scrutinized Companies" is created pursuant to Section 215.473, Florida Statutes. A copy of the current list of "Scrutinized Companies" can be found at the following link: <https://www.sbafla.com/fsb/FundsWeManage/FRSPensionPlan/GlobalGovernanceMandates/QuarterlyReports.aspx>

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

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

Authorized Signature

Benjamin Miller

Print Name

Signature



Request for Taxpayer Identification Number and Certification

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

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

Print or type.
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Felix Associates of Florida, Inc.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. 8528 Southwest Kansas Avenue	Requester's name and address (optional)
6 City, state, and ZIP code Stuart, Florida 34997	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

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

Social security number											
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or											
Employer identification number											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">6</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</td> </tr> </table>	2	6	-	4	2	9	9	3	3	5	
2	6	-	4	2	9	9	3	3	5		

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 ▶ 07/02/21

General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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