



CONTRACT

Advanced Multi Sign Corp. ES 12000622

Job #26707

03/26/2024

Randy Rivera
 phone: 305.904.6820
 email: info@advancedmultisign.com

BILL TO

City of Hollywood Community Redevelopment Agency
 2600 Hollywood Blvd
 Hollywood, FL 33022
 United States

JOB LOCATION

HIALE

Website: www

Aw@Advancedmultisign.Com: ariel@

QUANTITY	DESCRIPTION	UNIT COST	COST
6	JOB TITLE: Sign Type A DESCRIPTION: Double Sided Monument Cladding over Existing Concrete Structure OVERALL SIZE: 7'-6" H x 16'-6" W x 24" D READING: WELCOME TO Hollywood (as per logo) LETTER MATERIAL: 1/2" Thick Acrylic, Pin Mounted COLORS: Painted P6, P5, P4, P1. Using Matthew's Paint to Match Pantone colors *PRICE INCLUDES DEMO OF EXISTING CONCRETE STRUCTOR AND INSTALLATION OF NEW MONUMENT CLADDING	\$12,802.89	\$76,817.34
7	JOB TITLE: Sign Type B DESCRIPTION: Double Sided Monument Cladding over Existing Concrete Structure OVERALL SIZE: 3'-4.5" H x 6'-4" W x 25" D READING: WELCOME TO Hollywood (as per logo) LETTER MATERIAL: 1/4" Thick Acrylic, Pin Mounted COLORS: Painted P6, P5, P4, P1. Using Matthew's Paint to Match Pantone colors *PRICE INCLUDES DEMO OF EXISTING CONCRETE STRUCTOR AND INSTALLATION OF NEW MONUMENT CLADDING	\$4,327.01	\$30,289.07
10	JOB TITLE: Sign Type D DESCRIPTION: Post and Panel Sign OVERALL SIZE: 5' W x 3'-6" H READING: WELCOME TO HOLLYWOOD LETTER MATERIAL: 1/4" Thick Aluminum Letters, Pin Mounted COLORS: Painted P1 Using Matthew's Paint *PRICE INCLUDES INSTALLATION	\$742	\$7,420
1	JOB TITLE: Sign Type D (Add Alt) DESCRIPTION: Double Sided Nonilluminated Monument with 1/4" Thick Aluminum Letters OVERALL SIZE: 9'-3.5" H x 2'-11.5" W READING: HOLLYWOOD WELCOME TO, SEE YOU SOON LETTER MATERIAL: 1/4" Thick Aluminum Letters, Pin Mounted COLORS: Painted P1, P6 using Matthew's Paint *PRICE INCLUDES INSTALLATION	\$3,643.81	\$3,643.81
23	JOB TITLE: Sign Type E DESCRIPTION: Double Sided Monument Cladding with Acrylic Backed, Cut out Letters for Logo and Neighborhoods OVERALL SIZE: 3'-3" x 6'-6" READING: Neighborhood names, HOLLYWOOD with turtle logo COLORS: Painted P1, P5 using Matthew's Paint *INCLUDES INSTALLATION	\$2,949.24	\$67,832.52

14	JOB TITLE: Sign Type F DESCRIPTION: Double Sided Monument Cladding with Acrylic Backed, Cut out Letters for Logo and Neighborhoods OVERALL SIZE: 2'-1" x 8'-9.5" READING: Neighborhood names, HOLLYWOOD with turtle logo COLORS: Painted P1, P5 using Matthew's Paint *INCLUDES INSTALLATION	\$3,424.40	\$47,941.60
6	JOB TITLE: Sign Type J DESCRIPTION: signboard Aluminum Plaque with overlay printed vinyl with logo as per plans OVERALL SIZE: 14' x 5' LETTER HEIGHT: 14" READING: EMERALD HILLS, Hollywood and logo COLORS: Painted P5, P1 using Matthew's Paint *PRICE INCLUDES INSTALLATION	\$1,487.36	\$8,924.16
1	JOB TITLE: Sign Type POST WAYFINDING DESCRIPTION: Post and Panel Signbond OVERALL SIZE: 3'-3.5" W x 6'-6" H READING: As per Directional info COLORS: Painted P1 Using Matthew's Paint *PRICE INCLUDES INSTALLATION	\$623.54	\$623.54
1	JOB TITLE: Sign Type DIRECTIONAL OVERHEAD DESCRIPTION: Post and Panel Sign aluminum .125" OVERALL SIZE: 10' x 5' READING: As per Directional info COLORS: Painted P1 Using Matthew's Paint *PRICE INCLUDES INSTALLATION	\$3,360	\$3,360
1	JOB TITLE: Sign Type DANIA BEACH GATEWAY DESCRIPTION: Individual fully welded channel letters mounted on aluminum post APPROX. LETTER HEIGHT: 36" READING: Hollywood BEACH COLORS: Painted P1 *PRICE INCLUDES INSTALLATION AND CONCRETE FOOTER PER LETTERS	\$11,134.82	\$11,134.82
3	JOB TITLE: Sign Type BEACH GATEWAY DESCRIPTION: Double Sided Nonilluminated Monument with 1/4" Thick Aluminum Letters OVERALL SIZE: 9'-3.5" H x 2'-11.5" W READING: HOLLYWOOD BEACH WELCOME TO, SEE YOU SOON LETTER MATERIAL: 1/4" Thick Aluminum Letters, Pin Mounted COLORS: Painted P1, P6 using Matthew's Paint *PRICE INCLUDES INSTALLATION	\$3,643.81	\$10,931.43
8	JOB TITLE: Sign Type POST WAYFINDING CRA BEACH DESCRIPTION: Post and Panel Sign OVERALL SIZE: 3'-3.5" W x 6'-6" H READING: As per Directional info COLORS: Painted P1 Using Matthew's Paint *PRICE INCLUDES INSTALLATION	\$623.54	\$4,988.32
4	JOB TITLE: Sign Type DESTINATION SIGN DESCRIPTION: Double Sided nonilluminated monument with 1/4" Aluminum Letters Pin Mounted OVERALL SIZE: 3'-5" x 6'-3" READING: Location and Turtle Logo COLORS: Painted P1, P6	\$5,480	\$21,920

11	JOB TITLE: Sign Type NEIGHBORHOOD SIGN DESCRIPTION: Double Sided Monument Cladding with Acrylic Backed, Cut out Letters for Logo and Neighborhoods OVERALL SIZE: 2'-1" x 8'-9.5" READING: Neighborhood names, HOLLYWOOD with turtle logo COLORS: Painted P1, P5 using Matthew's Paint *INCLUDES INSTALLATION	\$3,424.40	\$37,668.40
1	JOB TITLE: Sign Type POST WAYFINDING DOWNTOWN CRA DESCRIPTION: Post and Panel Sign OVERALL SIZE: 3'-3.5" W x 6'-6" H READING: As per Directional info COLORS: Painted P1 Using Matthew's Paint *PRICE INCLUDES INSTALLATION	\$623.54	\$623.54
11	JOB TITLE: Sign Type DIRECTIONAL OVERHEAD DOWNTOWN CRA DESCRIPTION: Post and Panel Sign OVERALL SIZE: 10' x 5' READING: As per Directional info COLORS: Painted P1 Using Matthew's Paint *PRICE INCLUDES INSTALLATION	\$3,360	\$36,960
1	JOB TITLE: Sign Type DOWNTOWN GATEWAY DESCRIPTION: Individual fully welded channel letters mounted on aluminum post APPROX. LETTER HEIGHT: 36" READING: Hollywood DOWNTOWN COLORS: Painted P1 *PRICE INCLUDES INSTALLATION AND CONCRETE FOOTER PER LETTERS	\$11,134.82	\$11,134.82
1	City Fee's Payable to City of Hollywood. *cost may vary	\$37,999.92	\$37,999.92
1	Engineering per Type of Sign	\$4,420.04	\$4,420.04
1	Mobilization: - Includes Surveys for all locations - Design time for Individual Qty of Signs	\$36,372	\$36,372

THIS AGREEMENT IS ACCEPTED AND APPROVED BY:

Subtotal \$461,005.33

Total Tax \$32,270.37

**City of Hollywood Community
Redevelopment Agency**

**Advanced Multi Sign Corp. ES
12000622**

TOTAL CONTRACT \$493,275.70

Sign: _____

Sign: _____

Required Deposit \$246,637.85

Print: _____

Print: _____

FINAL BALANCE \$246,637.85

Date: _____

Date: _____

Please make all checks payable to Advanced Multi Sign Corp.

This proposal is VALID FOR 7 DAYS. By signing, the Customer accepts the Company's proposal for the Job and agrees to all of the terms of the purchase contract. Anything out of the scope of work of this quote is not included.

- TURN AROUND TIME starts after the final approval needed for production. Depending on the job could be the customer, the landlord or the building department.
- Our company provides all the WARRANTIES FOR THE COMPONENTS USED in our product fabrication such as plastic, metals,

circuits, transformers, ballast, switches, etcetera. All are to be effective according to the warranties of manufacturers of each individual component. A complete warranty document is available at www.advancedmultisign.com

- PRICE REFLECTS MANUFACTURING AND INSTALLATION LABOR DURING REGULAR BUSINESS HOURS. Nights, Saturday, and Sunday jobs; are considered after-hours and required a different rate; therefore a new estimate has to be requested.
 - THE LAYOUT approval will be the ultimate guide used for the final result. Elements such as colors, spelling, type of installation, etcetera. Please review it carefully before making a decision. If changes in specifications are made when the layout is finalized, such as sizes, color, or mounting specs, you might be subject to additional charges. Please request a copy of the new estimate.
 - A MAIN DEDICATED ELECTRICAL LINE to the sign up to code, shall be provided at the time of installation & must be within site (5-6 ft) of the sign. It shall be accessible to normal conditions of workmanship and inspections by building officials.
 - If at the time of installation this line is not present and the job requires an additional trip for connection, there is a minimum charge of 340.00, but this charge may vary depending on the conditions and the extension of the electrical connection.
 - LETTER HEIGHT is determined by the tallest letters: (typically "C, G, O, S" will be the tallest one).
 - When a sign is removed from a wall, we will caulk the whole by using silicone, to temporarily prevent leakage. We strongly recommended that the customer hire a professional contractor to professionally finished the wall as per the Florida Building Codes. It is outside our scope of work
 - When a sign is removed from a wall, there will be stains and mold marking on the wall. We strongly recommended that the customer hire a professional contractor to complete finished the wall as per the Florida Building Codes. It is outside our scope of work.
 - When excavation and concrete pouring is needed. Be aware that we are not responsible for damages to the asphalt or nearby landscaping. It will be required for you to address this with additional work after, only after our job is finalized.
 - All adjacent electrical lines, sprinkles, gas pipe, fiber optical, and or underground or hidden conduits must be marked properly by the customer when the underground utility locator doesn't have the information or doesn't apply. Advanced Multi Sign will not be responsible for any damages.
 - When a job is canceled after the schedule has been confirmed, there will be a minimum cancellation fee of 480.00 (Minimum hourly rate applicable of 4 hours within an 8-mile radius)
 - Space behind the sign must be readily accessible. All working areas must be readily accessible. Including areas for the truck to be parked and accessed to the sign. Canvas, canopies, trees, and any other obstructions should be removed by the customer prior to sign installation to allow installers to reach the sign space for proper installation.
 - in some instances there will be an access hole required to access the sign behind walls or ceilings. this will be needed for future services and inspector access, if this work is needed there is a minimum charge of 440.00 dollars. this work can also be done by a GC and it could be hired separated from our scope of work. in any instance, it must readily accessible at the time of installation.
 - Our total liability is limited to the contract amount and it will not exceed that amount for present or future claims
 - Timing controller devices such as astronomical timers and photocells are available at additional cost and are never included; unless noted in writing.
 - Any maintenance performed on signs by other companies than Advance Multi Sign will automatically discharge our company from the responsibilities of the warranty.
 - Our work is not guaranteed against natural forces.
 - We are not responsible for delays due to circumstances beyond our control.
 - If a third party requests additional labor and materials that were not calculated in the original invoice, such a request will be billed separately and shall be paid in order to complete the final payment of the sign.
 - The signs remain property of Advanced Multi Sign until the final balance is paid in full.
 - It is understood and agreed that if the default is made on payments, when due, or the purchaser customer refuses to accept the sign when tendered, the whole balance should become instantly due and payable, and all payments should be retained by our company as rent and liquidated damages, together with any cost and reasonable attorney's fees.
 - It is further agreed that once the sign is installed and the customer refuses to pay, Advanced Multi Sign is authorized for the recovery of the sign. The customer agrees to grant a permit for the sign retrieval if such an event occurs.
- B. Payment: The owner will pay to Sign Company the total sum reflected on the estimate in US Dollars for the work performed under this contract, under the following schedule:
- 50% DEPOSIT IS REQUIRED FOR ALL ORDERS.
 - FINAL BALANCE WILL BE COLLECTED ONLY BY USING A VALID CREDIT CARD BEFORE INSTALLATION. CHARGES WILL BE APPLIED AT THE TIME OF INSTALLATION.
- C. Relationship of Parties:
- Sign Company is responsible for the conduct and control of the work.
- Sign Company is not an agent or employee of the owner for any purpose.

City Signage

Type	Sign Type	Unit Price	Count	Total Price
Monument	** Sign Type A Shroud (shroud only)	4224.66	6	\$ 25,347.96
Monument	** Sign Type A New	12,802.89	6	\$ 76,817.34
Monument	** Sign Type B Shroud (shroud only)	1442.34	7	\$ 10,096.38
Monument	** Sign Type B New	\$ 4,327.01	7	\$ 29,659.07
Pole Sign	** Sign Type D Plaque Only	\$ 495.00	10	\$ 4,950.00
Pole Sign	** Sign Type D New Pole	\$ 248.00	10	\$ 2,480.00
Monument	Sign Type D (Additional Alternate)	\$ 3,643.81	10	\$ 36,438.10
Monument	** Sign Type E Shroud (shroud only)	983.08	23	\$ 22,610.84
Monument	** Sign Type E New	\$ 2,949.24	23	\$ 67,832.52
Monument	** Sign Type F Shroud (shroud only)	1141.47	14	\$ 15,980.58
Monument	** Sign Type F New	\$ 3,424.40	14	\$ 47,941.60
Plaque	Sign Type J	1,487.36	6	\$ 8,924.16
Wayfinding	Sign Type U – Overhead Wayfinding	3,360	5	\$ 16,800.00
Destination	Sign Type W – Wayfinding Post	623	3	\$ 1,869.00
	Engineering	\$ 2,210.00	1	\$ 2,210.00
	Surveys of sign locations	\$ 18,186.00	1	\$ 18,186.00
	*** Structural Remediation of total Signs Above	77628.71	1	\$ 77,628.71
	TOTAL			\$ 465,772.26

Additional Alternate: Provide price to add vandalism proof coating to signage on a SF basis	\$
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NOTES:

* Signage Contractor to refer to attached signage spreadsheet, Kimley Horn Structural assessment, and site visits to determine number of sign's that are to be retrofitted with shroud or new. Please include in bid tab above "count".

** Refer to the Kimley Horn structural analysis for conditional rating as a reference only. Structural integrity and workability will be the sole responsibility of the Signage Contractor based on analysis and Signage Contractor's individual site visit, a report will be generated by the Signage Contractor of the existing signs determined to be in good condition which will remain and have a shroud installed. Signs found not in suitable condition by Signage Contractor should be noted on the report for final determination by City/CRA and Signage Contractor.

*** This line item depicts the cost above and beyond actual signage shroud. As an example only (Stucco replacement and paint of signage base)

Beach CRA Signage

Type	Sign Type	Unit Price	Count	Total Price
Gateway	TYP. Beach Gateway (New)	3,643.81	3	\$ 10,931.43
Gateway	Dania Beach Blvd Gateway (New)	11,134.82	1	\$ 11,134.82
Wayfinding	TYP. Post Mounted Wayfinding Directional (New)	623.54	8	\$ 4,988.32
Destination	TYP. Destination Sign (NEW)	5,480	4	\$ 21,920.00
	Engineering	1105	1	\$ 1,105.00
	Surveys of sign locations	9093	1	\$ 9,093.00
	Structural Remediation of total Signs Above	11834.51	1	\$ 11,834.51
	Total			\$ 71,007.08

Additional Alternate: Provide price to add vandalism proof coating to signage on a SF basis	\$
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Downtown CRA Signage

Type	Sign Type	Unit Price	Count	Total Price
Neighborhood	Neighborhood Shroud type signs (Retrofitting)	5,480	9	\$ 49,320.00
Neighborhood	Neighborhood Signs along the FEC Corridor (New)	3,424.40	2	\$ 6,848.80
Gateway	Hollywood Blvd Gateway (New)	11,134.82	1	\$ 11,134.82
Wayfinding	TYP. Post Mounted Wayfinding Directional (Retrofitting)	623.54	8	\$ 4,988.32
Wayfinding	TYP. Overhead mounted wayfinding Directional (Retrofitting)	3,360	3	\$ 10,080.00
	Engineering	1105	1	\$ 1,105.00
	Surveys of sign locations	9093	1	\$ 9,093.00
	Structural Remediation of total Signs Above	18514	1	\$ 18,514.00
	Total			\$ 111,083.94

Additional Alternate: Provide price to add vandalism proof coating to signage on a SF basis	\$
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Aggregate Bid Total

Project Overall Bid Price	\$ 647,863.28
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MIAMI-DADE COUNTY PUBLIC SCHOOLS



Small Business Enterprise (SBE) Certificate

THIS CERTIFIES THAT
ADVANCED MULTI SIGN

IS OWNED AND CONTROLLED BY A(N)
SBE Tier 1

PURSUANT TO MIAMI-DADE COUNTY PUBLIC SCHOOL BOARD POLICY 6320.02

A handwritten signature in black ink that reads "Jennifer D. Andreu".

February 13, 2023
Issue Date

February 13, 2026
Expiration Date

6516295
Vendor No.

Jennifer D. Andreu
Assistant Superintendent, Equity & Diversity
Office of Economic Opportunity
Miami-Dade County Public Schools
1450 NE 2nd Avenue - Suite 428
Miami, Florida 33132



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ELECTRICAL CONTRACTORS' LICENSING BOARD

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

AS A SIGN ELECTRICAL SPECIALIST

PEDROSA, ARIEL

ADVANCED MULTI SIGN CORP
7956 WEST 26 CT
HIALEAH FL 33016

LICENSE NUMBER: ES12000622

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

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



PHILADELPHIA INSURANCE COMPANIES

BID OR PROPOSAL BOND

KNOW ALL MEN BY THESE PRESENTS, That we,

Advanced Multi Sign Corp.

of 7956 W 26th Ct, Hialeah, FL 33016

(hereinafter called the Principal) as Principal, and PHILADELPHIA INDEMNITY INSURANCE COMPANY, with its principal office at One Bala Plaza, Suite 100 in the City of Bala Cynwyd, Pennsylvania (hereinafter called the Surety), as Surety, are held and firmly bound unto

City of Hollywood, Florida, and the Hollywood Florida Community Redevelopment Agency

of 2207 Raleigh Street, Hollywood, FL 33020

(hereinafter called the Obligee) in the penal sum of

Five Percent (5%) of the Total Amount Bid

Dollars\$ _____ lawful money of the United States, for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors, and assigns.

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas, the Principal has submitted the accompanying bid dated 04/17/2024 for

RFP-174-24-GJ

City of Hollywood and Hollywood Florida Community Redevelopment Agency (CRA) Citywide

Gateway and Neighborhood Signage

NOW, THEREFORE, if the Obligee shall make any award according to the terms of said bid and the Principal shall enter into a contract with said Obligee in accordance with the terms of said bid and give bond for the faithful performance thereof within the time specified; or if no time is specified within thirty days after the date of said award; or if the Principal shall, in the case of failure so to do, indemnify the Obligee against any loss the Obligee may suffer directly arising by reason of such failure, not exceeding the penalty of this bond, then this obligation shall be null and void: otherwise to remain in full force and virtue.

Signed, sealed and dated: 04/15/2024

Notwithstanding anything contrary in the referenced contract, the Surety's warranty obligation under the bond is limited to (1) year after project acceptance. The performance bond (if low bidder) excludes from coverage any security for maintenance beyond (1) year from the date of the projects acceptance.

Principal's Disclaimer: Warranty does not include wear and tear that results from normal use, the environment, or vandalism.

Advanced Multi Sign Corp.

(Principal)

By: _____

PHILADELPHIA INDEMNITY INSURANCE COMPANY

By:  _____

Esteban Flores

Attorney- in-Fact



Bond # N/A

PHILADELPHIA INDEMNITY INSURANCE COMPANY

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

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint Michael D. Lapre, Deborah M. McGuckin, Colleen Watson, Kevin P. Shine, Phillip Simons, Yvonne Weatherford, Jaren A. Marx, Brad Bullerdieck, Bernardo C. Scorza Gaspar, Matt Bocklage, Brian D. Russell Jr., Robert J. Wolf, Blake Oliver, Artwe Johnson, Mark Karr, Esteban Flores, and R. M. Friedik of NFP Property & Casualty Services, Inc. its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed \$50,000,000.

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

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

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

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

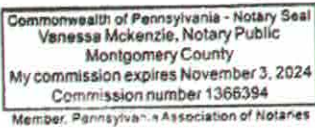


(Seal)

John Glomb, President & CEO
Philadelphia Indemnity Insurance Company

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

Notary Public:



residing at:

Bala Cynwyd, PA

My commission expires:

November 3, 2024

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

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 15th day of April, 2024.



Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Ventura

On 04/15/2024 before me, R. M. Friedik, Notary Public,
(Here insert name and title of the officer)

personally appeared Esteban Flores

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

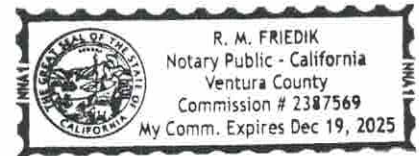
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature of Notary Public

(Notary Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Bid Bond

(Title or description of attached document)

N/A

(Title or description of attached document continued)

Number of Pages two Document Date 04/15/2024

N/A

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

- Individual (s)
- Corporate Officer
- _____ (Title)
- Partner(s)
- Attorney-in-Fact
- Trustee(s)
- Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~, is /~~are~~) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/09/2024

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 Global Green Insurance 1808 N University Dr Pembroke Pines FL 33024		CONTACT NAME: Jose Maurisset PHONE (A/C No. Ext): (754) 200-4886 E-MAIL ADDRESS: globalgreen7557@gmail.com FAX (A/C, No): (954) 505-3896	
INSURED ADVANCED MULTI SIGN CORP 7956 W 26th Ct Hialeah FL 33016-2737		INSURER(S) AFFORDING COVERAGE INSURER A: INTERSTATE FIRE & CAS CO INSURER B: PROGRESSIVE INSURER C: STARSTONE NATIONAL INSURANCE COMPANY INSURER D: INSURER E: INSURER F:	
		NAIC # 22829 10193 25496	

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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			SCB-GL-000024042	01/24/2024	01/24/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000.00 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> DED \$1000			04002935	07/07/2023	07/07/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP Required by Law \$ 10,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			77353M220ALI	01/24/2024	01/24/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	PHYSICAL DAMAGE			04002935	07/07/2023	07/07/2024	Physical Damage Amt See Vehicle Detail Deductible Comp&Co \$1,000

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

SIGN CONTRACTOR

Certificate Holder is an additional Insured in regards to the General Liability

CERTIFICATE HOLDER**CANCELLATION**

City of Hollywood
 Design and Construction Management
 2207 Raleigh Street
 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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/09/2024

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 Global Green Insurance 1808 N University Dr Pembroke Pines FL 33024		CONTACT NAME: Jose Maurisset PHONE (A/C No. Ext): (754) 200-4886 E-MAIL ADDRESS: globalgreen7557@gmail.com FAX (A/C, No): (954) 505-3896	
INSURED ADVANCED MULTI SIGN CORP 7956 W 26th Ct Hialeah FL 33016-2737		INSURER(S) AFFORDING COVERAGE INSURER A: INTERSTATE FIRE & CAS CO INSURER B: PROGRESSIVE INSURER C: STARSTONE NATIONAL INSURANCE COMPANY INSURER D: INSURER E: INSURER F:	
		NAIC # 22829 10193 25496	

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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			SCB-GL-000024042	01/24/2024	01/24/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000.00 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> DED \$1000 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			04002935	07/07/2023	07/07/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP Required by Law \$ 10,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			77353M220ALI	01/24/2024	01/24/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	PHYSICAL DAMAGE			04002935	07/07/2023	07/07/2024	Physical Damage Amt Deductible Comp&Co \$1,000

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

SIGN CONTRACTOR

CERTIFICATE HOLDER IS ADDED AS ADDITIONAL INSURED WITH RESPECT TO GENERAL LIABILITY

CERTIFICATE HOLDER**CANCELLATION**

Hollywood Florida Community Redevelopment Agency

1948 Harrison Street
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

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**Internal Services Department
Small Business Development**

111 NW 1 Street, 19th Floor
Miami, Florida 33128
T 305-375-3111
F 305-375-3160

January 30, 2023

Ariel Pedrosa
ADVANCED MULTI SIGN
PO BOX 160718
Hialeah, FL 33016

Approval Date: January 27, 2023 - Disadvantaged Business Enterprise (DBE)
Anniversary Date: October 31, 2024

Dear Ariel Pedrosa,

Miami-Dade County Small Business Development (SBD), a division of the Internal Services Department (ISD), is pleased to notify you that your firm is certified under the Florida Unified Certification Program (UCP). Your firm meets the eligibility requirements for certification as a Disadvantaged Business Enterprise (DBE) in accordance with 49 CFR Part 26.

DBE certification is continuous with no expiration date; however, firms are required to attest that there are no changes via the No Change Declaration form on or before the firm's anniversary date to remain certified. You will be notified of your annual responsibilities in advance of the Anniversary Date listed above. You must submit the annual No Change Declaration form no later than the Anniversary Date to maintain your eligibility. Your firm will be listed in the UCP DBE Directory which can be accessed through the Florida Department of Transportation's website: <http://www3b.dot.state.fl.us/EqualOpportunityOfficeBusinessDirectory/>.

DBE certification is NOT a guarantee of work, but it enables the firm to compete for and perform contract work on all USDOT Federal Aid (FAA, FTA and FHWA) projects in Florida as a DBE contractor, sub-contractor, consultant, sub-consultant or material supplier.

If at any time there is a material change in your firm, you must advise this office by sworn affidavit and supporting documentation within thirty (30) days. Changes include, but are not limited to ownership, officers, directors, management, key personnel, scope of work performed, daily operations, on-going business relationships with other firms, individuals or the physical location of your firm. After our review, you will receive instructions as to how you should proceed, if necessary. Failure to comply will result in action to remove your firm's DBE certification.

It is strongly recommended that you register your firm as a vendor with Miami-Dade County. To register, you may visit: <http://www.miamidade.gov/procurement/vendor-registration.asp>. Thank you for your interest in doing business with Miami-Dade County. If you have any questions or concerns, you may contact our office at 305-375-3111 or sbdcert@miamidade.gov.

Sincerely,



Jeanise Cummings-Labossiere
Section Chief, Small Business Development

NAICS & Industry Title: (Your firm is eligible to compete for and perform work on all USDOT Federal Aid projects throughout Florida and may earn DBE or ACDBE credit for work performed in the following areas.)

NAICS 238210: ELECTRICAL CONTRACTORS AND OTHER WIRING INSTALLATION CONTRACTORS

NAICS 339950: SIGN MANUFACTURING

NAICS 541430: GRAPHIC DESIGN SERVICES

VENDOR REFERENCE FORM

City of Hollywood Solicitation #: RFP-174-24-GJ
 Reference for: Advanced Multi Sign

Organization/Firm Name providing reference: D2 Construction

Organization/Firm Contact Title:

Name: Gilberto Torres Project Manager

Email: gilberto@d2construction.us Phone: 7864025239

Name of Referenced Project: Miami Dade Public Schools Contract No: Miami Dade Public Schools

Date Services were provided: 2023 Project Amount: 390,000

Referenced Vendor's role in Project: Prime Vendor Subcontractor/
Subconsultant

Would you use the Vendor again? Yes No. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):
 Provided electrical signage to 13 schools.

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Timeliness/Cost Control of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments (provide additional sheet if necessary):

****THIS SECTION FOR CITY USE ONLY****				
Verified via:	Email: <input type="checkbox"/>	Verbal: <input type="checkbox"/>	Mail: <input type="checkbox"/>	
Verified by:	Name:	Title:		
	Department:	Date:		

VENDOR REFERENCE FORM

City of Hollywood Solicitation #: RFP-174-24-GJ
 Reference for: Advanced Multi Sign

Organization/Firm Name providing reference: JLL Construction

Organization/Firm Contact Title:

Name: Daniel Villalba Project Manager

Email: daniel.villalba@jll.com Phone: 3057201541

Name of Referenced Project: West Winds of Boca Contract No: West Winds of Boca

Date Services were provided: 2023 Project Amount: 115,000

Referenced Vendor's role in Project: Prime Vendor Subcontractor/
Subconsultant

Would you use the Vendor again? Yes No. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):
 Built and installed several monuments.

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness/Cost Control of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments (provide additional sheet if necessary):

****THIS SECTION FOR CITY USE ONLY****						
Verified via:	Email:	<input type="checkbox"/>	Verbal:	<input type="checkbox"/>	Mail:	<input type="checkbox"/>
Verified by:	Name:				Title:	
	Department:				Date:	

VENDOR REFERENCE FORM

City of Hollywood Solicitation #: RFP-174-24-GJ
 Reference for: Advanced Multi Sign

Organization/Firm Name providing reference: Johnathan Andrew Construction

Organization/Firm Contact Title:

Name: John Mchenry Project Supervisor

Email: jon@jacfl.com Phone: 3059862921

Name of Referenced Project: Airport Park Contract No: Airport Park

Date Services were provided: 2023 Project Amount: 230,000

Referenced Vendor's role in Project: Prime Vendor Subcontractor/ Subconsultant

Would you use the Vendor again? Yes No. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):
 Fabricated wayfinding signage and installed it during low traffic volume times. This was very important to the airport because they did not want the project to interfere with regular operations.

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness/Cost Control of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments (provide additional sheet if necessary):

****THIS SECTION FOR CITY USE ONLY****					
Verified via:	Email:	<input type="checkbox"/>	Verbal:	<input type="checkbox"/>	Mail: <input type="checkbox"/>
Verified by:	Name:				Title:
	Department:				Date:

VENDOR REFERENCE FORM

City of Hollywood Solicitation #: RFP-174-24-GJ
 Reference for: Advanced Multi Sign

Organization/Firm Name providing reference: Bizzness Box

Organization/Firm Contact Title:
 Name: Jay Oliver Title: Project Manager
 Email: info@bizznessbox.com Phone: 813-336-8194
 Name of Referenced Project: Hertz Arena Contract No: Hertz Arena
 Date Services were provided: 2023 Project Amount: 1,250,000

Referenced Vendor's role in Project: Prime Vendor Subcontractor/
 Subconsultant
 Would you use the Vendor again? Yes No. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):
 They did all of the new signage at the arena. Including wayfinding, scoreboard and a wraparound ribbon. We vetted several companies but in the end we went with Advanced Multi Sign. They are very responsive and treat every project like it is the only client. We have used them in the past and every thing is always perfect. They do the job right the first time.

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness/Cost Control of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments (provide additional sheet if necessary):

****THIS SECTION FOR CITY USE ONLY****						
Verified via:	Email:	<input type="checkbox"/>	Verbal:	<input type="checkbox"/>	Mail:	<input type="checkbox"/>
Verified by:	Name:				Title:	
	Department:				Date:	

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
ADVANCED MULTI SIGN CORP.

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

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

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

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

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
P.O. BOX 160718

6 City, state, and ZIP code
HIALEAH, FL 33016

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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

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

Social security number

			-			-					
--	--	--	---	--	--	---	--	--	--	--	--

OR

Employer identification number

6	5	-	0	8	9	4	9	4	0
---	---	---	---	---	---	---	---	---	---

Part II Certification

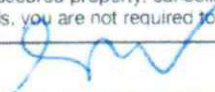
Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ▶ **01/23/2024**

General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/09/2024

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.

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PRODUCER Automatic Data Processing Insurance Agency, Inc. 1 Adp Boulevard Roseland NJ 07068		CONTACT NAME: Automatic Data Processing Insurance Agency, Inc. PHONE (A/C. No. Ext): 1-800-524-7024 FAX (A/C. No.): E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Insurance Company of the West	NAIC # 27847
INSURED ADVANCED MULTI SIGN CORP 7956 W 26TH CT HIALEAH FL 33016		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 3568856

REVISION NUMBER:

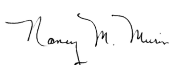
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	
	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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
A	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 N	N/A	N	WMO505681403	08/18/2023	08/18/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Contractor License: ES12000622

CERTIFICATE HOLDER**CANCELLATION**

Hollywood Florida Community Redevelopment Agency 1948 Harrison Street 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 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/09/2024

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 Automatic Data Processing Insurance Agency, Inc. 1 Adp Boulevard Roseland NJ 07068		CONTACT NAME: Automatic Data Processing Insurance Agency, Inc. PHONE (A/C. No. Ext): 1-800-524-7024 FAX (A/C. No.): E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Insurance Company of the West	NAIC # 27847
INSURED ADVANCED MULTI SIGN CORP 7956 W 26TH CT HIALEAH FL 33016		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 3568850

REVISION NUMBER:

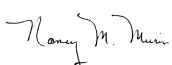
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	
	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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
A	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 N	N/A	N	WMO505681403	08/18/2023	08/18/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Contractor License: ES1200622

CERTIFICATE HOLDER**CANCELLATION**

City of Hollywood, Attn: Design and Construction Management 2207 Raleigh St. 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 
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