City of Port St. Lucie

Procurement Management Division

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

[HD CAPITAL GROUP LLC] RESPONSE DOCUMENT REPORT

IFB No. 20260197

Electrical Supplies and Equipment, Purchase and Delivery

RESPONSE DEADLINE: June 17, 2026 at 2:00 pm

Report Generated: Wednesday, June 17, 2026

HD Capital Group LLC Response

CONTACT INFORMATION

Company:
HD Capital Group LLC

Email:
sales@hdcapitalgr.com

Contact:
Harold Osorio

Address:
2521 Cleveland Street
Unit 107
Hollywood, FL 33020

Phone:
(954) 939-9245

Website:
N/A

Submission Date:
Jun 16, 2026 9:18 PM (Eastern Time)

ADDENDA CONFIRMATION

Addendum #1
Confirmed Jun 15, 2026 2:06 PM by Harold Osorio

QUESTIONNAIRE

1. Mandatory Forms

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

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

Please download the below documents, complete, and upload.

- PSL-Contractor's_General_In...

PORT_ST._LUCIE.pdf

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

- E-Verify_Form.pdf

E-Verify.pdf

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

- Non-Collusion_Affidavit-fil...

Non-Collusion.pdf

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

- Supplier_Location_Certifica...

Supplier_Location_Certification.pdf

COPY OF W-9*
W9_2026.pdf

COPY OF CERTIFICATE OF INSURANCE *
COI_-_HD_Capital_Group_LLC.pdf

COPY OF LICENSES OR CERTIFICATIONS*
Articles_of_Organization.pdf
License9018667.pdf

COPY OF BID BOND *
Bid_Bond_Addendum.png

2. Electronic Confirmation

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

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

Confirmed

CONTRACTOR'S CODE OF ETHICS*

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

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

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

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

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

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

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

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

Confirmed

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

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

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

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

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

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

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

Confirmed

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

Confirmed

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

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

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

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

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

Confirmed

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

PRICE TABLES

A) CORE ITEMS

Contractor are requested to submit pricing for all core items listed. A price of $0.00 will be interpreted as no cost to the City. All pricing shall be firm, fixed, and inclusive of all discounts, freight, delivery, and associated charges. Estimated quantities are provided for evaluation purposes only and do not represent a purchase commitment.

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
1	Conduit 1/2 Sch 80 Gray 10ft	1,400	FT	$0.5273	$738.192
2	Conduit 3/4 Sch 80 Gray 10ft	600	FT	$0.7225	$433.524
3	Conduit 1 Sch 80 Gray 10ft	400	FT	$0.9883	$395.304
4	Conduit 1-1/2 Sch 80 Gray 10ft	20,000	FT	$1.547	$30,940.00
5	Conduit 1/2 EMT Steel 10ft	100	FT	$0.589	$58.903
6	Conduit 3/4 EMT Steel 10ft	100	FT	$0.9558	$95.576
7	1/2 90 Degree L/T Snap Connector	1,500	EA	$3.38	$5,070.00
8	1/2 L/T Snap Connector	2,700	EA	$2.496	$6,739.20
9	60 Amp Service Disconnect (BRAND/MODEL: GE)	1,800	EA	$41.587	$74,856.60
10	Wire #12 Black Stranded 500ft Roll	17,500	FT	$0.286	$5,005.00
11	Wire #12 Red Stranded 500ft Roll	15,000	FT	$0.286	$4,290.00
12	Wire #12 White Stranded 500 ft Roll	17,500	FT	$0.286	$5,005.00
13	Wire #12 Green Stranded 500ft Roll	17,500	FT	$0.286	$5,005.00
14	Wire #12 Green Solid 500ft Roll	1,000	FT	$0.26	$260.00

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
15	Wire #12 Blue Stranded 500ft Roll	2,500	FT	$0.286	$715.00
16	Wire #12 Brown Stranded 500ft Roll	2,500	FT	$0.286	$715.00
17	Wire #12 Orange Stranded 500ft Roll	2,500	FT	$0.286	$715.00
18	Wire #12 Yellow Stranded 500ft Roll	1,000	FT	$0.286	$286.00
19	Wire #14 Black Stranded 500ft Roll	2,000	FT	$0.1919	$383.76
20	Wire #14 Red Stranded 500ft Roll	2,000	FT	$0.1919	$383.76
21	Wire #14 White Stranded 500ft Roll	2,000	FT	$0.1919	$383.76
22	Wire #14 Green Stranded 500ft Roll	2,000	FT	$0.1919	$383.76
23	Wire #14 Blue Stranded 500ft Roll	2,000	FT	$0.1919	$383.76
24	Wire #14 Brown Stranded 500ft Roll	2,000	FT	$0.1919	$383.76
25	Wire #14 Orange Stranded 500ft Roll	2,000	FT	$0.1919	$383.76
26	Wire #14 Yellow Stranded 500ft Roll	2,000	FT	$0.1919	$383.76
27	Duct Seal Putty	600	EA	$10.322	$6,193.20
28	Terminal Block (BRAND/MODEL: Sq. D / 9080GD6)	200	EA	$19.487	$3,897.40
29	Terminal Block / Bus Bar 600V (BRAND/MODEL: Sq. D / 9080GRE6)	600	EA	$4.927	$2,956.20
30	Terminal Block Endcap - Large (BRAND/MODEL: Sq. D)	100	EA	$5.85	$585.00

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
31	Terminal Block Endcap - Small (BRAND/MODEL: Sq. D)	100	EA	$4.927	$492.70
32	DIN Rail End Bracket w/ Screw (BRAND/MODEL: Sq. D)	100	EA	$8.853	$885.30
33	Starter Size 1	15	EA	$681.187	$10,217.805
34	Starter Size 2	20	EA	$1,601.327	$32,026.54
35	Starter Size 3	10	EA	$2,533.336	$25,333.36
TOTAL					**$226,980.884**

B) NON-CORE ITEMS

Contractor shall provide one fixed percentage discount that will apply to all non-core electrical supply items. The Contractor shall enter the discount amount in the Percentage Discount column. Although the field may display a dollar sign ($), the value entered will be interpreted strictly as a percentage, and the dollar sign shall be disregarded. For example, entering “15” equals fifteen percent (15%) off the Contractor’s published catalog or list price. All catalog/list pricing shall be fully inclusive of all discounts, freight, delivery, and any associated charges. The percentage discount shall remain firm for the duration of the contract. Bidding on Cost Table (B) is optional. If the Contractor chooses not to submit a discount, they shall select the “No Bid” box. Entering 0 in the Percentage Discount field will be interpreted as no discount offered to the City.

Line Item	Description	Quantity	Unit of Measure	Percentage Discount off catalog price	Total	No Bid
36	Non-core electrical supply items percentage discount that will apply to all.		%	No Bid	No Bid	X

Line Item	Description	Quantity	Unit of Measure	Percentage Discount off catalog price	Total	No Bid
TOTAL					$0.00	

PORT ST. LUCIE
HEART OF THE TREASURE COAST

CONTRACTOR'S GENERAL INFORMATION WORK SHEET

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

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

Name: HD Capital Group. / Xlectrical

Address: 2521 Cleveland St. apt. 107, Hollywood, FL, 33020 /
5405 NW 102nd Ave # 209, Sunrise, FL 33351

Telephone Number: 954-939 9245

Fax Number:

3. Contact person: Harold D. Osorio Email: sales@hdcapitalgr.com

4. Firm's previous names (if any). N/A

5. How many years has your organization been in business? +3

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

7. List the license(s) that qualifies your firm to construct this project:
Electrical Contractor License: EC13014052

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

Project Number 1

Project Name: Furnish and Delivery of Epoxy Resin and Hardener

Description: Furnish and Deliver Epoxy Resin and Hardener on a as-needed basis to Middlesex County's office of Public Works, Division of Highways and Briges

Location: 75 Bayard St., 3rd Floor, New Brunswick, NJ 08901

Client Name, Phone Number & Email: Middlesex County, NJ, 732-745-4209. tyler.cevetello@co.middlesex.nj.us

Value of Total Contract: $79,200

Date of Completion: Ongoing

Firm's Percentage of Total Contract: 100%.

Number of Change Orders: 0

Value of Change Orders: 0

Was Project Completed on Schedule: Y

Was Project Completed within Budget? Y

Project Number 2

Project Name: Filter, Dollinger 49-10K99

Description: Supply and Delivery of Dollinger Filters for city's wastewater plant, on as-needed basis.

Location: 2555 E Hannah Ave, Tampa, FL 33610

Client Name, Phone Number & Email: City of Tampa (813)-622-1980, missy.campagnana@tampagov.net

Value of Total Contract: $15,000

Date of Completion: Ongoing

Firm's Percentage of Total Contract: 100%.

Number of Change Orders: 0

Value of Change Orders: 0

Was Project Completed on Schedule: Y

Was Project Completed within Budget? Y

Project Number 3

Project Name: Inventory Chlorioe

Description: Supply and Deliver chemicals for city's water treatment plant.

Location: 2555 E Hannah Ave, Tampa, FL 33610

Client Name, Phone Number & Email: City of Tampa (813)-622-1980 missy.campagnana@tampagov.net

Value of Total Contract: $ 24,000

Date of Completion: Ongoing

Firm's Percentage of Total Contract: 100%.

Number of Change Orders: 1

Value of Change Orders: TBD

Was Project Completed on Schedule: Y

Was Project Completed within Budget? Y

Project Number 4

Project Name:

Description:

Location:

Client Name, Phone Number & Email:

Value of Total Contract:

Date of Completion:

Firm's Percentage of Total Contract:

Number of Change Orders:

Value of Change Orders:

Was Project Completed on Schedule:

Was Project Completed within Budget?

Project Number 5

Project Name:

Description:

Location:

Client Name, Phone Number & Email:

Value of Total Contract:

Date of Completion:

Firm's Percentage of Total Contract:

Number of Change Orders:

Value of Change Orders:

Was Project Completed on Schedule:

Was Project Completed within Budget?

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

Harold D. Osorio → Managing Partner, HD Capital Group

Elias Sierra → Manager, Electrical

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:

None, 0.

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

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

None, 0.

(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:

None, 0.

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

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

Xlectrical, (786)-806-0652

Signature

Harold D. Osorio - Managing Partner.

Title

PORT ST. LUCIE
HEART OF THE TREASURE COAST

E-Verify Form

Supplier/Consultant acknowledges and agrees to the following:

1. Shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the Supplier/Consultant during the term of the contract; and
2. Shall expressly require any subcontractors performing work or providing services pursuant to the state contract to likewise utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term.
3. The Contractor hereby represents that it is in compliance with the requirements of Sections 448.09 and 448.095, Florida Statutes. The Contractor further represents that it will remain in compliance with the requirements of Sections 448.09 and 448.095 Florida Statutes, during the term of this contract and all attributed renewals.
4. The Contractor hereby warrants that it has not had a contract terminated by a public employer for violating Section 448.095, Florida Statutes, within the year preceding the effective date of this contract. If the Contractor has a contract terminated by a public employer for any such violation during the term of this contract, it must provide immediate notice thereof to the City.

E-Verify Company Identification Number 3036416

Date of Authorization 15 June, 2026

Name of Contractor HD Capital Group LLC

Name of Project Electrical Supplies and Equipment, Purchase and Delivery

Solicitation Number (If Applicable) 20260197

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

Executed on JUNE, 15, 20 26 in FORT LAUDERDALE (city), FL (state).

Signature of Authorized Officer

HAROLD D. OSORIO
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE_____DAY OF_____,20____.

NOTARY PUBLIC _____

My Commission Expires: _____

PORT ST. LUCIE
HEART OF THE TREASURE COAST

NON-COLLUSION AFFIDAVIT

State of FLORIDA }

County of ST. LUCIE }

HAROLD D. OSORIO, being first duly sworn, disposes and says that:
(Name/s)

1. They are MANAGING PARTN of HD CAPITAL GROUP LLC the Proposer that
(Title) (Name of Company)

has submitted the attached PROPOSAL;

2. He is fully informed respecting the preparation and contents of the attached proposal and of all pertinent circumstances respecting such PROPOSAL;

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

4. Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Proposal in connection with the contract for which the attached proposal has been submitted or to refrain from proposing in connection with such Contract or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached Proposal or of any other Proposer, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the City of Port St. Lucie or any person interested in the proposed Contract; and

5. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

(Signed) _____

(Title) MANAGING PARTNER

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

The foregoing instrument was acknowledged before me this *(Date)*_____

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

_____as identification and who did (did not) take an oath.

Commission No._____

Notary Print: _____

Notary Signature: _____

PORT ST. LUCIE

SUPPLIER LOCATION CERTIFICATION

The undersigned, as a duly authorized representative of the Supplier listed herein, certifies to the best of their knowledge and belief, that the Supplier's location is correctly reflected based upon the below information. For purposes of this section, "Location" shall mean a business which:

a) How far is the Supplier's fixed office or distribution point located from City Hall; and

b) Is the principal offeror who is a single offeror; a business which is the prime contractor and not a subcontractor; or a partner or joint venturer submitting an offer in conjunction with other businesses.

Complete the following and upload this document and the Google Maps print out to the required sourcing platform:

Business Name: HD CAPITAL GROUP LLC / XLECTRICAL	
Current Local Address: 2521 Cleveland St. Hollywood, FL 33020 5405 NW 102nd Ave Ste 239, Sunrise, FL 33351 Length of time at this address: 3 YEARS	Phone: 9549399245 Fax: 9549399245
Please provide your prior business address if the above address has been for less than one (1) year, prior to the issuance of this solicitation. Length of time at this address:	
Home Office Address: 408 NE 6th St. APT 604, FORT LAUDERDALE, FL, 33304 Length of time at this address: 2 YEARS	Phone: 9549399245 Fax:

(Signed) _____

(Title) Managing Partner

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

The foregoing instrument was acknowledged before me this *(Date)*_____

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

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

_____ Commission No. _____

Notary (print & sign name)

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

Request for Taxpayer Identification Number and Certification

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

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

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

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

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

HAROLD D OSORIO

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

HD CAPITAL GROUP LLC

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

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

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

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

☐ Other (see instructions)

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

Exempt payee code (if any)

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

(Applies to accounts maintained outside the United States.)

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

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

2521 Cleveland St. Apt 107

Requester's name and address (optional)

6 City, state, and ZIP code

Hollywood, FL, 33020

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

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

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

Social security number

			–			–				

or

Employer identification number

9	3	–	2	2	1	3	2	2	4

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** March 5, 2026

General Instructions

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

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

What's New

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

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

Purpose of Form

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/10/2025

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

Progressive Advantage Business Program
PO Box 5316
Binghamton NY 13902

CONTACT NAME: Progressive Advantage Business Program
PHONE (A/C, No, Ext): (844) 306-4926 **FAX (A/C, No):**
E-MAIL ADDRESS: commercialservice@homesite.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Midvale Indemnity Company	27138
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

HD Capital Group LLC
2521 Cleveland Street, APT. 107
Hollywood FL 33020

COVERAGES **CERTIFICATE NUMBER: 00001380405131** **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY	Y	N	CP00126256	01/22/2025	01/22/2026	EACH OCCURRENCE	$1,000,000
	[ ] CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$2,000,000
	[X] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$2,000,000
	[ ] OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY(Per accident)	
	[ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	[ ] UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	
	[ ] DED [ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECU -TIVE OFFICER/MEMBER EXCLUDED? [ ]	N/A					E.L. EACH ACCIDENT	
	(Mandatory in NH)						E.L. DISEASE - EA	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
	PROFESSIONAL LIABILITY						OCCURRENCE AGGREGATE	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Online Retailer - No automobiles, firearms, drugs or alcohol sales. THE COUNTY OF MIDDLESEX, ITS OFFICERS, OFFICIALS, AND AGENTS, ARE NAMED AS ADDITIONAL INSURED FOR THE COMMERCIAL GENERAL LIABILITY (CGL) LISTED ABOVE, AND COVERAGEWILL BE PROVIDED ON A PRIMARY AND NONCONTRIBUTORY BASIS.

CERTIFICATE HOLDER

COUNTY OF MIDDLESEX

75 BAYARD ST 3RD FLOOR
NEW BRUNSWICK NJ 08901

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Electronic Articles of Organization
For
Florida Limited Liability Company

L23000319742
FILED 8:00 AM
July 05, 2023
Sec. Of State
tscott

Article I

The name of the Limited Liability Company is:

HD CAPITAL GROUP, LLC

Article II

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

2521 CLEVELAND STREET
APT 107
HOLLYWOOD, FL. US 33020

The mailing address of the Limited Liability Company is:

2521 CLEVELAND STREET
APT 107
HOLLYWOOD, FL. US 33020

Article III

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

Y WILLIAMS INSURANCE & FINANCIAL SERVICES
1720 HARRISON STREET
SUITE 5A
HOLLYWOOD, FL. 33020

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

Registered Agent Signature: SADIKI LAWRENCE

L23000319742
FILED 8:00 AM
July 05, 2023
Sec. Of State
tscott

Article IV

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

Title: MGR
HERMAN R ROMERO
2521 CLEVELAND STREET, APT 107
HOLLYWOOD, FL. 33020 US

Title: AMBR
HAROLD OSORIO
2521 CLEVELAND STREET, APT 107
HOLLYWOOD, FL. 33020 US

Article V

The effective date for this Limited Liability Company shall be:

07/05/2023

Signature of member or an authorized representative

Electronic Signature: HAROLD OSORIO

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

Ron DeSantis, Governor

Melanie S. Griffin, Secretary

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ELECTRICAL CONTRACTORS' LICENSING BOARD

THE ELECTRICAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES
Additional Business Qualification

PEREZ, ANTONIO DE JESUS

XLECTRICAL
5405 NW 102ND AVE # 209
SUNRISE FL 33351

LICENSE NUMBER: EC13014052

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at MyFloridaLicense.com

ISSUED: 07/29/2024

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.

5.1. ~~Bid Bond~~

~~Each responding Contractor must supply a Bid Bond or Bid Deposit (certified check, cashier's check, bank money order, bank draft of any national or state bank), in a sum of not less than five percent (5%) of the bid total made payable to the City. As a **Mandatory Requirement**, the Bid Bond or Bid Deposit must be scanned and uploaded as part of the Vendor Submission along with all other required documents, thus showing evidence that a Bid Bond or Bid Deposit was obtained. Responding Contractors must send the Original Bid Bond or Bid Deposit to the City within ten (10) business days after the IFB Due Date as reflected above in the Schedule of Events. The responding Contractor's proposal will be considered non-Responsive if the Bid Bond or Bid Deposit is not received within the specified time frame. Responding Contractors must submit a Bid Bond or Bid Deposit made payable to the City in a sealed envelope to:~~

~~A'lexis Curry-Hibbert~~
~~121 S.W. Port St. Lucie Blvd.~~
~~Port St. Lucie, FL 34984~~
~~Attn: Procurement Management Division~~

~~Bonds must be issued by a Surety authorized to do business in the State of Florida, in order to guarantee that the Contractor will enter into a contract to deliver products and/or related services outlined in this solicitation, strictly within the terms and conditions stated in the Contract.~~

~~5.2.~~ Certification

Proposal Certification

By responding to this solicitation, the Contractor understands and agrees to the following:

1. That this electronically submitted proposal constitutes an offer, which, when accepted

Done