COMPLETE THE ESSEMTIAL REQUIREMENTS QUESTIONNAIRE ON THE ATTACHMENTS TAB IN THE EBID SYSTEM. PROPOSERS ARE TO COMPLETE FORM IN ITS ENTIRITY AND INCLUDE THE COMPLETED FORM IN YOUR PROPOSAL THAT MUST BE UPLOADED TO THE RESPONSE ATTACHMENTS TAB FOR THE RFQ IN THE EBID SYSTEM.

ESSENTIAL REQUIREMENTS QUESTIONNAIRE

1. Qualifier possesses a valid and current Florida Contractor's license for the project or projects for which it intends to submit a bid.

X Yes No

2. Qualifier has or will obtain a general liability insurance policy with a policy limit of at least
 \$<u>1,000,000</u>
 per occurrence and \$<u>2,000,000</u>
 aggregate. *Please see Certificate of Insurance.

3. Qualifier has current workers' compensation insurance policy.

X Yes No

Qualifier is exempt from this requirement, because it has no employees

a) A "no" answer to Question 4 will not be disqualifying if the Qualifier is exempt from complying with Question 4, for reasons explained in footnote 3.

b) A Qualifier disqualified solely because of a "Yes" answer given to question 6, 7, or 9 may appeal the disqualification and provide an explanation of the relevant circumstances during the appeal procedure.

c) Public Entity may request an additional notarized statement from the surety at the time of submission of a bid, if this pre-qualification package is submitted more than 60 days prior to submission of the bid.

4. Have you attached your latest copy of a reviewed or audited financial statement with accompanying notes and supplemental information?

X Yes No

NOTE: A financial statement that is not reviewed or audited is not acceptable. A letter verifying availability of a line of credit may also be attached; however, it will be considered as supplemental information only, and is not a substitute for the required financial statement.

5. Have you attached a notarized statement from an admitted surety insurer (approved by the Florida Department of Insurance) and authorized to issue bonds in the State of Florida, which states: (a) that your current bonding capacity is sufficient for the project for which you seek prequalification if you are seeking pre-qualification for the Project?

X Yes No

NOTE: Notarized statement must be from the surety company, not an agent or broker.

6. Has your contractor's license been revoked at any time in the last five years?

___Yes <u>X</u>No

7. Has a surety firm completed a contract on your behalf, or paid for completion because your firm was default terminated by the project owner within the last five (5) years?

___Yes X_No

8. At the time of submitting this pre-qualification form, is your firm ineligible to bid on or be awarded a public works contract, or perform as a subcontractor on a public works contract?

If the answer is "Yes," state the beginning and ending dates of the period of debarment:

9. At any time during the last five years, has your firm, or any of its owners or officers, been convicted of a crime involving the awarding of a contract for a government construction project, or the bidding or performance of a government contract?

___Yes X__No

(THE REMAINDER OF THIS PAGE HAS BEEN LEFT BLANK INTENTIONALLY)

ORGANIZATION, HISTORY, ORGANIZATIONAL PERFORMANCE, COMPLIANCE WITH CIVIL AND CRIMINAL LAWS

A. Current Organization and Structure of the Business

For Firms That Are Corporations:

1a. Date Incorporated:	nber 16, 1977	
1b. Under the laws of what state:_		
1c. Provide all the following info the corporation (president, vice p least ten per cent of the corporation	rmation for each person resident, secretary, and tre	
_{Name:} Martha A. Morgan	Matthew F. West	
President		
Years with Company:	22	_
% Ownership: <u>51</u>	49%	
Social Security #: <u>N/A</u>		-

1d. Identify every construction firm that any person listed above has been associated with (as owner, general partner, limited partner or officer) at any time during the last five years.

NOTE: For this question, "owner" and "partner" refer to ownership of ten percent or more of the business, or 10 percent or more of its stock, if the business is a corporation.

Person's Name: _N/A

Construction Firm:

Dates of Person's Participation with Firm: _____

For Firms That Are Partnerships:

1a. Date of formation: N/A

1b. Under the laws of what state: _____

1c. Provide all the following information for each partner who owns 10 per cent or more of the firm.

Name:

Position: _____

Years with Company: _____

% Ownership:_____

Social Security #:

1d. Identify every construction company that any partner has been associated with (as owner, general partner, limited partner or officer) at any time during the last five years.

NOTE: For this question, "owner" and "partner" refer to ownership of ten per cent or more of the business, or ten per cent or more of its stock, if the business is a corporation.

Person's Name: _____

Construction Firm:

Dates of Person's Participation with Firm:

For Firms That Are Sole Proprietorships:

1a. Date of commencement of business.

1b. Social security number of company owner.

1c. Identify every construction firm that the business owner has been associated with (as owner, general partner, limited partner or officer) at any time during the last five years.

NOTE: For this question, "owner" and "partner" refer to ownership of ten per cent or more of the business, or ten per cent or more of its stock, if the business is a corporation.

Person's Name: N/A

Construction Firm:

Dates of Person's Participation with Firm:

For Firms That Intend to Make a Bid as Part of a Joint Venture:

1a. Date of commencement of joint venture.

1b. Provide all of the following information for each firm that is a member of the joint venture that expects to bid on one or more projects:

Name of firm: _____

% Ownership of Joint Venture:

B. History of the Business and Organizational Performance

1. Has there been any change in ownership of the firm at any time during the last three years?

NOTE: A corporation whose shares are publicly traded is not required to answer this question.

___Yes <u>×</u>_No

If "yes," explain on a separate signed page.

2. Is the firm a subsidiary, parent, holding company or affiliate of another construction firm?

NOTE: Include information about other firms if one firm owns 50 percent or more of another, or if an owner, partner, or officer of your firm holds a similar position in another firm.

___Yes <u>×_</u>No

If "yes," explain on a separate signed page.

3. Are any corporate officers, partners or owners connected to any other construction firms?

NOTE: Include information about other firms if an owner, partner, or officer of your firm holds a similar position in another firm.

___Yes X No

If "yes," explain on a separate signed page.

4. State your firm's gross revenues for each of the last three calendar years:

7	6	5
2015_ <u>\$62,422,059.00</u>	2014_ <u>\$45,151,443.00</u>	2013_ <u>\$36,616,633.00</u>

5. How many years has your organization been in business in Florida as a contractor under your present business name and license number? <u>41</u> years

6. Is your firm currently the debtor in a bankruptcy case?

___Yes <u>×</u>_No

If "yes," please attach a copy of the bankruptcy petition, showing the case number, and the date on which the petition was filed.

7. Was your firm in bankruptcy at any time during the last five years? (This question refers only to a bankruptcy action that was not described in answer to question 7, above)

___Yes X__No

If "yes," please attach a copy of the bankruptcy petition, showing the case number and the date on which the petition was filed, and a copy of the Bankruptcy Court's discharge order, or of any other document that ended the case, if no discharge order was issued.

C. Licenses

1. List all Florida construction license numbers, classifications and expiration dates of the Florida contractor licenses held by your firm:

CBC057038 September 2019
CGC1516626 September 2019

2. If any of your firm's license(s) are held in the name of a corporation or partnership, list below the names of the qualifying individual(s) listed on the Contractors State Licensing Board (CSLB) records who meet(s) the experience and examination requirements for each license.

Martha A. Morgan, President

Matthew F. West, Vice President

3. Has your firm changed names or license number in the past five years? _____Yes X___No

If "yes," explain on a separate signed page, including the reason for the change.

4. Has any owner, partner or (for corporations) officer of your firm operated a construction firm under any other name in the last five years?

____Yes <u>X__</u>No

If "yes," explain on a separate signed page, including the reason for the change.

5. Has a State of Florida license(s) held by your firm been suspended within the last five years?

If "yes," please explain on a separate signed sheet.

D. Disputes

1. At any time in the last five years has your firm been assessed and paid liquidated damages after completion of a project under a construction contract with either a public or private owner?

___Yes <u>X</u>No

If yes, explain on a separate signed page, identifying all such projects by owner, owner's address, and the date of completion of the project, amount of liquidated damages assessed and all other information necessary to fully explain the assessment of liquidated damages.

2. In the last five years has your firm, or any firm with which any of your company's owners, officers or partners was associated, been debarred, disqualified, removed or otherwise prevented from bidding on, or completing, any government agency or public works project for any reason?

NOTE: "Associated with" refers to another construction firm in which an owner, partner or officer of your firm held a similar position, and which is listed in response to question 1c or 1d on this form.

____Yes <u>X__</u>No

If "yes," explain on a separate signed page. State whether the firm involved was the firm applying for pre-qualification here or another firm. Identify by name of the company, the name of the person within your firm who was associated with that company, the year of the event, the owner of the project, the project and the basis for the action.

3. In the last five years has your firm been denied an award of a public works contract based on a finding by a public agency that your company was not a responsible bidder?

___Yes <u>×</u>_No

If "yes," explain on a separate signed page. Identify the year of the event, the owner, the project and the basis for the finding by the public agency.

NOTE: The following two questions refer only to disputes between your firm and the owner of a project. You need not include information about disputes between your firm and a supplier, another contractor, or subcontractor.

4. In the past five years has any claim against your firm concerning your firm's work on a construction project been filed in court or arbitration?

___Yes <u>X</u>No

If "yes," on separate signed sheets of paper identify the claim(s) by providing the project name, date of the claim, name of the claimant, a brief description of the nature of the claim, the court in which the case was filed and a brief description of the status of the claim (pending or, if resolved, a brief description of the resolution).

5. In the past five years has your firm made any claim against a project owner concerning work on a project or payment for a contract and filed that claim in court or arbitration?

X Yes No

If "yes," on separate signed sheets of paper identify the claim by providing the project name, date of the claim, name of the entity (or entities) against whom the claim was filed, a brief description of the nature of the claim, the court in which the case was filed and a brief description of the status of the claim (pending, or if resolved, a brief description of the resolution).

6. At any time during the past five years, has any surety company made any payments on your firm's behalf as a result of a default, to satisfy any claims made against a performance or payment bond issued on your firm's behalf, in connection with a construction project, either public or private?

___Yes <u>X_</u>No

If "yes," explain on a separate signed page the amount of each such claim, the name and telephone number of the claimant, the date of the claim, the grounds for the claim, the present status of the claim, the date of resolution of such claim if resolved, the method by which such was resolved if resolved, the nature of the resolution and the amount, if any, at which the claim was resolved.

7. In the last five years has any insurance carrier, for any form of insurance, refused to renew the insurance policy for your firm?

____Yes _X___No

If "yes," explain on a separate signed page. Name the insurance carrier, the form of insurance and the year of the refusal.

E. Criminal Matters and Related Civil Suits

1. Has your firm or any of its owners, officers or partners ever been found liable in a civil suit or found guilty in a criminal action for making any false claim or material misrepresentation to any public agency or entity?

____Yes X__No

If "yes," explain on a separate signed page, including identifying who was involved, the name of the public agency, the date of the investigation and the grounds for the finding.

2. Has your firm or any of its owners, officers or partners ever been convicted of a crime involving any federal, state, or local law related to construction?

___Yes <u>X_</u>No

If "yes," explain on a separate signed page, including identifying who was involved, the name of the public agency, the date of the conviction and the grounds for the conviction.

3. Has your firm or any of its owners, officers or partners ever been convicted of a federal or state crime of fraud, theft, or any other act of dishonesty?

___Yes <u>X__</u>No

If "yes," identify on a separate signed page the person or persons convicted, the court (the City if a state court, the district or location of the federal court), the year and the criminal conduct.

F. Bonding

1. Bonding capacity: Provide documentation from your surety identifying the following:

Name of bonding company/surety: <u>Berkley Insurance Company</u>

Name of surety agent, address and telephone number; 305-517-3803

Warren M. Alter, Attorney in fact, 5979 NW 151 Street, Suite 202, Miami lakes, FL, 33014

2. If your firm was required to pay a premium of more than one percent for a performance and payment bond on any project(s) on which your firm worked at any time during the last three years, state the percentage that your firm was required to pay. You may provide an explanation for a percentage rate higher than one percent, if you wish to do so.

N/A

3. List all other sureties (name and full address) that have written bonds for your firm during the last five years, including the dates during which each wrote the bonds:

Philadelphia Indemnity Company 475 Steamboat Rd. Greenwich, CT, 0683

Axis Insurance Company, 300 Connnell Dr, Ste. 8000, Berkley Heights, NJ, 0

4. During the last five years, has your firm ever been denied bond coverage by a surety company, or has there ever been a period of time when your firm had no surety bond in place during a public construction project when one was required?

___Yes <u>×</u>No

If yes, provide details on a separate signed sheet indicating the date when your firm was denied coverage and the name of the company or companies, which denied coverage; and the period during which you had no surety bond in place.

G. Compliance with Occupational Safety and Health Laws and with Other Labor Legislation Safety

1. Has the Occupational Safety and Health Administration (OSHA) cited and assessed penalties against your firm for any "serious," "willful" or "repeat" violations of its safety or health regulations in the past five years?

NOTE: If you have filed an appeal of a citation, and the Occupational Safety and Health Appeals Board has not yet ruled on your appeal, you need not include information about it.

___Yes <u>×</u>_No

If "yes," attach a separate signed page describing the citations, including information about the dates of the citations, the nature of the violation, the project on which the citation(s) was or were issued, the amount of penalty paid, if any. If the citation was appealed to the Occupational Safety and Health Appeals Board and a decision has been issued, state the case number and the date of the decision.

2. Has the federal Occupational Safety and Health Administration cited and assessed penalties against your firm in the past five years?

NOTE: If you have filed an appeal of a citation and the Appeals Board has not yet ruled on your appeal, or if there is a court appeal pending, you need not include information about the citation.

<u>×</u>Yes ___No

If "yes," attach a separate signed page describing each citation.

3. Has the state or federal Environmental Protection Agency (EPA) or any Air Quality Management District or any Regional Water Quality Control Board cited and assessed penalties against either your firm or the owner of a project on which your firm was the contractor, in the past five years?

NOTE: If you have filed an appeal of a citation and the Appeals Board has not yet ruled on your appeal, or if there is a court appeal pending, you need not include information about the citation.

____Yes <u>X__</u>No

If "yes," attach a separate signed page describing each citation.

4. How often do you require documented safety meetings to be held for construction employees and field supervisors during the course of a project?

Weekly

5. Within the last five years has there ever been a period when your firm had employees but was without workers' compensation insurance or state-approved self-insurance?

___Yes <u>×</u>No

If "yes," please explain the reason for the absence of workers' compensation insurance on a separate signed page. If "No," please provide a statement by your current workers' compensation insurance carrier that verifies periods of workers' compensation insurance coverage for the last five years. (If your firm has been in the construction business for less than five years, provide a statement by your workers' compensation insurance carrier verifying continuous workers' compensation insurance coverage for the period that your firm has been in the construction business).

.

H. Prevailing Wage and Apprenticeship Compliance Record

1. Has there been more than one occasion during the last five years in which your firm was required to pay either back wages or penalties for your own firm's failure to comply with the state's prevailing wage laws?

NOTE: This question refers only to your own firm's violation of prevailing wage laws, not to violations of the prevailing wage laws by a subcontractor.

___Yes <u>X</u>No

If "yes," attach a separate signed page or pages, describing the nature of each violation, identifying the name of the project, the date of its completion, the public agency for which it was constructed; the number of employees who were initially underpaid and the amount of back wages and penalties that you were required to pay.

SURETY AND BONDING REQUIREMENTS

A. Attach a notarized statement from the bonding company your firm proposes to use indicating their commitment to provide a Performance and Payment Bond for the full amount of the contract.

B. List the names of the Bonding firms utilized by your organization in the last five (5) years, for projects over \$3,000,000.

Name of Bonding Company No. 1		
Axis Insurance Company		
Address: 300 Connell Drive, Ste. 8000, Berkley	Heights, NJ, 07922	
	Telephone:	
Contact Name: Richard Zarandona	908-673-2987	
Project Name: Design Build Fire Station #78 Tar	narac, FL	
Amount Bonded: <u>\$3,458,604.20</u>	% <u>100</u>	
Completed_2017		
Name of Bonding Company No. 2		
Address: Fidelity and Deposit Company of Mary	land	
	Telephone:	
Contact Name: Michael Stevens (Collinsworth, A	Alter & Lan 561-776-9001	
Project Name: Design Build Fire Station #110 La	auderdale Lakes, FL	
Amount Bonded: <u>\$3,687,195.00</u>	%_100	
Completed 2016		

INSURANCE REQUIREMENTS

Each policy of insurance carried by the successful bidder for this project shall be issued by an insurance company licensed to do business in the State of Florida with a rating of "A" or better and a financial size category of "V" or better according to the latest edition of "Bests".

A. Attach a notarized statement from the Worker's Compensation carrier specifying organization's current Experience Modification rating for Worker's Compensation in the State of Florida.

B. List the names of the insurance firms utilized by your organization in the last five (5) years, for projects over \$3,000,000.

Name of Insurance Company No. 1

JDA Insurance Group, LLC

Address: 120 federal Highway, #301, Lake Worth, FL, 33460

Contact Name: Anthony Entenza Telephone 561-296-0373

Project Name:	Various		

Amount Dandad: N/A	0/
Amount Bonded: N/A	70

Completed_____

Name of Insurance Company No. 2 Collingsworth, Alter & Lambert

Address: 23 Eganfuskee Street, Ste. 102, Jupiter, FL, 33477

Contact Name: Lori Gleason Telephone: 561-776-9001

Project Name:	Various over \$3 million	
-		

Amount Bonded: N/A %

Completed_____

Failure to provide all these attachments may be cause for disqualification for this project.

Attachment 1 – Certificate of Accountant Attachment 1A General Statement of Bank Credit Attachment 2 – Notarized Statement from Bonding Company

Attachment 3 – Notarized Statement from Worker's Compensation Insurance Carrier

Attachment 4 – Current Copy of Organization's Florida Contractor's License(s)

Attachment 5 – Certification declaring that the applying Organization has not has a surety company finish work on any project within the last five (5) years.

Attachment 6 – Certification declaring that the applying Organization, in the last five (5) years has not been found by a judge, arbitrator, jury, or a nolo contendere plea to have submitted a false or fraudulent claim to a public agency

Attachment 7 – Certification declaring that the applying Organization has not been disqualified, removed, or otherwise prevented from bidding on, or completing a federal, state, or local government project because of violations of law or a safety regulation, pursuant to Public Contract Code section 10162

DECLARATION

1. Acknowledgement and Release. By signature and date on this page, prospective bidder authorizes any financial institution, credit reporting agency and/or service, legal firm or any other type of business, agency or individual named within this document to release to the City (or City's designated representative) any and all information as that information relates, or could relate, to their ability to evaluate the background, stability and general worthiness of this bidder to perform current or future construction activities if Pre-Qualified and awarded a contract by the City.

- a. A photocopy of this page shall be deemed as valid as an original document.
- b. This Acknowledgement and Release shall remain in effect until such time as the bidder, in writing, requests that the City cease any attempt to evaluate himself/herself/themselves as potential Pre-Qualified bidder for construction work on City of Pompano Beach properties.
- c. Reserved Right. The City reserves the right, for the sole purpose of evaluating a potential Pre-Qualification candidate (bidder), to make other inquiries as permitted by law. Furthermore, the City reserves the right to reject any or all Pre-qualification applications.

AFFIDAVIT

I, the undersigned, certify and declare that I have read all the foregoing answers to this prequalification questionnaire and know their contents. The matters stated in the questionnaire answers are true of my own knowledge and belief, except as to those matters stated on information and belief, and as to those matters I believe them to be true. I declare under penalty of perjury under the laws of the State of Florida, that the foregoing is correct.

Dated: January 25, 2019 Maythe U. Mon (Signatur Martha A. Morgan, President

January 23, 2019



City of Pompano Beach 1190 NE 3rd Avenue, Build C Pompano Beach, FL 33060

 Re:
 WEST CONSTRUCTION, INC.

 Surety Bonding Prequalification Letter

 Project:
 P-32-18 (STEP 2) Design and Construction Services for Fire Stations 52, 61 and 114

To Whom It May Concern:

We have been asked by West Construction, Inc. to provide a reference letter to you.

We acknowledge and confirm that Berkley Surety Group, through its affiliate Berkley Insurance Company, provides surety credit to West Construction, Inc. Berkley Insurance Company has an A.M. Best rating of "A+" (Superior) and a financial size of XV.

We acknowledge and confirm that Berkley Surety Group has formed a relationship with West Construction, Inc. to provide surety credit. We will consider typical single bond requests in the amount of \$50,000,000 and with an aggregate backlog totaling \$150,000,000. Individual bonds above the limits will be favorably considered on the merits at the time of request.

We are confident with management's ability to perform and manage their work. Based on normal and standard underwriting criteria at the time of the request, we intend on providing Performance and Payment Bonds for the above referenced project. We recommend West Construction, Inc. for your consideration.

The issuance of surety credit is a matter between the principal and surety and conditioned upon the principal continuing to satisfy underwriting conditions at the time of a bond request.

Respectfully,

Eric Tyson Regional Manager

STATE OF GEORGIA, COUNTY OF FULTON

On this 23RD day of January in the year 2019 before me personally come(s) ERIC TYSON, to me known, who, being by me duly sworn, deposes and says that same resides in COBB COUNTY GEORGIA, that same is the Regional Manager of the BERK MANUCE COMPANY, the Insurance Company described in and which executed the foregoing Setter.

(Signature of Notary taking acknowledgment) (S TWO RAVINIA DRIVE, SUITE 1050 ATLANTA, GA 30346 T 7 WWW.BERKLEYSURETY.COM



01/22/2019

West Construction, Inc. Workers Compensation Policy#: 106-60973 Carrier: Florida Citrus, Business & Industries Experience Modification History

To Whom It May Concern,

This letter is to advise of the experience modification factors applicable to the above referenced Insured:

- 1/1/2019: Experience Mod = .87
- 1/1/2018: Experience Mod = .96
- 1/1/2017: Experience Mod = .87

Should you have any questions regarding the above or require additional information please do not hesitate to contact our office.

Sincerely,

1 Buleno

Anthony Entenza Managing Partner / Insurance Agent Lic.# P177352

FLORIDA NOTARY ACKNOWLEDGMENT

STATE OF FLORIDA COUNTY OF ^{Palm Beach}

The foregoing instrument was acknowledged before me this $\frac{22}{(numeric date)}$ day of $\frac{January}{(month)}$, $\frac{2019}{(year)}$, by Anthony Entenza (name of person acknowledging).

(Seal)

è



Signature of Notary Public

Print, Type/Stamp Name of Notary

Personally known: X

OR Produced Identification:

Type of Identification Produced:



January 25, 2019

West Construction Inc. makes the following certifications:

West Construction Inc. has not had a surety company finish work on any project within the last 5 years.

West Construction Inc. has not been found by a judge, arbitrator, jury or nolo contender plea to have submitted a false claim to a public agency.

West Construction Inc. has not been disqualified, removed, or otherwise prevented from bidding on, or completing a federal, state, or local government project because of violations of law or a safety regulation, pursuant to Public Contract Code section 10162.

Sincerely,

West Construction Inc.

man

Martha A. Morgan President



January 25, 2019

City of Pompano Beach Purchasing Office 1190 N.E. 3rd Avenue, Bldg. C Pompano Beach, FL, 33060

To Whom It May Concern,

With all construction projects unforeseen issues can arise. Through diligent planning and result oriented collaboration, West works with clients to minimize any residual effects. Open communication and close monitoring of all projects has enabled us to avoid and/or settle most disagreements immediately.

As with any business, litigation is sometimes unavoidable. We have attached our five-year claim information as requested. If you have any questions or concerns please feel free to contact us.

There are 3 complaint's West settled in the last 5 years as follows:

- West Construction, Inc. v. Boynton Beach Redevelopment Agency (Bid Protest) Dismissed 6/2014 (5 Years ago)
- West Construction, Inc. v. School Board of Broward County (Final Payment Issue) Dismissed 8/2013 (6 Years ago)
- West Construction, Inc. v. Village of Royal Palm Beach (Final Payment Issue) Dismissed 6/2014 (5 years ago)

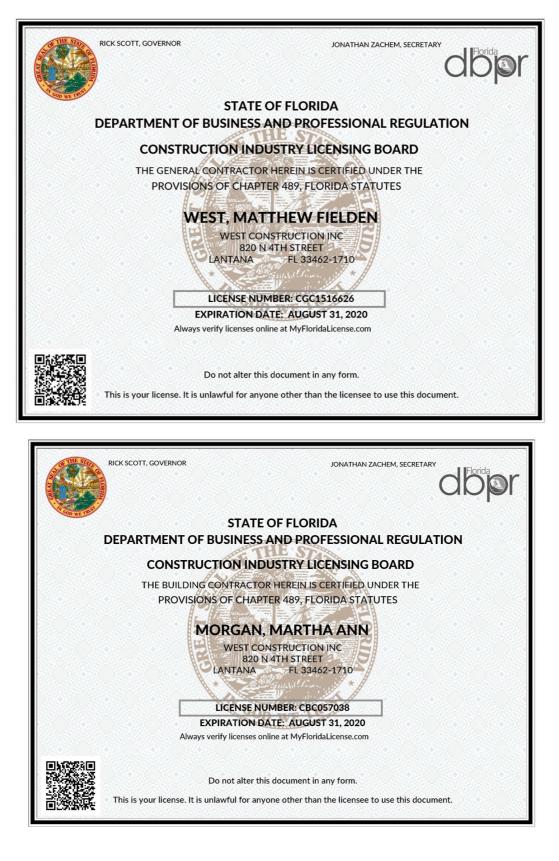
Thank you for the opportunity.

Best Regards,

norgen Martha A. Morgan

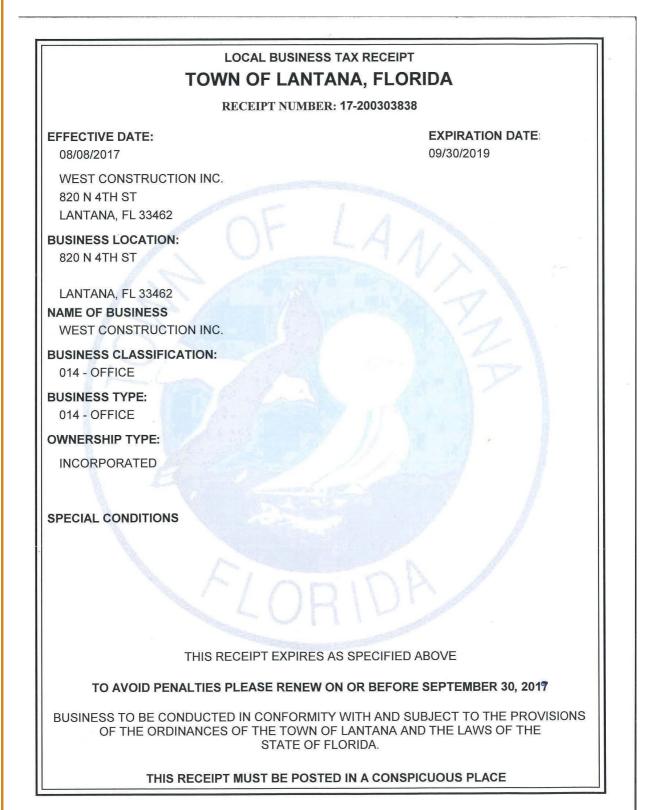
Martha A. Morgar President









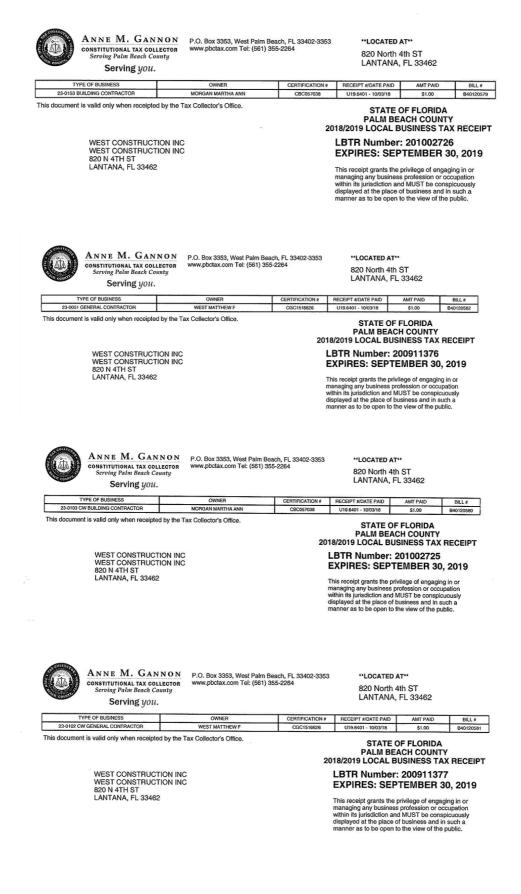






VES

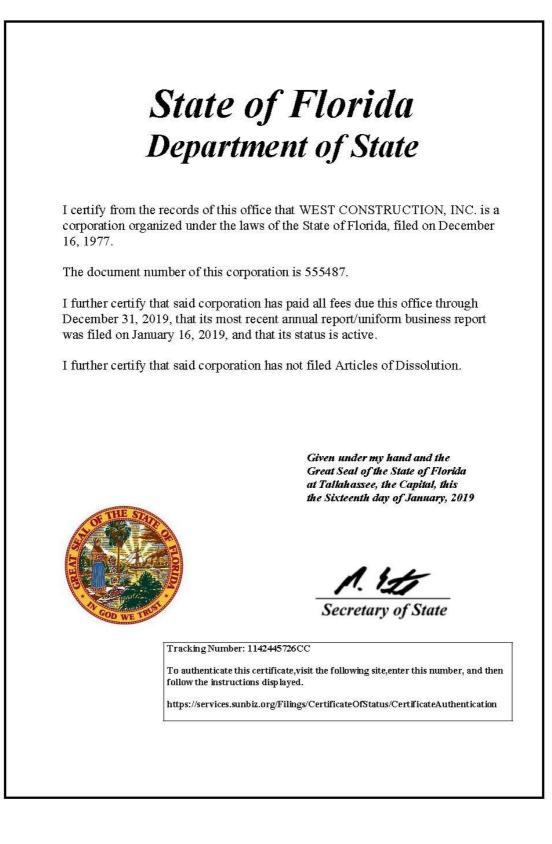




SOWARDS AGUILA ARCHITECTS











Business Phone: 561-588-2027 Rooms Seats Employees 200 Machines: Professionals Tax Amount Transfer Fee NSF Fee Penalty Prior Years Collection Cost Total Paid 1 150.00 0.00 0.00 0.00 0.00 150.00 THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS THIS BECOMES A TAX RECEIPT 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 old, 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: Must colspan="2">Receipt #05A-17-00010577 Paid 08/27/2018 150.00 MUST CONSTRUCTION INC 220 N 4 ST LANTANA, PL 33462 2018 - 2019	Owner N			E State/	Business Opene County/Cert/Re Exemption Coo	g:CGC1516626	TRACTOR (CI
Number of Machines: Vending Type: Tax Amount Transfer Fee NSF Fee Penalty Prior Years Collection Cost Total Paid 150.00 0.00 0.00 0.00 0.00 0.00 150.00 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: Receipt #05A-17-00010577 WEST CONSTRUCTION INC Receipt #05A-17-00010577 Raid 08/27/2018 150.00 Paid 08/27/2018 150.00					Machines	Profess	sionals
Tax Amount Transfer Fee NSF Fee Penalty Prior Years Collection Cost Total Paid 150.00 0.00 0.00 0.00 0.00 0.00 0.00 150.00 THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS 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: WEST CONSTRUCTION INC 820 N 4 ST LANTANA, FL 33462				Vending Business Onl			
Tax Andulat Indificient feet Notified Foldary Foldary	T			Bapalty			Total Paid
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: WEST CONSTRUCTION INC 820 N 4 ST LANTANA, FL 33462							
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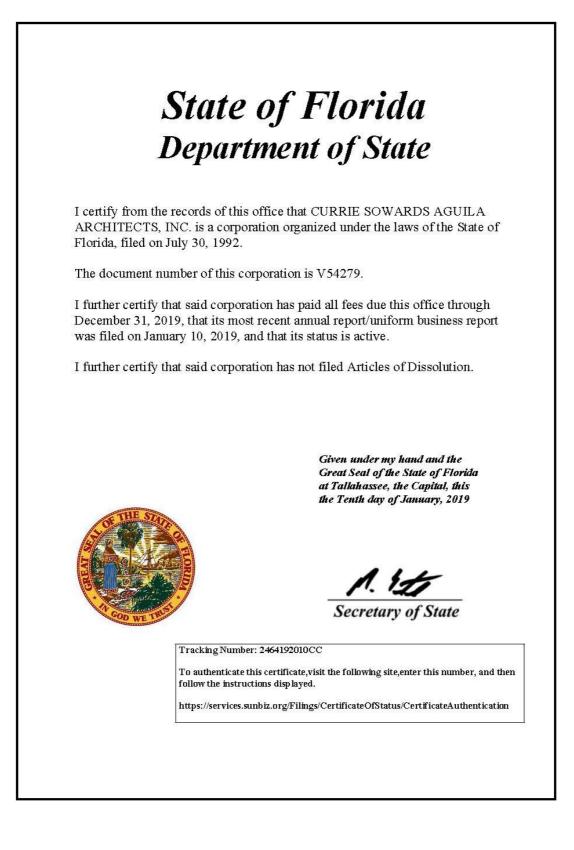
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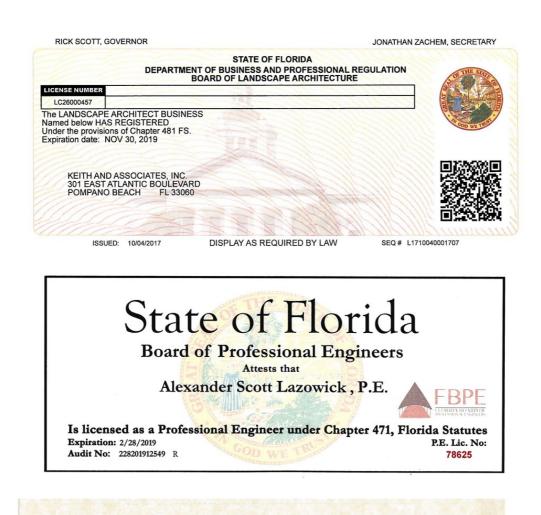












State of Professional Engineers Autests that Keith & Associates, Inc. Methodized under the provisions of Section 471,923, Florida Statutes, to offer engineering services to the public through a Professional Engineer, duly licensed under (Chapter 471, Florida Statutes. Expiration: 2/28/2019 Audit No: 22201900747 R







Florida Department of Agriculture and Consumer Services License No.: LB6860 **Division of Consumer Services** Board of Professional Surveyors and Mappers Expiration Date February 28, 2019 2005 Apalachee Pkway Tallahassee, Florida 32399-6500 Professional Surveyor and Mapper Business License Under the provisions of Chapter 472, Florida Statutes KEITH AND ASSOCIATES INC **301 EAST ATLANTIC BLVD** Com 18th POMPANO BEACH, FL 33060-6643 ADAM H. PUTNAM COMMISSIONER OF AGRICULTURE This is to certify that the professional surveyor and mapper whose name and address are shown above is licensed as required by Chapter 472, Florida Statutes. Florida Department of Agriculture and Consumer Services License No.: LS4105 Division of Consumer Services Board of Professional Surveyors and Mappers Expiration Date February 28, 2019 2005 Apalachee Pkway Tallahassee, Florida 32399-6500 Professional Surveyor and Mapper License Under the provisions of Chapter 472, Florida Statutes ADOLPHINE MARIE LAZOWICK

ADOLPHINE MARIE LAZOWICK 301 E ATLANTIC BLVD POMPANO BEACH, FL 33060-6643

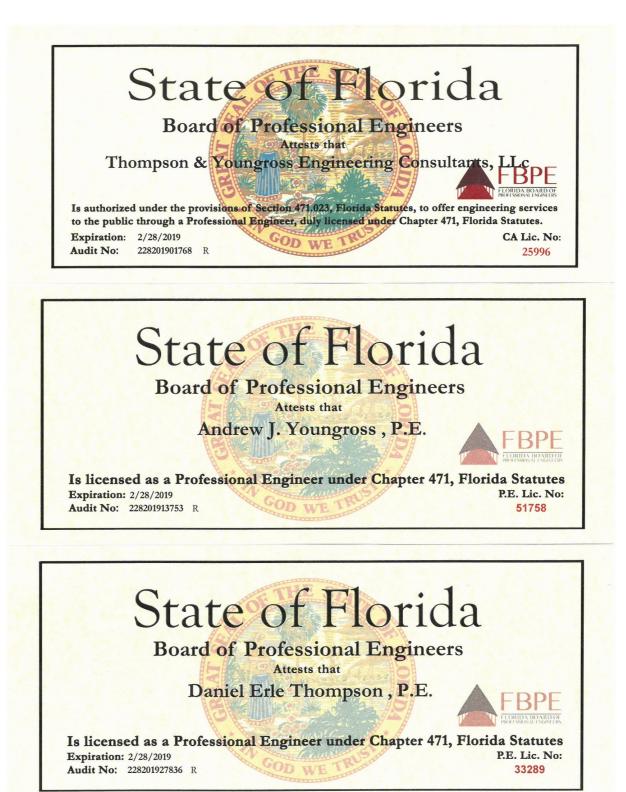
ADAM H. PUTNAM COMMISSIONER OF AGRICULTURE

This is to certify that the professional surveyor and mapper whose name and address are shown above is licensed as required by Chapter 472, Florida Statutes.















Robert John Selinsky, P.E.

Is licensed as a Professional Engineer under Chapter 471, Florida Statutes Expiration: 2/28/2019 Audit No: 228201932855 SI SPECIAL INSPECTOR BECIAL INSPECTOR

