


Sagaris Corp.

Item: **BASE BID: Mobilization**

Attachments

Sagaris Corp - Licenses - Business Tax Receipt - References - Insurance Certs.pdf


P12437 - Bid Bond.pdf

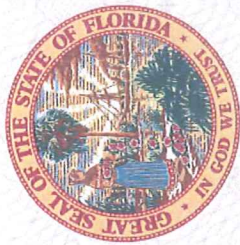


This Certifies that
Steven Fouladi
 Has Completed a Florida Department of Transportation
 Approved Maintenance of Traffic (MOT) Intermediate Course.

Date Expires 02/25/2019 **Certificate #** 5235
Instructor Wallace McCleod **FDOT Provider #** 140

Metro Florida Safety Council
 Phone: 954-603-1900
 200 SW 6th Street Ste. 502
 Fort Lauderdale, FL
www.metrofloridasafetycouncil.com
milyons@metrofloridasafetycouncil.com





RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

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

FOULADI, STEVEN

SAGARIS CORP.
1847 N UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

LICENSE NUMBER: CGC1520899

EXPIRATION DATE: AUGUST 31, 2020

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.

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

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

VALID OCTOBER 1, 2018 THROUGH SEPTEMBER 30, 2019DBA:
Business Name: SAGARIS CORPReceipt #: 329-256430
Business Type: ALL OTHERS (TRUCKING & EQUIP
RENTALS)Owner Name: MEHRDAD MAHMOUDI
Business Location: 1847 UNIVERSITY DR
CORAL SPRINGS
Business Phone: 954-829-1302Business Opened: 07/02/2013
State/County/Cert/Reg:
Exemption Code:Rooms Seats Employees Machines Professionals
2

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 BUSINESSTHIS 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:

SAGARIS CORP
1847 UNIVERSITY DR
CORAL SPRINGS, FL 33071Receipt #05A-17-00010042
Paid 08/07/2018 33.00**2018 - 2019****BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT**

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Receipt #05A-17-00010042
Paid 08/07/2018 33.00

CORAL SPRINGS

— BUSINESS TAX OFFICE —
www.CoralSprings.org/business-tax



Development Services Department
 Business Tax Office
 9551 West Sample Road, Coral Springs, FL 33065
 Mon-Thurs: 7:30AM - 5PM, Fri: 7:30AM - 2:30PM
 Phone: 954-344-5958 • Fax: 954-344-1190

LOCAL BUSINESS TAX RECEIPT

SAGARIS CORP
 1847 UNIVERSITY DR

CORAL SPRINGS FL 330718962

License #: BT66907 Expiration Date: 09-30-2018
 Amount: \$138.91 Payment Date: 09-28-2017
 Type of Business: BUSINESS TAX RECEIPT Business Location: 1847 UNIVERSITY DR

POST THIS BUSINESS TAX RECEIPT IN A CONSPICUOUS PLACE

ALL WINDOW SIGNS SHALL COMPLY WITH LAND DEVELOPMENT CODE CHAPTER 18

CONDITIONS

(If no conditions exist, then TYPE OF BUSINESS is only condition)

DATE ADDED	REQUIRED DATE	SATISFY DATE	TYPE	CONTACT	STATUS	DEPARTMENT
12-13-2013			DESCRIPTION			
NOTES: BUSINESS OFFICE FOR GENERAL CONTACTOR AND TRUCKING & EQUIPMENT RENTAL						
REMARKS:						

REFERENCES

Contractor's Name: Sagaris Corp. **Phone Number:** 954-688-3407

Contractor's Address: 1847 N. University Drive, Coral Springs, FL 33071

Project Name or Description:	Location/Address:	Completion Date	Contract Amount	Email or Website Address	Contact Person Name & Phone Number:
1. 11458A NW Neighborhood Phase II Improvements	Sistrunk & : NW 14th, Ave, 14th Terr, and 13th Terr Fort Lauderdale, FL	November, 2015	\$537,710.00	KMyat@fortlauderdale.gov	Khant K. Myat, P.E. Project Manager Phone: 954-828-5061
2. 11797 Dillard Park Curbing & Intersection	Dillard Park Neighborhood Fort Lauderdale, FL	October , 2015	\$45,596.00	LLafaurie@fortlauderdale.gov	Louis Lafaurie, P.E. Project Manager Phone: 854-828-6538
3. 11513 Golden Hieghts Curbing	Golden Heights Neighborhood Fort Lauderdale, FL	July, 2015	\$54,670.00	ITokar@fortlauderdale.gov	Irina Tokar, RA, NCARB, LEED AP Senior Project Manager Office: 954-828-6891
4. 11793 South Middle River Entryway Monuments	South Middle River Neighborhood Fort Lauderdale, FL	October, 2015	\$28,550.00	LLafaurie@fortlauderdale.gov	Louis Lafaurie, P.E. Project Manager Phone: 854-828-6538
5. 11702 Dillard Park Sidewalk Improvements	Dillard Park Neighborhood Fort Lauderdale, FL	June, 2015	\$67,000.00	LLafaurie@fortlauderdale.gov	Louis Lafaurie, P.E. Project Manager Phone: 854-828-6538
6. EN-14-014A Pembroke Road Wall Replacement	Pembroke Road from 25th Street to 27th Street City of Hollywood	September, 2015	\$184,445.00	CIP@hollywoodfl.org	Clarissa Ip Engineering Support Services Manager Office: 954-921-3915
7. 15-B-061F Aquatic Center Parking	Coral Springs Aquatic Center Coral Springs, FL	September , 2015	\$46,000.00	rstein@coralsprings.org	Ronald Stein Construction Project Manager - 954-346-1739

8.	Priest Section Improvements	Lady of Mercy Cemetary Miami, FL	September, 2015	\$23,972.00	jkissel@chsfia.com	John Kissel Director of Development 305-206-6163
9.	First Haitian Baptist Church of Pompano Beach - Renovations to Site	333 NW 3rd St, Pompano Beach, FL 33060	December, 2014	\$272,141.00	jdumor@bellsouth.net	Pastor Jacques Dumornay 333 NW 3rd Street Pompano Beach, FL 33060 (954) 782-4832
10.	11782 Townsend Park Improvements (as a sub-contractor to Pars Dev.)	Townsend Park City of Fort Lauderdale	October, 2014	\$260,000.00	HStanley@fortlauderdale.gov	Herbert E. Stanley Project Manager, Public Works Department Phone: 954-828-6801
11.	P11892 Temp Fire Station #54 (as a sub-contractor to Pars Dev.)	Temporary Fire Station #54 Fort Lauderdale, FL	November, 2014	\$150,000.00	CAcosta@fortlauderdale.gov	Carlos J. Acosta, PE, PMP Project Manager II Office: 954.828.6185
12.	P11099A Palm Aire Village West Entryway Phase II	Palm Aire Village West Neighborhood Fort Lauderdale, FL	January, 2016	\$57,945.00	KMyat@fortlauderdale.gov	Khant K. Myat, P.E. Project Manager Phone: 954-828-5061
13.	Waste Transfer Station Parking Improvements	City of Coral Springs, Waste Transfer Station Coral Springs, FL	January, 2016	\$13,377.00	ggordon@coralsprings.org	Glen Gordon Streets Superintendent Phone: (954) 344-1165
14.	2015-05 NE 16th Avenue Roadway Improvements	NE 16th Avenue City of Wilton Manors, FL	May, 2016	\$160,000.00	darchacki@wiltonmanors.com jmccclair@chenmoore.com>	David J. Archacki EM / Utilities Director (Project Manager) City of Wilton Manors Phone: (954) 390-2190 Engineer: Jason McClair, PE, CFM, LEED AP CHEN MOORE AND ASSOCIATES
15.	Additional Parking @ Peace Mound Park (as a Sub-contractor to Pars Development	Peace Mound Park City of Weston	August, 2016	\$320,000.00	MConner@cgsolutions.com	Mr. Michael Conner, P.E. Calvin, Giordano & Associates 800 Eller Drive, Suite 600, Fort Lauderdale, FL 33316 Phone: 954.266.6469
16.	Civic Center Park Expansion	Civic Center Park City of Miramar	June, 2017	\$224,000.00	djohnson@miramarfl.gov	Mr. Daryl Johnson Sr. Project Manager - c/o Miramar 2300 Civic Center Place Miramar, Florida 33025 Phone: 954-602-3302
17.	NE 13th Roadway Improvements Project	NE 13th Street City of Fort Lauderdale	April 2018	\$1,398,000.00	CFanchi@fortlauderdale.gov	Christine W. Fanchi, PE, PTP Transportation Engineering Design Mgr 290 N.E. 3rd Avenue Fort Lauderdale, FL 33301 954-828-5226

ADDITIONAL PROJECTS & REFERENCES AVAILABLE UPON REQUEST

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

02/19/2019

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 REEL INSURANCE AGENCY D/B/A/ COVER ALL INSURANCE 5800 W. ATLANTIC BLVD. MARGATE FL 33063	CONTACT NAME: PHONE (A/C, No, Ext): (954) 956-0006 FAX (A/C, No): (954) 956-0555 E-MAIL: ADDRESS:																					
INSURED SAGARIS CORP. 12349 NW 35TH. STREET CORAL SPRINGS FL 33065	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>EVANSTON INSURANCE COMPANY</td><td></td></tr><tr><td>INSURER B:</td><td>INSURANCE COMPANY OF THE WEST</td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	EVANSTON INSURANCE COMPANY		INSURER B:	INSURANCE COMPANY OF THE WEST		INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y		3AA162596	02/19/2019	02/19/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$	Y		EZXS1017399	02/19/2019	02/19/2020	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
B	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	WFL5041714700	07/01/2018	07/01/2019	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

GENERAL CONTRACTOR

CERTIFICATE HOLDER**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)
03/07/19

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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 Glenda's House Of Insurance, Inc 1848 NW 21 St Pompano Beach, FL 33069 Phone (954) 977-7605 Fax (954) 977-7606	CONTACT NAME: GLENDA KAUFFMAN PHONE (A/C, No, Ext): (954) 977-7605 FAX (A/C, No): (954) 977-7606 E-MAIL ADDRESS: GLENDA@GHINSURANCE.NET
INSURED SAGARIS CORPORATION 1847 NORTH UNIVERSITY DRIVE CORAL SPRINGS, FL 33071	INSURER(S) AFFORDING COVERAGE INSURER A : INFINITY COMMERCIAL AUTO INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES**CERTIFICATE NUMBER: 1****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.

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A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>	Y	N	509-26303-1816-001	02/28/2019	08/28/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 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"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				<input type="checkbox"/> WC STATUTORY LIMITS <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)

CERTIFICATE HOLDER**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

GLENDA ANNE KAUFFMAN

THE AMERICAN INSTITUTE OF ARCHITECTS



AIA Document A310

Bid Bond

KNOW ALL MEN BY THESE PRESENTS, that we
(Here insert full name and address or legal title of Contractor)

Sagaris Corp.

1847 N. University Drive, Coral Springs, FL 33071

as Principal, hereinafter called the Principal, and

(Here insert full name and address or legal title of Surety)

The Ohio Casualty Insurance Company

62 Maple Avenue, Keene, NH 03431

a corporation duly organized under the laws of the State of **New Hampshire**
as Surety, hereinafter called the Surety, are held and firmly bound unto

(Here insert full name and address or legal title of Owner)

City of Fort Lauderdale, Florida

100 North Andrews Avenue, Fort Lauderdale, FL 33301

as Obligor, hereinafter called the Obligor, in the sum of

*** FIVE PERCENT OF AMOUNT BID ***

Dollars (\$ 5%)

for the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, The Principal has submitted a bid for

(Here insert full name, address and description of project)

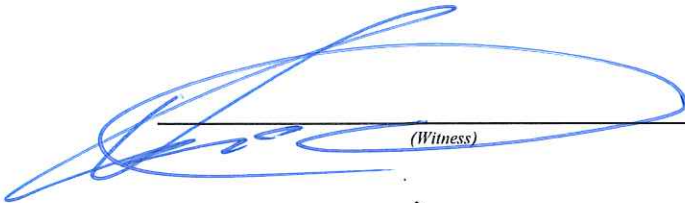
Bid No. 12236-693, Project No. 12437, Fort Lauderdale Executive Airport Decorative Street Posts

NOW, THEREFORE, if the Obligor shall accept the bid of the Principal and the Principal shall enter into a Contract with the Obligor in accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or Contract Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the event of the failure of the Principal to enter such Contract and give such bond or bonds, if the Principal shall pay to the Obligor the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Obligor may in good faith contract with another party to perform the Work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect.

Signed and sealed this

14th

day of May, 2019


(Witness)


(Witness)

Sagaris Corp.

(Principal) (Seal)

PRESIDENT

(Title)

The Ohio Casualty Insurance Company

(Surety) (Seal)


Christine Morton Attorney-in-Fact

Licensed Resident Agent State of Florida

Inquiries: (407) 834-0022

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Certificate No. 8182633

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company West American Insurance Company

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Jennifer L. Hindley; Paul J. Ciambriello; M. G. Francis; Bryce R. Guignard; Eileen C. Heard; April L. Lively; Margie L. Morris; Christine Morton

all of the city of Longwood, state of FL each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 21st day of August, 2018.



The Ohio Casualty Insurance Company
Liberty Mutual Insurance Company
West American Insurance Company

By: David M. Carey
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 21st day of August, 2018, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS – Section 12. Power of Attorney. Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts – SECTION 5. Surety Bonds and Undertakings. Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 14th day of May, 2019.



By: Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary

CITY OF FORT LAUDERDALE
PUBLIC WORKS DEPARTMENT

MINORITY BUSINESS ENTERPRISE (MBE) - WOMEN BUSINESS ENTERPRISE (WBE)

PRIME CONTRACTOR IDENTIFICATION FORM

In order to assist us in identifying the status of those companies doing business with the City of Fort Lauderdale, this form must be completed and returned with your bid package.

Name of Firm: **Sagaris Corp**

Address of Firm: **1847 N. University Dr, Coral Springs, FL 33071**

Telephone Number: **954.688.3407**

Name of Person Completing Form: **Mehrdad Mahmoudi**

Title: **President**

Signature: **Mehrdad Mahmoudi**

Date: **05/14/2019**

City Project Number: **P12437**

City Project Description: **Fort Lauderdale Executive Airport Decorative Street Posts**

Please check the item(s) which properly identify the status of your firm:

- ☒ Our firm is not a MBE or WBE.
- ☐ Our firm is a MBE, as at least 51 percent is owned and operated by one or more socially and economically disadvantaged individuals.
- ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic
- ☐ Our firm is a WBE, as at least 51 percent is owned and operated by one or more women.
- ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic

MBE/WBE CONTRACTOR INFORMATION

The City, in a continuing effort, is encouraging the increased participation of minority and women-owned businesses in Public Works Department related contracts. Along those lines, we are requiring that each firm provide documentation detailing their own programs for utilizing minority and women-owned businesses.

Submit this information as a part of this bid package and refer to the checklist, to ensure that all areas of concern are covered. The low responsive bidder may be contacted to schedule a meeting to discuss these objectives. It is our intention to proceed as quickly as possible with this project, so your cooperation in this matter is appreciated.

CONTRACTOR CHECKLIST

☒ List Previous City of Fort Lauderdale Contracts
11458A NW Neighborhood Phase II Improvements

11797 Dillard Park Curbing & Intersection

P12122 Snyder Park Bike Trail

P12073 Snyder Park ADA Dog Park

P12138 Lauderdale Beach Neighborhood Improvements

11513 Golden Hieghts Curbing

**11793 South Middle River Entryway
Monuments**

11702 Dillard Park Sidewalk Improvements

**P11099A Palm Aire Village West
Entryway Phase II**

P12084 NE 13th Roadway Improvements Project

P11794 Lake Aire Neighborhood Improvements

P11107 Flagler Village Decorative Posts

P12287 NW 55th Ct Traffic Calming & Drainage

☒ Number of Employees in your firm **10**
--Percent (**10%**) Women
--Percent (**20%**) Minorities
--Job Classifications of Women and Minorities
Secretary, Skilled Labor

☐ Use of minority and/or women subcontractors on past projects.

☐ Nature of the work subcontracted to minority and/or women-owned firms.

☒ How are subcontractors notified of available opportunities with your firm?

Email, Telephone

☒ Anticipated amount to be subcontracted on this project.

TBD

☒ Anticipated amount to be subcontracted to minority and/or women-owned businesses on this project.

TBD

QUESTIONNAIRE SHEET

PLEASE PRINT OR TYPE:

Firm Name: **Sagaris Corp**

President **Mehrdad Mahmoudi**

Business Address: **1847 N. University
Drive
Coral Springs, FL 33071**

Telephone: **9546883407**

Fax: **9546883407**

E-Mail Address:
office@sagariscorp.com

What was the last project of this nature which you completed? Include the year, description, and contract value.

PLEASE REFER TO ATTACHED REFERENCES

The following are named as three corporations and representatives of those corporations for which you have performed work similar to that required by this contract, and which the City may contact as your references (include addresses, telephone numbers and e-mail addresses). Include the project name, year, description, and contract value.

**PLEASE REFER TO ATTACHED
REFERENCES**

How many years has your organization been in business? **5**

Have you ever failed to complete work awarded to you; if so, where and why?

NO

The name of the qualifying agent for the firm and his position is: **Steven Fouladi, Project Manager**

Certificate of Competency Number of Qualifying Agent:

Effective Date: Expiration Date:

Licensed in: **FLORIDA** Engineering Contractor's License # **CGC152099**
(County/State)

Expiration Date: **08/31/2020, Currently in
Renewal**

NOTE: To be considered for award of this contract, the bidder must submit a financial statement upon request.

NOTE: Contractor must have proper licensing and shall provide copy of same with his

proposal.

QUESTIONNAIRE SHEET

1. Have you personally inspected the proposed work and have you a complete plan for its performance?
Yes, Yes
2. Will you sublet any part of this work? If so, list the portions or specialties of the work that you will.
 - a) **Concrete**
 - b) **Striping**
 - c)
 - d)
 - e)
 - f)
 - g)
3. What equipment do you own that is available for the work?
Backhoe, Excavator, Roller, Compactor, Trencher, Dozer, Dump Truck
4. What equipment will you purchase for the proposed work?
N/A
5. What equipment will you rent for the proposed work?
N/A

3

4

LOCAL BUSINESS PRICE PREFERENCE

Section 2-199.2, Code of Ordinances of the City of Fort Lauderdale, (Ordinance No. C-12-04), provides for a local business preference.

In order to be considered for a local business preference, a bidder must include the Local Business Preference Certification Statement of this ITB, as applicable to the local business preference class claimed **at the time of bid submittal**:

Upon formal request of the City, based on the application of a Local Business Preference the Bidder shall within ten (10) calendar days submit the following documentation to the Local Business Preference Class claimed:

A) Copy of City of Fort Lauderdale current year business tax receipt, **or** Broward County current year business tax receipt, **and**

B) List of the names of all employees of the bidder and evidence of employees' residence within the geographic bounds of the City of Fort Lauderdale or Broward County, as the case may be, such as current Florida driver license, residential utility bill (water, electric, telephone, cable television), or other type of similar documentation acceptable to the City.

Failure to comply at time of bid submittal shall result in the bidder being found ineligible for the local business preference.

THE COMPLETE LOCAL BUSINESS PREFERENCE ORDINANCE MAY BE FOUND ON THE CITY'S WEB SITE AT THE FOLLOWING LINK:

https://library.municode.com/fl/fort_lauderdale/codes/code_of_ordinances?nodeId=COOR_CH2AD_ARTVFI_DIV2PR_S2-186LOBUPRPR

Definitions: The term "Business" shall mean a person, firm, corporation or other business entity which is duly licensed and authorized to engage in a particular work in the State of Florida. Business shall be broken down into four (4) types of classes:

1. Class A Business – shall mean any Business that has established and agrees to maintain a permanent place of business located in a non-residential zone and staffed with full-time employees within the limits of the City **and** shall maintain a staffing level of the prime contractor for the proposed work of at least fifty percent (50%) who are residents of the City.
2. Class B Business - shall mean any Business that has established and agrees to maintain a permanent place of business located in a non-residential zone and staffed with full-time employees within the limits of the City **or** shall maintain a staffing level of the prime contractor for the proposed work of at least fifty percent (50%) who are residents of the City.
3. Class C Business - shall mean any Business that has established and agrees to maintain a permanent place of business located in a non-residential zone **and** staffed with full-time employees within the limits of Broward County.
4. Class D Business – shall mean any Business that does not qualify as either a Class A, Class B, or Class C business.

LOCAL BUSINESS PRICE PREFERENCE CERTIFICATION STATEMENT

The Business identified below certifies that it qualifies for the local business price 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) | Business Name | is a Class A Business as defined in City of Fort Lauderdale Ordinance No. C-17-26, Sec.2-186. A copy of the City of Fort Lauderdale current year Business Tax Receipt <u>and</u> 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. |
| (2) | Business Name | is a Class B Business as defined in the City of Fort Lauderdale Ordinance No. C-17-26, Sec.2-186. A copy of the Business Tax Receipt <u>or</u> 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. |
| (3) | Sagaris Corp
Business Name | is a Class C Business as defined in the City of Fort Lauderdale Ordinance No. C-17-26, Sec.2-186. A copy of the Broward County Business Tax Receipt shall be provided within 10 calendar days of a formal request by the City. |
| (4) | Business Name | requests a Conditional Class A classification as defined in the City of Fort Lauderdale Ordinance No. C-17-26, Sec.2-186. Written certification of intent shall be provided within 10 calendar days of a formal request by the City. |
| (5) | Business Name | requests a Conditional Class B classification as defined in the City of Fort Lauderdale Ordinance No. C-17-26, Sec.2-186. Written certification of intent shall be provided within 10 calendar days of a formal request by the City. |
| (6) | Business Name | is considered a Class D Business as defined in the City of Fort Lauderdale Ordinance No. C-17-26, Sec.2-186 and does not qualify for Local Preference consideration. |

BIDDER'S COMPANY: **Sagaris Corp**

AUTHORIZED COMPANY	Mehrdad Mahmoudi	Mehrdad Mahmoudi	05/14/2019
PERSON:			

NAME

SIGNATURE

DATE

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.

NAME**RELATIONSHIPS**

-

n/a

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.

**CONTRACTOR'S CERTIFICATE OF COMPLIANCE WITH
NON-DISCRIMINATION PROVISIONS OF THE CONTRACT**

The completed and signed form should be returned with the Contractor's submittal. If not provided with submittal, the Contractor must submit within three business days of City's request. Contractor may be deemed non-responsive for failure to fully comply within stated timeframes.

Pursuant to City Ordinance Sec. 2-187(c), bidders must certify compliance with the Non-Discrimination provision of the ordinance.

The Contractor shall not, in any of his/her/its activities, including employment, discriminate against any individual on the basis of race, color, national origin, religion, creed, sex, disability, sexual orientation, gender, gender identity, gender expression, or marital status.

1. The Contractor certifies and represents that he/she/it will comply with Section 2-187, Code of Ordinances of the City of Fort Lauderdale, Florida, as amended by Ordinance C-18-33 (collectively, "Section 2-187").
2. The failure of the Contractor to comply with Section 2-187 shall be deemed to be a material breach of this Agreement, entitling the City to pursue any remedy stated below or any remedy provided under applicable law.
3. The City may terminate this Agreement if the Contractor fails to comply with Section 2-187.
4. The City may retain all monies due or to become due until the Contractor complies with Section 2-187.
5. The Contractor may be subject to debarment or suspension proceedings. Such proceedings will be consistent with the procedures in section 2-183 of the Code of Ordinances of the City of Fort Lauderdale, Florida.

Mehrdad Mahmoudi
Authorized Signature

Mehrdad Mahmoudi / President
Print Name and Title

05/14/2019
Date

CONTRACT PAYMENT METHOD

The City of Fort Lauderdale has implemented a Procurement Card (P-Card) program which changes how payments are remitted to its vendors. The City is transitioning from traditional paper checks to credit card payments via MasterCard or Visa as part of this program.

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.

In accordance with Article 7, item 7.6 of the contract, payments on this contract will be made utilizing the City's P-Card. Accordingly, bidders must presently have the ability to accept these credit cards or take whatever steps necessary to implement acceptance of a card before the start of the contract term, or contract award by the City.

Please indicate with which credit card you prefer to be paid:

☒ Master Card

☒ Visa Card

Company Name:	Sagaris Corp
Signature:	Mehrdad Mahmoudi
Print Name Title:	Mehrdad mahmoudi President

CONSTRUCTION BID CERTIFICATION

Please Note: 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) **Sagaris Corp**

Address: **1847 N. University Drive**

City: **Coral Springs** State: **FL** Zip: **33071**

Telephone No. **9546883407** FAX No. **9546883407** Email: **mehrdad@sagariscorp.com**

Does your firm qualify for MBE or WBE status: MBE ☐ WBE ☐

If a corporation, state the name of the President, Secretary and Resident Agent. If a partnership, state the names of all partners. If a trade name, state the names of the individuals who do business under the trade name.

Mehrdad Mahmoudi	President		
Name	Title	Name	Title
Name	Title	Name	Title

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

Addendum No.	Date Received	Addendum No.	Date Received	Addendum No.	Date Received	Addendum No.	Date Received

VARIANCES: If you take exception or have variances to any term, condition, specification, or requirement in this bid you must specify such variance in the space provided below or reference in the space provided below all variances contained on other pages within your bid. Additional pages may be attached if necessary. No variances will be deemed to be part of the bid 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 BIDSINC you must also click the "Take Exception" button.

The below signatory affirms that he has or will obtain all required permits and licenses from the appropriate agencies, and that his firm is authorized to do business in the State of Florida. The below signatory agrees to furnish all labor, tools, material, equipment and supplies, and to sustain all the expense incurred in doing the work set forth in strict accordance with the bid plans and contract documents at the unit prices indicated if awarded a contract. The below signatory has not divulged to, discussed, or compared this bid with other bidders, and has not colluded with any other bidder or parties to this bid whatsoever. Furthermore, the undersigned guarantees the truth and accuracy of all statements and answers contained in this bid. The below signatory also hereby agrees, by virtue of submitting or attempting to submit a bid, that in no event shall the City's liability for bidder'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:

Mehrdad Mahmoudi

Name (printed)

05/14/2019

Date:

Mehrdad Mahmoudi

Signature

05/14/2019

Date: