

**IX. RESPONSIBLE**

Criteria the City will use to determine if the contractor is Responsible:

Responsible Criteria For all Zones	NOTES	YES/NO
Over 5 years' experience with various landscaping services, preferably with a Government Entity	2003	yes
Provide a minimum of three references		yes
Provide a resume of the Project Manager who will be overseeing contractors work for the City		Not Provided
Florida Nursery Growers & Landscape Association (FNGLA) Certified or Landscape Inspector Certification, from the Landscape Inspectors Association of Florida		Not Provided
Sunbiz Registration		

**\*Contractor must provide Responsible documents with their Bid**

**X. VENDOR QUALIFICATIONS**

The City is seeking qualified contractors capable of implementing a comprehensive inspection and landscape installation program with attention to detail. Contractor shall possess and be able to demonstrate the ability to detect and correct any potential problems prior to them becoming readily apparent. The intent of this work is to provide services to the designated area so that they will be maintained to a superior level such that they are viewed by the public as the best maintained in the area. This is the standard required of all Contractors.

**Contractors are required to submit all supportive documents listed in Section VIII and IX and other documents specified in the Bid.** Bidder shall provide information only as it relates to work specified in this contract.

The contractor shall not assign, transfer or sub-contract any work either in whole or in part, without prior written approval from the City of Hollywood.

**\*Contractor must be able to conduct business in the State of Florida, registered in Sunbiz**

**VIII. RESPONSIVENESS**

Criteria the City will use to determine if the contractor is Responsive:

<b>Responsive Criteria For all Zones</b>	<b>NOTES</b>	<b>YES/NO</b>
Provide Valid Maintenance Of Traffic (MOT) Certification		
Provide/Sign/Date the following Forms: ACKNOWLEDGMENT AND SIGNATURE PAGE		yes
HOLD HARMLESS AND INDEMNITY CLAUSE		yes
NON-COLLUSION AFFIDAVIT		yes
SWORN STATEMENT PURSUANT TO SECTION 287.133 (3) (a) FLORIDA STATUTES ON PUBLIC ENTITY CRIMES		yes
CERTIFICATIONS REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS		yes
DRUG-FREE WORKPLACE PROGRAM		yes
SOLICITATION, GIVING, AND ACCEPTANCE OF GIFTS POLICY		yes
REFERENCE QUESTIONNAIRE		yes
Provide Pricing information as applicable (Excel Pricing TAB)		yes

**\*Contractor must provide Responsive documents with their Bid.**

## niceandsmooth landscape

Bid Contact **Jose Fuentes**  
**nsicorp@hotmail.com**  
**Ph 954-559-2430**

Address **5718 Monroe St.**  
**Hollywood, FL 33023**

Supplier Code 28573

Item #	Line Item	Notes	Unit Price	Qty/Unit	Attch. Docs
F 4694 21 PB--01-01	Plant/Sod Supply and Installation: Various Plants	<b>Supplier</b> <b>Product Code:</b>	<b>First Offer - \$7.85</b>	1 / each	<b>\$7.85</b> <b>Y</b> <b>Y</b>

Lot Total      **\$7.85**

Supplier Total      **\$7.85**

niceandsmooth landscape

Item: **Plant/Sod Supply and Installation:Various Plants**

**Attachments**

Pricing\_of\_Plant\_and\_Sod\_Supply\_Pricing\_Page\_revised-2.xlsx

CERTIFICATE OF LIABILITY INSURANCE.pdf

IMG\_3922.jpg

Citywide\_Plant\_Sod\_Supply\_and\_Installation\_Bid.docx

<b>Labor for Site Prep, Grading, Removal/Disposal of Existing Material, Other</b>				
<i>Description</i>	<i>Estimated Hours</i>	<i>Unit</i>	<i>Bid Hourly Labor Rate</i>	<i>Extended Price</i>
Landscape Field Services	1,500	HR	\$27.50	\$41,250.00
Additional Services	500	HR	\$27.50	\$13,750.00

**Plants, Sod & Mulch Supply and Installation**

<i>Description</i>	<i>Estimated Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total</i>
3 Gallon Lantana	1,000	EA	\$7.25	\$7,250.00
3 Gallon Flax Lilly	1,000	EA	\$7.25	\$7,250.00
3 Gallon Wart Fern	1,000	EA	\$7.25	\$7,250.00
3 Gallon Pentas	5,000	EA	\$7.25	\$36,250.00
3 Gallon Green Island Ficus	2,000	EA	\$7.25	\$14,500.00
3 Gallon Firebush Dwarf	2,000	EA	\$7.25	\$14,500.00
3 Gallon Nora Grant	1,000	EA	\$7.25	\$7,250.00
3 Gallon Ixora Super King	1,000	EA	\$7.25	\$7,250.00
3 Gallon Ixora Taiwan Dwarf	1,000	EA	\$7.25	\$7,250.00
3 Gallon Gold Mound	1,000	EA	\$7.25	\$7,250.00
3 Gallon Stokes Dwarf Schillings	1,000	EA	\$7.25	\$7,250.00
3 Gallon Indian Hawthorn	1,000	EA	\$8.50	\$8,500.00
3 Gallon Plumbago Imperial Blue	2,000	EA	\$7.25	\$14,500.00
3 Gallon Podocarpus	1,000	EA	\$9.25	\$9,250.00
3 Gallon Arbutus	2,000	EA	\$7.25	\$14,500.00
3 Gallon Small Leaf Clusia	5,000	EA	\$9.25	\$46,250.00
3 Gallon Red Tip Cocoplum	2,000	EA	\$7.25	\$14,500.00
3 Gallon Bougainvillea	1,000	EA	\$9.25	\$9,250.00
3 Gallon Gold Dust, Nora Croton	1,000	EA	\$7.25	\$7,250.00
3 Gallon Silver Buttonwood	3,000	EA	\$7.25	\$21,750.00
3 Gallon Green Buttonwood	3,000	EA	\$7.25	\$21,750.00
3 Gallon Kings Mantle	1,000	EA	\$7.25	\$7,250.00
St. Augustine	100,000	SF	\$1.00	\$100,000.00
Bahia	20,000	SF	\$1.00	\$20,000.00
Bagged Mulch	2,000	BG	\$15.00	\$30,000.00

*\*City has the right to add additional or supplement plants, for like type of value, as needed, upon mutual agreement between Contractor and the City.*



# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
 12/15/2020

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).

<b>PRODUCER</b> Flinsco.com LLC DBA: Florida First Insurance Agency LLC 2515 Hollywood Blvd Hollywood FL 33020		<b>CONTACT</b> NAME: Rhonda Sankersingh PHONE (A/C No. Ext): (954) 929-6896 FAX (A/C No.): (954) 929-6894 E-MAIL: rsankersingh@hotmail.com ADDRESS:	
<b>INSURED</b> Nice & Smooth Landscaping 6101 Cleveland Street Lot 87 Hollywood FL 33024		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Western World Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**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	ADDL INSD	SUBR INSD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER			NPP8698725	08/25/2020	08/25/2021	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 2,000,000.00 Deductible \$ 1,000.00 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						EACH OCCURRENCE \$ AGGREGATE \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
	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				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Certificate holder is also listed as additional insured.

**CERTIFICATE HOLDER**
**CANCELLATION**

City of Hollywood 2600 Hollywood Blvd Hollywood, FL 33020	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 Rhonda Sankersingh
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ACORD 25 (2016/03)

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**CITY OF HOLLYWOOD  
TREASURY SERVICES DIVISION  
LOCAL BUSINESS TAX**

**NICE & SMOOTH LANDSCAPE, CORP  
5809 GARFIELD ST  
HOLLYWOOD, FL 33020**

**Please contact us with any changes or corrections to your information.**

**CUSTOMER SERVICE:** Should you have any questions regarding Local Business Tax or need to update / correct any information related to your Business Tax Account, please contact us by phone at 954-921-3225, by email at [businesstax@hollywoodfl.org](mailto:businesstax@hollywoodfl.org) or in person at City Hall, Room 103, 2600 Hollywood Blvd. Please send all written correspondence to: City of Hollywood, Treasury Services Division, Attn: Business Tax, Room 103, PO Box 229045, Hollywood, FL 33022-9045.

PURSUANT TO STATE LAW, LOCAL BUSINESS TAX IS LEVIED FOR THE PRIVILEGE OF DOING BUSINESS WITHIN A CITY'S LIMITS, AND IS NON-REGULATORY IN NATURE. ISSUANCE OF A LOCAL BUSINESS TAX RECEIPT BY THE CITY OF HOLLYWOOD DOES NOT MEAN THAT THE CITY HAS DETERMINED THAT THE EXISTING OR PROPOSED USE OF A LOCATION IS LAWFUL. ISSUANCE OF A LOCAL BUSINESS TAX RECEIPT DOES NOT LEGALIZE OR CONDONE THE NATURE OF THE BUSINESS BEING CONDUCTED IF CONTRARY TO ANY LOCAL, STATE OR FEDERAL LAW OR REGULATION.

**THIS IS NOT A BILL. DO NOT PAY.**

BELOW IS YOUR LOCAL BUSINESS TAX RECEIPT. PLEASE DETACH AND POST THIS LOCAL BUSINESS TAX RECEIPT IN A CONSPICUOUS PLACE AT YOUR PLACE OF BUSINESS.





**CITY OF HOLLYWOOD  
TREASURY SERVICES DIVISION  
LOCAL BUSINESS TAX**

**NICE & SMOOTH LANDSCAPE, CORP  
5809 GARFIELD ST  
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**2020/2021 LOCAL BUSINESS TAX RECEIPT**

**Business Name: NICE & SMOOTH LANDSCAPE, CORP**  
**DBA:**  
**Business Location: 5809 GARFIELD ST**  
**Business Category: SERVICE/OTHER BUSINESS**  
**Classification: Lawn Maintenance**  
**Tax Basis: 2 - 4 WORKERS**

**Account Registration #: B9058889-2021**  
**Expiration Date: 9/30/2021**  
**Tax Rate: \$122.00**



PLEASE CUT OUT CARD BELOW AND RETAIN FOR FUTURE REFERENCE

<b>STATE OF FLORIDA</b> <b>DEPARTMENT OF FINANCIAL SERVICES</b> <b>DIVISION OF WORKERS' COMPENSATION</b>			<b>IMPORTANT</b>  Pursuant to subsection 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.  Pursuant to subsection 440.05(12), F.S., Certificates of election to be exempt issued under subsection (3) shall apply only to the corporate officer named on the notice of election to be exempt and apply only within the scope of the business or trade listed on the notice of election to be exempt.  Pursuant to subsection 440.05(13), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.
<b>NON-CONSTRUCTION INDUSTRY EXEMPTION</b> <b>CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA</b> <b>WORKERS' COMPENSATION LAW</b>			
<b>EFFECTIVE DATE:</b> 7/30/2021 <b>PERSON:</b> DANIEL VERGARA <b>PEIN:</b> 56011242 <b>BUSINESS NAME AND ADDRESS:</b> RICE & SMOOTH LANDSCAPE CORP  6718 MONROE ST HOLLYWOOD, FL 33022 <b>SCOPE OF BUSINESS OR TRADE:</b> Page BDC-A8 Employees & Owners	<b>EXPIRATION DATE:</b> 7/30/2023 <b>EMAIL:</b> 65LORP@HOTMAIL.COM	<b>FOLD HERE</b>	
E01390973			

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 08-13

QUESTIONS? (850) 413-1609



JIMMY PATRONIS  
CHIEF FINANCIAL OFFICER

**STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION**

**\*\* CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW \*\***

**NON-CONSTRUCTION INDUSTRY EXEMPTION**

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

**EFFECTIVE DATE:** 7/30/2021

**EXPIRATION DATE:** 7/30/2023

**PERSON:** DANIEL VERGARA

**EMAIL:** NSLCORP@HOTMAIL.COM

**FEIN:** 550811242

**BUSINESS NAME AND ADDRESS:**

NICE & SMOOTH LANDSCAPE CORP

5718 MONROE ST

HOLLYWOOD, FL 33023

**SCOPE OF BUSINESS OR TRADE:**

Park NOC-All Employees &  
Drivers

**IMPORTANT:** Pursuant to subsection 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(12), F.S., Certificates of election to be exempt issued under subsection (3) shall apply only to the corporate officer named on the notice of election to be exempt and apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to subsection 440.05(13), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 08-13

E01390973

QUESTIONS? (850) 413-1609



JIMMY PATRONIS  
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION

**\*\* CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW \*\***

**NON-CONSTRUCTION INDUSTRY EXEMPTION**

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

**EFFECTIVE DATE:** 7/30/2021

**EXPIRATION DATE:** 7/30/2023

**PERSON:** JOSE M FUENTES

**EMAIL:** NSLCORP@HOTMAIL.COM

**FEIN:** 550811242

**BUSINESS NAME AND ADDRESS:**

NICE & SMOOTH LANDSCAPE CORP

5718 MONROE ST

HOLLYWOOD, FL 33023

**SCOPE OF BUSINESS OR TRADE:**

Park NOC-All Employees &  
Drivers


**IMPORTANT:** Pursuant to subsection 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(12), F.S., Certificates of election to be exempt issued under subsection (3) shall apply only to the corporate officer named on the notice of election to be exempt and apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to subsection 440.05(13), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 08-13

E01390962

QUESTIONS? (850) 413-1609

PLEASE CUT OUT CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION			<b>IMPORTANT</b>  Pursuant to subsection 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.  Pursuant to subsection 440.05(12), F.S., Certificates of election to be exempt issued under subsection (3) shall apply only to the corporate officer named on the notice of election to be exempt and apply only within the scope of the business or trade listed on the notice of election to be exempt.  Pursuant to subsection 440.05(13), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.
NON-CONSTRUCTION INDUSTRY EXEMPTION  CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW			
EFFECTIVE DATE: 7/30/2021	EXPIRATION DATE: 7/30/2023	F O L D H E R E	E01390962
PERSON: JOSE M PUNTES	EMAIL: MR CORP@HOTMAIL.COM		
FEIN: 650811292			
BUSINESS NAME AND ADDRESS:			
NICE & SMOOTH LANDSCAPE CORP			
5718 MONROE ST HOLLYWOOD, FL 33023  SCOPE OF BUSINESS OR TRADE: <small>Post NDC All Employees &amp; Officers</small>			

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 08-13

QUESTIONS? (850) 413-1609



**Metro Florida Safety Council**  
**700 W. Hillsboro Blvd. Bldg. 4 Ste. 104**  
**Deerfield Beach, FL 33441**

To whom it may concern,

This is a courtesy letter to inform you that Mr. Jose Fuentes has successfully completed the Intermediate Maintenance of Traffic 16hr. course held on August 5<sup>th</sup>-6<sup>th</sup> 2021 with Metro Florida Safety council.

We are currently waiting on his results from The Florida Department of Transportation. Once received, we will send him the results via electronic mail.

Warm Regards,

 8/18/2021


Maria Lyons  
President of Metro Florida Safety Council

# INTERNATIONAL SOCIETY OF ARBORICULTURE CERTIFIED ARBORIST\*


## Mary Anne Wolfson

Having successfully completed the requirements set by the  
International Society of Arboriculture, the above named  
is hereby recognized as an ISA Certified Arborist®



  
Luana Vargas  
Director of Credentialing Services  
International Society of Arboriculture

FL-5709A  
Certification Number

  
Caitlyn Pollhan  
Executive Director  
International Society of Arboriculture

28 Jul 2007  
Certified Since

31 Dec 2022  
Expiration Date



#0847  
ISO/IEC 17024  
Personal Certification Program  
ISA Certified Arborist\*

**BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT**

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

**VALID OCTOBER 1, 2020 THROUGH SEPTEMBER 30, 2021****DBA:**  
**Business Name:** APPROPRIATE SERVICES INC**Receipt #:** 327-232309  
**Business Type:** BUSINESS/FINANCIAL/CONSULTANT  
(CONSULTANT)**Owner Name:** MARY ANNE WOLFSON  
**Business Location:** 5855 NW 47 PL  
CORAL SPRINGS  
**Business Phone:****Business Opened:** 04/06/2010  
**State/County/Cert/Reg:**  
**Exemption Code:**

Rooms

Seats

Employees

Machines

Professionals

For Vending Business Only						
Number of Machines:				Vending Type:		
Tax Amount	Transfer Fee	NRF Fee	Penalty	Prior Years	Collection Cost	Total Paid
33.00	0.00	0.00	0.00	0.00	0.00	33.00

**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:**

MARY ANNE WOLFSON  
5855 NW 47 PL  
CORAL SPRINGS, FL 33067

**Receipt #** WWW-19-00211902  
**Valid** 09/15/2020 33.00

**2020 - 2021****BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT**

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

**VALID OCTOBER 1, 2020 THROUGH SEPTEMBER 30, 2021****DBA:**  
**Business Name:** APPROPRIATE SERVICES INC**Receipt #:** 327-232309  
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(CONSULTANT)**Owner Name:** MARY ANNE WOLFSON  
**Business Location:** 5855 NW 47 PL  
CORAL SPRINGS  
**Business Phone:****Business Opened:** 04/06/2010  
**State/County/Cert/Reg:**  
**Exemption Code:**

Rooms

Seats

Employees

Machines

Professionals

For Vending Business Only						
Number of Machines:				Vending Type:		
Tax Amount	Transfer Fee	NRF Fee	Penalty	Prior Years	Collection Cost	Total Paid
33.00	0.00	0.00	0.00	0.00	0.00	33.00

**Receipt #** WWW-19-00211902  
**Paid** 09/15/2020 33.00

**BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT**

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

**VALID OCTOBER 1, 2020 THROUGH SEPTEMBER 30, 2021****DBA:** ARBORIST SERVICES INC  
**Business Name:****Receipt #:** 327-232309  
**Business Type:** BUSINESS/FINANCIAL/CONSULTANT  
(CONSULTANT)**Owner Name:** MARY ANNE WOLFSON  
**Business Location:** 5855 NW 47 PL  
CORAL SPRINGS  
**Business Phone:****Business Opened:** 04/06/2010  
**State/County/Cert/Reg:**  
**Exemption Code:**

<b>Rooms</b>	<b>Seats</b>	<b>Employees</b>	<b>Machines</b>	<b>Professionals</b>
		1		

For Vending Business Only						
Number of Machines:				Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
33.00	0.00	0.00	0.00	0.00	0.00	33.00

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**Mailing Address:**MARY ANNE WOLFSON  
5855 NW 47 PL  
CORAL SPRINGS, FL 33067**Receipt #** WWW-19-00211902  
**Paid** 09/15/2020 33.00**2020 - 2021****BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT**

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

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**State/County/Cert/Reg:**  
**Exemption Code:**

<b>Rooms</b>	<b>Seats</b>	<b>Employees</b>	<b>Machines</b>	<b>Professionals</b>
		1		

For Vending Business Only						
Number of Machines:				Vending Type:		
Signature	Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost
	33.00	0.00	0.00	0.00	0.00	0.00
						33.00

**Receipt #** WWW-19-00211902  
**Paid** 09/15/2020 33.00





Ron DeSantis, Governor

Halsey Beshears, 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

**CARMENATE, JESUS MANUEL**

ENGINEERED SYSTEMS SOLUTIONS LLC

7352 SW 41 STREET

MIAMI

FL 33155

**LICENSE NUMBER: CFC1429242**

**EXPIRATION DATE: AUGUST 31, 2022**

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

Do not alter this document in any form.

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



From: Pedro Mugaburu

pedromugaburu12@gmail.com

Date: Aug 18, 2021 at 5:53:23 PM

To: nslcorp@hotmail.com

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

**PEDRO L MUGABURU**  
**MATRIX PEST MANAGEMENT LLC.**  
**ID CARD HOLDER**

**JE77893**

**Certified Operator**

**HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD**  
**EXPIRING August 31, 2021**

*Nicole Briel*  
COMMISSIONER

Signature

ATTACH PHOTO ON REVERSE

Wallet Card  
Wallet Card - Fold Here

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

## **Nice & Smooth Landscape Employees list**

- 1 Jose Fuentes
- 2 Daniel Vergara
- 3 Ever Recinos
- 4 Manuel Recinos
- 5 Mario Girón
- 6 Verónica Garcia
- 7 Miguel Caba

Note: 7 current employees

If need it we will hire as many is require with Bids awards

## **Nice & Smooth Landscape Maintenance Equipment list**

- 4 Dump Trucks 4500
- 4 Trailers 7X16 Double axle
- 4 52in Riding mowers
- 4 48in Rinding mowers
- 4 22in Push mowers
- 8 Hedge Trimmer
- 8 Weed Eater
- 8 Edgers
- 8 Backpack blowers
- 4 Hand blowers
- 8 Weed control pumps

And all the miscellaneous things needed.



Florida Department of Agriculture and Consumer Services  
Division of Consumer Services  
2005 Apalachee Pkwy  
Tallahassee, Florida 32399-6500

September 9, 2021

ANCHOR ROCK BUILDING MATERIALS LLC  
2807 N UNIVERSITY DR  
HOLLYWOOD, FL 33024-2552

SUBJECT: AGRICULTURAL DEALER LICENSE - BUYER CERTIFICATE  
ISSUED TO: ANCHOR ROCK BUILDING MATERIALS LLC  
LICENSE #: AD2927

This buyer certificate is issued pursuant to Chapter 604, Florida Statutes. This certificate is valid only for the person and license number listed. Any changes to this certificate (such as transfer or termination of employment), must be reported to the Bureau of Compliance at 850-617-7150 immediately.

Cut Here



State of Florida  
Department of Agriculture and Consumer Services  
Division of Consumer Services  
2005 Apalachee Pkwy  
Tallahassee, Florida 32399-6500

Registration No.: **AD2927**

Issue Date: September 8, 2021

Expiration Date: July 26, 2022

POST CERTIFICATE  
CONSPICUOUSLY

### License as Dealer in Agriculture Products

Section 604.15-604.30, Florida Statutes

ANCHOR ROCK BUILDING MATERIALS LLC  
DBA: POPS NURSERY  
2807 N UNIVERSITY DR  
HOLLYWOOD, FL 33024-2552

*Nicole Fried*

NICOLE "NIKKI" FRIED  
COMMISSIONER OF AGRICULTURE

F- 4694-21-PB City-wide Plant/Sod Supply & Installation Services



**CITY-WIDE PLANT/SOD SUPPLY & INSTALLATION  
SERVICES**

**F- 4694-21-PB**

**Issue Date: September 23, 2021**

**Closing Date: October 18, 2021**

**Proposals Opened at:** City Hall/Office of Procurement Services  
2600 Hollywood Boulevard, Room 303  
Hollywood, Florida 33020

## F- 4694-21-PB City-wide Plant/Sod Supply &amp; Installation Services

**ACKNOWLEDGMENT AND SIGNATURE PAGE**

This form must be completed and submitted by the date and the time of bid opening.

Legal Company Name (include d/b/a if applicable): \_\_\_\_\_ Federal Tax Identification Number: 55-0811242\_\_\_\_\_

If \_\_\_\_\_ Corporation - \_\_\_\_\_ Date \_\_\_\_\_ Incorporated/Organized: 01-01-2003\_\_\_\_\_

State Incorporated/Organized: FL\_\_\_\_\_

Company \_\_\_\_\_ Operating \_\_\_\_\_ Address: 5718 MONROE ST  
\_\_\_\_\_

City HOLLYWOOD\_\_\_\_\_ State FL\_\_\_\_\_ Zip Code 33023\_\_\_\_\_

Remittance Address (if different from ordering address): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Company Contact Person: JOSE FUENTES\_\_\_\_\_ Email Address:  
NSLCORP@HOTMAIL.COM\_\_\_\_\_

Phone Number (include area code): 9545592430\_\_\_\_\_ Fax Number (include area code):  
\_\_\_\_\_

Company's Internet Web Address: \_\_\_\_\_

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.

JOSE FUENTES – NICE AND SMOOTH LANDSCAPE\_\_\_\_\_

Bidder/Proposer's Authorized Representative's Signature: \_\_\_\_\_ Date 10-17-2021

Type or Print Name: JOSE FUENTES\_\_\_\_\_

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.

**ANY EXCEPTION, CHANGES OR ALTERATIONS TO THE GENERAL TERMS AND CONDITIONS, HOLD HARMLESS/INDEMNITY DOCUMENT OR OTHER REQUIRED FORMS MAY RESULT IN THE BID/PROPOSAL BE DEEMED NON-RESPONSIVE AND DISQUALIFIED FORM THE AWARD PROCESS.**

F- 4694-21-PB      City-wide Plant/Sod Supply & Installation Services



**F- 4694-21-PB      City-wide Plant/Sod Supply & Installation Services****CONE OF SILENCE**

The City of Hollywood City Commission adopted Ordinance No. O-2007-05, which created Section 30.15(F) imposing a Cone of Silence for certain City purchases of goods and Services.

The Cone of Silence refers to limits on communications held between vendors and vendor's representatives and City elected officials, management and staff during the period in which a Formal Solicitation is open.

The Ordinance does allow potential vendors or vendor's representatives to communicate with designated employees for the limited purpose of seeking clarification or additional information. The names and contact information of those employees that may be contacted for clarification or additional information are included in the solicitation.

The Cone of Silence does not prohibit a vendor or vendor's representative from communicating verbally, or in writing with the City Manager, the City Manager's designee, the City Attorney or the City Attorney's designee on those procurement items to be considered by the City Commission.

The Cone of Silence does not prohibit a vendor or vendor's representative from making public presentations at a duly noticed pre-bid conference or duly noticed evaluation committee meeting or from communicating with the City Commission during a duly noticed public meeting.

The Cone of Silence shall be imposed when a formal competitive solicitation has been issued and shall remain in effect until an award is made, a contract is approved, or the City Commission takes any other action which ends the solicitation.

To view the Cone of Silence, Ordinance No. O-2007-05, go to the City of Hollywood's Official website at <http://www.hollywoodfl.org/ConeOfSilence>

All communications regarding this bid should be sent in writing to the Procurement Services Division as identified in this bid.



Supplier: niceandsmooth landscape



## HOLD HARMLESS AND INDEMNITY CLAUSE

### Nice & Smooth Landscape

#### (Company Name and Authorized Signature, Print Name)

, 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.

**e083003.**

Signature

**Nice&Smooth Landscape**

Name of Company

**Jose m Fuentes**

Printed Name

**Owner/President**

Title

Bid/RFP/RFQ Number: F 4694 21 PB Title: CITY-WIDE PLANT/SOD SUPPLY & INSTALLATION SERVICES

Procurement Services Division  
2600 Hollywood Boulevard, Room 303  
Hollywood, Florida 33020

Supplier: **niceandsmooth landscape**



## NONCOLLUSION AFFIDAVIT

**STATE OF: Florida**

**COUNTY OF: Broward** , being first duly sworn, deposes and says that:

- (1) He/she is **Jose m Fuentes** of **Nice&Smooth Landscape** , the Bidder that has submitted the attached Bid.
- (2) He/she has been fully informed regarding the preparation and contents of the attached Bid and of all pertinent circumstances regarding such Bid;
- (3) Such Bid is genuine and is not a collusion or sham Bid;
- (4) Neither the said Bidder 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 Bidder, firm or person to submit a collusive or sham Bid in connection with the contractor for which the attached Bid 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 Bidder, firm or person to fix the price or prices, profit or cost element of the Bid price or the Bid price of any other Bidder, or to secure an advantage against the City of Hollywood or any person interested in the proposed Contract; and
- (5) The price or prices quoted in the attached Bid are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Bidder or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

**e083003.**

Signature

**Nice&smooth Landscape**

Name of Company

**Jose m Fuentes**

Printed Name

**Owner/President**

Title

Bid/RFP/RFQ Number: F 4694 21 PB Title: CITY-WIDE PLANT/SOD SUPPLY & INSTALLATION SERVICES

Supplier: niceandsmooth landscape



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

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS

1. This form statement is submitted to **Broward county/ cityof hollywood fl**

By **Jose M Fuentes/owner/president** for **Nice&smooth Landscape**

(Print individual's name and title)

(Print name of entity submitting sworn statement)

whose business address is **5708 Monroe St. Hollywood, FL 33023**

and if applicable its Federal Employer Identification Number (FEIN) is **55-0811242** If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement.

**1**

2. I understand that "public entity crime," as defined in paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid, proposal, reply, or contract for goods or services, any lease for real property, or any contract for the construction or repair of a public building or public work, involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misinterpretation.

3. 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.

4. 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.

5. 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.

6. 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.)

**Jose m Fuentes** 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.

**Jose m Fuentes** The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

**Jose m Fuentes** The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime, but the Final Order entered by the Hearing Officer in a subsequent proceeding before a Hearing Officer of the State of the State of Florida, 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).

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.

**e083003.**

Signature

**Nice&smooth Landscape**

Name of Company

**Jose m Fuentes**

Printed Name

**Owner/president**

Title

Bid/RFP/RFQ Number: F 4694 21 PB Title: CITY-WIDE PLANT/SOD SUPPLY & INSTALLATION SERVICES

Supplier: **niceandsmooth landscape**



## 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.

Applicant Name and Address:

**Jose m Fuentes 5718 Monroe St. Hollywood, Fl. 33023**

Application Number and/or Project Name:

**F 4694 21 PB**

Applicant IRS/Vendor Number: **B9058889-2021**

**e083003.**

Signature

**Nice&smooth Landscape**

Name of Company

**Jose m Fuentes**

Printed Name

**Owner/president**

Title

Bid/RFP/RFQ Number: F 4694 21 PB Title: CITY-WIDE PLANT/SOD SUPPLY & INSTALLATION SERVICES

Procurement Services Division  
2600 Hollywood Boulevard, Room 303  
Hollywood, Florida 33020

Supplier: **niceandsmooth landscape**



## DRUG-FREE WORKPLACE PROGRAM

**IDENTICAL TIE BIDS** - 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 bids 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.

**e083003.**

VENDOR'S SIGNATURE

**Jose m Fuentes**

PRINTED NAME

**Nice&smooth Landscape**

NAME OF COMPANY

**Owner/president**

TITLE

Bid/RFP/RFQ Number: F 4694 21 PB Title: CITY-WIDE PLANT/SOD SUPPLY & INSTALLATION SERVICES

Procurement Services Division  
2600 Hollywood Boulevard, Room 303  
Hollywood, Florida 33020



Supplier: niceandsmooth landscape



## REFERENCES

### F 4694 21 PB CITY-WIDE PLANT/SOD SUPPLY & INSTALLATION SERVICES

It is the responsibility of the contractor/vendor to provide a minimum of three (3) similar type references using this form and to provide this information with your submission. Failure to do so may result in the rejection of your submission.

<b>Company Name:</b> Hollywood kia Jonathan Levy	
<b>Address:</b> 16805 state Rd 7	
<b>City, State, ZIP:</b> Hollywood fl 33024	<b>Phone Number:</b> 9545342059
<b>Point of Contact:</b> Jonathan	<b>Fax Number:</b>
<b>Email:</b> Yonevy@me.com	
<b>Explain How This Referenced Work Is Similar To This Request:</b> Commercial property services for more than 10 years	
<b>Date service was provided:</b> every 15 days	

<b>Company Name:</b> American VanLine	
<b>Address:</b> 1351 NW 22nd St.	
<b>City, State, ZIP:</b> Pompano Beach, Fl. 33069	<b>Phone Number:</b> 954 8685567
<b>Point of Contact:</b> Anthony Disorbo	<b>Fax Number:</b>
<b>Email:</b> tony@americanvanlines.com	
<b>Explain How This Referenced Work Is Similar To This Request:</b> commercial property maintenance	
<b>Date service was provided:</b> Cicle every 15 days	

<b>Company Name:</b> Anidjar&Levine law marc anidjar	
<b>Address:</b> 330 se 17th	
<b>City, State, ZIP:</b> Ft Lauderdale 33316	<b>Phone Number:</b> 9545250020
<b>Point of Contact:</b> Marc	<b>Fax Number:</b>
<b>Email:</b> MAnijar@anl-law.com	
<b>Explain How This Referenced Work Is Similar To This Request:</b> Commercial properties	
<b>Date service was provided:</b> every 15 days	



Supplier: niceandsmooth landscape

**W-9**(Rev. August 2013)  
Department of the Treasury Internal  
Revenue Service**Request for Taxpayer  
Identification Number and Certification****Give to the  
requester. Do not  
send to the IRS.**Print or type  
See Specific  
Instructions  
on page 2.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

**niceandsmoothlandscape corp**

Check appropriate box for federal tax classification:

☐ Individual/sole proprietor ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) \*☐ Other (see instructions)

Exemptions (see instructions):

Exempt payee code (if any)

Exemption from FATCA  
reporting code (if any)

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

**5718 Monroe St.**

City, state, and ZIP code

**hollywood fl 33023**

Requester's name and address (optional)

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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Social security number****Employer identification number****55-0811242**

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**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

**Sign Here**

Signature of *Jose m fuentes*  
 U.S. person \*

Date **10/14/21**

## General Instructions

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

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

## Purpose of

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

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

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

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

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

Cat. No. 10231X

Form **W-9** (Rev. 8-2013)

Form W-9 (Rev. 8-2013)

Page **2**

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

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity,

## Updating Your Information

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

- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust, and

- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

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

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

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

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

the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

## Penalties

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

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

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

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

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**Partnership, C Corporation, or S Corporation.** Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

**Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulation section 301.7701-2(c)(2)(iii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded

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

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

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

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* on page 1.

**What is FATCA reporting?** The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Note.** Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

**Limited Liability Company (LLC).** If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

**Other entities.** Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

**Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the *Exemptions* box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* on page 3.

**Exempt payee code.** Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

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

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

3—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities

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

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States

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

8—A real estate investment trust

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

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

11—A financial institution

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

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

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

G—A real estate investment trust

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

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

J—A bank as defined in section 581

K—A broker

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

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

#### Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

<b>.IF the payment is for . . .</b>	<b>THEN the payment is exempt for . . .</b>
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,0001	Generally, exempt payees 1 through 52
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

1 See Form 1099-MISC, Miscellaneous Income, and its instructions.

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

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

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

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

C—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities

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

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

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

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

## Part II. Certification

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

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

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

### 1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.

You must give your correct TIN, but you do not have to sign the certification.

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

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

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

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

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

certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.**

You must give your correct TIN, but you do not have to sign the certification.

Form W-9 (Rev. 8-2013)

Page 4

**What Name and Number To Give the Requester**

**For this type of account:**

1. Individual
2. Two or more individuals (joint account)

**Give name and SSN of:**

- The individual
- The actual owner of the account or, if combined funds, the first individual on the account 1
- The minor 2

3. Custodian account of a minor (Uniform Gift to Minors Act)

4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law

- The grantor-trustee 1
- The actual owner 1

5. Sole proprietorship or disregarded entity owned by an individual

The owner 3

6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))

The grantor\*

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

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

3 You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

4 List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

\***Note.** Grantor also must provide a Form W-9 to trustee of trust.

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

**Secure Your Tax Records from Identity Theft**

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

To reduce your risk:

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

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

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.**

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

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

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

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**Privacy Act Notice**

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



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## 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 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 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.

**Jose M Fuentes**

SIGNATURE

PRINTED NAME

**Nice and Smooth Landscape**

NAME OF COMPANY

**Jose m Fuentes**

TITLE

Bid/RFP/RFQ Number: F 4694 21 PB Title: CITY-WIDE PLANT/SOD SUPPLY & INSTALLATION SERVICES

Procurement Services Division  
2600 Hollywood Boulevard, Room 303