

E-BID #20220085
US #1 Landscape & Irrigation Project - Segment 1
Cost Work Sheet - Schedule A

Company Name: Superior Landscaping & Lawn Service Inc.

LINE #	DESCRIPTION	UNIT	QUAN.	UNIT PRICE	TOTAL AMOUNT
1	MOBILIZATION	LS	1	\$ 2,000.00	\$ 2,000.00
2	MAINTENANCE OF TRAFFIC	LS	1	\$ 7,240.00	\$ 7,240.00
3	LITTER REMOVAL AND DISPOSAL (20 CYCLES @ .58 PER CYCLE)	AC	11.60	\$ 580.00	\$ 6,728.00
4	MOWING (10 CYCLES @ .30 PER CYCLE)	AC	3.00	\$ 1,980.00	\$ 5,940.00
5	CLEARING AND GRUBBING	LS	1.00	\$ 2,455.00	\$ 2,455.00
6	MEDIAN WORK PER ABOVE TABLE (EXCAVATION)	CY	282	\$ 47.50	\$ 13,395.00
7	MEDIAN WORK PER ABOVE TABLE (SOIL REPLACEMENT)	CY	596	\$ 74.00	\$ 44,104.00
8	STAMPED LIMESTONE - COLORED CONCRETE, 6"X6" STACKED BOND, 4-INCH THICK	SY	1,140	\$ 90.55	\$ 103,227.00
9	PASPALUM NOTATUM (BAHIA GRASS), SOLID	SY	1,424	\$ 4.58	\$ 6,521.92
10	CHRYSOBALANUS ICACO 'HORIZONTALIS' (HORIZONTAL COCOPLUM), 3 Gal	EA	23	\$ 32.00	\$ 736.00
11	TRACHELOSPERMUM ASIATICUM (ASIAN JASMINE), 1 Gal	EA	1,066	\$ 8.00	\$ 8,528.00
12	TRIPSACUM DACTYLOIDES (FAKAHATCHEE GRASS), 1 Gal	EA	56	\$ 8.50	\$ 476.00
13	LAGERSTROEMIA INDICA 'NATCHEZ' (NATCHEZ CRAPE MYRTLE), 12'-14' OA, 200G CONTAINER	EA	4	\$ 975.00	\$ 3,900.00
14	PTYCHOSPERMA ELEGANS (SOLITAIRE PALM), 12' CT, 65G CONTAINER	EA	36	\$ 650.00	\$ 23,400.00
15	ROYSTONEA ELATA (FLORIDA ROYAL PALM) 18' GW, FIELD GROWN	EA	6	\$ 2,950.00	\$ 17,700.00
16	VEITCHIA MONTGOMERYANA (MONTGOMERY PALM), 18' CT, FIELD GROWN	EA	6	\$ 850.00	\$ 5,100.00
17	MAINTENANCE WORK FROM STA: 49+60.90 (M.P. 00.000) TO STA: 41+50.00	LS	1	\$ -	\$ -
18				SUBTOTAL	\$ 251,450.92
19	TEN PERCENT (10%) CONTINGENCY ITEMS, (10% OF TOTAL ABOVE ITEMS)				\$ 25,145.09
20				TOTAL	\$ 276,596.01
21	ALTERNATIVE: LAGERSTROEMIA INDICA 'NATCHEZ' (NATCHEZ CRAPE MYRTLE), 8' OA, 65G CONTAINER	EA	4	\$ 650.00	\$ 2,600.00
22	ALTERNATIVE: LAGERSTROEMIA INDICA 'NATCHEZ' (NATCHEZ CRAPE MYRTLE), 9'-12' OA, 100G CONTAINER	EA	4	\$ 815.00	\$ 3,260.00

US #1 Landscape & Irrigation Construction Project - Segment 2

LINE #	DESCRIPTION	UNIT	QUAN.	UNIT PRICE	TOTAL AMOUNT
1	MOBILIZATION	LS	1	\$ 110,000.00	\$ 110,000.00
2	MAINTENANCE OF TRAFFIC	LS	1	\$ 40,508.00	\$ 40,508.00
3	LITTER REMOVAL AND DISPOSAL (20 CYCLES @ 4.0 PER CYCLE)	AC	80.00	\$ 135.00	\$ 10,800.00
4	MOWING (10 CYCLES @ 2.36 PER CYCLE)	AC	23.60	\$ 1,325.00	\$ 31,270.00
5	CLEARING AND GRUBBING	LS	1	\$ 22,485.00	\$ 22,485.00
6	MEDIAN WORK PER ABOVE TABLE (EXCAVATION)	CY	2,126	\$ 47.50	\$ 100,985.00
7	MEDIAN WORK PER ABOVE TABLE (SOIL REPLACEMENT)	CY	4,830	\$ 74.00	\$ 357,420.00
8	STAMPED LIMESTONE - COLORED CONCRETE, 6"X6" STACKED BOND, 4-INCH THICK	SY	6,566	\$ 90.55	\$ 594,551.30
9	STENOTAPHRUM SECUNDATUM (ST. AUGUSTINE GRASS), SOLID	SY	11,428	\$ 5.70	\$ 65,139.60
10	CHRYSOBALANUS ICACO 'HORIZONTALIS' (HORIZONTAL COCOPLUM), 3 Gal	EA	60	\$ 32.00	\$ 1,920.00
11	FICUS MICROCARPA 'GREEN ISLAND' (GREEN ISLAND FICUS), 3 Gal	EA	495	\$ 14.40	\$ 7,128.00
12	HAMELIA PATENS 'COMPACTA' (DWARF FIREBUSH), 3 Gal	EA	197	\$ 14.40	\$ 2,836.80
13	IXORA X 'MAUI' (MAUI IXORA), 3 Gal	EA	633	\$ 14.40	\$ 9,115.20
14	MUHLENBERGIA CAPILLARIS (PINK MUHLY GRASS), 3 Gal	EA	65	\$ 14.00	\$ 910.00
15	SCHEFFLERA ARBORICOLA 'TRINETTE' (TRINETTE VARIEGATED SCHEFFLERA), 3 Gal	EA	71	\$ 14.00	\$ 994.00
16	TRACHELOSPERMUM ASIATICUM (ASIAN JASMINE), 1 Gal	EA	3,879	\$ 6.40	\$ 24,825.60
17	BURSERA SIMURABA (GUMBO LIMBO), 2.5" CAL, 30G CONTAINER	EA	36	\$ 450.00	\$ 16,200.00
18	LAGERSTROEMIA INDICA 'MUSKOGEE' (MUSKOGEE' CRAPE MYRTLE), 12'-14' OA, 200G CONTAINER	EA	27	\$ 975.00	\$ 26,325.00
19	LAGERSTROEMIA INDICA 'NATCHEZ' (NATCHEZ CRAPE MYRTLE), 12'-14' OA, 200G CONTAINER	EA	3	\$ 975.00	\$ 2,925.00
20	QUERCUS VIRGINIANA 'CATHEDRAL' (CATHEDRAL LIVE OAK), 4" CAL, FIELD GROWN/EQUAL CONTAINER SIZE ACCEPTABLE	EA	32	\$ 1,250.00	\$ 40,000.00

Company Name: Superior Landscaping & Lawn Service Inc.

LINE #	DESCRIPTION	UNIT	QUAN.	UNIT PRICE	TOTAL AMOUNT
21	ARCHONTOPHOENIX ALEXANDRAE (ALEXANDRA PALM), 10' CT, 25G CONTAINER	EA	68	\$ 650.00	\$ 44,200.00
22	BISMARCKIA NOBLIS 'SILVER' (SILVER BISMARCK PALM), 8' CT, FIELD GROWN	EA	15	\$ 2,500.00	\$ 37,500.00
23	LATANIA LONTAROIDES (RED LATAN PALM), 8' OA, FIELD GROWN	EA	30	\$ 1,350.00	\$ 40,500.00
24	PTYCHOSPERMA ELEGANS (SOLITAIRE PALM), 12' CT, 65G CONTAINER	EA	82	\$ 550.00	\$ 45,100.00
25	ROYSTONEA ELATA (FLORIDA ROYAL PALM) 18' GW, FIELD GROWN	EA	2	\$ 2,950.00	\$ 5,900.00
26	VEITCHIA MONTGOMERYANA (MONTGOMERY PALM), 18' CT, FIELD GROWN	EA	74	\$ 850.00	\$ 62,900.00
27	WODYETIA BIFURCATA (FOXTAIN PALM), 6' GW, 45G CONTAINER	EA	34	\$ 675.00	\$ 22,950.00
28	6" DIA. WELL CASING/ NEW WELL, 100' DEEP	EA	2	\$ 28,175.00	\$ 56,350.00
29	HSF-7.5 HP PDV-230/3-H,M,R3,W,Z HOOVER PUMP STATION	EA	2	\$ 77,050.00	\$ 154,100.00
30	230V/3P ELECTRICAL SVC.	LS	2	\$ 21,850.00	\$ 43,700.00
31	ESP-40SITE-S CONTROLLER PEDESTAL MOUNT	EA	2	\$ 17,250.00	\$ 34,500.00
32	BASELINE WATERTEC S100 SOIL MOISTURE SENSOR	EA	2	\$ 1,150.00	\$ 2,300.00
33	AQUAFUSE CONTROLFLO DUCTILE IRON HDPE WELD-ON GATE VALVE	EA	12	\$ 2,300.00	\$ 27,600.00
34	4" DR11-4710 IPS H.D.P.E. MAINLINE W/FUSION WELDED FITTINGS	LF	13,250	\$ 20.70	\$ 274,275.00
35	RAIN BIRD REMOTE CONTROL VALVE W/ NIBCO T-113 GATE VALVE IN CARSON 1220 JUMBO VALVE BOX W/ BOLT DOWN LIT	EA	34	\$ 1,150.00	\$ 39,100.00
36	RAIN BIRD REMOTE CONTROL VALVE W/#PRL303F3 OR #PR30-HF PRESSURE REGULATOR, NIBCO T-113 GATE VALVE AND NETAFIM MANUAL DISC FILTER MODEL DF100/150/200-140, EACH IN A SEPARATE CARSON 1220 JUMBO VALVE BOX W/ BOLT DOWN LID	EA	9	\$ 2,300.00	\$ 20,700.00
37	RAIN BIRD 1804-SAM-1401 FLOOD BUBBLERS	EA	784	\$ 51.75	\$ 40,572.00
38	NETAFIM TECHLINE DRIP	SF	12,250	\$ 2.30	\$ 28,175.00
39	RAIN BIRD 1806-SAM-PRS-30 W/ HUNTER MPCORNER NOZZLE ADJ ARC 0-90	EA	8	\$ 74.75	\$ 598.00
40	RAIN BIRD 1806-SAM-PRS-30 W/ HUNTER MP1000 NOZZLE MAROON ADJ ARC 90-210	EA	19	\$ 74.75	\$ 1,420.25
41	RAIN BIRD 1806-SAM-PRS-30 W/ HUNTER MP2000 NOZZLE BLACK ADJ ARC 90-210	EA	576	\$ 74.75	\$ 43,056.00
42	RAIN BIRD 1806-SAM-PRS-30 W/ HUNTER MP3000 NOZZLE BLUE ADJ ARC 90-210	EA	161	\$ 74.75	\$ 12,034.75
43	RAIN BIRD 1806-SAM-PRS-30 W/ HUNTER MP3500 NOZZLE LT. BROWN ADJ ARC 90-210	EA	1	\$ 74.75	\$ 74.75
44	RAIN BIRD 1806-SAM-PRS-30 W/ HUNTER MPCORNER NOZZLE RST	EA	30	\$ 74.75	\$ 2,242.50
45	RAIN BIRD 1806-SAM-PRS-30 W/ HUNTER MPCORNER NOZZLE LST	EA	40	\$ 74.75	\$ 2,990.00
46	RAIN BIRD 1806-SAM-PRS-30 W/ HUNTER MPCORNER NOZZLE SST	EA	203	\$ 74.75	\$ 15,174.25
47	DR11 HDPE DIRECTIONAL BORE OR CL 200 PVC SLEEVE (SIZE & TYPE PER PLAN)	LF	4,500	\$ 79.50	\$ 357,750.00
48	MAINTENANCE WORK FROM STA: 41+50.00 TO STA: 190+08.00 (M.P. 3.417)	LS	1	\$ 71,615.00	\$ 71,615.00
49				SUBTOTAL	\$ 2,953,716.00
50	TEN PERCENT (10%) CONTINGENCY ITEMS, (10% OF TOTAL ABOVE ITEMS)				\$ 295,371.60
51				TOTAL	\$ 3,249,087.60
52	ALTERNATIVE: LAGERSTROEMIA INDICA 'MUSKOGEE' (MUSKOGEE' CRAPE MYRTLE), 8' OA, 65G CONTAINER	EA	27	\$ 650.00	\$ 17,550.00
53	ALTERNATIVE: LAGERSTROEMIA INDICA 'MUSKOGEE' (MUSKOGEE' CRAPE MYRTLE), 9'-12' OA, 100G CONTAINER	EA	27	\$ 815.00	\$ 22,005.00
54	ALTERNATIVE: LAGERSTROEMIA INDICA 'NATCHEZ' (NATCHEZ CRAPE MYRTLE), 8' OA, 65G CONTAINER	EA	3	\$ 650.00	\$ 1,950.00
55	ALTERNATIVE: LAGERSTROEMIA INDICA 'NATCHEZ' (NATCHEZ CRAPE MYRTLE), 9'-12' OA, 100G CONTAINER	EA	3	\$ 815.00	\$ 2,445.00

Note: Unit prices are limited to 2 decimals.

Example: \$5.2555 is not acceptable - \$5.25 is acceptable

Contractor Signature: [Signature]
 Contractor's Name: Superior Landscaping & Lawn Service Inc.
 Contractor's Phone Number: 305-634-0717
 Contractor's Email Address: jotero@superiorlandscaping.com

NOTICE TO ALL PROPOSERS - ATTACHMENT D

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: Jesenia Otero

Signed: 

Company and Job Title: Superior Landscaping & Lawn Service Inc.

Date: 10/25/2022

CONTRACTOR'S GENERAL INFORMATION WORKSHEET/QUESTIONNAIRE
E-Bid #20220085 – ATTACHMENT F

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 2200 NW 23 Avenue Miami, FL 33142, this 25 day of Oct., 2022
(Location)

Name of Organization/Contractor: Superior Landscaping & Lawn Service Inc.

By: Jesenia Otero, Estimating Coordinator
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: Superior Landscaping & Lawn Service Inc.

Address: 2200 NW 23 Avenue Miami, FL 33142

Telephone Number: 305-634-0717

Fax Number: 305-634-0744

3. Contact person: Jesenia Otero Email: JOtero@superiorlandscaping.com
4. Firm's previous names (if any). _____
5. How many years has your organization been in business? 39
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	10/20/2022		
2	10/25/2022		

8. List five (5) Landscape & Irrigation 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:	Please see attached reference list.
Description & size:	
Location:	
Client Name, Phone Number & Email:	
Value of Total Contract:	
Date of Completion:	
Firm's Percentage of Total Contract:	
Number of Change Orders:	
Value of Change Orders:	
Was Project Completed on Schedule:	
Was Project Completed within Budget?	

Project Number 2

Project Name:	
Description & size:	
Location:	
Client Name, Phone Number & Email:	
Value of Total Contract:	
Date of Completion:	
Firm's Percentage of Total Contract:	
Number of Change Orders:	
Value of Change Orders:	
Was Project Completed on Schedule:	
Was Project Completed within Budget?	

Project Number 3

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References of Similar Work

1) Project / Firm Name	2) Contact Individual Name and Title	3) Address	4) Telephone Number	5) Contact's Email	6) Narrative on Scope of Services Provided	7) Contract Amount and Estimated Completion Date
ASR LLC	Chuck Zhang	6800 Fisher Island Dr Fisher Island, FL 33139	(786) 423-8897	czhang@asrf.com	Installation of Landscaping & Irrigation, pavers, at Palazzo della Luna	\$4,939,183.00 July 2019
Coastal Construction - Four Seasons	Orlando Carillo	9011 Collins Ave Surfside, FL 33154	(305) 632-7921		Landscaping, irrigation, pavers and concrete at the Four Seasons Surf Club	\$3,200,000.00 August 2021
Craftsection Project - City of Coral Gables Agave Holdings, LLC	Kenneth Dupret, Project Manager	2811 Ponce de Leon Blvd, Suite 710 Coral Gables FL 33134	305-802-4283 ext. 1019	kdupre@agaveponce.com	Installation of Landscaping & Irrigation, pavers and Sidewalks and Asphalt Paving	\$2,500,000.00 June 2022
One Hotel	Pedro Ripoll	2335 Collins Avenue, Miami Beach, FL 33139	(786) 556-4759		Landscaping, hardscape, pavers, concrete sidewalk	\$2,600,000.00 July 2021
Miracle Milla & Giralda Ave. Streetscape	Vince Lago	2601 Wiles Road, Pompano Beach, FL 33073	(954) 426-1042		Irrigation, Landscaping, Pavers	\$2,900,000.00 November 2017

Project Name:

Description & size:

Location:

Client Name, Phone Number & Email:

Value of Total Contract:

Date of Completion:

Firm's Percentage of Total Contract:

Number of Change Orders:

Value of Change Orders:

Was Project Completed on Schedule:

Was Project Completed within Budget?

Project Number 4

Project Name:

Description & size:

Location:

Client Name, Phone Number & Email:

Value of Total Contract:

Date of Completion:

Firm's Percentage of Total Contract:

Number of Change Orders:

Value of Change Orders:

Was Project Completed on Schedule:

Was Project Completed within Budget?

Project Number 5

Project Name:

Description & size:

Location:

Client Name, Phone Number & Email:

Value of Total Contract:

Date of Completion:

Firm's Percentage of Total Contract:

Number of Change Orders:

Value of Change Orders:

Was Project Completed on Schedule:

Was Project Completed within Budget?

9. 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.**

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: 0

Project Number 1

Project Name:

Project Location:

Client Name and Phone Number:

Engineer Name and Phone Number:

Date:

Reason:

Insert additional projects if needed.

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:

We do not have any lawsuits pending or in the last 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:

We do not have any judgement from lawsuits pending or in the last 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:

We do not have any criminal violations or convictions from any of our principals.

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

15. Provide a Project Management Plan for both Segments. This is a mandatory document.

16. Provide a Project Schedule for both Segments. This is a mandatory document.



Signature

Estimating Coordinator

Title

PROJECT MANAGEMENT PLAN

CITY OF PORT ST. LUCIE
STATE ROAD NO. 5 / US-1
FROM COUNTY LINE TO 150 FEET OF SE HUFFMAN RD.

PROJECT MANAGEMENT APPROACH

The Project Manager has the overall authority and responsibility for managing and executing this project according to this Project Plan and any Subsidiary Management Plans subsequently implemented. The project team will consist of personnel listed in the Project Team directory. The project manager will work with all resources to perform project planning and to implement execution. All project and any subsidiary management plans will be reviewed and approved by the project manager and the Head of Landscape Operations.

The Project Team will be a matrix in that team members from Superior including its project manager, its subcontractor project management and respective team continue to report to their organizational management throughout the duration of the project. The project manager is responsible for communicating with organizational project managers on the progress and performance of each project resource and reporting via daily reports and updated two-week look ahead scheduling to the city and its project management representatives.

PROJECT SCOPE

The scope of Port St. Lucie SR 5 / US-1 project includes the planning, scheduling, permitting, submitting materials for approval, coordinating with the city, utilities and other third parties involved, mobilization to complete the work and completing the work in the timeframe allotted, inspections and testing where required, and upon acceptance, issuance of As-builts as required. The work to be completed includes supplying and installing colored concrete, supplying and installing landscaping materials and irrigation materials as per the plan 2021-L-490-00004 for State Road #5 (US-1). Planning is to commence upon award & contract. Scheduling with commencement and completion dates upon issuance of the Notice to Proceed. Coordinating with the parties will commence upon submitting for permits and submittal of materials and continue through approval to begin work, issuance of permits and throughout the project through completion. Most project work will be performed internally. However, irrigation, including well and pumpstation installation and concrete paving installation will be outsourced to two separate parties. The scope of this project also includes completion of all required documentation as per the bid document and contract as well as any required manuals and training aids. Project completion will occur when the work is accepted by the city and the required As-Built documentation & training package has been accepted. The site work will be separated into two segments with the permitting and submittal of materials phase occurring simultaneously during the same time. The site work for Segment #1 will commence after permit and submittal approvals and upon its completion, Segment #2 site work will commence and complete in accordance with the respective Project Schedules in a sequential manner. If permitting or submittal approvals delay the timely completion of that phase, Segment#2 may commence before the completion of Segment#1 to maintain schedule integrity.

MILESTONE LIST

The below chart lists the major milestones for the Project. This chart is comprised only of major project milestones such as completion of a project phase. There may be smaller milestones which are not included on this chart but are

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LANDSCAPING & LAWN SERVICE, INC

included in the project schedule. If there are any scheduling delays which impact a milestone or delivery date, the project manager will immediately notify the city so any proactive measures may be taken to mitigate slips in dates. Any required changes to these milestones or dates will be communicated to the project team and the city by the project manager.

Milestone	Description	Date
Commence Permitting & Submittals	File with city and other related governmental authorities to obtain permits and submit materials to be used in the project to complete the scope of work to the city for approval.	Issuance NTP (date to be advised)
Complete Permitting & Submittals	Required to be completed to commence installations/site work	7 weeks after NTP
Commence Site Operations Segment#1	Begin Installation of Planting Materials & Colored Concrete.	8 Weeks after NTP
Complete Site Operations Segment #1	Complete Landscaping & Colored Concrete installations	13 weeks after NTP
Commence Site Operations Segment#2	Begin Installation of Irrigation, Planting Materials & Colored Concrete.	14 weeks after NTP
Complete Site Operations Segment #2	Complete Irrigation, Landscaping & Colored Concrete installations	36 weeks after NTP
Substantial Completion & Punchlist completion	Complete Punchlist if any	37 weeks after NTP
Training, & Turnover		38 Weeks after NTP

COMMUNICATIONS MANAGEMENT PLAN

This Communications Management Plan sets the communications framework for this project. It will serve as a guide for information delivery throughout the life of the project and will be updated as interaction requirements change. It also includes a communications matrix which maps the disclosure requirements of this project and conduct for meetings and other forms of information exchange. A project team directory is also included to provide contact information for all stakeholders directly involved in the project.

Communication Type	Description	Frequency	Format	Participants/ Distribution	Deliverable	Owner
Daily Status Report	Email summary of project status	Daily	Email	City, Team and Stakeholders	Work Completed that day	Project Manager
Weekly Project Team Meeting	Meeting to review action and status	Weekly	In Person	Project Team	Safety and Planning	Project Manager
Project BiMonthly Review (PMR)	Present metrics and status to team and City	Bimonthly	In Person or Virtual	City & Project Team and Stakeholders	Status, Discussion & Two-week lookahead scheduling	Project Manager

SUPERIOR

LANDSCAPING & LAWN SERVICE, INC

Project team directory for all communications is:

Name	Title	E mail	Office Phone	Cell Phone
TBD	City Proj Mgr	TBD	xxx-xxx-xxxx	xxx-xxx-xxxx
TBD	City Inspector	TBD	xxx-xxx-xxxx	xxx-xxx-xxxx
TBD	City Project Engineer	TBD	xxx-xxx-xxxx	xxx-xxx-xxxx
Lisandro Iglesias	Project Manager	liglesias@superiorlandscaping.com	305-634-0717	786-519-5807
Luis Cruz	Alternate Project Manager	lcruz@superiorlandscaping.com	305-634-0717	312-513-7990
Monica Martinez	Project Administrator	mmartinez@superiorlandscaping.com	305-634-0717	305-335-2741
TBD	Site Superintendent	TBD	305-634-0717	TBD
Larry Cantor	Head of Landscape Operations	lcantor@superiorlandscaping.com	305-634-0717	786-223-2603
Sandra Arroyo	Accounting and Administration	sarroyo@superiorlandscaping.com	305-634-0717	N/A
TBA	Sub Irrigation Proj Mgr	TBD	xxx-xxx-xxxx	xxx-xxx-xxxx
TBA	Sub Concrete Proj Mgr	TBD	xxx-xxx-xxxx	xxx-xxx-xxxx

PROJECT SCOPE MANAGEMENT PLAN

The Project Manager, the City and Stakeholders will establish and approve documentation for measuring and ensuring the timely completion of the project scope which includes deliverable quality checklists and work performance/completion tracking. Proposed scope changes may be initiated by the Project Manager, Stakeholders, the City or any member of the project team. All change requests will be submitted to the Project Manager who will then evaluate the requested scope change, and if required provide to the City for decision and or approval. Upon approval of scope changes by the City, the Project Manager will update all effected project documents and communicate the scope change to all stakeholders.

PROJECT SCHEDULES

SEGMENT #1

SEGMENT #2

to follow



"A City for All Ages"

E-BID #20220085 – ATTACHMENT G 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 Superior Landscaping & Lawn Service Inc.

Signature 

Printed Name and Title Jesenia Otero, Estimating Coordinator

Date 10/25/2022

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.

CITY OF PORT ST. LUCIE, FLORIDA
SEALED BID NO. 20220085 - Attachment H
PROJECT TITLE: US #1 Landscape & Irrigation
Project Segment 1 & 2 Construction Project

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:

0.00 Dollars (Written) (Figures)

3. The amount listed above has been included within the Base Bid.

Certified: Superior Landscaping & Lawn Service Inc.

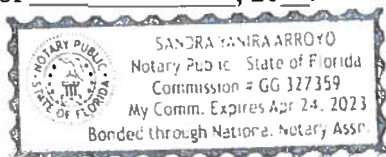
(Company-Contractor)

By: Orlando Otero

(President's Signature)

(President's Typed or Printed Name)

Sworn to and subscribed before me in Miami-Dade County, Florida on the day of October 25, 2022



[Signature]
NOTARY PUBLIC

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.

E-Verify Company Identification Number 272503

Date of Authorization 11/03/2009

Name of Contractor Superior Landscaping & Lawn Service Inc.

Name of Project US #1 Landscape & Irrigation Construction Project Segments 1 & 2

**Solicitation Number
(If Applicable)** 20220085

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

Executed on October, 25, 2022 in Miami (city), FL (state).

Jesenia Otero
Signature of Authorized Officer

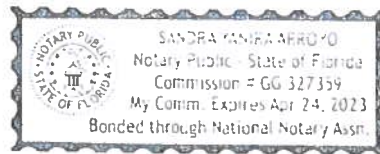
Jesenia Otero
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 25 DAY OF October, 2022.

NOTARY PUBLIC [Signature]

My Commission Expires: 4-24-23



NON-COLLUSION AFFIDAVIT
Solicitation 20220085 - Attachment J
US #1 Landscape & Irrigation Project
Segment 1 & 2

State of Florida

County of Miami-Dade }

Jesenia Otero, being first duly sworn, disposes and says that:

1. They are Estimating Coordinator of Superior Landscaping & Lawn Service Inc. the Proposer that
- (Name/s) (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) Jesenia Otero

(Title) Estimating Coordinator

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

The foregoing instrument was acknowledged before me this (Date) 10/25/2022

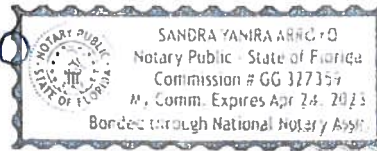
by: Jesenia Otero who is personally known to me or who has produced

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

Commission No. GG 327359

Notary Print: Sandra Arroyo

Notary Signature: [Signature]




DRUG-FREE WORKPLACE
FORM E-Bid # 20220085 -
Attachment K

The undersigned Contractor in accordance with Florida Statute 287.087 hereby certifies that
Superior Landscaping & Lawn Service, Inc. does:
(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under proposal a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 Florida Statutes or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

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



Bidder's Signature
10/25/2022

Date:

Document A310™ – 2010

Conforms with The American Institute of Architects AIA Document 310

Bid Bond

CONTRACTOR:

(Name, legal status and address)

Superior Landscaping & Lawn Service, Inc.
2200 NW 23 Avenue
Miami, FL 33142

SURETY:

(Name, legal status and principal place of business)

Great Midwest Insurance Company
800 Gessner, Suite 600
Houston, TX 77024

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.

OWNER:

(Name, legal status and address)

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

BOND AMOUNT: \$ 5%

Five Percent of Amount Bid

PROJECT:

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

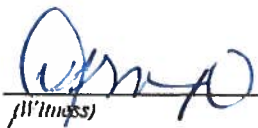
US #1 Landscape & Irrigation Construction Project - Segments 1 & 2, Bid No. 20220085

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.

Signed and sealed this 3rd day of November, 2022


(Witness)


(Witness) Rita Lazarides

Superior Landscaping & Lawn Service, Inc.
(Principal) (Seal)

By: 
(Title) President

Great Midwest Insurance Company
(Surety) (Seal)

By: 
(Title) Brett M. Rosenhaus Attorney-in-Fact

POWER OF ATTORNEY
Great Midwest Insurance Company

KNOW ALL MEN BY THESE PRESENTS, that **GREAT MIDWEST INSURANCE COMPANY**, a Texas Corporation, with its principal office in Houston, TX, does hereby constitute and appoint:

Dale A. Belis, Marilyn Ann Blome, Donald Bramlage, Edward M. Clark, Christian Collins, F. Danny Gann, David R. Hoover, Jarrett Merlucci, Laura D. Mosholder, Charles J. Nielson, Jessica P. Reno, Audria R. Ward, Edward T. Ward, Kevin Wojtowicz, Richard Zimmerman, Charles D. Nielson, Brett M. Rosenhaus

its true and lawful Attorney(s)-In-Fact to make, execute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or other writings obligatory in nature of a bond.

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of **GREAT MIDWEST INSURANCE COMPANY**, on the 1st day of October, 2018 as follows:

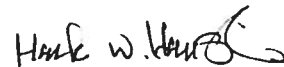
Resolved, that the President, or any officer, be and hereby is, authorized to appoint and empower any representative of the Company or other person or persons as Attorney-In-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed Ten Million dollars (\$10,000,000.00), which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-In-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-In-Fact, so appointed, may be removed in the Company's sole discretion and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary, and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond of undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, **GREAT MIDWEST INSURANCE COMPANY**, has caused this instrument to be signed by its President, and its Corporate Seal to be affixed this 11th day of February, 2021.

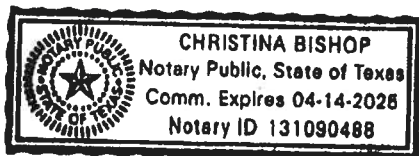



GREAT MIDWEST INSURANCE COMPANY

BY 
Mark W. Haushill
President

ACKNOWLEDGEMENT

On this 11th day of February, 2021, before me, personally came Mark W. Haushill to me known, who being duly sworn, did depose and say that he is the President of **GREAT MIDWEST INSURANCE COMPANY**, the corporation described in and which executed the above instrument; that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.



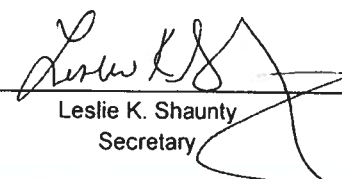
BY 
Christina Bishop
Notary Public

CERTIFICATE

I, the undersigned, Secretary of **GREAT MIDWEST INSURANCE COMPANY**, A Texas Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the foregoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and Sealed at Houston, TX this 3rd Day of November, 20 22.



BY 
Leslie K. Shaunty
Secretary

"WARNING: Any person who knowingly and with intent to defraud any insurance company or other person, files and application for insurance of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.



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

DICKENS, BRIAN M

SUPERIOR LANDSCAPING & LAWN SERVICE INC
2200 NORTHWEST 23RD AVENUE
MIAMI FL 33142

LICENSE NUMBER: CGC1529871

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

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

LEVY, BERNARD A

SUPERIOR LANDSCAPING & LAWN SERVICE INC
11231 SW 1ST. COURT
★ PLANTATION FL 33325 ★

LICENSE NUMBER: CFC1425682

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/16/2021

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	Brown & Brown Miami-Dade 8825 NW 21st Terrace Doral FL 33172	CONTACT NAME: Julio Guerrero PHONE (A/C, No, Ext): (305) 714-4400 FAX (A/C, No): (305) 714-4401 E-MAIL ADDRESS: jguerrero@bbmia.com
INSURED	Superior Landscaping & Lawn PO Box 35-0095 Miami FL 33135	INSURER(S) AFFORDING COVERAGE INSURER A: Twin City Fire Insurance Company NAIC # 29459 INSURER B: Hartford Insurance Company of the Midwest 37478 INSURER C: The North River Insurance Company 21105 INSURER D: FFVA Mutual Insurance Co 10385 INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 21/22 GL CA UMB WC

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			21UENOL4176	12/01/2021	12/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			21UENOL9067	12/01/2021	12/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			5821180145	12/01/2021	12/01/2022	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	WC84000345042021A	12/01/2021	12/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

"Sample"

CERTIFICATE HOLDER

CANCELLATION

"Sample"

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000

VALID OCTOBER 1, 2022 THROUGH SEPTEMBER 30, 2023

DBA: SUPERIOR LANDSCAPING & LAWN
Business Name: SERVICE INC

Receipt #: 324-10769
Business Type: LAWN MAINTENANCE/LANDSCAPE
(LAWN MAINTENANCE/LANDSCAPE)

Owner Name: ORLANDO OTERO
Business Location: 2200 NW 23 AVE
MIAMI DADE COUNTY
Business Phone: 305-634-0717

Business Opened: 04/26/2002
State/County/Cert/Reg:
Exemption Code:

Rooms Seats Employees Machines Professionals
30

For Vending Business Only						
Number of Machines:			Vending Type:			
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
150.00	0.00	0.00	0.00	0.00	0.00	150.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT

WHEN VALIDATED

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

Mailing Address:

ORLANDO OTERO
PO BOX 35-0095
MIAMI, FL 33142

Receipt # WWW-21-00249042
Paid 08/23/2022 150.00

2022 - 2023

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000

VALID OCTOBER 1, 2022 THROUGH SEPTEMBER 30, 2023

DBA: SUPERIOR LANDSCAPING & LAWN SERVICE
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Business Phone: 305-634-0717

Business Opened: 04/26/2002
State/County/Cert/Reg:
Exemption Code:

Rooms Seats Employees Machines Professionals
30

Signature	For Vending Business Only					
	Number of Machines:			Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
150.00	0.00	0.00	0.00	0.00	0.00	150.00

Receipt # WWW-21-00249042
Paid 08/23/2022 150.00



Certificate of Completion

ADVANCED TREE TRIMMING

Michael DeFaunder
Commercial Horticulture Agent



Paul Sands

has successfully completed the training conducted by UF/FAS Broward County Extension office (<http://sfyl.ifas.ufl.edu/broward/commercial-horticulture-program/>)

Class Date: August 24, 2022

Expires: July 1, 2023

THIS CARD IS A TRAINING CERTIFICATE - NOT A LICENSE.

STATE OF FLORIDA
Department of Agriculture and Consumer Services
BUREAU OF LICENSING AND ENFORCEMENT

Date
June 6, 2022

File No.
JF7250

Expires
June 1, 2023

THE CERTIFIED PEST CONTROL OPERATOR NAMED BELOW HAS
REGISTERED UNDER THE PROVISIONS OF CHAPTER 482 FOR THE
PERIOD EXPIRING: June 1, 2023

DANIEL H ACKENBRACK
4250 N. A1A #704
FORT PIERCE, FL 34949

General Household Pest and
Rodent Control
Lawn and Ornamental
Termite and Other WDO
Control

Nicole Fried
NICOLE "NIKKI" FRIED, COMMISSIONER

STATE OF FLORIDA
Department of Agriculture and Consumer Services
BUREAU OF LICENSING AND ENFORCEMENT

DANIEL H ACKENBRACK
CERTIFIED PEST CONTROL OPERATOR

JF7250

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD
EXPIRING June 1, 2023

Daniel H. Ackenbrack
Signature
COMMISSIONER

Wallet Card - Fold Here

BUREAU OF LICENSING & ENFORCEMENT
3125 CONNER BLVD, BLDG. 8
TALLAHASSEE, FLORIDA 32399-1650



August 17, 2022

Mr. Julio Valdes, Owner
Superior Landscaping & Lawn Service
PO Box 35-0095
Miami, FL 33135

**RE: 2022-23 Landscaper Permit Decals for Superior Landscaping & Lawn Service
Account #50411**

Dear Mr. Valdes:

Thank you for your recent permit application. Superior Landscaping & Lawn Service has submitted all of the necessary documentation and as such, has been approved for the 2022-23 program year. Decal numbers (2) **LF23-0079:0080** have been assigned to your account which is valid through September 30, 2023, for the following vehicles:

1. **2007 Sterling Acterra Tag#N4161Y**
2. **2004 Ford F750 Tag#N0060S**

The decal(s) will allow you to dispose of clean yard trash only at the designated DSWM disposal facilities: North Dade Landfill, South Dade Landfill or Resources Recovery.

Please permanently affix the new decal(s) on the inside upper left driver's side of your vehicle's windshield (and on the left side of any trailer that you may have registered under the permit) before, October 1, 2022. Vehicles that do not have a decal permanently affixed will not be allowed access to the facilities.

Transferring decals from one vehicle to another is prohibited. Failure to comply with the instructions as outlined in this letter may result in the issuance of a fine, revocation of the permit or both.

If you have any questions or require any additional information, please contact the Permit Section at 305-514-6610 or by email at PermitSection@miamidadegov.

Sincerely,

Nawa P. Fung-Lyew

Nawa P. Fung-Lyew
Administrator Officer 3
Enforcement Division



LF23-0080

2022-2023

Department of Solid Waste Management

PERMITTED LANDSCAPER

**LANDFILL REGISTERED
VEHICLE**

EXPIRES: SEPTEMBER 30, 2023

PERMIT# 50411



LF23-0079

2022-2023

Department of Solid Waste Management

PERMITTED LANDSCAPER

**LANDFILL REGISTERED
VEHICLE**

EXPIRES: SEPTEMBER 30, 2023

PERMIT# 50411



Paul Sands
FL-9676A

ISA Certified Arborist®

Expiration
31 Dec 2023



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

BOARD OF LANDSCAPE ARCHITECTURE

THE LANDSCAPE ARCHITECT HEREIN HAS REGISTERED UNDER THE
PROVISIONS OF CHAPTER 481, FLORIDA STATUTES

STRELKOW, PETER FRANCIS

HS2G INC.
1350 E SUNRISE BLVD
STE 121
E SUNRISE BLVD
FORT LAUDERDALE FL 33304

LICENSE NUMBER: LA0000884

EXPIRATION DATE: NOVEMBER 30, 2023

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

STATE OF FLORIDA
Department of Agriculture and Consumer Services
BUREAU OF LICENSING AND ENFORCEMENT

Date
August 2, 2022

File No.
JE44120

Expires
April 30, 2023

THE ID CARD HOLDER NAMED BELOW HAS REGISTERED UNDER
THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING:
April 30, 2023

AT

SUPERIOR LANDSCAPING & LAWN SERVICE INC
MIAMI, FL 33142

DANIEL H ACKENBRACK
SUPERIOR LANDSCAPING & LAWN SERVICE INC
P O BOX 35-0095
MIAMI, FL 33135

Certified Operator

Nicole Fried
NICOLE "NIKKI" FRIED, COMMISSIONER

STATE OF FLORIDA
Department of Agriculture and Consumer Services
BUREAU OF LICENSING AND ENFORCEMENT

DANIEL H ACKENBRACK
SUPERIOR LANDSCAPING & LAWN SERVICE INC
ID CARD HOLDER

JE44120

Certified Operator

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD
EXPIRING April 30, 2023

Nicole Fried Signature
COMMISSIONER ATTACH PHOTO ON REVERSE

Wallet Card - Fold Here

BUREAU OF LICENSING & ENFORCEMENT
3125 CONNER BLVD, BLDG. 8
TALLAHASSEE, FLORIDA 32399-1650

STATE OF FLORIDA
Department of Agriculture and Consumer Services
BUREAU OF LICENSING AND ENFORCEMENT

Date
August 2, 2022

File No.
JB160603

Expires
April 30, 2023

THE PEST CONTROL COMPANY FIRM NAMED BELOW HAS
REGISTERED UNDER THE PROVISIONS OF CHAPTER 482 FOR THE
PERIOD EXPIRING: April 30, 2023

AT

2200 NW 23RD AVE
MIAMI, FL 33142

SUPERIOR LANDSCAPING & LAWN SERVICE
INC
P O BOX 35-0095
MIAMI, FL 33135

Lawn and Ornamental

Nicole Fried
NICOLE "NIKKI" FRIED, COMMISSIONER

STATE OF FLORIDA
Department of Agriculture and Consumer Services
BUREAU OF LICENSING AND ENFORCEMENT

SUPERIOR LANDSCAPING & LAWN SERVICE INC
2200 NW 23RD AVE
PEST CONTROL COMPANY FIRM

JB160603

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD
EXPIRING April 30, 2023

Nicole Fried Signature
COMMISSIONER

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BUREAU OF LICENSING & ENFORCEMENT
3125 CONNER BLVD. BLDG. 8
TALLAHASSEE, FLORIDA 32399-1650

STATE OF FLORIDA
Department of Agriculture and Consumer Services
BUREAU OF LICENSING AND ENFORCEMENT

Date
August 2, 2022

File No.
JE271888

Expires
April 30, 2023

THE ID CARD HOLDER NAMED BELOW HAS REGISTERED UNDER
THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING:
April 30, 2023

AT

SUPERIOR LANDSCAPING & LAWN SERVICE INC
MIAMI, FL 33142

Regular

MARTIR M AMAYA
SUPERIOR LANDSCAPING & LAWN SERVICE INC
P O BOX 35-0095
MIAMI, FL 33135

nicole fried
NICOLE "NIKKI" FRIED, COMMISSIONER

STATE OF FLORIDA
Department of Agriculture and Consumer Services
BUREAU OF LICENSING AND ENFORCEMENT

MARTIR M AMAYA
SUPERIOR LANDSCAPING & LAWN SERVICE INC
ID CARD HOLDER

JE271888

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD
EXPIRING April 30, 2023

nicole fried Signature
COMMISSIONER

ATTACH PHOTO ON REVERSE

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BUREAU OF LICENSING & ENFORCEMENT
3125 CONNER BLVD, BLDG 8
TALLAHASSEE, FLORIDA 32399-1650



STATE OF FLORIDA
Department of Agriculture and Consumer Services
BUREAU OF LICENSING AND ENFORCEMENT

Date
August 2, 2022

File No.
JE311427

Expires
April 30, 2023

THE ID CARD HOLDER NAMED BELOW HAS REGISTERED UNDER
THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING:
April 30, 2023

AT

SUPERIOR LANDSCAPING & LAWN SERVICE INC
MIAMI, FL 33142

RICARDO A QUINTANILLA
SUPERIOR LANDSCAPING & LAWN SERVICE INC
P O BOX 35-0095
MIAMI, FL 33135

Regular

Nicole Fried
NICOLE "NIKKI" FRIED, COMMISSIONER

STATE OF FLORIDA
Department of Agriculture and Consumer Services
BUREAU OF LICENSING AND ENFORCEMENT

RICARDO A QUINTANILLA
SUPERIOR LANDSCAPING & LAWN SERVICE INC
ID CARD HOLDER

JE311427

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD
EXPIRING April 30, 2023

Nicole Fried
COMMISSIONER

Signature

ATTACH PHOTO ON REVERSE

Wallet Card - Fold Here

BUREAU OF LICENSING & ENFORCEMENT
3125 CONNER BLVD, BLDG. 8
TALLAHASSEE, FLORIDA 32399-1650



STATE OF FLORIDA
Department of Agriculture and Consumer Services
BUREAU OF LICENSING AND ENFORCEMENT

Date
August 2, 2022

File No.
JE271889

Expires
April 30, 2023

THE ID CARD HOLDER NAMED BELOW HAS REGISTERED UNDER
THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING:
April 30, 2023

AT

SUPERIOR LANDSCAPING & LAWN SERVICE INC
MIAMI, FL 33142

Regular

RODOLFO HAWKINS
SUPERIOR LANDSCAPING & LAWN SERVICE INC
P O BOX 35-0095
MIAMI, FL 33135

Nicole Fried
NICOLE "NIKKI" FRIED, COMMISSIONER

STATE OF FLORIDA
Department of Agriculture and Consumer Services
BUREAU OF LICENSING AND ENFORCEMENT

RODOLFO HAWKINS
SUPERIOR LANDSCAPING & LAWN SERVICE INC
ID CARD HOLDER

JE271889

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD
EXPIRING April 30, 2023

Nicole Fried
COMMISSIONER

Signature
ATTACH PHOTO ON REVERSE

Wallet Card - Fold Here

BUREAU OF LICENSING & ENFORCEMENT
3125 CONNER BLVD, BLDG. 8
TALLAHASSEE, FLORIDA 32399-1650



STATE OF FLORIDA
Department of Agriculture and Consumer Services
BUREAU OF LICENSING AND ENFORCEMENT

Date
August 2, 2022

File No.
JE296579

Expires
April 30, 2023

THE ID CARD HOLDER NAMED BELOW HAS REGISTERED UNDER
THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING:
April 30, 2023

AT

SUPERIOR LANDSCAPING & LAWN SERVICE INC
MIAMI, FL 33142

Regular

PAUL LEONARD SANDS
SUPERIOR LANDSCAPING & LAWN SERVICE INC
P O BOX 35-0095
MIAMI, FL 33135

Nicole Fried
NICOLE "NIKKI" FRIED, COMMISSIONER

STATE OF FLORIDA
Department of Agriculture and Consumer Services
BUREAU OF LICENSING AND ENFORCEMENT

PAUL LEONARD SANDS
SUPERIOR LANDSCAPING & LAWN SERVICE INC
ID CARD HOLDER

JE296579

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD
EXPIRING April 30, 2023

Nicole Fried
COMMISSIONER

Signature
ATTACH PHOTO ON REVERSE

Wallet Card - Fold Here

BUREAU OF LICENSING & ENFORCEMENT
3125 CONNER BLVD, BLDG. 8
TALLAHASSEE, FLORIDA 32399-1650



STATE OF FLORIDA
Department of Agriculture and Consumer Services
BUREAU OF LICENSING AND ENFORCEMENT

Date
August 2, 2022

File No.
JE271886

Expires
April 30, 2023

THE ID CARD HOLDER NAMED BELOW HAS REGISTERED UNDER
THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING:
April 30, 2023

AT

SUPERIOR LANDSCAPING & LAWN SERVICE INC
MIAMI, FL 33142

Regular

OSMANY MARTINEZ
SUPERIOR LANDSCAPING & LAWN SERVICE INC
P O BOX 35-0095
MIAMI, FL 33135

Nicole Fried
NICOLE "NIKKI" FRIED, COMMISSIONER

STATE OF FLORIDA
Department of Agriculture and Consumer Services
BUREAU OF LICENSING AND ENFORCEMENT

OSMANY MARTINEZ
SUPERIOR LANDSCAPING & LAWN SERVICE INC
ID CARD HOLDER

JE271886

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD
EXPIRING April 30, 2023

Nicole Fried
COMMISSIONER

Signature
ATTACH PHOTO ON REVERSE

Wallet Card - Fold Here

BUREAU OF LICENSING & ENFORCEMENT
3125 CONNER BLVD, BLDG. 8
TALLAHASSEE, FLORIDA 32399-1650



STATE OF FLORIDA
Department of Agriculture and Consumer Services
BUREAU OF LICENSING AND ENFORCEMENT

Date
August 2, 2022

File No
JE245271

Expires
April 30, 2023

THE ID CARD HOLDER NAMED BELOW HAS REGISTERED UNDER
THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING:
April 30, 2023

AT

SUPERIOR LANDSCAPING & LAWN SERVICE INC
MIAMI, FL 33142

Regular

JOSE ROMERO
SUPERIOR LANDSCAPING & LAWN SERVICE INC
P O BOX 35-0095
MIAMI, FL 33135

Nicole Fried
NICOLE "NIKKI" FRIED, COMMISSIONER

STATE OF FLORIDA
Department of Agriculture and Consumer Services
BUREAU OF LICENSING AND ENFORCEMENT

JOSE ROMERO
SUPERIOR LANDSCAPING & LAWN SERVICE INC
ID CARD HOLDER

JE245271

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD
EXPIRING April 30, 2023

Nicole Fried
COMMISSIONER

Signature
ATTACH PHOTO ON REVERSE

Wallet Card - Fold Here

BUREAU OF LICENSING & ENFORCEMENT
3125 CONNER BLVD, BLDG. 8
TALLAHASSEE, FLORIDA 32399-1650



STATE OF FLORIDA
Department of Agriculture and Consumer Services
BUREAU OF LICENSING AND ENFORCEMENT

Date
August 2, 2022

File No.
JE194814

Expires
April 30, 2023

THE ID CARD HOLDER NAMED BELOW HAS REGISTERED UNDER
THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING:
April 30, 2023

AT

SUPERIOR LANDSCAPING & LAWN SERVICE INC
MIAMI, FL 33142

NOE A ROMERO
SUPERIOR LANDSCAPING & LAWN SERVICE INC
P O BOX 35-0095
MIAMI, FL 33135

Regular

Nicole Fried
NICOLE "NIKKI" FRIED, COMMISSIONER

STATE OF FLORIDA
Department of Agriculture and Consumer Services
BUREAU OF LICENSING AND ENFORCEMENT

NOE A ROMERO
SUPERIOR LANDSCAPING & LAWN SERVICE INC
ID CARD HOLDER

JE194814

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD
EXPIRING April 30, 2023

Nicole Fried
COMMISSIONER

Signature

ATTACH PHOTO ON REVERSE

Wallet Card - Fold Here

BUREAU OF LICENSING & ENFORCEMENT
3125 CONNER BLVD, BLDG 8
TALLAHASSEE, FLORIDA 32399-1650





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

DICKENS, BRIAN M

SUPERIOR LANDSCAPING & LAWN SERVICE INC
2200 NORTHWEST 23RD AVENUE
MIAMI FL 33142

LICENSE NUMBER: CGC1529871

EXPIRATION DATE: AUGUST 31, 2024

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

LEVY, BERNARD A

SUPERIOR LANDSCAPING & LAWN SERVICE INC
11231 SW 1ST. COURT
PLANTATION FL 33325

LICENSE NUMBER: CFC1425682

EXPIRATION DATE: AUGUST 31, 2024

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Certification No. 2021-257
Expiration date: December 31, 2024



This certifies that

Julio Valdes

Having shown to possess the necessary qualifications
and having complied with the requirements of the

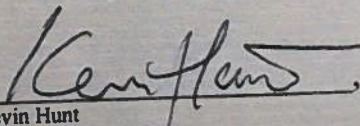
Landscape Inspectors Association of Florida

was by an order of this body recognized as competent
in dispensing of the duties of a

Landscape Inspector

Given under the seal of the
Landscape Inspectors Association of Florida
this 1st day of June, 2021



 Certification Chair
Kevin Hunt



This Certifies that
Julio Valdes

Has Completed a Florida Department of Transportation Approved
Temporary Traffic Control (TTC) Advanced (Refresher) Course.

Date Expires: 03/26/2025

Certificate # 71857

Instructor: Messler R. Gilchrist FDOT Provider # 140

Metro Florida Safety Council
Phone: 954-893-1800
Tri-County
Dade, Broward, Palm Beach,
metrofloridasafetycouncil.com
miyona@metrofloridasafetycouncil.com





Department of Environmental Protection

2600 Blair Stone Road, M.S. 3570
Tallahassee, Florida 32399-2400

UF IFAS

UNIVERSITY of FLORIDA

GI-BMP Trainee ID: GV38971
Certification date: 1/29/2016

Congratulations on successfully completing the Florida Green Industries Best Management Practices Training Program. Your certificate of completion and wallet card are attached. If there are errors in the certificate, or if we can be of further assistance, please contact the GI-BMP Office of the UF/Florida-Friendly Landscaping™ Program at gi.bmp@ifas.ufl.edu or (352) 273-4517.

Please note that this training certificate alone does not authorize you to apply fertilizer commercially after January 1, 2014. You must take additional steps to become licensed for commercial fertilizer application in the state of Florida. The Limited Urban Commercial Fertilizer Applicator Certification (state "fertilizer license") is issued by the Florida Department of Agriculture and Consumer Services (FDACS).

Apply online: <https://aesecomm.freshfromflorida.com>. The certificate number from this document is required to apply for Fertilizer Applicator Certification. For assistance contact: The Bureau of Licensing and Enforcement, (850) 617-7997

If your test score is 90% or greater, you may be eligible to become a GI-BMP Instructor:

Test Score: 85%

http://fyn.ifas.ufl.edu/professionals/instructor_program.html

Beatriz Gerdts
12578 SW 125th Ter
Miami, FL 33186

State of Florida
DEPARTMENT OF
ENVIRONMENTAL PROTECTION

Beatriz Gerdts

GV38971-1

GV38971

Certificate #

Trainee ID #

**GREEN INDUSTRIES BEST MANAGEMENT PRACTICES
TRAINING PROGRAM**



GV38971-1

Certificate #

GV38971

Trainee ID #

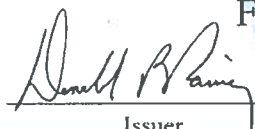
Certificate of Training Best Management Practices Florida Green Industries

UF IFAS
UNIVERSITY of FLORIDA

The undersigned hereby acknowledges that

Beatriz Gerdts

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


Issuer

D. Rainey
Instructor

1/29/2016
Date of Class


DE Program Administrator

Not valid without seal

2600 Blair Stone Road, M.S. 3510
Tallahassee, Florida 32399-2400GI-BMP Trainee ID: GV921133
Certification date: 6/23/2022
Test Score: 78%

Congratulations on successfully completing the Florida Green Industries Best Management Practices Training Program. Your certificate of completion and wallet card are attached. If there are errors in the certificate, or if we can be of further assistance, please contact the GI-BMP office of the UF/IFAS Florida-Friendly Landscaping™ Program at gi.bmp@ifas.ufl.edu or (352) 273-4517.

Please note that this training certificate alone does not authorize you to apply fertilizer commercially. You must take additional steps to become licensed for commercial fertilizer application in the state of Florida. The Limited Urban Commercial Fertilizer Applicator Certification (state "fertilizer license") is issued by the Florida Department of Agriculture and Consumer Services (FDACS).

Apply online: <https://aesecomm.freshfromflorida.com>. The certificate number from this document is required to apply for Fertilizer Applicator Certification. For assistance contact: The Bureau of Licensing and Enforcement, (850) 617-7997.

If your test score is 90% or greater, you may be eligible to become a GI-BMP Instructor:
https://ffl.ifas.ufl.edu/professionals/instructor_program.html

**State of Florida
DEPARTMENT OF
ENVIRONMENTAL PROTECTION****Orlando Otero**Orlando Otero
Superior LandscapingGV921133-1

Certificate #

GV921133

Trainee ID #

**GREEN INDUSTRIES BEST MANAGEMENT PRACTICES
TRAINING PROGRAM**GV921133-1

Certificate #

GV921133

Trainee ID #

**Certificate of Training
Best Management Practices
Florida Green Industries**

The undersigned hereby acknowledges that

Orlando Otero

has successfully completed the Green Industries Best Management Practices Program
developed by the Florida Department of Environmental Protection with the
University of Florida Institute of Food and Agricultural Sciences.

Tom Wichman
GI-BMP Statewide CoordinatorT. Wichman
Instructor6/23/2022
Date of ClassEsen Momol, Ph.D.
Director Florida-Friendly Landscaping™ Program



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of SUPERIOR LANDSCAPING & LAWN SERVICE INC., a Florida corporation, filed on May 18, 1998, as shown by the records of this office.

The document number of this corporation is P98000044604.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Eighteenth day of May, 1998



CR2EO22 (2-95)

Sandra B. Northam

Sandra B. Northam
Secretary of State

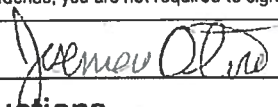
Request for Taxpayer Identification Number and Certification

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. Superior Landscaping & Lawn Service 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"/> 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) _____ (Applies to accounts maintained outside the U.S.)
	5 Address (number, street, and apt. or suite no.) See instructions 2200 NW 23 Avenue 6 City, state, and ZIP code Miami, FL 33142 7 List account number(s) here (optional)	Requester's name and address (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 <i>How to get a TIN</i> , later.	
Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	
Social security number [][]-[][]-[][][][][][] OR Employer identification number [6][5]-[0][8][3][8][1][0][0]	

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 ► 10/24/2022

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.

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. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. 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).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

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

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, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

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 his or her 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 his or her 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 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 under 4 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.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States 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 no longer are 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.

a. **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: 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 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** 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.

d. **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. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity 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, "Business name/disregarded entity name." 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, you may enter it on line 2.

Line 3

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

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	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 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 in 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 possession, 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 possession
- 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
- 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 Income, 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) written or printed 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 possession, 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, write 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 individual taxpayer identification number (ITIN). Enter it in the social security number box. 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). Do not enter the disregarded entity's EIN. 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 1-800-772-1213. 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/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. 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 SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "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, generally you will 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.

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) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
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

For this type of account:	Give name and EIN of:
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 under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (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 and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. 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.) Also see *Special rules for partnerships*, earlier.

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

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 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 credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 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 1-877-777-4778 or TTY/TDD 1-800-829-4059.

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 1-800-366-4484. 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.

Visit 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 possessions for use in administering their laws. The information also may 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, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.