



City of Hollywood
Procurement Services

Otis Thomas, Interim Director/Chief Procurement Officer
2600 Hollywood Boulevard, Hollywood, FL 33020

[SUPERIOR LANDSCAPING & LAWN SERVICE INC.] RESPONSE DOCUMENT REPORT

IFB No. IFB-283-25-WV

Bike Lane Tree Planting - Washington and 72nd Ave.

RESPONSE DEADLINE: March 18, 2025 at 3:00 pm

Report Generated: Wednesday, March 19, 2025

Superior Landscaping & Lawn Service Inc. Response

CONTACT INFORMATION

Company:

Superior Landscaping & Lawn Service Inc.

Email:

jotero@superiorlandscaping.com

Contact:

Jesenia Otero

Address:

2200 NW 23 Avenue
Miami, FL 33142

Phone:

N/A

Website:

N/A

Submission Date:

Mar 18, 2025 10:59 AM (Eastern Time)

ADDENDA CONFIRMATION

No addenda issued

QUESTIONNAIRE

1. Bike Lane Tree Planting Submission*

Please upload all specifications/licenses for your submittal here per requirements on the Scope of Work section.

Licenses_and_Certificates.pdf

2. VENDOR REFERENCE FORM*

Please download the below documents, complete, and upload for each vendor reference. Reference forms are to be completed by your vendor reference. They must be sent back to you to be uploaded with your bid response. A minimum of three (3) references are required.

- [Vendor Reference Form.pdf](#)

Reference_Questionnaire.pdf

3. Trench Safety Form*

Please download the below documents, complete, and upload.

- [Form 12 - Trench Safety For...](#)

Form_12_-_Trench_Safety_Form.pdf

4. BID BOND FORM*

Please download the below documents, complete, and upload.

- [Bid Form MASTER.docx](#)

Bid_Form_MASTER.pdf

5. HOLD HARMLESS AND INDEMNITY CLAUSE*

I, an authorized representative, the contractor, shall indemnify, defend and hold harmless the City of Hollywood, its elected and appointed officials, employees and agents for any and all suits, actions, legal or administrative proceedings, claims, damage, liabilities, interest, attorney's fees, costs of any kind whether arising prior to the start of activities or following the completion or acceptance and in any manner directly or indirectly caused, occasioned or contributed to in whole or in part by reason of any act, error or omission, fault or negligence whether active or passive by the contractor, or anyone acting under its direction, control, or on its behalf in connection with or incident to its performance of the contract.

Confirmed

6. NON-COLLUSION STATEMENT*

I, being first duly sworn, depose that:

- A. He/she is an authorized representative of the Company, the Proposer that has submitted the attached Proposal.
- B. He/she has been fully informed regarding the preparation and contents of the attached Proposal and of all pertinent circumstances regarding such Proposal;
- C. Such Proposal is genuine and is not a collusion or sham Proposal;
- D. 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 contractor for which the attached Proposal has been submitted or to refrain from bidding 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, profit or cost element of the Proposal price or the Proposal price of any other Proposer, or to secure an advantage against the City of Hollywood or any person interested in the proposed Contract; and
- E. 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.

Confirmed

7. CERTIFICATIONS REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS*

The applicant certifies that it and its principals:

- A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- B. Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction, violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- C. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- D. Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.

Confirmed

8. DRUG-FREE WORKPLACE PROGRAM*

- A. IDENTICAL TIE PROPOSALS - Preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids which are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie proposals will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:
 - 1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.

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

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

Confirmed

9. SOLICITATION, GIVING, AND ACCEPTANCE OF GIFTS POLICY *

Florida Statute 112.313 prohibits the solicitation or acceptance of Gifts. "No Public officer, employee of an agency, local government attorney, or candidate for nomination or election shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the public officer, employee, local government attorney, or candidate would be influenced thereby." The term "public officer" includes "any person elected or appointed to hold office in any agency, including any person serving on an advisory body."

The City of Hollywood/Hollywood CRA policy prohibits all public officers, elected or appointed, all employees, and their families from accepting any gifts of any value, either directly or indirectly, from any contractor, vendor, consultant, or business with whom the City/CRA does business.

The State of Florida definition of "gifts" includes the following:

- Real property or its use,
- Tangible or intangible personal property, or its use,
- A preferential rate or terms on a debt, loan, goods, or services,
- Forgiveness of indebtedness,
- Transportation, lodging, or parking,
- Food or beverage,
- Membership dues,
- Entrance fees, admission fees, or tickets to events, performances, or facilities,
- Plants, flowers or floral arrangements
- Services provided by persons pursuant to a professional license or certificate.
- Other personal services for which a fee is normally charged by the person providing the services.
- Any other similar service or thing having an attributable value not already provided for in this section.

Any contractor, vendor, consultant, or business found to have given a gift to a public officer or employee, or his/her family, will be subject to dismissal or revocation of contract.

As the person authorized to sign the statement, I certify that this firm will comply fully with this policy.

Confirmed

10. Certificate of Insurance*

See requirements in the [#SPECIAL TERM AND CONDITIONS](#) section.

2025_COI_Certificate_of_Liability_Insurance.pdf

11. PROOF OF SUNBIZ REGISTRATION*

Enter company FEIN to be verified in Sunbiz

P98000044604

[Click to Verify](#) *Value will be copied to clipboard*

12. ACKNOWLEDGMENT AND SIGNATURE PAGE

IF CORPORATION - DATE INCORPORATED/ORGANIZED:*

May 18, 1998

STATE INCORPORATED/ORGANIZED:*

Florida

REMITTANCE ADDRESS*

P.O. Box 35-0095 Miami, FL 33135

BIDDER/PROPOSER'S AUTHORIZED REPRESENTATIVE'S TYPED FULL NAME*

Jesenia Otero

IT IS HEREBY CERTIFIED AND AFFIRMED THAT THE BIDDER/PROPOSER CERTIFIES ACCEPTANCE OF THE TERMS, CONDITIONS, SPECIFICATIONS, ATTACHMENTS AND ANY ADDENDA. THE BIDDER/PROPOSER SHALL ACCEPT ANY AWARDS MADE AS A RESULT OF THIS SOLICITATION. BIDDER/PROPOSER FURTHER AGREES THAT PRICES QUOTED WILL REMAIN FIXED FOR THE PERIOD OF TIME STATED IN THE SOLICITATION.*

Confirmed

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF BIDDER/PROPOSER TO BE BOUND BY THE TERMS OF ITS PROPOSAL. FAILURE TO SIGN THIS SOLICITATION WHERE INDICATED BY AN AUTHORIZED REPRESENTATIVE SHALL RENDER THE BID/PROPOSAL NON-RESPONSIVE. THE CITY MAY, HOWEVER, IN ITS SOLE DISCRETION, ACCEPT ANY BID/PROPOSAL THAT INCLUDES AN EXECUTED DOCUMENT WHICH UNEQUIVOCALLY BINDS THE BIDDER/PROPOSER TO THE TERMS OF ITS OFFER.*

Confirmed

13. SWORN STATEMENT PURSUANT TO SECTION 287.133 (3) (a) FLORIDA STATUTES ON PUBLIC ENTITY CRIMES

THIS FORM STATEMENT IS SUBMITTED TO THE CITY OF HOLLYWOOD BY:*

(Print individual's name and title) (Print name of entity submitting sworn statement)

Jesenia Otero, Estimating Coordinator

SWORN STATEMENT CONTINUATION:*

Enter business address:

2200 NW 23 Avenue Miami, FL 33142

SWORN STATEMENT CONTINUATION:*

Enter Federal Employer Identification Number (FEIN) is:

If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement.

65-0838100

SWORN STATEMENT CONTINUATION:*

I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in an federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

Superior Landscaping & Lawn Service Inc.

SWORN STATEMENT CONTINUATION:*

I understand that "Affiliate," as defined in paragraph 287.133(1)(a), Florida Statutes, means:

1. A predecessor or successor of a person convicted of a public entity crime, or
2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

Confirmed

SWORN STATEMENT CONTINUATION:*

I understand that "person," as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or any entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts let by a public entity, or which otherwise transacts or applies to transact business with a public entity.

The term "person" includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity

Confirmed

SWORN STATEMENT CONTINUATION:*

Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies.)

Division of Administrative Hearings, determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (attach a copy of the Final Order).

Neither the entity submitting sworn statement, nor any of its officers, director, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

SWORN STATEMENT CONFIRMATION*

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THAT PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017 FLORIDA STATUTES FOR A CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

Confirmed

PRICE TABLES

BASE BID

UNIT PRICE PREVAILS OVER TOTAL PRICE. Quantities provided are for information purposes.

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
1	General Conditions	1	LS	\$15,000.00	\$15,000.00
2	Mobilization	1	LS	\$15,000.00	\$15,000.00
3	Maintenance of Traffic	1	LS	\$6,800.00	\$6,800.00
Landscaping					
4	Sabal Palmetto (15' – 20' C.T.)	5	EA	\$200.00	\$1,000.00
5	Bursera simaruba (14' X 5', 3" caliper)	70	EA	\$700.00	\$49,000.00
6	Conocarpus erectus 'sericeus' (12' X 4', 2" caliper)	35	EA	\$800.00	\$28,000.00
7	Veitchia Montgomeryana (10' GW)	23	EA	\$650.00	\$14,950.00
8	Delonix regia (16' X 5', 3" caliper)	5	EA	\$1,200.00	\$6,000.00
9	Lagerstroemia fauriei (12' X 4', 2" caliper)	78	EA	\$750.00	\$58,500.00
10	Piscidia piscipula (12' x 4', 2" caliper)	20	EA	\$660.00	\$13,200.00
11	Simarouba glauca (12' x 4', 2" caliper)	33	EA	\$650.00	\$21,450.00
12	Tabebuia heterophylla (12' X 4', 2" caliper)	4	EA	\$600.00	\$2,400.00
13	Tabebuia impetiginosa (12' X 4', 2" caliper)	16	EA	\$750.00	\$12,000.00

[SUPERIOR LANDSCAPING & LAWN SERVICE INC.] RESPONSE DOCUMENT REPORT

IFB No. IFB-283-25-WV

Bike Lane Tree Planting - Washington and 72nd Ave.

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
14	24" deep Root Barrier	2,030	LF	\$12.00	\$24,360.00
15	St. Augustine sod (allowance)	10,000	SY	\$1.30	\$13,000.00
TOTAL					\$280,660.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/3/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 Keyes Coverage Insurance 5900 Hiatus Road Tamarac FL 33321	CONTACT NAME: Carlos Cardozo PHONE (A/C. No. Ext): 954-724-7000 E-MAIL ADDRESS: Ccardozo@keyescorverage.com	FAX (A/C. No): 954-724-7024
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Greenwich Insurance Co		22322
INSURER B : Richmond National Insurance Company		17103
INSURER C : Bridgefield Casualty Ins Co		10335
INSURER D : Westchester Surplus Lines Insurance Company		10172
INSURER E :		
INSURER F :		

COVERAGES**CERTIFICATE NUMBER:** 1630271710**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 <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	NGL-1008397-01	12/1/2024	12/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<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 \$	Y	Y	RN-1-0225651	12/1/2024	12/1/2025	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
C	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 <input checked="" type="checkbox"/> N <input type="checkbox"/> A		Y	WFL507443200	5/22/2024	5/22/2025	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
D	Pollution Liability			G71670478001	4/23/2024	4/23/2025	Aggregate Occurrence Retention 1,000,000 1,000,000 10,000

"Sample"

CERTIFICATE HOLDER**CANCELLATION** 30 day cancellation/ 10 day non-pay

"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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/06/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  Rodrigo Planter Insurance Agency 2018 NE 164th st. N Miami Beach FL 33162	CONTACT NAME: Bernardo Valencia PHONE (A/C, No, Ext): 305 705 2559 FAX (A/C, No): E-MAIL ADDRESS: bernardo@rplanter.com
INSURED SUPERIOR LANDSCAPING & LAWN SERVICE INC PO BOX 350095 MIAMI FL 33135-0095	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 25178

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

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

INSR LTR	TYPE OF INSURANCE	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ \$ \$ \$ \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			K94 5581-F19-59	06/19/2024	06/19/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) MEDICAL EXPENSES \$ 1,000,000 \$ \$ \$ \$ 5,000
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/> N / A					PER STATUTE OTH-ER \$ E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT \$ \$ \$

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

"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

Completed by an authorized State Farm representative. If signature is required, please contact a State Farm agent.

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BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829

VALID OCTOBER 1, 2024 THROUGH SEPTEMBER 30, 2025

Business Name: SUPERIOR LANDSCAPING & LAWN
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 Opened: 04/26/2002
State/County/Cert/Reg:
Exemption Code:

Business Phone: 305-634-0717

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

Receipt Fee 150.00
Packing/Processing/Canning Employees 0.00

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-23-00282652
Paid 08/26/2024 150.00

2024 - 2025

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829

VALID OCTOBER 1, 2024 THROUGH SEPTEMBER 30, 2025

Business Name: SUPERIOR LANDSCAPING & LAWN SERVICE INC
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

Receipt #: 324-10769
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-23-00282652
Paid 08/26/2024 150.00

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

Date	File No.	Expires
March 13, 2024	LF349846	March 13, 2028

THE LTD COMMERCIAL FERTILIZER APPLICATOR HOLDER
NAMED BELOW HAS REGISTERED UNDER THE PROVISIONS OF
CHAPTER 482 FOR THE PERIOD EXPIRING: **March 13, 2028**

MICHAEL S ROBINSON
1324 NW 2ND ST APT 4
FORT LAUDERDALE, FL 33311



WILTON SIMPSON, COMMISSIONER

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

MICHAEL S ROBINSON
LTD COMMERCIAL FERTILIZER APPLICATOR HOLDER

LF349846

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD
EXPIRING **March 13, 2028**



WILTON SIMPSON
COMMISSIONER

Signature

Wallet Card
Wallet Card - Fold Here

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

Cut
here

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

Date
May 13, 2024

File No.
JF7250

Expires
June 1, 2025

THE CERTIFIED PEST CONTROL OPERATOR NAMED BELOW HAS
REGISTERED UNDER THE PROVISIONS OF CHAPTER 482 FOR THE
PERIOD EXPIRING: June 1, 2025

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

WILTON SIMPSON, 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, 2025

WILTON SIMPSON
COMMISSIONER

Signature

Daniel H. Ackenbrack

Wallet Card - Fold Here

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

Florida Department of Agriculture and Consumer Services
Pesticide Certification Office
Commercial Applicator License
License # CM23229

SANDS III, PAUL LEONARD
3558 FLORIDA AVE
MIAMI, FL 33133

Categories
6, 3, 5A

Issued: February 16, 2023

Expires: October 31, 2026

Signature of Licensee



WILTON SIMPSON, COMMISSIONER

The above individual is licensed under the provisions of Chapter 487, F.S. to purchase and apply restricted use pesticides.

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

Date
April 29, 2024

File No.
JE351385

Expires
April 30, 2025

THE ID CARD HOLDER NAMED BELOW HAS REGISTERED UNDER
THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING:
April 30, 2025

AT

SUPERIOR LANDSCAPING & LAWN SERVICE INC
MIAMI, FL 33142

Regular

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

WILTON SIMPSON, COMMISSIONER

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

LAFAYETTE DELGARDO
SUPERIOR LANDSCAPING & LAWN SERVICE INC
ID CARD HOLDER

JE351385

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD
EXPIRING April 30, 2025

WILTON SIMPSON
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
April 29, 2024

File No.
JE351384

Expires
April 30, 2025

THE ID CARD HOLDER NAMED BELOW HAS REGISTERED UNDER
THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING:
April 30, 2025

AT

SUPERIOR LANDSCAPING & LAWN SERVICE INC
MIAMI, FL 33142

Regular

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

WILTON SIMPSON, COMMISSIONER

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

JESUS CARDENAS
SUPERIOR LANDSCAPING & LAWN SERVICE INC
ID CARD HOLDER

JE351384

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD
EXPIRING April 30, 2025

WILTON SIMPSON
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
April 29, 2024

File No.
JE329451

Expires
April 30, 2025

THE ID CARD HOLDER NAMED BELOW HAS REGISTERED UNDER
THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING:
April 30, 2025

AT

SUPERIOR LANDSCAPING & LAWN SERVICE INC
MIAMI, FL 33142

Regular

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

WILTON SIMPSON, COMMISSIONER

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

JULIO J VALDES
SUPERIOR LANDSCAPING & LAWN SERVICE INC
ID CARD HOLDER

JE329451

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD
EXPIRING April 30, 2025

WILTON SIMPSON
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 File No. Expires
April 29, 2024 JE351385 April 30, 2025

THE ID CARD HOLDER NAMED BELOW HAS REGISTERED UNDER
THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING:
April 30, 2025 AT

SUPERIOR LANDSCAPING & LAWN SERVICE INC
MIAMI, FL 33142

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

Regular

WILTON SIMPSON, COMMISSIONER

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

LAFAYETTE DELGARDO
SUPERIOR LANDSCAPING & LAWN SERVICE INC
ID CARD HOLDER

JE351385

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD
EXPIRING April 30, 2025

WILTON SIMPSON
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 File No. Expires
April 29, 2024 JE351384 April 30, 2025

THE ID CARD HOLDER NAMED BELOW HAS REGISTERED UNDER
THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING:
April 30, 2025 AT

SUPERIOR LANDSCAPING & LAWN SERVICE INC
MIAMI, FL 33142

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

Regular

WILTON SIMPSON, COMMISSIONER

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

JESUS CARDENAS
SUPERIOR LANDSCAPING & LAWN SERVICE INC
ID CARD HOLDER

JE351384

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD
EXPIRING April 30, 2025

WILTON SIMPSON
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 File No. Expires
April 29, 2024 JE329451 April 30, 2025

THE ID CARD HOLDER NAMED BELOW HAS REGISTERED UNDER
THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING:
April 30, 2025 AT

SUPERIOR LANDSCAPING & LAWN SERVICE INC
MIAMI, FL 33142

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

Regular

WILTON SIMPSON, COMMISSIONER

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

JULIO J VALDES
SUPERIOR LANDSCAPING & LAWN SERVICE INC
ID CARD HOLDER

JE329451

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD
EXPIRING April 30, 2025

WILTON SIMPSON
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
April 29, 2024

File No.
JE271889

Expires
April 30, 2025

THE ID CARD HOLDER NAMED BELOW HAS REGISTERED UNDER
THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING:
April 30, 2025

AT

SUPERIOR LANDSCAPING & LAWN SERVICE INC
MIAMI, FL 33142

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

Regular

WILTON SIMPSON, 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, 2025

WILTON SIMPSON
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
April 29, 2024

File No.
JE271888

Expires
April 30, 2025

THE ID CARD HOLDER NAMED BELOW HAS REGISTERED UNDER
THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING:
April 30, 2025

AT

SUPERIOR LANDSCAPING & LAWN SERVICE INC
MIAMI, FL 33142

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

Regular

WILTON SIMPSON, 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, 2025

WILTON SIMPSON
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
April 29, 2024

File No.
JE206456

Expires
April 30, 2025

THE ID CARD HOLDER NAMED BELOW HAS REGISTERED UNDER
THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING:
April 30, 2025

AT

SUPERIOR LANDSCAPING & LAWN SERVICE INC
MIAMI, FL 33142

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

Regular

WILTON SIMPSON, COMMISSIONER

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

AGUSTIN RIVAS
SUPERIOR LANDSCAPING & LAWN SERVICE INC
ID CARD HOLDER

JE206456

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD
EXPIRING April 30, 2025

WILTON SIMPSON
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
April 29, 2024

File No.
JE245269

Expires
April 30, 2025

THE ID CARD HOLDER NAMED BELOW HAS REGISTERED UNDER
THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING:
April 30, 2025

AT

SUPERIOR LANDSCAPING & LAWN SERVICE INC
MIAMI, FL 33142

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

Regular

WILTON SIMPSON, COMMISSIONER

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

MARIO RODRIGUEZ
SUPERIOR LANDSCAPING & LAWN SERVICE INC
ID CARD HOLDER

JE245269

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD
EXPIRING April 30, 2025

WILTON SIMPSON
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
April 29, 2024

File No.
JE245271

Expires
April 30, 2025

THE ID CARD HOLDER NAMED BELOW HAS REGISTERED UNDER
THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING:
April 30, 2025

AT

SUPERIOR LANDSCAPING & LAWN SERVICE INC
MIAMI, FL 33142

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

Regular

WILTON SIMPSON, 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, 2025

WILTON SIMPSON
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
April 29, 2024

File No.
JE201259

Expires
April 30, 2025

THE ID CARD HOLDER NAMED BELOW HAS REGISTERED UNDER
THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING:
April 30, 2025

AT

SUPERIOR LANDSCAPING & LAWN SERVICE INC
MIAMI, FL 33142

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

WILTON SIMPSON, COMMISSIONER

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

GUSTAVO EDUARDO VALDES
SUPERIOR LANDSCAPING & LAWN SERVICE INC
ID CARD HOLDER

JE201259

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD
EXPIRING April 30, 2025

WILTON SIMPSON
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
April 29, 2024

File No.
JB160603

Expires
April 30, 2025

THE PEST CONTROL COMPANY FIRM NAMED BELOW HAS
REGISTERED UNDER THE PROVISIONS OF CHAPTER 482 FOR THE
PERIOD EXPIRING: April 30, 2025 AT

2200 NW 23RD AVE
MIAMI, FL 33142

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

Lawn and Ornamental

WILTON SIMPSON, 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, 2025

WILTON SIMPSON
COMMISSIONER

Signature

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
April 29, 2024

File No.
JE351387

Expires
April 30, 2025

THE ID CARD HOLDER NAMED BELOW HAS REGISTERED UNDER
THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING:
April 30, 2025 AT

SUPERIOR LANDSCAPING & LAWN SERVICE INC
MIAMI, FL 33142

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

Regular

WILTON SIMPSON, COMMISSIONER

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

KEVIN JIMENEZ
SUPERIOR LANDSCAPING & LAWN SERVICE INC
ID CARD HOLDER

JE351387

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD
EXPIRING April 30, 2025

WILTON SIMPSON
COMMISSIONER

Signature
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
April 29, 2024

File No.
JE44120

Expires
April 30, 2025

THE ID CARD HOLDER NAMED BELOW HAS REGISTERED UNDER
THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING:
April 30, 2025 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

WILTON SIMPSON, 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, 2025

WILTON SIMPSON
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
April 29, 2024

File No.
JE296579

Expires
April 30, 2025

THE ID CARD HOLDER NAMED BELOW HAS REGISTERED UNDER
THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING:
April 30, 2025

AT

SUPERIOR LANDSCAPING & LAWN SERVICE INC
MIAMI, FL 33142

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

Regular

WILTON SIMPSON, 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, 2025



WILTON SIMPSON
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, 2026

Always verify licenses online at [MyFloridaLicense.com](https://myfloridalicense.com)

ISSUED: 09/01/2024

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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, 2026

Always verify licenses online at [MyFloridaLicense.com](https://myfloridalicense.com)

ISSUED: 06/07/2024

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The Florida Nursery, Growers & Landscape Association
Confers on

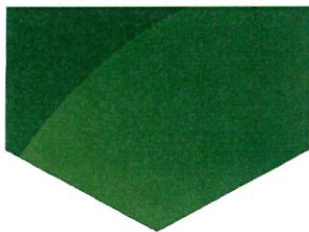
Julio Valdes
T00583

The Title of
FNGLA Certified Landscape Technician (FCLT)

Expiration Date: 12/31/2025
Certified Since: 11/18/2019

Phil Buck, FNGLA President

Merry Mott, FNGLA Certification Director



The International Society of Arboriculture

Hereby Announces That

Gustavo E. Valdes

Has Earned the Credential

ISA Certified Arborist ®

By successfully meeting ISA Certified Arborist certification requirements through demonstrated attainment of relevant competencies as supported by the ISA Credentialing Council

Caitlyn Pollihan
CEO & Executive Director

17 November 2007

Issue Date

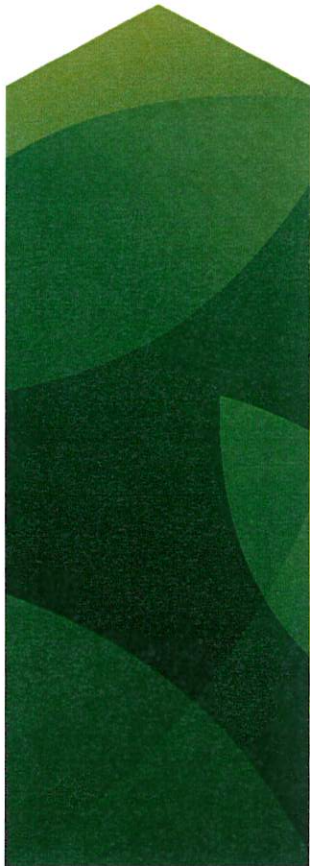
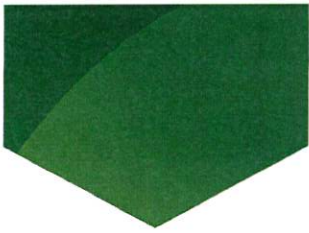
31 December 2025

Expiration Date

FL-5774A

Certification Number





The International Society of Arboriculture

Hereby Announces That

Gustavo E. Valdes

Has Earned the Credential

ISA Tree Risk Assessment Qualification®

By successfully meeting ISA Tree Risk Assessment Qualification certification requirements through demonstrated attainment of relevant competencies as supported by the ISA Credentialing Council

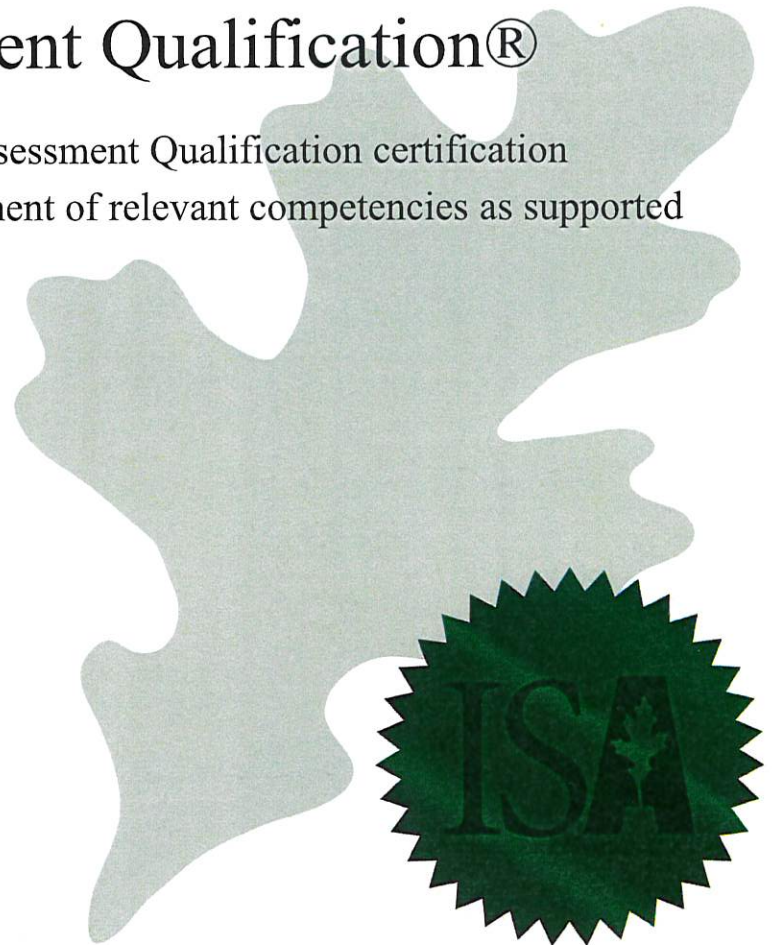

Caitlyn Pollihan
CEO & Executive Director

5 May 2023

Issue Date

5 May 2028

Expiration Date



The International Society of Arboriculture

Hereby Announces That

Gustavo E. Valdes

Has Earned the Credential

ISA Certified Arborist Utility Specialist[®]

By successfully meeting ISA Certified Arborist Utility Specialist certification requirements through demonstrated attainment of relevant competencies as supported by the ISA Credentialing Council


Caitlyn Pollihan
CEO & Executive Director

28 February 2024

Issue Date

31 December 2025

Expiration Date

FL-5774AU

Certification Number



CERTIFICATE OF COMPLETION

MARCO MANZO

Has Completed a FDOT Approved Temporary Traffic Control (TTC): Intermediate Course

Training Provider:



Access Safety Compliance Training

11481 SW Rossano Ln.

Port St. Lucie FL 34987

Phone: 561-350-8913

Verify this Certificate by visiting www.motadmin.com

05/01/2023

Issue Date

04/25/2027

Expiration Date

L. R

Instructor

609357

Certificate No.



CERTIFICATE OF COMPLETION

FRANKLIN BRAVO

Has Completed a FDOT Approved Temporary Traffic Control (TTC): Intermediate Course

Training Provider:



Access Safety Compliance Training

11481 SW Rossano Ln.

Port St. Lucie FL 34987

Phone: 561-350-8913

Verify this Certificate by visiting www.motadmin.com

05/01/2023

Issue Date

04/25/2027

Expiration Date

L. R

Instructor

609352

Certificate No.



CERTIFICATE OF COMPLETION

JORGE ARROYO

Has Completed a FDOT Approved Temporary Traffic Control (TTC): Intermediate Course

Training Provider:



Access Safety Compliance Training

11481 SW Rossano Ln.

Port St. Lucie FL 34987

Phone: 561-350-8913

Verify this Certificate by visiting www.motadmin.com

05/01/2023

Issue Date

04/25/2027

Expiration Date

L. R

Instructor

609355

Certificate No.



CERTIFICATE OF COMPLETION

JULIO LUMBI

Has Completed a FDOT Approved Temporary Traffic Control (TTC): Intermediate Course

Training Provider:



Access Safety Compliance Training

11481 SW Rossano Ln.

Port St. Lucie FL 34987

Phone: 561-350-8913

Verify this Certificate by visiting www.motadmin.com

05/01/2023

Issue Date

04/25/2027

Expiration Date

L. R

Instructor

609356

Certificate No.





Department of Environmental Protection

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

UF IFAS
UNIVERSITY of FLORIDA

GI-BMP Trainee ID: GV399887
Certification date: 9/28/2016

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 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 Entomology and Pest Control, (850) 617-7997

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

Test Score: 78%

Marco A. Manzo
Superior Landscaping & Lawn Services
6220 Topaz Ct
Fort Myers, FL 33966

State of Florida
DEPARTMENT OF
ENVIRONMENTAL PROTECTION

Marco A. Manzo

GV399887-1

GV399887

Certificate #

Trainee ID #

**GREEN INDUSTRIES BEST MANAGEMENT PRACTICES
TRAINING PROGRAM**



GV399887-1

Certificate #

GV399887

Trainee ID #

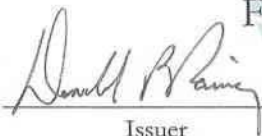
Certificate of Training Best Management Practices Florida Green Industries

UF IFAS
UNIVERSITY of FLORIDA

The undersigned hereby acknowledges that

Marco A. Manzo

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

9/28/2016
Date of Class


DEP Program Administrator

Not valid without seal



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.

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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 Gerdtz
12578 SW 125th Ter
Miami, FL 33186

State of Florida
DEPARTMENT OF
ENVIRONMENTAL PROTECTION

Beatriz Gerdtz

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 Gerdtz

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

DEP Program Administrator

Not valid without seal

2600 Blair Stone Road, M.S. 3510
Tallahassee, Florida 32399-2400



GI-BMP Trainee ID: GV4961
Certification date: 2/2/2023
Test Score: 95%

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://fl.ifas.ufl.edu/professionals/instructor_program.html

**State of Florida
DEPARTMENT OF
ENVIRONMENTAL PROTECTION**

Julio Valdes
Superior Landscaping & Lawn Service Inc
2200 NW 23rd Ave
Miami, FL 33142

Julio Valdes

GV4961-2

Certificate #

GV4961

Trainee ID #

**GREEN INDUSTRIES BEST MANAGEMENT PRACTICES
TRAINING PROGRAM**

UF IFAS
UNIVERSITY of FLORIDA

**Florida-Friendly
Landscaping™** GI-BMP
PROGRAM 



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

The undersigned hereby acknowledges that

Julio Valdes

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 Coordinator

D. Castro
Instructor

2/2/2023
Date of Class



Esen Momol, Ph.D.
Director Florida-Friendly Landscaping™ Program



2600 Blair Stone Road, M.S. 3510
Tallahassee, Florida 32399-2400

GI-BMP Trainee ID: **GV924822**
Certification date: **6/22/2023**
Test Score: **85%**

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 Extension 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.fdaes.gov>. The certificate number from this document is required to apply for Fertilizer Applicator Certification. For assistance contact: FDACS Pest Control Licensing and Certification, (850) 617-7997.

If your test score is 90% or greater, you may be eligible to become a GI-BMP Instructor:
<https://fl.ifas.ufl.edu/fl-and-you/gi-bmp-program/instructor-program/>

**State of Florida
DEPARTMENT OF
ENVIRONMENTAL PROTECTION**

Kevin Andres Jimenez Ruiz
6870 SW 44th St Apt 108
Miami, FL 33155

Kevin Andres Jimenez Ruiz

GV924822-1

Certificate #

GV924822

Trainee ID #

**GREEN INDUSTRIES BEST MANAGEMENT PRACTICES
TRAINING PROGRAM**

UF IFAS Extension
UNIVERSITY of FLORIDA

GV924822-1

Certificate #

GV924822

Trainee ID #

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

Florida-Friendly
Landscaping GI-BMP
PROGRAM



The undersigned hereby acknowledges that

Kevin Andres Jimenez Ruiz

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
Assistant Director Florida-Friendly
Landscaping™ Program

H. Mayer
Instructor

6/22/2023
Date of Class

Esen Momol, Ph.D.
Director Florida-Friendly Landscaping™ Program



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Profit Corporation

SUPERIOR LANDSCAPING & LAWN SERVICE INC.

Filing Information

Document Number P98000044604

FEI/EIN Number 65-0838100

Date Filed 05/18/1998

State FL

Status ACTIVE

Last Event AMENDMENT

Event Date Filed 12/11/2019

Event Effective Date NONE

Principal Address

2200 NW 23RD AVE
MIAMI, FL 33142

Changed: 01/12/2005

Mailing Address

PO BOX 35-0095
MIAMI, FL 33135

Changed: 03/22/2012

Registered Agent Name & Address

OTERO, ORLANDO
2200 N.W. 23 AVENUE
MIAMI, FL 33142-6551

Address Changed: 01/04/2005

Officer/Director Detail

Name & Address

Title PD

OTERO, ORLANDO
2200 N.W. 23 AVENUE
MIAMI, FL 33142

Title VTD

VALDES, MARIA
2200 N.W. 23 AVENUE
MIAMI, FL 33142

Title QCO

CANTOR, LAURENCE
PO BOX 35-0095
MIAMI, FL 33135

Annual Reports

Report Year	Filed Date
2022	03/30/2022
2023	02/22/2023
2024	03/04/2024

Document Images

03/04/2024 -- ANNUAL REPORT	View image in PDF format
02/22/2023 -- ANNUAL REPORT	View image in PDF format
07/14/2022 -- AMENDED ANNUAL REPORT	View image in PDF format
03/30/2022 -- ANNUAL REPORT	View image in PDF format
02/03/2021 -- ANNUAL REPORT	View image in PDF format
03/10/2020 -- ANNUAL REPORT	View image in PDF format
12/11/2019 -- Amendment	View image in PDF format
02/27/2019 -- ANNUAL REPORT	View image in PDF format
03/07/2018 -- ANNUAL REPORT	View image in PDF format
02/16/2017 -- Amendment	View image in PDF format
01/31/2017 -- Amendment	View image in PDF format
01/17/2017 -- ANNUAL REPORT	View image in PDF format
01/22/2016 -- ANNUAL REPORT	View image in PDF format
01/11/2015 -- ANNUAL REPORT	View image in PDF format
09/09/2014 -- AMENDED ANNUAL REPORT	View image in PDF format
07/09/2014 -- Amendment	View image in PDF format
02/10/2014 -- ANNUAL REPORT	View image in PDF format
11/13/2013 -- AMENDED ANNUAL REPORT	View image in PDF format
03/04/2013 -- ANNUAL REPORT	View image in PDF format
03/22/2012 -- ANNUAL REPORT	View image in PDF format
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[04/25/2008 -- ANNUAL REPORT](#)
[01/15/2007 -- ANNUAL REPORT](#)
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[01/11/2006 -- ANNUAL REPORT](#)
[04/19/2005 -- ANNUAL REPORT](#)
[01/04/2005 -- ANNUAL REPORT](#)
[01/30/2004 -- ANNUAL REPORT](#)
[03/24/2003 -- ANNUAL REPORT](#)
[04/01/2002 -- ANNUAL REPORT](#)
[02/12/2001 -- ANNUAL REPORT](#)
[01/24/2000 -- ANNUAL REPORT](#)
[02/19/1999 -- ANNUAL REPORT](#)
[05/18/1998 -- Domestic Profit](#)

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**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.) Superior Landscaping & Lawn Service, Inc.	
2 Business name/disregarded entity name, if different from above.	
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>	
5 Address (number, street, and apt. or suite no.). See instructions. P.O. Box 35-0095	Requester's name and address (optional)
6 City, state, and ZIP code Miami, FL 33135	
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									
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
		01/23/25

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

State of Florida

Department of State

I certify from the records of this office that SUPERIOR LANDSCAPING & LAWN SERVICE INC. is a corporation organized under the laws of the State of Florida, filed on May 18, 1998.


The document number of this corporation is P98000044604.

I further certify that said corporation has paid all fees due this office through December 31, 2024, that its most recent annual report/uniform business report was filed on March 4, 2024, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Ninth day of May, 2024*




Secretary of State

Tracking Number: 3993215632CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

State of Florida



Department of State

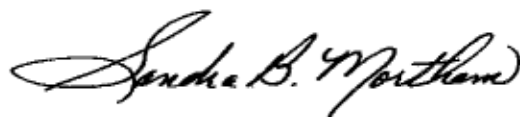
I certify the attached is a true and correct copy of the Articles of Incorporation of SUPERIOR LANDSCAPING & LAWN SERVICE INC., a Florida corporation, filed on May 18, 1998, as shown by the records of this office.

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
Secretary of State



CITY OF NAPLES

Purchasing Division

REFERENCE QUESTIONNAIRE

PROVIDED SAME OR SIMILAR SERVICES WITHIN THE LAST 5 YEARS.

It is the bidder's responsibility to contact the Purchasing Department prior to submitting their bid to verify receipt of the required number of references.

Solicitation No. 23-025 RFP/ITB Title: Central Ave Median Restoration

Bidder/Respondent Name: Superior Landscaping & Lawn Service Inc.

This reference questionnaire must be filled out by the company that has done business with the Bidder/Respondent in the past. If the item is not applicable, please state "n/a".

Relationship with Bidder/Respondent: City of Doral - Vendor

Title of last project: ITB 2022-05 - Doral Boulevard Median Landscaping Improvements

Year last project completed 2023

Contract Start/End Dates: July 2022 / May 2023

Contract Amount: \$2,075,404.68

How many projects performed: 1

Overall Performance: Outstanding

Management Ability: Outstanding

Ability to meet time schedule: Outstanding

Ability of control costs: Outstanding

Problems encountered: NONE

Quality of Personnel: Outstanding

How well Contractor coordinated with Owner: Outstanding

Cooperation or Lack Thereof: Outstanding

Quality of Subcontractors: Outstanding

Subcontractor Payment Issues: NONE

Were there any conflicts, disputes, or other problems:

☐ Yes ☒ No

If yes, were they reported early and were they managed well? How were they resolved? Were you satisfied the resolution was fair to both parties?

How satisfied are you with the Bidder/Respondent's ability to perform based on your expectations and according to the contractual arrangements?

Extremely satisfied, by far exceeding expectations.

Would you contract again with the Bidder/Respondent for the same or similar services? Do you have plans to contract with them again?

☒ Yes ☐ No

Any additional comments?

Superior Landscaping & Lawn Service Inc. delivers a high quality product under the direct supervision of professional project managers and field staff.

This REFERENCE QUESTIONNAIRE is provided by:

City of Doral

Name of Company

8401 NW 53rd Terrace , Doral FL 33166

Address of Company

786-697-8700

Telephone No.

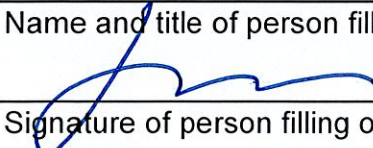
julio.amoedo@cityof doral.com

Email address:

Date: 5/10/2023

Julio Amoedo / Chief of Construction

Name and title of person filling out this reference questionnaire:

 Signature of person filling out this reference questionnaire:

This reference form must be emailed to Purchasing@naplesgov.com by the company who is providing the reference on or before BID OPENING DATE & TIME indicated on the Cover Sheet. Please add Solicitation Number to your E-mail subject line.

FORM 12

TRENCH SAFETY

This form must be completed and signed by the Respondent.

Failure to complete this form may result in the solicitation being declared non-responsive.

Respondent acknowledges that the Florida Trench Safety Act, Section 553.60 et. seq., which became effective October 1, 1990, shall be in effect during the period of construction of the project. The respondent by signing and submitting the solicitation is, in writing, assuring that it will perform any trench excavation in accordance with applicable trench safety standards. The respondent further identifies the following separate item of cost of compliance with the applicable trench safety standards as well as the method of compliance:

Method of Compliance

Cost

Total \$ 0.00

Respondent acknowledges that this cost is included in the applicable items of their submittal and in the Grand Total Solicitation Price. Failure to complete the above will result in the solicitation being declared non-responsive.

The Respondent is, and the Owner and Engineer are not, responsible to review or assess Respondent's safety precautions, programs or costs, or the means, methods, techniques or technique adequacy, reasonableness of cost, sequences or procedures of any safety precaution, program or cost, including but not limited to, compliance with any and all requirements of Florida Statute Section 553.60 et. seq. cited as the "Trench Safety Act." Respondent is, and the owner and Engineer are not, responsible to determine if any safety related standards apply to the project, including but not limited to, the "Trench Safety Act."



Witness Signature

Lexes Munoz

Witness Printed Name

2200 NW 23rd Avenue Miami, FL 33142

Witness Address

3/14/2025

Date



Contractor's Signature

Jesenia Otero

Printed Name

Estimating Coordinator

Title

3/14/2025

Date

- END OF SECTION -

Form 13

Bond Form

(Construction)

STATE OF FLORIDA

KNOW ALL MEN BY THESE PRESENTS:

That we Superior Landscaping & Lawn Service, Inc., as Principal, and Great Midwest Insurance Company, as Surety, are held and firmly bound unto the City of Hollywood in the sum of _____
_____ Five Percent of Amount Bid _____ Dollars (\$ _____ 5% of Amount Bid _____) lawful money of the United States, amounting to 5% of the total SOLICITATION Price, for the payment of said sum, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas the principal has submitted the accompanying SOLICITATION, dated _____ March 10th _____ 20²⁵ for

Solicitation #:IFB-283-25-WV

**Solicitation Title: Bike Lane Tree
Planting - Washington and 72nd Ave.**

NOW, THEREFORE, if the principal shall not withdraw said SOLICITATION within 90 days after date of the same and shall within ten days after the prescribed forms are presented to him for signature, enter into a written contract with the CITY, in accordance with the SOLICITATION as accepted, and give bond with good and sufficient surety or sureties, and provide the necessary Insurance Certificates as may be required for the faithful performance and proper fulfillment of such Contract, then this obligation shall be null and void.

Approved Solicitation Bond

In the event of the withdrawal of said SOLICITATION within the specified period, or the failure to enter into such contract and give such bond and insurance within the specified time, the principal and the surety shall pay to the City of Hollywood the difference between the amount specified in said SOLICITATION and such larger amount for which the City of Hollywood may in good faith contract with another party to perform the work and/or supply the materials covered by said SOLICITATION.

In accordance with Florida State Statute 255.05, Payment, Performance and Bid Bonds may be required for construction projects that are over \$200,000.00.

IN WITNESS WHEREOF, the above bound parties have executed this statement under their seal(s) this _____ 10th _____ day of _____ March _____, 2025, the name and corporate seal of each corporate party being hereto affixed and these presents duly signed by its undersigned representative, pursuant to authority of its governing body.

WHEN THE PRINCIPAL IS AN INDIVIDUAL:

Signed, sealed and delivered in the presence of:

Witness

Signature of Individual

Address

Printed Name of Individual

Witness

Address

Approved Solicitation Bond

WHEN THE PRINCIPAL IS A CORPORATION:

Attest:


Secretary


Superior Landscaping & Lawn Service, Inc.
Name of Corporation

2200 NW 23 Avenue

Business Address

Miami, FL 33142

By:


(Affix Corporate Seal)

Irlando Hero
Printed Name

President
Official Title

CERTIFICATE AS TO CORPORATE PRINCIPAL

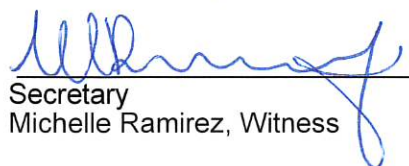
I, _____, certify that I am the secretary of the Corporation named as Principal in the attached bond; that _____ who signed the said bond on behalf of the Principal, was then _____ of said Corporation; that I know his signature, and his signature thereto is genuine, and that said bond was duly signed, sealed and attested for and on behalf of said Corporation by authority of its governing body.

(SEAL)
Secretary

Approved Solicitation Bond

TO BE EXECUTED BY CORPORATE SURETY:

Attest:


Secretary
Michelle Ramirez, Witness

Great Midwest Insurance Company
Corporate Surety
800 Gessner Road, Suite 600
Business Address
Houston, TX 77024

BY: 
(Affix Corporate Seal)

Brett M. Rosenhaus, Attorney-in-Fact & FL Licensed Agent
Attorney-in-Fact
Acrisure

Name of Local Agency

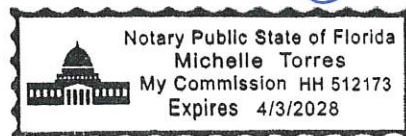
15050 NW 79 Court, Suite 200
Business Address
Miami Lakes, FL 33016

STATE OF FLORIDA

Before me, a Notary Public, duly commissioned, qualified and acting, personally appeared,
Brett M. Rosenhaus to me well known, who being by me first duly sworn upon
oath says that he is the attorney-in-fact for the Great Midwest Insurance Company and
that he has been authorized by Great Midwest Insurance Company to execute the forgoing
bond on behalf of the CONTRACTOR named therein in favor of the City of Hollywood, Florida.
Subscribed and sworn to before me this 10th day of March, 2025


Notary Public, State of Florida

My Commission Expires: April 3, 2028
- END OF SECTION-



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.

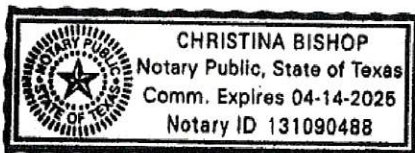



GREAT MIDWEST INSURANCE COMPANY

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 10th Day of March, 20 25.



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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/3/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 Keyes Coverage Insurance 5900 Hiatus Road Tamarac FL 33321	CONTACT NAME: Carlos Cardozo PHONE (A/C. No. Ext): 954-724-7000 E-MAIL ADDRESS: Ccardozo@keyescoverage.com	FAX (A/C. No): 954-724-7024
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Greenwich Insurance Co		22322
INSURER B : Richmond National Insurance Company		17103
INSURER C : Bridgefield Casualty Ins Co		10335
INSURER D : Westchester Surplus Lines Insurance Company		10172
INSURER E :		
INSURER F :		

COVERAGES**CERTIFICATE NUMBER:** 1630271710**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 <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	NGL-1008397-01	12/1/2024	12/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<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 \$	Y	Y	RN-1-0225651	12/1/2024	12/1/2025	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input checked="" type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A		Y	WFL507443200	5/22/2024	5/22/2025	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
D	Pollution Liability			G71670478001	4/23/2024	4/23/2025	Aggregate Occurrence Retention 1,000,000 1,000,000 10,000

"Sample"

CERTIFICATE HOLDER**CANCELLATION** 30 day cancellation/ 10 day non-pay

"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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/06/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  Rodrigo Planter Insurance Agency 2018 NE 164th st. N Miami Beach FL 33162	CONTACT NAME: Bernardo Valencia PHONE (A/C, No, Ext): 305 705 2559 FAX (A/C, No): E-MAIL ADDRESS: bernardo@rplanter.com	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: State Farm Mutual Automobile Insurance Company		25178
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED SUPERIOR LANDSCAPING & LAWN SERVICE INC PO BOX 350095 MIAMI FL 33135-0095

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

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

INSR LTR	TYPE OF INSURANCE	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			K94 5581-F19-59	06/19/2024	06/19/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ MEDICAL EXPENSES \$ 5,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

"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

Completed by an authorized State Farm representative. If signature is required, please contact a State Farm agent.

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