

SECTION VI - COST PROPOSAL PAGE

Proposer Name: CREATIVE LAWN MAINTENANCE LLC

Proposer agrees to supply the products and services at the prices bid below in accordance with the terms, conditions and specifications contained in this RFP.

Cost to the City: Contractor must quote firm, fixed, costs for all services/products identified in this request for proposal. These firm fixed costs for the project include any costs for travel and miscellaneous expenses. No other costs will be accepted.

Item Number	Description of Locations	# of Services Annually	U/M	Unit Price	Total
1	City Hall, 100 N. Andrews Ave & east parking lot - Andrews & NE 1	21	Service	125	2625
2	North Federal Highway, medians from Broward Blvd to US1/Sunrise Blvd. Interchange (includes median and ROW)	26	Service	125	3250
3	Hedge trim Item 2	9	Service	150	1350
4	Sistrunk Blvd (NE 6 St) from Andrews Ave to US1 - Hedge Service, median and swale (north and south sides of the street)	9	Service	250	2250
5	North Federal Highway, medians from US1/Sunrise Blvd. Interchange (includes median and ROW on N. side) to Oakland Park Blvd.	26	Service	400	10,400
6	Hedge trim Item 5	9	Service	250	2250
7	North Federal Highway, medians from Oakland Park Blvd. to NE 65 Street /Port Royale	26	Service	450	11,700
8	Hedge trim Item 7	9	Service	450	4050
9	NE 4th Avenue medians from Sunrise Blvd. to South Middle River (NE 18 St)	21	Service	125	2625
10	Hedge trim Item 9	9	Service	225	2025
11	NE 9 St., medians and ROW triangles from Middle River Dr to NE 26 Ave	21	Service	100	2100
12	Hedge trim Item 11	9	Service	150	1350

13	NE 13 Street, medians from Andrews Ave – Federal Hwy	21	Service	150	3150
14	NE 15 Ave, medians from NE 13 St to NE 20 St includes roundabout and swale areas around roundabout	21	Service	150	3150
15	Hedge trim Item 14	9	Service	125	1125
16	Oakland Park Blvd, medians, parking ROWS, & Bridge (4 sides) from NE 21 Terr to A1A (including Intracoastal Waterway SE Bridge seawall at NE 31 St ramp and Oakland & A1A Parking Lot @ NW corner (Miles Corner/Walgreen's Lot)	26	Service	450	11700
17	Hedge trim Item 16	9	Service	450	4050
18	NE 26 Avenue, medians from NE 47 St to NE 49 St	21	Service	125	2625
19	Commercial Blvd, medians, parking ROWS, & bridge west side, from Dixie Hwy to Dupont Blvd @ Bridge (west side)	26	Service	350	9100
20	Hedge Trim Item 19	9	Service	450	4050
21	NE 18 Ave, medians from NE 50 St to NE 65 St	26	Service	150	3900
22	Hedge Trim Item 21	9	Service	200	1800
23	Landings Entranceway - medians, entranceway, & bridge ROWS - NE 55 St, from US 1 to Bayview Dr (including swale behind wall on north end of entrance)	21	Service	250	5250
24	Hedge trim (Landings Entrance from US1 to NE 26 Avenue)	9	Service	250	2250
25	Bayview Drive & Bay Colony ROW, medians & ROW; Bayview Dr & NE 59 St Bridge ROW 4 sides; and NE 51 St Bridge on NW side - NE 51 St to US 1/Fed Hwy	21	Service	150	3150
26	Hedge trim Item 25	9	Service	200	1800
27	Bayview Dr., medians from Sunrise Blvd to NE 12 St	21	Service	100	2100
28	Hedge trim Item 27	9	Service	125	1125
29	Imperial Point Entranceway & Imperial Point Drive, 5900 N Federal Hwy - Entry & medians - N Federal Hwy to NE 21 Lane	21	Service	150	3150
30	Hedge trim Item 29	9	Service	200	1800
31	Cypress Creek Road/NE 62 St; medians, North & South ROWs, from Andrews Ave to NE 7 Ave including	26	Service	125	3250

	the SE corner at NE 7 Avenue				
32	Hedge trim Item 31	9	Service	100	900
33	NE 62 St, Medians from NE 18 Ave to Dixie Hwy	26	Service	125	3250
34	Hedge trim Item 33	9	Service	100	900
35	N Dixie Hwy, Median north of NE 62 St to City Limit	21	Service	100	2100
36	A1A/N. Ocean Blvd, medians from Flamingo Ave/ NE 42 St to NE 20 St	26	Service	250	6500
37	Hedge trim Item 36	9	Service	300	2700
38	NE 15 Ave medians from NE 4 Court to NE 6 Street	21	Service	70	1470
39	Hedge trim Item 38	9	Service	125	1125
40	NE 11 St, swale on south side from 2449 NE 11 St to Seminole Dr. and on NE 25 Ave west side from NE 11 St to Sunrise Blvd at parking meters	21	Service	100	2100
41	Bayview Drive, canal-ends on east side of Bayview Dr between NE 18 St - 17 St, NE 17 St - 16 St, NE 16 St - 15 St and NE 15 - 14 St.	21	Service	100	2100
42	Triangle ROWS at SE corner of NE 28 Ave & Bayview Dr & NW corner of NE 24 St and Bayview Dr.	21	Service	80	1680
43	Bermuda Riviera, swale along east side of NE 34 Ave between fence and road and NE 36 St - Flamingo Avenue. Leaf removal each service. Clearing of all leaves regardless of origin, swale along east side of NE 34 Ave between fence and road and NE 36 St - Flamingo Avenue	21	Service	125	2625
44	NE 34 Ave at Fort Royale and Castle Harbor Bridge areas	21	Service	80	1680
45	Lake Estates/NE 27 Ave ROWs & plant-beds, ROWs on north & south sides of NE 57 St from Federal Hwy to NE 27 Ave, and North & South sides of NE 59 St from Federal Hwy to NE 27 Ave, ROW on west side of NE 27 Ave from NE 56 Ct to NE 59 St, ROW on north side of NE 59 St to NE 28 Ave, ROW on west side of NE 28 Ave from NE 59 St - NE 60 St	21	Service	150	3150
46	Hedge trim Item 45 - Hedge is to be maintained at height of wall	9	Service	150	1350
47	Sunrise Blvd. From Andrews Ave. to Middle River Bridge	26	Service	125	3250

48	Sunrise Blvd From Middle River Bridge to A1A – includes medians, swales on north and south side and ROW triangles on NW and SW corners of A1A & Sunrise	26	Service	250	6500
49	Hedge trim Item 48	9	Service	175	1575
50	Seven Isle at Desoto Dr., median/ROW & pump station swale on west side – Barcelona Dr./NE 3rd Street & DeSoto Dr.	21	Service	80	1680
51	NE 16 Terrace cul-de-sac, behind wall at 1624 E. Sunrise Blvd – Sunrise Blvd and NE 9 St	21	Service	60	1260
52	Terramar from A1A to Birch Road (center median)	21	Service	60	1260
53	Hedge trim Item 52	9	Service	125	1125
54	Vistamar from A1A to Birch Road (center median) – Hedge Trim only	9	Service	125	1125
55	Breakers Avenue from Vistamar to Riomar (center median) – Hedge Trim only	9	Service	125	1125
56	Cortez passive park (between Seabreeze and Birch from Cortez Street north to across from 109 Birch Ave.)	21	Service	125	2625
57	Hedge trim Item 56	9	Service	150	1350
58	Sebastian West - Seabreeze and Sebastian Street –outside perimeter of lot and all shrubs inside lot. Hedge trim	9	Service	200	1800
59	Sebastian East - A1A and Sebastian Street - Hedge trim (price shall include small grass section at north end of lot)	9	Service	200	1800
60	ROW at Seabreeze and Alhambra (across from Casablanca Restaurant) – Hedge Trim	9	Service	100	900
61	ROW at Seabreeze and Sebastian St. – Hedge trim	9	Service	100	900
62	NE 16 Terrace cul-de-sac, behind wall at 1624 E. Sunrise Blvd – Sunrise Blvd and NE 9 St	21	Service	60	1260
63	Middle River Dr & Coral Ridge Dr., Triangle at 1840 Middle River Dr	21	Service	80	1680
64	Bal Harbour Entranceway, ROWs - NE 19 St at NE 22 Ave	21	Service	80	1680
65	Bal Harbour west swale area of NE 22 Ave from NE 19 St to NE 15 Court	21	Service	125	2625
66	NE 20 Ave., circle at 5251 NE 20 Ave – NE 53 St at NE 20 Ave	21	Service	80	1680
67	Flagler Drive, between Sunrise Blvd and Andrews Ave swales on east and west side of roadway	21	Service	150	3150
68	Hedge trim Item 67(includes swales on east and west side of road and all hedges up to fence on east side of railroad tracks)	9	Service	200	1800

69	Pump Station A21, 630 NE 2nd Ave	21	Service	30	630
70	Old City Hall Annex Bulidng, 300 NW 1 Ave (entire property from Andrews Ave to NW 1 Ave between NW 2 St and NW 4 St) - Hedge trim ADDED	9	Service	300	2700
71	Andrews Ave medians (3 medians north of N 62 St to McNab Rd) – Mow and weed	21	Service	150	3150
72	Palm Aire West. Hedges along the wall. (starting just north of NW 69 court, south to NW 62nd Street on NW 31Ave.) and from (NW 31 Ave. west to NW 34 Ave. on NW 62nd Street) HEDGE TRIM 9 Services	9	Service	560	5040

Submitted by:

DAVID E. BROWN
Name (printed)

1-16-17
Date

David E Brown
Signature

OWNER / OPERATOR
Title

ADDITIONAL SERVICE ITEMS

(You must provide a quote for each item listed below):

(See Section 1.22 Additional Services)

Failure to provide information may result in your bid being declared non-responsive.

TM = time and material

1. Price per acre for any additional service to existing locations as determined by the City.

\$75 /acre – include TM

2. Price per acre for any new location added.

\$100 /acre – include TM

3. Price per acre for any on call (one time) service.

\$55 /acre – include TM

4. Price per linear foot for hedge trimming added to contract

100 /linear foot – include TM

5. Price per yard for removal and dumping of storm damage and debris.
Provide TM (time & material) rate for removal of limbs or bulk trash items.
Hauling and Disposal (receipt from certified landfill must be submitted):

55 \$45 /yard, removal and dumping – include TM

45 \$55 /yard, hauling only (City to provide dump site) – include TM

6. Price per square foot for mulching of plant beds

\$1.25 /square foot – include TM

QUESTIONNAIRE

1. Have you or an authorized member of your company inspected the areas under consideration for award of contract prior to submitting this bid proposal?

☒ Yes ☐ No

2. Provide three references (not relatives), preferably other governmental entities, for which you have performed similar work. See Eligibility requirements, Section 1.05.

Failure to provide references may result in your bid being declared non-responsive. These references may be contacted. If the City cannot locate any of these references, your bid may be declared non-responsive.

Company Name:

forms ATTACHED

Address:

Contact Name: Telephone:

Company Name:

Address:

Contact Name: Telephone:

Company Name:

Address:

Contact Name: Telephone:

3. Number of years' experience this company has been in operation providing similar services:

16 years WITH OVER 20 YEARS OF EXPERIENCE PROVIDING SIMILAR SERVICE

4. Describe the most recent project of this nature you have completed:

LANDSCAPE SERVICES WITH THE
CITY OF LAUDERDALE LAKES MEDICALS/ROADWAYS
CITY OF FORT LAUDERDALE PUBLIC WORKS

5. Please indicate the number of employees available to perform the requirements of this contract:

15 Workers and 6 Supervisors

6. Have you ever failed to complete work awarded to you? If so, where and why?

NO

7. How soon after award can you begin work? 2 days

8. List any licenses, permits or certifications, etc., you hold for performing this type of work:

GE-BMP, TREE TRIM CERT,
BUSINESS CERT, OSHA CERT
MONEY MANAGEMENT CERT

9. Do you have the required insurances and will you furnish an original certificate with the City named as additionally insured prior to the commencement of work?

General Liability	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
Auto Liability	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
Worker's Compensation	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no

10. A general listing of currently owned and operated equipment that would be utilized in fulfilling the requirements of this contract should be provided. Include make, model and year of manufacture.

Have you included a list of currently owned and operated equipment?

☒ yes ☐ no

CONTRACT PAYMENT METHOD BY P-CARD**THIS FORM MUST BY SUBMITTED WITH YOUR RESPONSE**

The City of Fort Lauderdale has implemented a Procurement Card (P-Card) program which changes how payments are remitted to its vendors. The City has transitioned from traditional paper checks to payment by credit card via MasterCard or Visa. This allows you as a vendor of the City of Fort Lauderdale to receive your payment fast and safely. No more waiting for checks to be printed and mailed.

Payments will be made utilizing the City's P-Card (MasterCard or Visa). Accordingly, firms must presently have the ability to accept credit card payment or take whatever steps necessary to implement acceptance of a credit card before the commencement of a contract.

Please indicate which credit card payment you prefer:

_____ MasterCard

X _____ Visa Card

Company Name: CREATIVE LAWN MAINTENANCE, LLC

DAVID E BROWN
Name (printed)

David E Brown
Signature

1-16-17
Date:

OWNER / OPERATOR
Title

LOCAL BUSINESS PREFERENCE CERTIFICATION STATEMENT

The Business identified below certifies that it qualifies for the local BUSINESS preference classification as indicated herein, and further certifies and agrees that it will re-affirm its local preference classification annually no later than thirty (30) calendar days prior to the anniversary of the date of a contract awarded pursuant to this ITB. Violation of the foregoing provision may result in contract termination.

(1) _____ is a **Class A** Business as defined in City of Fort Lauderdale Ordinance No. C-12-04, Sec.2-199.2. A copy of the City of Fort Lauderdale current year Business Tax Receipt and a complete list of full-time employees and evidence of their addresses shall be provided within 10 calendar days of a formal request by the City.

Business Name

(2) _____ is a **Class B** Business as defined in the City of Fort Lauderdale Ordinance No. C-12-04, Sec.2-199.2. A copy of the Business Tax Receipt or a complete list of full-time employees and evidence of their addresses shall be provided within 10 calendar days of a formal request by the City.

Business Name

(3) CREATIVE LAWN MAINT. is a **Class C** Business as defined in the City of Fort Lauderdale Ordinance No. C-12-04, Sec.2-199.2. A copy of the Broward County Business Tax Receipt shall be provided within 10 calendar days of a formal request by the City.

Business Name

(4) _____ requests a **Conditional Class A** classification as defined in the City of Fort Lauderdale Ordinance No. C-12-04, Sec.2-199.2. Written certification of intent shall be provided within 10 calendar days of a formal request by the City.

Business Name

(5) _____ requests a **Conditional Class B** classification as defined in the City of Fort Lauderdale Ordinance No. C-12-04, Sec.2-199.2. Written certification of intent shall be provided within 10 calendar days of a formal request by the City.

Business Name

(6) _____ is considered a **Class D** Business as defined in the City of Fort Lauderdale Ordinance No. C-12-04, Sec.2-199.2. and does not qualify for Local Preference consideration.

Business Name

BIDDER'S COMPANY: CREATIVE LAWN MAINTENANCE, LLC

AUTHORIZED COMPANY PERSON: DAVID E BROWN David E Brown 1-16-17

NAME

SIGNATURE

DATE

October 25, 2013

1/4/2017 7:03 AM

NON-COLLUSION STATEMENT:

By signing this offer, the vendor/contractor certifies that this offer is made independently and *free* from collusion. Vendor shall disclose below any City of Fort Lauderdale, FL officer or employee, or any relative of any such officer or employee who is an officer or director of, or has a material interest in, the vendor's business, who is in a position to influence this procurement.

Any City of Fort Lauderdale, FL officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement.

For purposes hereof, a person has a material interest if they directly or indirectly own more than 5 percent of the total assets or capital stock of any business entity, or if they otherwise stand to personally gain if the contract is awarded to this vendor.

In accordance with City of Fort Lauderdale, FL Policy and Standards Manual, 6.10.8.3,

3.3. City employees may not contract with the City through any corporation or business entity in which they or their immediate family members hold a controlling financial interest (e.g. ownership of five (5) percent or more).

3.4. Immediate family members (spouse, parents and children) are also prohibited from contracting with the City subject to the same general rules.

Failure of a vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the City Procurement Code.

<u>NAME</u>	<u>RELATIONSHIPS</u>
<u>N/A</u>	<u>N/A</u>
_____	_____
_____	_____
_____	_____

In the event the vendor does not indicate any names, the City shall interpret this to mean that the vendor has indicated that no such relationships exist.

BID/PROPOSAL CERTIFICATION

Please Note: If responding to this solicitation through BidSync, the electronic version of the bid response will prevail, unless a paper version is clearly marked **by the bidder** in some manner to indicate that it will supplant the electronic version. All fields below must be completed. If the field does not apply to you, please note N/A in that field.

If you are a foreign corporation, you may be required to obtain a certificate of authority from the department of state, in accordance with Florida Statute §607.1501 (visit <http://www.dos.state.fl.us/>).

Company: (Legal Registration) CREATIVE LAWN MAINTENANCE, LLC

Address: 2900 N.W. 4th COURT

City: POMPAH BEACH State: FLORIDA Zip: 33069

Telephone No. 954-868-8001 FAX No. — Email: CLM.GREENERGRASS@GMAIL.COM

Delivery: Calendar days after receipt of Purchase Order (section 1.02 of General Conditions): 2 days

Total Bid Discount (section 1.05 of General Conditions): 5% to 0 (0%)

Does your firm qualify for MBE or WBE status (section 1.09 of General Conditions): MBE ☒ WBE ☐

ADDENDUM ACKNOWLEDGEMENT - Proposer acknowledges that the following addenda have been received and are included in the proposal:

Addendum No.	Date Issued	Addendum No.	Date Issued	Addendum No.	Date Issued
<u>1</u>	<u>12-23-16</u>				
<u>2</u>	<u>1-13-17</u>				

VARIANCES: If you take exception or have variances to any term, condition, specification, scope of service, or requirement in this competitive solicitation you must specify such exception or variance in the space provided below or reference in the space provided below all variances contained on other pages within your response. Additional pages may be attached if necessary. No exceptions or variances will be deemed to be part of the response submitted unless such is listed and contained in the space provided below. The City does not, by virtue of submitting a variance, necessarily accept any variances. If no statement is contained in the below space, it is hereby implied that your response is in full compliance with this competitive solicitation. If you do not have variances, simply mark N/A. **If submitting your response electronically through BIDSYNCH you must also click the "Take Exception" button.**

N/A

The below signatory hereby agrees to furnish the following article(s) or services at the price(s) and terms stated subject to all instructions, conditions, specifications addenda, legal advertisement, and conditions contained in the bid/proposal. I have read all attachments including the specifications and fully understand what is required. By submitting this signed proposal I will accept a contract if approved by the City and such acceptance covers all terms, conditions, and specifications of this bid/proposal. The below signatory also hereby agrees, by virtue of submitting or attempting to submit a response, that in no event shall the City's liability for respondent's direct, indirect, incidental, consequential, special or exemplary damages, expenses, or lost profits arising out of this competitive solicitation process, including but not limited to public advertisement, bid conferences, site visits, evaluations, oral presentations, or award proceedings exceed the amount of Five Hundred Dollars (\$500.00). This limitation shall not apply to claims arising under any provision of indemnification or the City's protest ordinance contained in this competitive solicitation.

Submitted by:

DAVID E. BROWN
Name (printed)

1-16-17
Date:

David E. Brown
Signature

OWNER / OPERATOR
Title

revised 04/10/15



Bld 543-11356

275-030-1118
EQUAL OPPORTUNITY OFFICE
12/12
Page 1 of 2

Creative Lawn Maintenance, LLC hereafter referred to as "the Company" or "this Company" has adopted this policy and plan.

Date: February 27th, 2013

By:

Signature

Corporate FEID No.: 45-4121241David E. Brown Owner/Operator

Printed name & title

DISADVANTAGED BUSINESS ENTERPRISE ('DBE') AFFIRMATIVE ACTION PLAN

POLICY STATEMENT

It is the policy of this Company that disadvantaged businesses, as defined by 49 CFR Part 26, Subpart D and implemented under Rule Chapter 14-78, F.A.C., shall have the opportunity to participate as subcontractors and suppliers on all contracts awarded by the Florida Department of Transportation (FDOT).

The requirements of Rule Chapter 14-78, F.A.C., shall apply to all contracts entered into between FDOT and the Company. Subcontractors and/or suppliers to the Company will also be bound by the requirements of Rule Chapter 14-78, F.A.C. and its subcontractors shall take all necessary and reasonable steps in accordance with Chapter 14-78, F.A.C., to ensure that disadvantaged businesses have the opportunity to compete and perform work contracted with FDOT. The Company and its subcontractors shall not discriminate on the basis of race, color, religion, national origin, disability, sex, or age in the administration of contracts with FDOT. The Company has designated and appointed a Liaison Officer to develop, maintain, and monitor the DBE Affirmative Action Plan implementation. The Liaison Officer will be responsible for disseminating this policy statement throughout the Company and to disadvantaged controlled businesses. This statement is posted on notice boards of the Company.

I. DESIGNATION OF LIAISON OFFICER

The Company will aggressively recruit disadvantaged businesses as subcontractors and suppliers for all contracts with FDOT. The Company has appointed a Liaison Officer to develop and maintain this Affirmative Action Plan in accordance with the requirements of Rule Chapter 14-78, F.A.C. The Liaison Officer will have primary responsibility for developing, maintaining, and monitoring the Company's utilization of disadvantaged subcontractors in addition to the following specific duties:

- (1) The Liaison Officer shall aggressively solicit bids from disadvantaged business subcontractors for all FDOT contracts;
- (2) The Liaison Officer will submit all records, reports, and documents required by FDOT, and shall maintain such records for a period of not less than three years, or as directed by any specific contractual requirements of FDOT.

The following individual has been designated Liaison Officer with responsibility for implementing the Company's affirmative action program in accordance with the requirements of FDOT.

DBE LIAISON OFFICER:

NAME: David E. Brown
TITLE: Owner/Operator
EMAIL: clm.greenergrass@gmail.com
ADDRESS: 2800 N.W. 6th Court Pompano Beach, Florida 33069

II. AFFIRMATIVE ACTION METHODS

In order to formulate a realistic Affirmative Action Plan, the Company has identified the following known barriers to participation by disadvantaged subcontractors, before describing its proposed affirmative action methods:

1. Lack of qualified disadvantaged subcontractors in our specific geographical areas of work;
2. Lack of certified disadvantaged subcontractors who seek to perform FDOT work;
3. Lack of interest in performing on FDOT contracts;
4. Lack of response when requested to bid;
5. Limited knowledge of FDOT plans and specifications to prepare a responsible bid.

In view of the barriers to disadvantaged businesses stated above, it shall be the policy of the Company to provide opportunity by utilizing the following affirmative action methods to ensure participation on the contracts with FDOT will:

1. Provide written notice to all certified DBE subcontractors in the geographical area where the work is to be subcontracted by the Company;
2. Advertise in minority focused media concerning subcontract opportunities with the Company;
3. Select portions of work to be performed by DBEs in order to increase the likelihood of meeting the state's goals (including, where appropriate, breaking down contracts into economically feasible units to facilitate DBE participation);
4. Provide adequate information about the plans, specifications, and requirements of the contract, not rejecting subcontractors without sound reasons based on a thorough investigation of their capabilities;
5. Waive requirements of performance bonds where it is practical to do so;
6. Attend pre-bid meetings held by FDOT to apprise disadvantaged subcontractors of opportunities with the Company;
7. Follow up on initial solicitations of interest to DBE subcontractors to determine with certainty whether the DBE company is interested in the subcontract opportunity;
8. Utilize FDOT's DBE Supportive Services providers for assistance in identifying and notifying DBEs of contracting opportunities.

The Company understands that this list of affirmative action methods is not exhaustive and will include additional approaches after having established familiarity with the disadvantaged subcontracting community and/or determined the stated approaches to be ineffective.

III. IMPLEMENTATION

The Company will make every effort to

1. Meet state goals by utilizing its affirmative action methods.
2. Express good faith by seeking to utilize DBE subcontractors where work is to be subcontracted.
3. Ensuring that contracted DBEs perform a commercially useful function as evidenced by their execution of a distinct element of work with its own workforce and the carrying out responsibilities by actually performing, managing and supervising the work involved.

IV. REPORTING

The Company shall keep and maintain such records as are necessary to determine the Company's compliance with its DBE Affirmative Action Plan. The Company will design its record keeping system to indicate:

1. The number of DBE subcontractors and suppliers used by the Company, identifying the items of work, materials and services provided;
2. The efforts and progress being made in obtaining DBE subcontractors through local and community sources;
3. Documentation of all contracts, to include correspondence, telephone calls, newspaper advertisements, etc., to obtain DBE participation on all FDOT projects;
4. The Company shall comply with FDOT's requirements regarding payments to subcontractors including DBEs for each month (estimate period) in which the companies have worked.

V. DBE DIRECTORY

The Company will utilize the DBE Directory published by the FDOT.

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000139165

Entity Name: CREATIVE LAWN MAINTENANCE LLC

Current Principal Place of Business:

2900 NW 6TH CT.
POMPANO BEACH, FL 33069

Current Mailing Address:

2900 NW 6TH CT.
POMPANO BEACH, FL 33069

FEI Number: 45-4121241

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BROWN, DAVID
2900 NW 6TH CT.
POMPANO BEACH, FL 33069 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name BROWN, DAVID
Address 2900 NW 6TH CT.
City-State-Zip: POMPANO BEACH FL 33069

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID E. BROWN

MANAGING MEMBER

04/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date

JUST INSURANCE
290 N STATE RD 7
MARGATE, FL 33063
1-954-974-2407

PROGRESSIVE
COMMERCIAL

Policy number: 03175793-2

Underwritten by:
Progressive Express Ins Company
October 28, 2016
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Certificate of Insurance

Certificate Holder

Additional Insured
CITY OF LAUDERDALE LAKES
4300 NW 36TH ST
LAUDERDALE LAKES, FL 33319

Insured

CREATIVE LAWN MAINTENANCE
2900 NW 6TH COURT
POMPANO BEACH, FL 33064

Agent

JUST INSURANCE
290 N STATE RD 7
MARGATE, FL 33063

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Jul 20, 2016

Policy Expiration Date: Jul 20, 2017

Insurance coverage(s)

Limits

Bodily Injury/Property Damage

\$500,000 Combined Single Limit

Uninsured Motorist

\$500,000 CSL Non-Stacked

Personal Injury Protection

\$10,000 w/\$0 Ded - Named Insd & Relative

Description of Location/Vehicles/Special Items

Scheduled autos only

2000 CHEVROLET C2500/K2500 1GCGC24R8YF435299

Comprehensive

\$500 Ded

Collision

\$500 Ded

Rental Reimbursement

\$30 Per Day (\$900 Max)

Roadside Assistance

Selected

2000 CHEVROLET C3500/K3500 1GCGC33R6YF478157

Comprehensive

\$500 Ded

Collision

\$500 Ded

Rental Reimbursement

\$30 Per Day (\$900 Max)

Roadside Assistance

Selected


Continued



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/05/2016

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

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

PRODUCER Just Insurance 290 N. State Rd. 7 Margate, FL 33063 Phone (954) 974-2407 Fax (954) 974-1805		CONTACT NAME: PHONE (A/C, No, Ext): (954) 974-2407 FAX (A/C, No): (954) 974-1805 E-MAIL ADDRESS: just_ins@bellsouth.net	
INSURED Creative Lawn Maintenance LLC 2900 NW 6th Court Pompano Beach FL 33064		INSURER(S) AFFORDING COVERAGE INSURER A: PENN -AMERICA INSURANCE COMPANY THR 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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	PAV0098750	08/01/2016	08/01/2017	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 \$					
<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$
						AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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

TO INCLUDE THE CITY OF DANIA BEACH AS AN ADDITIONAL INSURED.

CERTIFICATE HOLDER**CANCELLATION**

CITY OF DANIA BEACH
100 W DANIA BEACH BLVD
DANIA BEACH, FL 33004

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/19/2016

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 Just Insurance 290 N. State Rd. 7 Margate, FL 33063 Phone (954) 974-2407 Fax (954) 974-1805		CONTACT NAME: PHONE (A/C, No, Ext): (954) 974-2407 FAX (A/C, No): (954) 974-1805 E-MAIL ADDRESS: just_ins@bellsouth.net	
INSURED Creative Lawn Maintenance LLC 2900 NW 6th Court Pompano Beach FL 33064		INSURER(S) AFFORDING COVERAGE INSURER A: PENN -AMERICA INSURANCE COMPANY THR 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 SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y		PAV0098750	08/01/2016	08/01/2017	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 \$ \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> N/A (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 \$

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

TO INCLUDE CITY VISTA ASSOCIATES, LLC AS AN ADDITIONAL INSURED.

CERTIFICATE HOLDER CITY VISTA ASSOCIATES, LLC 3050 BISCAYNE BLVD SUITE 300 MIAMI, FL 33137	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	---



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/19/2016

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PRODUCER Just Insurance 290 N. State Rd. 7 Margate, FL 33063 Phone (954) 974-2407 Fax (954) 974-1805		CONTACT NAME: PHONE (A/C, No, Ext): (954) 974-2407 FAX (A/C, No): (954) 974-1805 E-MAIL ADDRESS: just_ins@bellsouth.net	
INSURED Creative Lawn Maintenance LLC 2900 NW 6th Court Pompano Beach FL 33064		INSURER(S) AFFORDING COVERAGE INSURER A: PENN-AMERICA INSURANCE COMPANY THR 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 SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y		PAV0098750	08/01/2016	08/01/2017	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 \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N 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"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

TO INCLUDE CITY VISTA ASSOCIATES, LLC AS AN ADDITIONAL INSURED.

CERTIFICATE HOLDER

CITY VISTA ASSOCIATES, LLC
3050 BISCAYNE BLVD
SUITE 300
MIAMI, FL 33137

CANCELLATION

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

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/05/2016

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INSURED Creative Lawn Maintenance LLC 2900 NW 6th Court Pompano Beach FL 33064		INSURER(S) AFFORDING COVERAGE INSURER A: PENN -AMERICA INSURANCE COMPANY THR INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y		PAV0098750	08/01/2016	08/01/2017	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 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

TO INCLUDE THE CITY OF DANIA BEACH AS AN ADDITIONAL INSURED.

CERTIFICATE HOLDER**CANCELLATION**

CITY OF DANIA BEACH
100 W DANIA BEACH BLVD
DANIA BEACH, FL 33004

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

JUST INSURANCE
290 N STATE RD 7
MARGATE, FL 33063
1-954-974-2407

PROGRESSIVE
COMMERCIAL

Policy number: 03175793-2

Underwritten by:
Progressive Express Ins Company
October 28, 2016
Page 1 of 2

Certificate of Insurance

Certificate Holder	Insured	Agent
Additional Insured CITY OF LAUDERDALE LAKES 4300 NW 36TH ST LAUDERDALE LAKES, FL 33319	CREATIVE LAWN MAINTENANCE 2900 NW 6TH COURT POMPANO BEACH, FL 33064	JUST INSURANCE 290 N STATE RD 7 MARGATE, FL 33063

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Jul 20, 2016

Policy Expiration Date: Jul 20, 2017

Insurance coverage(s)	Limits
Bodily Injury/Property Damage	\$500,000 Combined Single Limit
Uninsured Motorist	\$500,000 CSL Non-Stacked
Personal Injury Protection	\$10,000 w/\$0 Ded - Named Insd & Relative

Description of Location/Vehicles/Special Items

Scheduled autos only

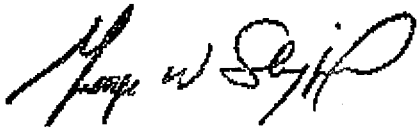
2000 CHEVROLET C2500/K2500 1GCGC24R8YF435299

Comprehensive	\$500 Ded
Collision	\$500 Ded
Rental Reimbursement	\$30 Per Day (\$900 Max)
Roadside Assistance	Selected

2000 CHEVROLET C3500/K3500 1GCGC33R6YF478157

Comprehensive	\$500 Ded
Collision	\$500 Ded
Rental Reimbursement	\$30 Per Day (\$900 Max)
Roadside Assistance	Selected


Continued

ACORD™ CERTIFICATE OF LIABILITY INSURANCE					DATE (MM/DD/YY) 07/30/15	
PRODUCER JUST INSURANCE 290 N STATE ROAD 7 MARGATE, FL 33063 Phone: (954) 974-2407 Fax: (954) 974-1805				THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHT UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
INSURED CREATIVE LAWN MAINTENANCE LLC 2900 NW 6TH COURT POMPANO BEACH, FL 33064 Phone: (850) 370-6629				INSURERS AFFORDING COVERAGE INSURER A: Lloyds of London INSURER B: INSURER C: INSURER D: INSURER E:		
COVERAGE 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, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY 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	CIBFL0009357	07/30/2015	07/30/2016	EACH OCCURANCE	\$ 1,000,000
					FIRE DAMAGE(Any one fire)	\$ 100,000
					MED EXP(Any one person)	\$ 5,000
					PERSONAL AND ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$ Included
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (ea accident)	\$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS LIABILITY				EACH OCCURANCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				AGGREGATE	\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
					E.L. EACH ACCIDENT	\$
					E.L.DISEASE-EA EMPLOYEE	\$
					E.L.DISEASE - POLICY LIMIT	\$
	OTHER					
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS LAWN SERVICE AND LANDSCAPE GARDENING : Landscaping; Lawn care;						
CERTIFICATE HOLDER		<input checked="" type="checkbox"/> ADDITIONAL INSURED:INSURED LETTER:		<input checked="" type="checkbox"/> CANCELLATION		
CITY OF LIGHTHOUSE POINT 2200 NE 38TH ST LIGHTHOUSE POINT, FL 33064 Faxed to:				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION ON LIABILITY OF ANY KIND UPON THE INSURER. ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 		

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

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

VALID OCTOBER 1, 2016 THROUGH SEPTEMBER 30, 2017

DBA:
Business Name: CREATIVE LAWN MAINTENANCE

Receipt #: 324-245921
Business Type: LAWN MAINTENANCE/LANDSCAPE
(LAWN SERVICE)

Owner Name: DAVID E BROWN
Business Location: 2900 NW 6TH CT
POMPANO BEACH
Business Phone: 850 370 6629

Business Opened: 12/30/2011
State/County/Cert/Reg:
Exemption Code:

Rooms Seats Employees Machines Professionals
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

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:

DAVID E BROWN
2900 NW 6 CT
POMPANO BCH, FL 33069

Receipt # 03B-15-00000192
Paid 09/29/2016 33.00

2016 - 2017



**CITY OF POMPANO BEACH
BUSINESS TAX RECEIPT
FISCAL YEAR: 2016-2017**

THIS IS NOT A BILL

Business Tax Receipt Valid from: October 1, 2016 through September 30, 2017

10/3/2016

4446181
CREATIVE LAWN MAINTENANCE LLC
2900 NW 6 CT

POMPANO BEACH FL 33069

THIS IS YOUR BUSINESS TAX RECEIPT. PLEASE POST IN A CONSPICUOUS PLACE AT THE BUSINESS LOCATION.

BUSINESS OWNER: CREATIVE LAWN MAINTENANCE LLC
BUSINESS LOCATION: 2900 NW 6 CT POMPANO BEACH FL

RECEIPT NO: 17-00071026
CLASSIFICATION: LAWN MAINTENANCE & TRUCKS

NOTICE: A NEW APPLICATION MUST BE FILED IF THE BUSINESS NAME, OWNERSHIP OR ADDRESS IS CHANGED. THE ISSUANCE OF A BUSINESS TAX RECEIPT SHALL NOT BE DEEMED A WAIVER OF ANY PROVISION OF THE CITY CODE NOR SHALL THE ISSUANCE OF A BUSINESS TAX RECEIPT BE CONSTRUED TO BE A JUDGEMENT OF THE CITY AS TO THE COMPETENCE OF THE APPLICANT TO TRANSACT BUSINESS. THIS DOCUMENT CANNOT BE ALTERED.

BUSINESS TAX RECEIPTS EXPIRE SEPTEMBER 30TH OF EACH YEAR

CUSTOMER REFERENCE LIST

SABAL CHASE H.O.A 611 N.W. 21th ST POMPANO BEACH, FL 33069	LAQUESTA ADAMS ASSOCIATION PRESIDENT PH: 954-347-0812	LANDSCAPE & PROPERTY MAINTENANCE RETENTION POND EXPERIENCE
CITY OF FORT LAUDERDALE PARKS & RECREATION DEPT. 100 N. ANDREWS AVE FORT LAUDERDALE, FL 33311	COREY CALLIER PARKS & RECREATION SUPERVISOR PH: 954-828-5873	PROPERTY MAINTENANCE, LANDSCAPE MAINTENANCE, RETENTION POND EXPERIENCE
ALL COUNTY PROPERTY MGMT 9710 STIRLING RD STE# 109A COOPER CITY, FL 33024	CASSANDRA EXANTUS PROPERTY MANAGER PH: 954-278- 3200	LANDSCAPE & PROPERTY MAINTENANCE
BROWARD ALLIANCE FOR NEIGHBORHOOD DEVELOPMENT 3625 W. BROWARD BLVD STE# 110 LAUDERHILL, FL 33312	CARLOS PRADA PROPERTY MANAGER PH: 954-581-9899	LANDSCAPE & PROPERTY MAINTENANCE
CITY OF POMPANO BEACH CODE COMPLIANCE UNIT 1190 N.W. 3RD AVE BD# C POMPANO BEACH, FL 33060	PURCHASING DIVISION JUDY RODRIGUEZ OFFICE ASSISTANT II PH: 954-786-4098	CODE COMPLIANCE MAINTENANCE, LOT CLEARING TRASH & DEBRIS REMOVAL
CITY OF FT. LAUDER CRA DEPT. 914 N.W. 6th STREET STE# 200 FT. LAUDERDALE, FL. 33311	THOMASINA TURNER CRA PROJECT COORDINATOR PH: 954-828-8953	LANDSCAPE & PROPERTY MAINTENANCE, LOT CLEARING, TREE TRIMMING, TRASH & DEBRIS REMOVAL
CITY OF BOYNTON BEACH PUBLIC WORKS DEPT. 222 NE 9TH AVE BOYNTON BEACH, FL 33425	KEVIN HALLAHAN PUBLIC WORKS & GROUNDS MAINTENANCE SUPERVISOR PH: 561-742-6267	PROPERTY MAINTENANCE LOT CLEARING, TRASH & DEBRIS REMOVAL

PERSONNEL LIST		
David E. Brown	Supervisor	Heavy Equipmet Op.
Chakka McFadden	Office Mgr/Supervisor	Heavy Equipmet Op.
David Brown Jr	Supervisor/Foreman	Heavy Equipmet Op.
Lavorius McCoy	Foreman/Crewmen	Equipment Op
William McCoy	Labor/Crewmen	Machine Op
Ricky Baker	Supervisor/Foreman	Heavy Equipmet Op.
Thoe Grice	Labor/Crewmen	Heavy Equipmet Op.
Thadius Sessions	Labor/Crewmen	Equipment Op
Thomas Harper	Labor/Crewmen	Equipment Op
Nathalie Brown	Office Assistant	File Clerk/Clerical
Ruthie Brown	Office Assistant	File Clerk/Clerical
Javarie Gissendanner	Labor/Crewmen	Equipment Op
Keith Kemp	Supervisor	Heavy Equipmet Op.
Orice Davis	Foreman	Heavy Equipmet Op.
Paris Brown	Office Clerk	File Clerk/Clerical
Andre Hooks	Labor/Crewmen	Equipment Op
Clerence Foster	Supervisor/Foreman	Equipment Op

QUANTITY	MAKE OF EQUIPMENT	MODEL/SERIAL #
5	2000-2005 Chevy Trucks	1500-2500 Pick-up
2	2010 Chevy pickup	1500 pickup
2	Isuzu 14 feet	dump bed truck
1	bushog	side loader
2	Trailer	12X12
3	Trailer	16X12
2	Trailer	16X20
3	Enclosed Trailer	16X20
4	Scag Mower	52" cut zero turn
5	Emark Mower	52" cut zero turn
3	big dog mower	30" cut
2	Torro Mower	36" cut
3	Exmark Mower	72" lazer cut
10	Shindiwa	Weedeater
6	Echo	Weedeater
6	Echo	Edger
6	Echo	Blower
4	Shindiwa	Blower
3	Echo	Chainsaw
2	Echo	Polesaw
2	Stihl	Polesaw
3	Stihl	Hedge trimmer
3	Shindiwa	Hedge trimmer
2	Echo	Blade trimmer
2	Bobcat	Front loader