

**BID COVER PAGE**

**SUBMIT BIDS TO:**

Wellington  
Attn: Clerk's Office  
12300 Forest Hill Blvd  
Wellington, FL 33414

**REFER ALL INQUIRIES TO PRIMARY CONTACT:**

Purchasing Division  
12300 Forest Hill Blvd  
Wellington, FL 33414  
Phone: 561-791-4154

Wellington

**INVITATION TO BID**

COMMODITY/SERVICE

**BID TITLE:**

**Supply, Delivery and Installation of Landscape Materials**

**BID NO:**

**202521**

**NAME OF FIRM, ENTITY, or ORGANIZATION:**

*Coco Tree Service Corp.*

**NAME OF CONTACT PERSON**

*Josue Alvarado*

**VENDOR MAILING ADDRESS:**

*3201 NW 24th St Rd Suite 211*

**CITY:**

*Miami*

**ZIP:**

*33142*

**STATE:**

*FL*

**TITLE**

*President*

**VENDOR HEADQUARTERS ADDRESS (IF DIFFERENT):**

**CITY:**

**ZIP:**

**STATE:**

**PHONE NUMBER:**

*305-960-7682*

**FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN):**

*45-369-5565*

**EMAIL ADDRESS:**

*coco@cocotreeservice.com*

**STATE OF FLORIDA BUSINESS LICENSE NUMBER (IF APPLICABLE)**

**FAX NUMBER:**

*305-402-6193*

**ORGANIZATIONAL STRUCTURE (Please Check One):**

Corporation ☒

Partnership ☐

Proprietorship ☐

Joint Venture ☐

Other ☐

*If Corporation, please provide the following:*

(A) Date of Incorporation:

*10 / 27 / 2011*  
Month / Day / Year

(B) State or Country of Incorporation:

*FL*

BID SUBMITTAL

To:

Village of Wellington

12300 Forest Hill Blvd.

Wellington, Florida 33414

Coco Tree Service Corp.

(Vendor)

agrees to provide material for the **Supply, Delivery and Installation of Landscape Materials** in accordance with the requirements and specifications of the Bid Documents for the Village of Wellington as specified.

Gentlemen:

The undersigned Bidder has carefully examined the Specification requirements, Bid/Contract Documents and is familiar with the nature and extent of the Work and any local conditions that may in any manner affect the Work to be done.

The undersigned agrees to provide the service called for by the Specifications and Bid Documents, in the manner prescribed therein and to the standards of quality and performance established by the Wellington for the Bid price stated in the spaces herein provided.

The undersigned agrees to the right of the Wellington to hold all Bids and Bid guarantees for a period not to exceed one hundred and twenty (120) days after the date of Bid opening stated in the Invitation to Bid.

The undersigned accepts the invoicing and payment policies specified in the Bid.

[Signature]  
Contractor's Signature

Dated this 15<sup>th</sup> day of September, 2025  
(Month) (Year)

**SCHEDULE OF VALUES**

Bidder(s) understands and agrees that awarded vendor(s) will be paid based upon items and quantities actually accepted by owner. Quantities listed are estimates only and are not to be construed as guaranteed work quantities. Successful bidder(s) will supply all labor, materials, machinery, equipment and technical supervision necessary to supply, deliver & install (when applicable) the materials to Wellington. All pricing shall include labor, materials, equipment, pallets, fuel, shipping, delivery, installation (when applicable) and all other necessary items.







Item #	Description	Size	Estimated Annual Usage	Delivered Unit Price	Delivered Unit Price Total		Delivered & Installed Unit Price	*Delivered & Installed Unit Price Total
29	LONICERA SEMPERVIRENS (CORAL HONEYSUCKLE)	3 gal.	20	\$ 22.50	\$	450.00	\$ 37.50	\$ 750.00
30	PASSIFLORA INCARNATA (MAYPOP PASSIONVINE)	3 gal.	50	\$ 15.00	\$	750.00	\$ 25.00	\$ 1,250.00
31	CARISSA (CARISSA MACROCARPA)	3 gal.	50	\$ 7.50	\$	375.00	\$ 12.50	\$ 625.00
32	SPARTINA BAKERII (SAND CORDGRASS)	3 gal.	100	\$ 7.50	\$	750.00	\$ 12.50	\$ 1,250.00
33	PSYCHOTRIA NERVOSA (WILD COFFEE)	3 gal.	100	\$ 9.00	\$	900.00	\$ 15.00	\$ 1,500.00
34	MUHLENBERGIA CAPILLARIS (MUHLY)	3 gal.	250	\$ 7.50	\$	1,875.00	\$ 12.50	\$ 3,125.00
35	ZAMIA PUMILA (COONTIE)	3 gal.	300	\$ 18.00	\$	5,400.00	\$ 30.00	\$ 9,000.00
36	ZAMIA PUMILA (COONTIE)	7 gal.	100	\$ 60.00	\$	6,000.00	\$ 100.00	\$ 10,000.00

\*Please note, installation of native plants may take place in wetlands or in areas where accessibility may be challenging.

COMMON TREES							
Item #	Description	Size	Estimated Annual Usage	Delivered Unit Price	Delivered Unit Price Total	Delivered & Installed Unit Price	Delivered & Installed Unit Price Total
1	CASSIA BAKERIANA (DWARF PINK CASSIA)	25-30 gal.	10	\$ 240.00	\$ 2,400.00	\$ 400.00	\$ 4,000.00
2	CASSIA BAKERIANA (DWARF PINK CASSIA)	45 gal.	10	\$ 637.50	\$ 6,375.00	\$ 1,062.50	\$ 10,625.00
3	CASSIA FISTULA (GOLDEN SHOWER TREE)	25-30 gal.	10	\$ 240.00	\$ 2,400.00	\$ 400.00	\$ 4,000.00
4	CASSIA FISTULA (GOLDEN SHOWER TREE)	45 gal.	10	\$ 637.50	\$ 6,375.00	\$ 1,062.50	\$ 10,625.00
5	CASSIA JAVANICA (APPLE BLOSSOM TREE)	25-30 gal.	10	\$ 337.50	\$ 3,375.00	\$ 562.50	\$ 5,625.00
6	CASSIA JAVANICA (APPLE BLOSSOM TREE)	45 gal.	10	\$ 1,125.00	\$ 11,250.00	\$ 1,875.00	\$ 18,750.00
7	COCOLOBA DIVERSIFOLIA (PIGEON PLUM)	25-30 gal.	20	\$ 225.00	\$ 4,500.00	\$ 375.00	\$ 7,500.00
8	CORDIA SEBESTENA (ORANGE GEIGER)	25-30 gal.	10	\$ 225.00	\$ 2,250.00	\$ 375.00	\$ 3,750.00
9	CORDIA SEBESTENA (ORANGE GEIGER)	45 gal.	10	\$ 675.00	\$ 6,750.00	\$ 1,125.00	\$ 11,250.00
10	CORDIA BOISSIERI (WHITE GEIGER)	25-30 gal.	35	\$ 292.50	\$ 10,237.50	\$ 487.50	\$ 17,062.50
11	CORDIA BOISSIERI (WHITE GEIGER)	45 gal.	35	\$ 712.50	\$ 24,937.50	\$ 1,187.50	\$ 41,562.50
12	JUNIPERUS VIRGINIANA (EASTERN RED)	25-30 gal.	50	\$ 300.00	\$ 15,000.00	\$ 500.00	\$ 25,000.00
13	JUNIPERUS VIRGINIANA (EASTERN RED)	45 gal.	5	\$ 525.00	\$ 2,625.00	\$ 875.00	\$ 4,375.00
14	LYSILOMA LATISILIQUUM (WILD TAMARIND)	25-30 gal.	5	\$ 262.50	\$ 1,312.50	\$ 437.50	\$ 2,187.50
15	LYSILOMA LATISILIQUUM (WILD TAMARIND)	45 gal.	5	\$ 487.50	\$ 2,437.50	\$ 812.50	\$ 4,062.50
16	LYSILOMA SABICU (INDIAN TAMARIND)	25-30 gal.	10	\$ 262.50	\$ 2,625.00	\$ 437.50	\$ 4,375.00
17	LYSILOMA SABICU (INDIAN TAMARIND)	45 gal.	10	\$ 487.50	\$ 4,875.00	\$ 812.50	\$ 8,125.00
18	PINUS ELLIOTII 'DENSE' (SOUTH FL SLASH PINE)	3 gal.	10	\$ 18.00	\$ 180.00	\$ 30.00	\$ 300.00
19	PINUS ELLIOTII 'DENSE' (SOUTH FL SLASH PINE)	7 gal.	10	\$ 37.50	\$ 375.00	\$ 62.50	\$ 625.00
20	PINUS ELLIOTII 'DENSE' (SOUTH FL SLASH PINE)	25-30 gal.	50	\$ 225.00	\$ 11,250.00	\$ 375.00	\$ 18,750.00
21	PINUS ELLIOTII 'DENSE' (SOUTH FL SLASH PINE)	45 gal.	20	\$ 375.00	\$ 7,500.00	\$ 625.00	\$ 12,500.00
22	SABAL PALMETTO (SABAL PALM)	10-14' min. CA	50	\$ 375.00	\$ 18,750.00	\$ 625.00	\$ 31,250.00
23	SABAL PALMETTO (SABAL PALM)	14-18' min. CA	50	\$ 562.50	\$ 28,125.00	\$ 937.50	\$ 46,875.00
24	SABAL PALMETTO (SABAL PALM)	18-24' min. CA	50	\$ 712.50	\$ 35,625.00	\$ 1,187.50	\$ 59,375.00
25	SIMARUBA GLAUCA (PARADISE TREE)	25-30 gal.	10	\$ 262.50	\$ 2,625.00	\$ 437.50	\$ 4,375.00
26	SIMARUBA GLAUCA (PARADISE TREE)	45 gal.	10	\$ 525.00	\$ 5,250.00	\$ 875.00	\$ 8,750.00
27	SWIETENIA MAHOGONI (MAHOGANY)	25-30 gal.	15	\$ 225.00	\$ 3,375.00	\$ 375.00	\$ 5,625.00
28	SWIETENIA MAHOGONI (MAHOGANY)	45 gal.	10	\$ 562.50	\$ 5,625.00	\$ 937.50	\$ 9,375.00
29	TABEBUIA CARAIBA (YELLOW TRUMPET TREE)	25-30 gal.	5	\$ 262.50	\$ 1,312.50	\$ 437.50	\$ 2,187.50
30	TABEBUIA CARAIBA (YELLOW TRUMPET TREE)	45 gal.	5	\$ 562.50	\$ 2,812.50	\$ 937.50	\$ 4,687.50
31	TABEBUIA IMPETIGINOSA (PURPLE TRUMPET TREE)	25-30 gal.	5	\$ 262.50	\$ 1,312.50	\$ 437.50	\$ 2,187.50
32	TABEBUIA IMPETIGINOSA (PURPLE TRUMPET TREE)	45 gal.	5	\$ 412.50	\$ 2,062.50	\$ 687.50	\$ 3,437.50
33	TAXODIUM DISTICHUM (BALD CYPRESS)	25-30 gal.	50	\$ 262.50	\$ 13,125.00	\$ 437.50	\$ 21,875.00
34	TAXODIUM ASCENDENS (POND CYPRESS)	30 gal.	50	\$ 382.50	\$ 19,125.00	\$ 637.50	\$ 31,875.00
35	TAXODIUM ASCENDENS (POND CYPRESS)	45 gal.	50	\$ 675.00	\$ 33,750.00	\$ 1,125.00	\$ 56,250.00
36	TAXODIUM DISTICHUM (BALD CYPRESS)	45 gal.	10	\$ 427.50	\$ 4,275.00	\$ 712.50	\$ 7,125.00
37	QUERCUS VIRGINIANA (LIVE OAK)	25-30 gal.	20	\$ 262.50	\$ 5,250.00	\$ 437.50	\$ 8,750.00
38	QUERCUS VIRGINIANA (LIVE OAK)	65 gal.	20	\$ 637.50	\$ 12,750.00	\$ 1,062.50	\$ 21,250.00
39	QUERCUS VIRGINIANA (LIVE OAK)	100 gal.	15	\$ 1,275.00	\$ 19,125.00	\$ 2,125.00	\$ 31,875.00
40	CRY SOPHYLLUM OLIVIFORME (SATIN)	25-30 gal.	10	\$ 262.50	\$ 2,625.00	\$ 437.50	\$ 4,375.00
41	CRY SOPHYLLUM OLIVIFORME (SATIN)	45 gal.	10	\$ 487.50	\$ 4,875.00	\$ 812.50	\$ 8,125.00
42	GUMBO LIMBO (BURSERA SIMARUBA)	25-30 gal.	45	\$ 262.50	\$ 11,812.50	\$ 437.50	\$ 19,687.50



ITB #202521 Supply, Delivery and Installation of Landscape Materials

COMMON SHRUBS/GROUNDCOVERS								
Item #	Description	Size	Estimated Annual Usage	Delivered Unit Price	Delivered Unit Price Total	Delivered & Installed Unit Price	Delivered & Installed Unit Price Total	
1	VIBURNUM SUSPENSUM	7 gal.	50	\$ 45.00	\$ 2,250.00	\$ 75.00	\$ 3,750.00	
2	ACALYPHA WILKESIANA (COPPERLEAF)	3 gal.	30	\$ 9.00	\$ 270.00	\$ 15.00	\$ 450.00	
3	ACALYPHA WILKESIANA (COPPERLEAF)	7 gal.	30	\$ 30.00	\$ 900.00	\$ 50.00	\$ 1,500.00	
4	CARISSA MACROCARPA (CARISSA)	3 gal.	50	\$ 7.50	\$ 375.00	\$ 12.50	\$ 625.00	
5	CHRYSOBALANUS ICACO 'Red Tip' (COCOPLUM)	3 gal.	150	\$ 6.75	\$ 1,012.50	\$ 11.25	\$ 1,687.50	
6	CHRYSOBALANUS ICACO 'Red Tip' (COCOPLUM)	7 gal.	100	\$ 19.50	\$ 1,950.00	\$ 32.50	\$ 3,250.00	
7	CHRYSOBALANUS ICACO 'Red Tip' (COCOPLUM)	15 gal.	20	\$ 52.50	\$ 1,050.00	\$ 87.50	\$ 1,750.00	
8	CLUSIA ROSEA	3 gal.	20	\$ 7.50	\$ 150.00	\$ 12.50	\$ 250.00	
9	CLUSIA ROSEA	7 gal.	50	\$ 22.50	\$ 1,125.00	\$ 37.50	\$ 1,875.00	
10	CLUSIA ROSEA	15 gal.	20	\$ 52.50	\$ 1,050.00	\$ 87.50	\$ 1,750.00	
11	CONOCARPUS ERECTUS 'SERICEUS' (SILVER BUTTONWOOD) SHRUB	25 gal.	25	\$ 165.00	\$ 4,125.00	\$ 275.00	\$ 6,875.00	
12	CONOCARPUS ERECTUS 'SERICEUS' (SILVER BUTTONWOOD) SHRUB	15 gal.	50	\$ 67.50	\$ 3,375.00	\$ 112.50	\$ 5,625.00	
13	DURANTA ERECTA 'GOLD MOUND'	3 gal.	20	\$ 6.75	\$ 135.00	\$ 11.25	\$ 225.00	
14	HAMELIA PATENS 'FIREFLY'	3 gal.	50	\$ 6.75	\$ 337.50	\$ 11.25	\$ 562.50	
15	HAMELIA PATENS 'CALUSA'	3 gal.	50	\$ 7.50	\$ 375.00	\$ 12.50	\$ 625.00	
16	HAMELIA PATENS 'CALUSA'	7 gal.	50	\$ 22.50	\$ 1,125.00	\$ 37.50	\$ 1,875.00	
17	MIMOSA STRIGILLOSA (SUNSHINE MIMOSA)	1 gal.	25	\$ 5.25	\$ 131.25	\$ 8.75	\$ 218.75	
18	PODOCARPUS MACROPHYLLUS	3 gal.	25	\$ 7.50	\$ 187.50	\$ 12.50	\$ 312.50	
19	PODOCARPUS MACROPHYLLUS	7 gal.	25	\$ 22.50	\$ 562.50	\$ 37.50	\$ 937.50	
20	PODOCARPUS MACROPHYLLUS	15 gal.	25	\$ 52.50	\$ 1,312.50	\$ 87.50	\$ 2,187.50	
21	PODOCARPUS, DWARF 'PRINGLEII'	3 gal.	100	\$ 7.50	\$ 750.00	\$ 12.50	\$ 1,250.00	
22	SCHEFFLERA ARBORICOLA 'Trinette' (TRINETTE)	3 gal.	200	\$ 6.75	\$ 1,350.00	\$ 11.25	\$ 2,250.00	
23	SCHEFFLERA ARBORICOLA 'Trinette' (TRINETTE)	7 gal.	100	\$ 18.75	\$ 1,875.00	\$ 31.25	\$ 3,125.00	
24	SCHEFFLERA ARBORICOLA (GREEN)	7 gal.	25	\$ 22.50	\$ 562.50	\$ 37.50	\$ 937.50	
25	SCHEFFLERA ARBORICOLA (GREEN)	15 gal.	50	\$ 52.50	\$ 2,625.00	\$ 87.50	\$ 4,375.00	
26	FICUS MICROCARPA 'GREEN ISLAND' (GREEN ISLAND FICUS)	3 gal.	500	\$ 6.75	\$ 3,375.00	\$ 11.25	\$ 5,625.00	
27	TRIPSACUM DACTYLOIDES (FAKAHATCHEE GRASS)	3 gal.	75	\$ 7.50	\$ 562.50	\$ 12.50	\$ 937.50	
28	TRIPSACUM FLORIDANA (DWARF FAKAHATCHEE GRASS)	3 gal.	75	\$ 7.50	\$ 562.50	\$ 12.50	\$ 937.50	
29	TULBAGHIA VIOLACEA (SOCIETY GARLIC)	1 GAL.	25	\$ 5.25	\$ 131.25	\$ 8.75	\$ 218.75	

GRAND TOTAL PRICING: DELIVERED AND DELIVERED AND INSTALLED:				\$ 485,460.00	\$ 809,100.00
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## QUESTIONNAIRE

The following Questionnaire shall be completed and submitted in with the Bid. By submission of this Bid, Bidder guarantees the truth and accuracy of all statements and answers herein contained.

1. How many years has your organization been in business? 14 years
2. What is the last project of this nature that you have completed? City of Miami Tree planting on District 2.
3. Have you ever failed to complete work awarded to you? If so, where and why? No

4. Name three individuals or corporations for which you have performed work and to which you refer:

Name	Address	Phone	Email
Miami Dade County	1998 SW 107 Ave, Miami FL, 33173	305-546-9776	alfredo.rivera@miamidade.gov
City of Miami	1700 Convention Center Miami Beach, FL 33139	786-774-1860	Michael.Atkins@miamibeachfl.gov

5. List the following information concerning all contracts in progress as of the date of submission of this bid. (In case of co-venture, list the information for all co-venturers.)

Name of Project	Owner	Total Contract Value	Contracted Date of Completion	% of Completion to Date
Washington East Mangrove Preserve	Miami Dade County	\$1,125,000.00	4/30/27	22%
Call C&S Invasive Tree Removal	City of Coral Gables	\$375,000.00	10/1/25	65%
LA 25-114 Tree Removal	Miami Dade	\$585,000	TBD	90%

6. Has the bidder or his or her representative inspected the proposed project and does the Bidder have a complete plan for its performance? Yes
7. Will you subcontract any part of this work? If so, give details including a list of each subcontractor(s) that will perform work in excess of the percent (10%) of the contract amount and the work that will be performed by each subcontractor(s).

Subcontractor	Work to be Performed
N/A	

8. What equipment do you own that is available for the work?

Equipment Type	Equipment Type
See equipment list attached	

9. What equipment will you purchase for the proposed work? None



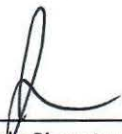
10. What equipment will you rent for the proposed work? NONE
11. State the name of your proposed project manager and give details of his or her qualifications and experience in managing similar jobs.  
\_\_\_\_\_  
\_\_\_\_\_
12. The address of principal place of business is 3201 NW 24th ST Rd Suite 211 Miami FL 33142
13. The names of the Corporate Officers, or Partners, or Individuals doing business under a trade name, are as follows: Josue Alvarez,  
President
14. List all organizations which were predecessors to Bidder or in which the principals or officers of the Bidder were principals or officers. NONE
15. List and describe all bankruptcy petitions (Voluntary or Involuntary) which have been filed by or against the Bidder, its parent or subsidiaries or predecessor organizations during the past five (5) years. Include in the description the disposition of each such petition. NONE
16. List and describe all successful Performance or Payment Bond claims made to your surety(ies) during the last five (5) years. The list and descriptions should include claims against the bond of the Bidder and its predecessor organization(s). NONE
17. List all claims, arbitrations, administrative hearings and lawsuits brought by or against the Bidder or its predecessor organization(s) during the last five (5) years. The list shall include all case names; case, arbitration, or hearing identification numbers; the name of the project over which the dispute arose; and a description of the subject matter of the dispute. NONE
18. List and describe all criminal proceedings or hearings concerning business related offenses in which the Bidder, its principals or officers or predecessor organization (s) were defendants. NONE
19. Has the Bidder, its principals, officers, or predecessor organization(s) been debarred or suspended from bidding by any government during the last five (5) years? If yes, provide details. NO
20. List and disclose any and all business relations with any members of Wellington Council. NONE

## DRUG FREE WORKPLACE

Preference shall be given to businesses with drug-free workplace programs. In order to have a drug-free workplace program, a business must attest to the following:

1. We publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. We inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. We give each employee engaged in providing the commodities or contractual services that are under Bid a copy of the statement specified in subsection (1).
4. We, in the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under Bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. We impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. We make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

  
\_\_\_\_\_  
Contractor's Signature



SWORN STATEMENT UNDER SECTION 287.133(3)(a),  
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to Village of Wellington  
[print name of the public entity]  
by Coro Tree Service Corp for Josue Alvarado  
[print name of entity submitting sworn statement] [print individual's name and title]  
whose business address is 3001 NW 24th St Rd Suite 3142 and (if applicable) its Federal Employer Identification  
Number (FEIN) is 45-369-5565 (If the entity has no FEIN, include the Social Security Number of the individual signing this sworn  
statement: \_\_\_\_\_.)
2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
- A predecessor or successor of a person convicted of a public entity crime; or
  - An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
4. I understand that a "person" as defined in Paragraph 287.133(1)(c), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. [Please indicate which statement applies.]
- ☒ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.
- ☐ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.
- ☐ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. [attach a copy of the final order]

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

STATE OF Florida

COUNTY OF Miami Dade

Subscribed and Sworn to (or affirmed) before me on 9/16/25

[date]

by Josue Alvarado

[name]

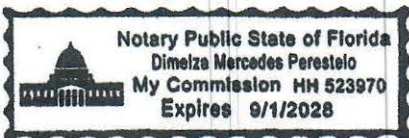
He/she is personally known to me or has presented \_\_\_\_\_

[type of identification]

as identification.

[Signature]  
[Notary's Signature and Seal]

[Signature] HH 523970  
Print Notary Name and Commission No.



CERTIFICATION PURSUANT TO FLORIDA STATUTE § 215.4725 and § 287.135

I, Losue Alvarado, on behalf of Coco Tree Service Corp,  
certifies

Print Name

Company Name

that Coco Tree Service Corp:  
Company Name

1. Is not engaged in a boycott of Israel; and
2. Is not on the Scrutinized Companies that Boycott Israel List ; and
3. Is not on the Scrutinized Companies with Activities in Sudan List; and
4. Is not on the Scrutinized Companies with Activities in Iran Terrorism Sectors List; and
5. Has not engaged in business operations in Cuba or Syria.

[Signature]  
Signature

President  
Title

9/14/25  
Date



## CONFLICT OF INTEREST STATEMENT

This Proposal/Agreement (whichever is applicable) is subject to the conflict of interest provisions of the policies and Code of Ordinances of WELLINGTON, the Palm Beach County Code of Ethics, and the Florida Statutes. During the term of this Agreement and any renewals or extensions thereof, the VENDOR shall disclose to WELLINGTON any possible conflicts of interests. The VENDOR's duty to disclose is of a continuing nature and any conflict of interest shall be immediately brought to the attention of WELLINGTON. The terms below shall be defined in accordance with the policies and Code of Ordinances of WELLINGTON, the Palm Beach County Code of Ethics, and Ch. 112, Part III, Florida Statutes.

### CHECK ALL THAT APPLY.

#### NO CONFLICT:

☒ To the best of our knowledge, the work contemplated by this agreement would not create a conflict of interest due to the undersigned's representation of other clients on projects pending before the Village of Wellington.

☐ To the best of our knowledge, the undersigned business has no employment or other contractual relationship with any WELLINGTON employee, elected official or appointed official.

☐ To the best of our knowledge, the undersigned business has no officer, director, partner or proprietor that is a WELLINGTON purchasing agent, other employee, elected official or appointed official. The term "purchasing agent", "elected official" or "appointed official", as used in this paragraph, shall include the respective individual's spouse or child, as defined in Ch. 112, Part III, Florida Statutes.

☐ To the best of our knowledge, no WELLINGTON employee, elected official or appointed official has a material or ownership interest (5% ownership) in our business. The term "employee", "elected official" and "appointed official", as used in this paragraph, shall include such respective individual's relatives and household members as described and defined in the Palm Beach County Code of Ethics.

#### POTENTIAL CONFLICT:

☐ The undersigned business, by attachment to this form, submits a list of current clients and projects for which it is currently seeking Village approval and which may cause a potential conflict of interest due to any of the above listed reasons or otherwise.

THE UNDERSIGNED UNDERSTANDS AND AGREES THAT IT IS INELIGIBLE TO PERFORM WORK ON BEHALF OF THE VILLAGE OF WELLINGTON FOR ANY OF THE CLIENTS OR PROJECTS LISTED IN THE ATTACHEMENT TO THIS FORM. FAILURE TO DISCLOSE A POSSIBLE CONFLICT OF INTEREST MAY RESULT IN DISQUALIFICATION OF YOUR BID/PROPOSAL OR IN THE IMMEDIATE CANCELLATION OF YOUR AGREEMENT, WHICHEVER IS APPLICABLE.

Coco Tree Service Corp

COMPANY NAME

[Signature]

AUTHORIZED SIGNATURE

Josue Alvarado

NAME (PRINT OR TYPE)

President

TITLE

Rev. 5.28.2025

NON-COLLUSION AFFIDAVIT

State of Florida  
County of Miami Dade

Being duly sworn deposes and says:

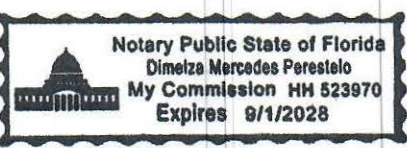
That he/she is an officer of the parties making the forgoing bid submittal, that the bid is made without prior understanding, agreement, or connection with any individual, firm, partnership, corporation or other entity submitting a bid for the same materials, services, supplies or equipment, either directly or indirectly, and is in all respects fair and without collusion or fraud. No premiums, rebates, or gratuities are permitted with, prior to, or after any delivery of material or provision of services. Any violation of this provision may result in disqualification, contract cancellation, return of materials or discontinuation of services, and the possible removal of Bidder from the vendor Bid lists

Coco Tree Service Corp  
Name of Bidder  
Josue Alvarado  
Print name of designated signatory  
J  
Signature  
President  
Title

On this 16<sup>th</sup> day of Sept, 2025 before me appeared Josue Alvarado personally known to me to be the person described in and who executed this \_\_\_\_\_ and acknowledged that (she/he) signed the name freely and voluntarily for the uses and purposes therein described.  
In witness thereof, I have hereunto set my hand and affixed seal the day and year last written above.

J  
Signature  
Notary Public in and for the State of FL  
Dimeba Puestelo  
(Name Printed)

(Affix Seal Here)



Residing at \_\_\_\_\_  
My commission expires 9/1/2028



## REQUEST FOR PROOF OF WORKERS COMPENSATION INSURANCE OR EXEMPTION

Dear Provider of Services or Goods:

In order to provide services or goods to Wellington, we require that you provide us either proof of workers compensation coverage or proof of exemption.

Employers conducting work in the State of Florida are required to provide workers' compensation insurance for their employees. Specific employer coverage requirements are based on the type of industry, number of employees and entity organization. To determine coverage requirements for a specific employer, the following information is provided by the Bureau of Compliance.

**Construction Industry** - One (1) or more employees, including the owner of the business who are corporate officers or Limited Liability Company (LLC) members. For a list of the trades considered to be in the construction industry see [69L-6.021 Florida Administrative Code](#).

**Non-Construction Industry** - Four (4) or more employees, including business owners who are corporate officers or Limited Liability Company (LLC) members.

Please note: Non-construction industry Sole Proprietors or partners in a Partnership are not employees unless they want to be included on the business' Workers' Compensation Insurance policy and file a form [DWC 251](#) with the Division of Workers' Compensation.

**Agricultural Industry** - Six (6) regular employees and/or twelve (12) seasonal workers who work more than 30 days during a season but no more than a total of 45 days in a calendar year.

**Out of State Employers** must notify their insurance carrier that they are working in Florida. If there is no insurance, the out of state employer is required to obtain a Florida Workers' Compensation Insurance policy with a Florida [approved insurance carrier](#) which meets the requirements of Florida law and the Florida Insurance Code. This means that "Florida" must be specifically listed in Section 3A of the policy (on the Information Page).

An Extraterritorial Reciprocity clause in [the home state's](#) statute allows some out of state Employers to work in Florida temporarily using their home state's Workers' Compensation insurance policy.

**Contractors** are required to make certain that all sub-contractors have the required Workers' Compensation Insurance **before** they begin work on a project. To see the documentation that is required from a sub-contractor, see [69L-6.032 Florida Administrative Code](#).

If the sub-contractor does not have Workers' Compensation Insurance for its employees, those workers become the employees of the contractor. If an injury occurs, the contractor is responsible for paying the benefits for the work related injury, illness or fatality.

If you meet the above criteria to be exempt, you **MUST** provide us with one of the following:

- If your business is a sole proprietorship or unincorporated business: provide us a Verification of Automatic Exempt Certificate. This verification is a letter that is issued by the State of Florida Department of Financial Services. To receive a letter from the State, complete the following directions: 1) Call the National Council of Compensation Insurance 1-800-622-4123, Option 5, and ask them for the class code for your type of business. 2) Once you have received this code, call the Department of Financial Services at 1-850-413-1601 and provide them your business name, class code, mailing address, and contact phone number. They will send you the Verification of Automatic Exempt Certificate. 3) Provide us a copy of the Verification of Automatic Exempt Certificate.
- If your business is a corporation (including a professional association or limited liability company), and you are not required to have workers compensation insurance as per the requirements as outlined above, you must provide the Village with a copy of your Florida Division of Workers' Compensation Certificate of Election to be Exempt.

If you are an employer that meets the requirements of workers compensation and needs to obtain coverage, contact your current business insurance agent, or you may use the following resources to locate an agent: [www.faia.com](http://www.faia.com), [www.piafl.org/wc-info.pdf](http://www.piafl.org/wc-info.pdf) , or call (850) 893-8245.

Please be reminded that the furnishing of this information to Wellington is a non-negotiable requirement to perform services for us. Failure to provide this timely may result in either termination of your services or delay of payment for services. Your workers compensation Certificate of Coverage, of Workers' Compensation Certificate of Election to be Exempt, or Verification of Automatic Exempt Certificate must be delivered or mailed to the Purchasing Department located at 12300 Forest Hill Boulevard, Wellington, Florida, 33414.



**NO COERCION FOR LABOR OR SERVICES AFFIDAVIT**

(Pursuant to Section 787.06, Florida Statutes)

I Josue Alvarado (name of affiant) of Coco Tree Service Corp (name of business

entity), attest that the following is true:

1. I have personal knowledge of the facts in this Affidavit and am of legal age and of no disability and have the authority to make the statements contained herein.
2. I am the officer or representative of the nongovernmental business entity named below and make this Affidavit to comply with section 787.06, Florida Statutes.
3. The business entity does not use coercion for labor or services as defined in section 787.06, Florida Statutes.
4. I understand that I have a continuing obligation to notify the Village of Wellington if the status of the business entity changes.

Under penalty of perjury, I declare that I have read the foregoing Affidavit and that the facts stated in it are true.

Affiant Name: Josue Alvarado

Signature: [Signature]

Title: President

Business Entity Name: Coco Tree Service Corp

Date: 9/16, 2025

FOREIGN COUNTRIES OF CONCERN AFFIDAVIT

(Pursuant to Section 287.138, Florida Statutes)

I, Josue Alvarado (name of affiant) of Coco Tree Service Corp (name of business

entity), attest that the following is true:

1. have personal knowledge of the facts in this Affidavit and am of legal age and of no disability and have the authority to make the statements contained herein.
2. I am the officer or agent of the business entity named below and make this Affidavit to comply with section 287.138, Florida Statutes.
3. I certify that the business entity named below does not provide access to an individual's personal identifying information to any entity that:
  - a) is owned by the government of a foreign country of concern;
  - b) has provided a foreign country of concern a controlling interest; or
  - c) is organized under the laws of or has its principal place of business in a foreign country of concern.
4. I understand that I have a continuing obligation to notify the Village of Wellington if the status of the business entity changes.

Under penalty of perjury, I declare that I have read the foregoing Affidavit and that the facts stated in it are true.

Affiant Name: Josue Alvarado

Signature: J

Title: President

Business Entity Name: Coco Tree Service Corp

Date: 9/16, 2025





# COCO TREE SERVICE

3201 NW. 24<sup>th</sup> Street Rd, Suite 211  
Miami, FL 33142  
Office: 305-960-7682

## EQUIPMENT LIST

Quantity	Equipment	Make & Model	Serial No.	No. Years Owned or Leased
1	Tractor	Tractor Scag 61"	f5900777	Owned
1	Tractor	Tractor Honda 21"	S-M2C91173141	Owned
1	Tractor	Tractor Toro 32"	316000325	Owned
1	Tractor	Tractor Scag 61"	G-4780204	Owned
1	Tractor	Tractor Bob Cat	S-9426325295	Owned
1	Tractor	Tractor Scag 61"	STT62V77CH	Owned
1	Tractor	Tractor Bob Cat 48"	S-9426310295	Owned
1	Lawnmowers	Gran Stand	SN-316111208	Owned
1	Tractor	Tractor Toro 32"	3009227000405	Owned
1	Lawnmowers	Gran Stand	SN-40126067	Owned
1	Tractor	Tractor Toro 52"	2800008408	Owned
1	Pressure Cleaner	TOL 3000 PSI Pressure Cleaner	SN-1008206001	Owned
1	SPRAYER	GAL Honda 50 SPRAYER	K12557	Owned
1	Saw	STETS 400-14 STIHL CUTQUIKS Concrete Saw	177427635	Owned
1	Generator	HOEEU20001 2000 Watt Generator	SN-EAAJ-1806638	Owned
1	Trimmer	Stihl Hedge Trimmer	SN-512725865	Owned
1	Trimmer	Stihl Hedge Trimmer	SN-512725888	Owned
1	Edger	Stihl EDGER	SN- 512725697	Owned
1	Trimmer	Stihl Trimmer HL-91 K	S-514060019	Owned
1	Trimmer	Stihl Trimmer HL-94 K	S-513200803	Owned
1	Chain Saw	Stihl Chain Saw	SN-183000830	Owned
1	Edger	Sthil Edger	SN-512909939	Owned
1	Mower Deck	ZM 60 500 RD DECK	SN-400025467	Owned



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## EQUIPMENT LIST

Quantity	Equipment	Make & Model	Serial No.	No. Years Owned or Leased
1	Mower Deck	ZM 60 500 RD DECK	SN-400055472	Owned
1	Stump Grinder	Veerner SC382 AWD JOYSTICKS	SN-1VRU112B9L1 001035	Owned
1	Excavator	Jhon Deere Excavator 350 G	1FF350GXACE808 764	Owned
1	Skid Steer	Skid Steer Bodcat	S175530113496	Owned
1	Excavator	John Deere Excavator 85 G	1FF085GXLNJ0238 57	Owned
1	Compact Track Loader	John Deere Compact Track Loader 333G	1T0333GMPPF434 616	Owned
1	Track Mower Tractor	John Deere 636M- Z Track Mower Tractor	1TC636MGTNT100 535	Owned
1	Compact Excavator	John Deere 35G Compact Excavator	1FF035GXKNK298 727	Owned
1	Track Mower	John Deere Z950 Z Track Mower	1TC950MDTNT120 150	Owned
1	Compact Excavator	John Deere 17G Compact Excavator	1FF017GXJNK233 279	Owned
1	Rotary Flaul Cutter	John Deere 4150 Rotary Flaul Cutter	4150-42139	Owned
1	Rotary Flaul Cutter	John Deere RX84 Rotary Flaul Cutter	1TORX84XPN0000 383	Owned
1	Grapple	John Deere GR84 Grapple	1TOGR84BAN0001 952	Owned
1	Chipper	John Deere 1046 Chipper	137892	Owned
1	Mulcher	John Deere ME36 Mulcher	1TOME36XPM000 0009	Owned
8	Lawnmowers	Toro 6000 60"		Owned
8	Truck	Isuzu NPR HD		Owned





# COCO TREE SERVICE

3201 NW. 24<sup>th</sup> Street Rd, Suite 211  
Miami, FL 33142  
Office: 305-960-7682

## EQUIPMENT LIST

Quantity	Equipment	Make & Model	Serial No.	No. Years Owned or Leased
3	Tractor	Kubota 15" MS031		Owned
23	Weed Killer	MS 270		Owned
16	Trimmer	Stihl FS 91R		Owned
4	Bucket Truck	Ford f 750 Super Duty 60"		Owned
3	Chipper	Veermeer 1000		Owned
3	Grapple Truck	Mack Granite		Owned
4	Dump Truck	GMC 7500 30 Yards		Owned
6	Pick Up Truck	Ford F350		Owned
4	Gator	John Deere		Owned
4	RTV	Kubota RTV 900		Owned
1	Water Tank	F750 500 Gallons		Owned
4	Lawnmowers	Toro GROUNDMASTER 4700-D		Owned
4	Lawnmowers	61"37HP Vangurd Turf Tiger Elect		Owned
5	Blowers	Billy Goat Z3000		Owned
12	Trailer	Trailer 7X16X6FT5IN		Owned
10	Chain Saw	MS311 Chain Saw		Owned
3	Sprayer	50 GAL Aluminum Frame Sprayer		Owned
1	Pick Up Truck with Landscaping Trailer	2024 Ford F550		Owned
1	Pick Up Truck with Landscaping Trailer	2024 Ford F-350		Owned



# COCO TREE SERVICE

3201 NW. 24<sup>th</sup> Street Rd, Suite 211  
Miami, FL 33142  
Office: 305-960-7682

## EQUIPMENT LIST

Quantity	Equipment	Make & Model	Serial No.	No. Years Owned or Leased
1	Pick Up Truck with Landscaping Trailer	2023 Toyota Tacoma TRD		Owned
1	Pick Up Truck with Landscaping Trailer	2023 Toyota Tacoma SR		Owned
1	Water Truck	Keystone CCTRR01EFA		Owned
1	Water Truck	Keystone CCTRR02EFA		Owned
1	Water Truck	Keystone CCTRR03EFA		Owned



CERTIFICATE OF LIABILITY INSURANCE										Date 09/18/2025	
Producer: Plymouth Insurance Agency 2739 U.S. Highway 19 N. Holiday, FL 34691 (727) 938-5562					This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.						
Insured: South East Personnel Leasing, Inc. & Subsidiaries 2739 U.S. Highway 19 N. Holiday, FL 34691					Insurers Affording Coverage				NAIC #		
					Insurer A: Lion Insurance Company				11075		
					Insurer B:						
					Insurer C:						
					Insurer D:						
					Insurer E:						
Coverages											
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. Aggregate limits shown may have been reduced by paid claims.											
INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date(MM/DD/YY)	Limits					
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur  General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence \$ Damage to rented premises (EA occurrence) \$ Med Exp \$ Personal Adv Injury \$ General Aggregate \$ Products - Comp/Op Agg \$					
		<b>AUTOMOBILE LIABILITY</b> <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				Combined Single Limit (EA Accident) \$ Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage (Per Accident) \$					
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible				Each Occurrence Aggregate					
A		<b>Workers Compensation and Employers' Liability</b> Any proprietor/partner/executive officer/member excluded? <b>NO</b> If Yes, describe under special provisions below.	WC 712058	01/01/2025	01/01/2026	<input checked="" type="checkbox"/> WC Statutory 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 Limits		\$1,000,000		
Other			Lion Insurance Company is A.M. Best Company rated A (Excellent). AMB # 12616								
Client ID: 90-68-060											
Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:											
Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company": <b>Coco Tree Service Corp</b>											
Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s) , while working in: FL. Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity. A list of the active employee(s) leased to the Client Company can be obtained by emailing a request to certificates@lioninsurancecompany.com											
Project Name:											
Begin Date: 12/25/2023											
CERTIFICATE HOLDER				CANCELLATION							
Village of Wellington c/o Insurance tracking services inc PO Box 60840 Las Vegas ,NV 89160.				Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.							





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/18/2025

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

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

<b>PRODUCER</b> Professional Insurance Services of Florida Inc 5757 Blue Lagoon Dr #140  Miami		<b>CONTACT NAME:</b> Alexander Sardinas <b>PHONE (A/C, No, Ext):</b> (305) 300-8291 <b>E-MAIL ADDRESS:</b> info@proinservfl.com <b>FAX (A/C, No):</b> (305) 357-1830
FL 33126-2057		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Evanston Insurance Company <b>INSURER B:</b> Infinity Insurance <b>INSURER C:</b> Kinsale Insurance Company <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b>  COCO TREE SERVICE CORP 3201 NW 24th Street Rd Ste 211  Miami		<b>NAIC #</b> 35378 524210 38920
FL 33142		

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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y	3AA681669	06/15/2025	06/15/2026	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					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
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ INCLUDED
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	OTHER:					\$
	<b>AUTOMOBILE LIABILITY</b>					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> AUTOS ONLY					\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB	Y	0100313720-0	06/15/2025	06/15/2026	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> EXCESS LIAB					AGGREGATE \$ 3,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Treeplanting,Trimming&Landscape.the city of Boca Raton is named as an Additional Insured with respect of the general liability policy, including Products and Completed operations coverage .

<b>CERTIFICATE HOLDER</b> Village of Wellington c/o Insurance tracking services inc PO Box 60840 Las Vegas ,NV 89160.	<b>CANCELLATION</b> 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 <i>Alexander Sardinas</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/18/2025

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

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

<b>PRODUCER</b> Professional Insurance Services of Florida Inc 5757 Blue Lagoon Dr #140  Miami  FL 33126-2057		<b>CONTACT NAME:</b> Alexander Sardinaz <b>PHONE (A/C, No, Ext):</b> (305) 300-8291 <b>E-MAIL ADDRESS:</b> info@proinservfl.com <b>FAX (A/C, No):</b> (305) 357-1830	
<b>INSURED</b>  COCO TREE SERVICE CORP 3201 NW 24th Street Rd Ste 211  Miami  FL 33142		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Evanston Insurance Company <b>INSURER B:</b> Infinity Insurance <b>INSURER C:</b> Kinsale Insurance Company <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 35378 524210 38920	

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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	3AA681669	06/15/2025	06/15/2026	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 \$ INCLUDED \$				
	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$				
	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED RETENTION \$					Y	0100313720-0	06/15/2025	06/15/2026	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
	<input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A									PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Treeplanting,Trimming&Landscape.th Villag of Wellington's is named as an Additional Insured with respect of the general liability policy, including Products and Completed operations coverage .

<b>CERTIFICATE HOLDER</b> Village of Wellington c/o Insurance tracking services inc PO Box 60840 Las Vegas ,NV 89160.	<b>CANCELLATION</b> 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 <i>Alexander Sardinaz</i>
---	---



# Department of Environmental Protection

2600 Blair Stone Road, M.S. 3510  
Tallahassee, Florida 32399-2400



Congratulations on successfully completing the Florida Green Industries Best Management Practices Training. Your certificate and wallet card are below. If the certificate is not correct, please contact the GI-BMP office of the UF/IFAS Florida-Friendly Landscaping™ Program at [gi.bmp@ifas.ufl.edu](mailto:gi.bmp@ifas.ufl.edu) or (352) 273-4517.

To legally apply fertilizer commercially in Florida, you need the Limited Urban Commercial Fertilizer Applicator Certification from Florida Department of Agriculture and Consumer Services (FDACS). Use the certificate # below to apply online: <https://aesecomm.fdacs.gov> For help: FDACS Pest Control Licensing and Certification (850) 617-7997

If your GI-BMP test score is 90% or higher, you may be eligible to become a GI-BMP Instructor.

Learn more at <https://ffl.ifas.ufl.edu/ffl-and-you/gi-bmp-program/instructor-program/>

GI-BMP Certificate #: GV928452-1

Certification Date: 06/27/2024

Test Score: 90%

Bryan Ivan Morales  
13350 SW 88th Ter Apt C  
Miami, FL 33186

State of Florida  
DEPARTMENT OF  
ENVIRONMENTAL PROTECTION

**Bryan Ivan Morales**

GV928452-1

Certificate #

GV928452

Trainee ID #

GREEN INDUSTRIES BEST MANAGEMENT PRACTICES  
TRAINING PROGRAM

GV928452-1

Certificate #

GV928452

Trainee ID #

## Certificate of Training Best Management Practices Florida Green Industries



The undersigned hereby acknowledges that

**Bryan Ivan Morales**

has successfully completed the Green Industries Best Management Practices Program  
developed by the Florida Department of Environmental Protection with the  
University of Florida Institute of Food and Agricultural Sciences.

Tom Wichman

Assistant Director Florida-Friendly Landscaping™ Program

H. Mayer  
Instructor

06/27/2024  
Date

Claire Lewis, MLA

Interim Director Florida-Friendly Landscaping™ Program





[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Profit Corporation

COCO TREE SERVICE CORP

### Filing Information

<b>Document Number</b>	P11000094072
<b>FEI/EIN Number</b>	45-3695565
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<b>Status</b>	ACTIVE
<b>Last Event</b>	REINSTATEMENT
<b>Event Date Filed</b>	10/01/2018

### Principal Address

3201 NW 24TH STREET RD  
SUITE 211  
MIAMI, FL 33142

Changed: 02/05/2023

### Mailing Address

3201 NW 24TH STREET RD  
SUITE 211  
MIAMI, FL 33142

Changed: 02/05/2023

### Registered Agent Name & Address

alvarado, josue emmanuel  
3201 NW 24TH STREET RD  
211  
MIAMI, FL 33142

Name Changed: 05/24/2024

Address Changed: 05/24/2024

### Officer/Director Detail

#### **Name & Address**

Title President

Josue , Alvarado E

3201 NW 24TH STREET RD  
SUITE 211  
MIAMI, FL 33142

Annual Reports

Report Year	Filed Date
2024	04/04/2024
2024	05/24/2024
2024	07/30/2024

Document Images

<a href="#">07/30/2024 -- AMENDED ANNUAL REPORT</a>	View image in PDF format
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<a href="#">04/30/2016 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">08/04/2015 -- Amendment</a>	View image in PDF format
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# COCO TREE SERVICE

3201 NW. 24<sup>th</sup> Street Rd, Suite 211  
Miami, FL 33142  
Office: 305-960-7682

## EQUIPMENT LIST

Quantity	Equipment	Make & Model	Serial No.	No. Years Owned or Leased
1	Tractor	Tractor Scag 61"	f5900777	Owned
1	Tractor	Tractor Honda 21"	S-M2C91173141	Owned
1	Tractor	Tractor Toro 32"	316000325	Owned
1	Tractor	Tractor Scag 61"	G-4780204	Owned
1	Tractor	Tractor Bob Cat	S-9426325295	Owned
1	Tractor	Tractor Scag 61"	STT62V77CH	Owned
1	Tractor	Tractor Bob Cat 48"	S-9426310295	Owned
1	Lawnmowers	Gran Stand	SN-316111208	Owned
1	Tractor	Tractor Toro 32"	3009227000405	Owned
1	Lawnmowers	Gran Stand	SN-40126067	Owned
1	Tractor	Tractor Toro 52"	2800008408	Owned
1	Pressure Cleaner	TOL 3000 PSI Pressure Cleaner	SN-1008206001	Owned
1	SPRAYER	GAL Honda 50 SPRAYER	K12557	Owned
1	Saw	STETS 400-14 STIHL CUTQUIKS Concrete Saw	177427635	Owned
1	Generator	HOEEU20001 2000 Watt Generator	SN-EAAJ-1806638	Owned
1	Trimmer	Stihl Hedge Trimmer	SN-512725865	Owned
1	Trimmer	Stihl Hedge Trimmer	SN-512725888	Owned
1	Edger	Stihl EDGER	SN- 512725697	Owned
1	Trimmer	Stihl Trimmer HL-91 K	S-514060019	Owned
1	Trimmer	Stihl Trimmer HL-94 K	S-513200803	Owned
1	Chain Saw	Stihl Chain Saw	SN-183000830	Owned
1	Edger	Sthil Edger	SN-512909939	Owned
1	Mower Deck	ZM 60 500 RD DECK	SN-400025467	Owned



# COCO TREE SERVICE

3201 NW. 24<sup>th</sup> Street Rd, Suite 211  
Miami, FL 33142  
Office: 305-960-7682

## EQUIPMENT LIST

Quantity	Equipment	Make & Model	Serial No.	No. Years Owned or Leased
1	Mower Deck	ZM 60 500 RD DECK	SN-400055472	Owned
1	Stump Grinder	Veerner SC382 AWD JOYSTICKS	SN-1VRU112B9L1 001035	Owned
1	Excavator	Jhon Deere Excavator 350 G	1FF350GXACE808 764	Owned
1	Skid Steer	Skid Steer Bodcat	S175530113496	Owned
1	Excavator	John Deere Excavator 85 G	1FF085GXLNJ0238 57	Owned
1	Compact Track Loader	John Deere Compact Track Loader 333G	1T0333GMPPF434 616	Owned
1	Track Mower Tractor	John Deere 636M- Z Track Mower Tractor	1TC636MGTNT100 535	Owned
1	Compact Excavator	John Deere 35G Compact Excavator	1FF035GXKNK298 727	Owned
1	Track Mower	John Deere Z950 Z Track Mower	1TC950MDTNT120 150	Owned
1	Compact Excavator	John Deere 17G Compact Excavator	1FFO17GXJNK233 279	Owned
1	Rotary Flaul Cutter	John Deere 4150 Rotary Flaul Cutter	4150-42139	Owned
1	Rotary Flaul Cutter	John Deere RX84 Rotary Flaul Cutter	1TORX84XPN0000 383	Owned
1	Grapple	John Deere GR84 Grapple	1TOGR84BAN0001 952	Owned
1	Chipper	John Deere 1046 Chipper	137892	Owned
1	Mulcher	John Deere ME36 Mulcher	1TOME36XPM000 0009	Owned
8	Lawnmowers	Toro 6000 60"		Owned
8	Truck	Isuzu NPR HD		Owned





# COCO TREE SERVICE

3201 NW. 24<sup>th</sup> Street Rd, Suite 211  
Miami, FL 33142  
Office: 305-960-7682

## EQUIPMENT LIST

Quantity	Equipment	Make & Model	Serial No.	No. Years Owned or Leased
3	Tractor	Kubota 15" MS031		Owned
23	Weed Killer	MS 270		Owned
16	Trimmer	Stihl FS 91R		Owned
4	Bucket Truck	Ford f 750 Super Duty 60"		Owned
3	Chipper	Veermeer 1000		Owned
3	Grapple Truck	Mack Granite		Owned
4	Dump Truck	GMC 7500 30 Yards		Owned
6	Pick Up Truck	Ford F350		Owned
4	Gator	John Deere		Owned
4	RTV	Kubota RTV 900		Owned
1	Water Tank	F750 500 Gallons		Owned
4	Lawnmowers	Toro GROUNDMASTER 4700-D		Owned
4	Lawnmowers	61"37HP Vangurd Turf Tiger Elect		Owned
5	Blowers	Billy Goat Z3000		Owned
12	Trailer	Trailer 7X16X6FT5IN		Owned
10	Chain Saw	MS311 Chain Saw		Owned
3	Sprayer	50 GAL Aluminum Frame Sprayer		Owned
1	Pick Up Truck with Landscaping Trailer	2024 Ford F550		Owned
1	Pick Up Truck with Landscaping Trailer	2024 Ford F-350		Owned



# COCO TREE SERVICE

3201 NW. 24<sup>th</sup> Street Rd, Suite 211  
Miami, FL 33142  
Office: 305-960-7682

## EQUIPMENT LIST

Quantity	Equipment	Make & Model	Serial No.	No. Years Owned or Leased
1	Pick Up Truck with Landscaping Trailer	2023 Toyota Tacoma TRD		Owned
1	Pick Up Truck with Landscaping Trailer	2023 Toyota Tacoma SR		Owned
1	Water Truck	Keystone CCTRR01EFA		Owned
1	Water Truck	Keystone CCTRR02EFA		Owned
1	Water Truck	Keystone CCTRR03EFA		Owned



**THE E-VERIFY  
MEMORANDUM OF UNDERSTANDING  
FOR EMPLOYERS**

**ARTICLE I  
PURPOSE AND AUTHORITY**

The parties to this agreement are the Department of Homeland Security (DHS) and coco tree service corp (Employer). The purpose of this agreement is to set forth terms and conditions which the Employer will follow while participating in E-Verify.

E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of Form I-9, Employment Eligibility Verification (Form I-9). This Memorandum of Understanding (MOU) explains certain features of the E-Verify program and describes specific responsibilities of the Employer, the Social Security Administration (SSA), and DHS.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). The Federal Acquisition Regulation (FAR) Subpart 22.18, "Employment Eligibility Verification" and Executive Order 12989, as amended, provide authority for Federal contractors and subcontractors (Federal contractor) to use E-Verify to verify the employment eligibility of certain employees working on Federal contracts.

**ARTICLE II  
RESPONSIBILITIES**

**A. RESPONSIBILITIES OF THE EMPLOYER**

1. The Employer agrees to display the following notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system:
  - a. Notice of E-Verify Participation
  - b. Notice of Right to Work
2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted about E-Verify. The Employer also agrees to keep such information current by providing updated information to SSA and DHS whenever the representatives' contact information changes.
3. The Employer agrees to grant E-Verify access only to current employees who need E-Verify access. Employers must promptly terminate an employee's E-Verify access if the employer is separated from the company or no longer needs access to E-Verify.

Company ID Number: 1729404

4. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.
  5. The Employer agrees that any Employer Representative who will create E-Verify cases will complete the E-Verify Tutorial before that individual creates any cases.
    - a. The Employer agrees that all Employer representatives will take the refresher tutorials when prompted by E-Verify in order to continue using E-Verify. Failure to complete a refresher tutorial will prevent the Employer Representative from continued use of E-Verify.
  6. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:
    - a. If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.
    - b. If an employee presents a DHS Form I-551 (Permanent Resident Card), Form I-766 (Employment Authorization Document), or U.S. Passport or Passport Card to complete Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The Employer will use the photocopy to verify the photo and to assist DHS with its review of photo mismatches that employees contest. DHS may in the future designate other documents that activate the photo screening tool.
- Note: Subject only to the exceptions noted previously in this paragraph, employees still retain the right to present any List A, or List B and List C, document(s) to complete the Form I-9.
7. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.
  8. The Employer agrees that, although it participates in E-Verify, the Employer has a responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures.
    - a. The following modified requirements are the only exceptions to an Employer's obligation to not employ unauthorized workers and comply with the anti-discrimination provision of the INA: (1) List B identity documents must have photos, as described in paragraph 6 above; (2) When an Employer confirms the identity and employment eligibility of newly hired employee using E-Verify procedures, the Employer establishes a rebuttable presumption that it has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of that employee; (3) If the Employer receives a final nonconfirmation for an employee, but continues to employ that person, the Employer must notify DHS and the Employer is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) If the Employer continues to employ an employee after receiving a final nonconfirmation, then the Employer is subject to a rebuttable presumption that it has knowingly



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employed an unauthorized alien in violation of section 274A(a)(1)(A); and (5) no E-Verify participant is civilly or criminally liable under any law for any action taken in good faith based on information provided through the E-Verify.

b. DHS reserves the right to conduct Form I-9 compliance inspections, as well as any other enforcement or compliance activity authorized by law, including site visits, to ensure proper use of E-Verify.

9. The Employer is strictly prohibited from creating an E-Verify case before the employee has been hired, meaning that a firm offer of employment was extended and accepted and Form I-9 was completed. The Employer agrees to create an E-Verify case for new employees within three Employer business days after each employee has been hired (after both Sections 1 and 2 of Form I-9 have been completed), and to complete as many steps of the E-Verify process as are necessary according to the E-Verify User Manual. If E-Verify is temporarily unavailable, the three-day time period will be extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability.

10. The Employer agrees not to use E-Verify for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use that this MOU or the E-Verify User Manual does not authorize.

11. The Employer must use E-Verify for all new employees. The Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. Employers who are Federal contractors may qualify for exceptions to this requirement as described in Article II.B of this MOU.

12. The Employer agrees to follow appropriate procedures (see Article III below) regarding tentative nonconfirmations. The Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify case. The Employer agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer agrees to provide written referral instructions to employees and instruct affected employees to bring the English copy of the letter to the SSA. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending. Further, when employees contest a tentative nonconfirmation based upon a photo mismatch, the Employer must take additional steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

13. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo mismatch, does not establish, and should not be interpreted as, evidence that the employee is not work authorized. In any of such cases, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status



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(including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, withholding pay, refusing to assign the employee to a Federal contract or other assignment, or otherwise assuming that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo mismatch or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 (customer service) or 1-888-897-7781 (worker hotline).

14. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA as applicable by not discriminating unlawfully against any individual in hiring, firing, employment eligibility verification, or recruitment or referral practices because of his or her national origin or citizenship status, or by committing discriminatory documentary practices. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the immigration-related unfair employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

15. The Employer agrees that it will use the information it receives from E-Verify only to confirm the employment eligibility of employees as authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords), to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

16. The Employer agrees to notify DHS immediately in the event of a breach of personal information. Breaches are defined as loss of control or unauthorized access to E-Verify personal data. All suspected or confirmed breaches should be reported by calling 1-888-464-4218 or via email at [E-Verify@dhs.gov](mailto:E-Verify@dhs.gov). Please use "Privacy Incident – Password" in the subject line of your email when sending a breach report to E-Verify.

17. The Employer acknowledges that the information it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)). Any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

18. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, which includes permitting DHS, SSA, their contractors and other agents, upon



Company ID Number: 1729404

reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a prompt and accurate manner to DHS requests for information relating to their participation in E-Verify.

19. The Employer shall not make any false or unauthorized claims or references about its participation in E-Verify on its website, in advertising materials, or other media. The Employer shall not describe its services as federally-approved, federally-certified, or federally-recognized, or use language with a similar intent on its website or other materials provided to the public. Entering into this MOU does not mean that E-Verify endorses or authorizes your E-Verify services and any claim to that effect is false.

20. The Employer shall not state in its website or other public documents that any language used therein has been provided or approved by DHS, USCIS or the Verification Division, without first obtaining the prior written consent of DHS.

21. The Employer agrees that E-Verify trademarks and logos may be used only under license by DHS/USCIS (see M-795 (Web)) and, other than pursuant to the specific terms of such license, may not be used in any manner that might imply that the Employer's services, products, websites, or publications are sponsored by, endorsed by, licensed by, or affiliated with DHS, USCIS, or E-Verify.

22. The Employer understands that if it uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its participation in E-Verify according to this MOU.

## **B. RESPONSIBILITIES OF FEDERAL CONTRACTORS**

1. If the Employer is a Federal contractor with the FAR E-Verify clause subject to the employment verification terms in Subpart 22.18 of the FAR, it will become familiar with and comply with the most current version of the E-Verify User Manual for Federal Contractors as well as the E-Verify Supplemental Guide for Federal Contractors.

2. In addition to the responsibilities of every employer outlined in this MOU, the Employer understands that if it is a Federal contractor subject to the employment verification terms in Subpart 22.18 of the FAR it must verify the employment eligibility of any "employee assigned to the contract" (as defined in FAR 22.1801). Once an employee has been verified through E-Verify by the Employer, the Employer may not create a second case for the employee through E-Verify.

a. An Employer that is not enrolled in E-Verify as a Federal contractor at the time of a contract award must enroll as a Federal contractor in the E-Verify program within 30 calendar days of contract award and, within 90 days of enrollment, begin to verify employment eligibility of new hires using E-Verify. The Employer must verify those employees who are working in the United States, whether or not they are assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within three business days after the hire date. Once enrolled in E-Verify as a Federal contractor, the Employer must begin verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.



Company ID Number: 1729404

- b. Employers enrolled in E-Verify as a Federal contractor for 90 days or more at the time of a contract award must use E-Verify to begin verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within three business days after the date of hire. If the Employer is enrolled in E-Verify as a Federal contractor for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within three business days after the date of hire. An Employer enrolled as a Federal contractor in E-Verify must begin verification of each employee assigned to the contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.
- c. Federal contractors that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), state or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency under a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. Employers in this category must begin verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.
- d. Upon enrollment, Employers who are Federal contractors may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only those employees assigned to a covered Federal contract. After enrollment, Employers must elect to verify existing staff following DHS procedures and begin E-Verify verification of all existing employees within 180 days after the election.
- e. The Employer may use a previously completed Form I-9 as the basis for creating an E-Verify case for an employee assigned to a contract as long as:
  - i. That Form I-9 is complete (including the SSN) and complies with Article II.A.6,
  - ii. The employee's work authorization has not expired, and
  - iii. The Employer has reviewed the Form I-9 information either in person or in communications with the employee to ensure that the employee's Section 1, Form I-9 attestation has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen).
- f. The Employer shall complete a new Form I-9 consistent with Article II.A.6 or update the previous Form I-9 to provide the necessary information if:
  - i. The Employer cannot determine that Form I-9 complies with Article II.A.6,
  - ii. The employee's basis for work authorization as attested in Section 1 has expired or changed, or
  - iii. The Form I-9 contains no SSN or is otherwise incomplete.

**Note:** If Section 1 of Form I-9 is otherwise valid and up-to-date and the form otherwise complies with



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Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired after completing Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.A.5, subject to any additional or superseding instructions that may be provided on this subject in the E-Verify User Manual.

g. The Employer agrees not to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU or to authorize verification of any existing employee by any Employer that is not a Federal contractor based on this Article.

3. The Employer understands that if it is a Federal contractor, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.

### **C. RESPONSIBILITIES OF SSA**

1. SSA agrees to allow DHS to compare data provided by the Employer against SSA's database. SSA sends DHS confirmation that the data sent either matches or does not match the information in SSA's database.

2. SSA agrees to safeguard the information the Employer provides through E-Verify procedures. SSA also agrees to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security numbers or responsible for evaluation of E-Verify or such other persons or entities who may be authorized by SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).

3. SSA agrees to provide case results from its database within three Federal Government work days of the initial inquiry. E-Verify provides the information to the Employer.

4. SSA agrees to update SSA records as necessary if the employee who contests the SSA tentative nonconfirmation visits an SSA field office and provides the required evidence. If the employee visits an SSA field office within the eight Federal Government work days from the date of referral to SSA, SSA agrees to update SSA records, if appropriate, within the eight-day period unless SSA determines that more than eight days may be necessary. In such cases, SSA will provide additional instructions to the employee. If the employee does not visit SSA in the time allowed, E-Verify may provide a final nonconfirmation to the employer.

Note: If an Employer experiences technical problems, or has a policy question, the employer should contact E-Verify at 1-888-464-4218.

### **D. RESPONSIBILITIES OF DHS**

1. DHS agrees to provide the Employer with selected data from DHS databases to enable the Employer to conduct, to the extent authorized by this MOU:

a. Automated verification checks on alien employees by electronic means, and

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- b. Photo verification checks (when available) on employees.
2. DHS agrees to assist the Employer with operational problems associated with the Employer's participation in E-Verify. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.
3. DHS agrees to provide to the Employer with access to E-Verify training materials as well as an E-Verify User Manual that contain instructions on E-Verify policies, procedures, and requirements for both SSA and DHS, including restrictions on the use of E-Verify.
4. DHS agrees to train Employers on all important changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual. Even without changes to E-Verify, DHS reserves the right to require employers to take mandatory refresher tutorials.
5. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in E-Verify. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.
6. DHS agrees to issue each of the Employer's E-Verify users a unique user identification number and password that permits them to log in to E-Verify.
7. DHS agrees to safeguard the information the Employer provides, and to limit access to such information to individuals responsible for the verification process, for evaluation of E-Verify, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security numbers and employment eligibility, to enforce the INA and Federal criminal laws, and to administer Federal contracting requirements.
8. DHS agrees to provide a means of automated verification that provides (in conjunction with SSA verification procedures) confirmation or tentative nonconfirmation of employees' employment eligibility within three Federal Government work days of the initial inquiry.
9. DHS agrees to provide a means of secondary verification (including updating DHS records) for employees who contest DHS tentative nonconfirmations and photo mismatch tentative nonconfirmations. This provides final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

### **ARTICLE III**

#### **REFERRAL OF INDIVIDUALS TO SSA AND DHS**

##### **A. REFERRAL TO SSA**

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the notice as directed by E-Verify. The Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify



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case. The Employer also agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer agrees to provide written referral instructions to employees and instruct affected employees to bring the English copy of the letter to the SSA. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending.

2. The Employer agrees to obtain the employee's response about whether he or she will contest the tentative nonconfirmation as soon as possible after the Employer receives the tentative nonconfirmation. Only the employee may determine whether he or she will contest the tentative nonconfirmation.
3. After a tentative nonconfirmation, the Employer will refer employees to SSA field offices only as directed by E-Verify. The Employer must record the case verification number, review the employee information submitted to E-Verify to identify any errors, and find out whether the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security number, or any other corrected employee information that SSA requests, to SSA for verification again if this review indicates a need to do so.
4. The Employer will instruct the employee to visit an SSA office within eight Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.
5. While waiting for case results, the Employer agrees to check the E-Verify system regularly for case updates.
6. The Employer agrees not to ask the employee to obtain a printout from the Social Security Administration number database (the Numident) or other written verification of the SSN from the SSA.

## **B. REFERRAL TO DHS**

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify case. The Employer also agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending.
2. The Employer agrees to obtain the employee's response about whether he or she will contest the tentative nonconfirmation as soon as possible after the Employer receives the tentative nonconfirmation. Only the employee may determine whether he or she will contest the tentative nonconfirmation.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation.
4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will instruct the

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employee to contact DHS through its toll-free hotline (as found on the referral letter) within eight Federal Government work days.

5. If the Employer finds a photo mismatch, the Employer must provide the photo mismatch tentative nonconfirmation notice and follow the instructions outlined in paragraph 1 of this section for tentative nonconfirmations, generally.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo mismatch, the Employer will send a copy of the employee's Form I-551, Form I-766, U.S. Passport, or passport card to DHS for review by:

- a. Scanning and uploading the document, or
- b. Sending a photocopy of the document by express mail (furnished and paid for by the employer).

7. The Employer understands that if it cannot determine whether there is a photo match/mismatch, the Employer must forward the employee's documentation to DHS as described in the preceding paragraph. The Employer agrees to resolve the case as specified by the DHS representative who will determine the photo match or mismatch.

8. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

9. While waiting for case results, the Employer agrees to check the E-Verify system regularly for case updates.

## **ARTICLE IV SERVICE PROVISIONS**

### **A. NO SERVICE FEES**

1. SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access E-Verify, an Employer will need a personal computer with Internet access.

## **ARTICLE V MODIFICATION AND TERMINATION**

### **A. MODIFICATION**

1. This MOU is effective upon the signature of all parties and shall continue in effect for as long as the SSA and DHS operates the E-Verify program unless modified in writing by the mutual consent of all parties.

2. Any and all E-Verify system enhancements by DHS or SSA, including but not limited to E-Verify checking against additional data sources and instituting new verification policies or procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes.



## B. TERMINATION

1. The Employer may terminate this MOU and its participation in E-Verify at any time upon 30 days prior written notice to the other parties.
2. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU, and thereby the Employer's participation in E-Verify, with or without notice at any time if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established E-Verify procedures and/or legal requirements. The Employer understands that if it is a Federal contractor, termination of this MOU by any party for any reason may negatively affect the performance of its contractual responsibilities. Similarly, the Employer understands that if it is in a state where E-Verify is mandatory, termination of this by any party MOU may negatively affect the Employer's business.
3. An Employer that is a Federal contractor may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such cases, the Federal contractor must provide written notice to DHS. If an Employer that is a Federal contractor fails to provide such notice, then that Employer will remain an E-Verify participant, will remain bound by the terms of this MOU that apply to non-Federal contractor participants, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.
4. The Employer agrees that E-Verify is not liable for any losses, financial or otherwise, if the Employer is terminated from E-Verify.

## ARTICLE VI PARTIES

- A. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.
- B. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.
- C. The Employer may not assign, directly or indirectly, whether by operation of law, change of control or merger, all or any part of its rights or obligations under this MOU without the prior written consent of DHS, which consent shall not be unreasonably withheld or delayed. Any attempt to sublicense, assign, or transfer any of the rights, duties, or obligations herein is void.
- D. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.
- E. The Employer understands that its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to,

Company ID Number: 1729404

Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

F. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively. The Employer understands that any inaccurate statement, representation, data or other information provided to DHS may subject the Employer, its subcontractors, its employees, or its representatives to: (1) prosecution for false statements pursuant to 18 U.S.C. 1001 and/or; (2) immediate termination of its MOU and/or; (3) possible debarment or suspension.

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

**To be accepted as an E-Verify participant, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 1-888-464-4218.**



Company ID Number: 1729404

Approved by:

<b>Employer</b> coco tree service corp	
<b>Name (Please Type or Print)</b> Josue alvarado	<b>Title</b>
<b>Signature</b> Electronically Signed	<b>Date</b> 08/20/2021
<b>Department of Homeland Security – Verification Division</b>	
<b>Name (Please Type or Print)</b> USCIS Verification Division	<b>Title</b>
<b>Signature</b> Electronically Signed	<b>Date</b> 08/20/2021

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### Information Required for the E-Verify Program

#### Information relating to your Company:

Company Name	coco tree service corp
Company Facility Address	14629 SW 104TH ST SUITE 345 miami, FL 33186
Company Alternate Address	
County or Parish	MIAMI-DADE
Employer Identification Number	453695565
North American Industry Classification Systems Code	113
Parent Company	
Number of Employees	20 to 99
Number of Sites Verified for	1 site(s)



Company ID Number: 1729404

**Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:**

FL

1

Company ID Number: 1729404

**Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:**

Name	Josue alvarado
Phone Number	3057289445
Fax	3054026193
Email	coco@cocotreeservice.com



Company ID Number: 1729404

This list represents the first 20 Program Administrators listed for this company.

# Department of Environmental Protection

2600 Blair Stone Road, M.S. 3510  
Tallahassee, Florida 32399-2400



Congratulations on successfully completing the Florida Green Industries Best Management Practices Training. Your certificate and wallet card are below. If the certificate is not correct, please contact the GI-BMP office of the UF/IFAS Florida-Friendly Landscaping™ Program at [gi.bmp@ifas.ufl.edu](mailto:gi.bmp@ifas.ufl.edu) or (352) 273-4517.

To legally apply fertilizer commercially in Florida, you need the Limited Urban Commercial Fertilizer Applicator Certification from Florida Department of Agriculture and Consumer Services (FDACS). Use the certificate # below to apply online: <https://aesecomm.fdacs.gov> For help: FDACS Pest Control Licensing and Certification (850) 617-7997

If your GI-BMP test score is 90% or higher, you may be eligible to become a GI-BMP Instructor.

Learn more at <https://ffl.ifas.ufl.edu/ffl-and-you/gi-bmp-program/instructor-program/>

GI-BMP Certificate #: GV928452-1

Certification Date: 06/27/2024

Test Score: 90%

Bryan Ivan Morales  
13350 SW 88th Ter Apt C  
Miami, FL 33186

State of Florida  
DEPARTMENT OF  
ENVIRONMENTAL PROTECTION

**Bryan Ivan Morales**

GV928452-1

Certificate #

GV928452

Trainee ID #

GREEN INDUSTRIES BEST MANAGEMENT PRACTICES  
TRAINING PROGRAM

GV928452-1

Certificate #

GV928452

Trainee ID #

## Certificate of Training Best Management Practices Florida Green Industries



The undersigned hereby acknowledges that

**Bryan Ivan Morales**

has successfully completed the Green Industries Best Management Practices Program  
developed by the Florida Department of Environmental Protection with the  
University of Florida Institute of Food and Agricultural Sciences.

Tom Wichman

Assistant Director Florida-Friendly Landscaping™ Program

H. Mayer  
Instructor

06/27/2024  
Date

Claire Lewis, MLA

Interim Director Florida-Friendly Landscaping™ Program





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## Detail by Entity Name

Florida Profit Corporation

COCO TREE SERVICE CORP

### Filing Information

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### Principal Address

3201 NW 24TH STREET RD  
SUITE 211  
MIAMI, FL 33142

Changed: 02/05/2023

### Mailing Address

3201 NW 24TH STREET RD  
SUITE 211  
MIAMI, FL 33142

Changed: 02/05/2023

### Registered Agent Name & Address

alvarado, josue emmanuel  
3201 NW 24TH STREET RD  
211  
MIAMI, FL 33142

Name Changed: 05/24/2024

Address Changed: 05/24/2024

### Officer/Director Detail

#### **Name & Address**

Title President

Josue , Alvarado E

3201 NW 24TH STREET RD  
SUITE 211  
MIAMI, FL 33142

Annual Reports

Report Year	Filed Date
2024	04/04/2024
2024	05/24/2024
2024	07/30/2024

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# COCO TREE SERVICE

3201 NW. 24<sup>th</sup> Street Rd, Suite 211  
Miami, FL 33142  
Office: 305-960-7682

## EQUIPMENT LIST

Quantity	Equipment	Make & Model	Serial No.	No. Years Owned or Leased
1	Tractor	Tractor Scag 61"	f5900777	Owned
1	Tractor	Tractor Honda 21"	S-M2C91173141	Owned
1	Tractor	Tractor Toro 32"	316000325	Owned
1	Tractor	Tractor Scag 61"	G-4780204	Owned
1	Tractor	Tractor Bob Cat	S-9426325295	Owned
1	Tractor	Tractor Scag 61"	STT62V77CH	Owned
1	Tractor	Tractor Bob Cat 48"	S-9426310295	Owned
1	Lawnmowers	Gran Stand	SN-316111208	Owned
1	Tractor	Tractor Toro 32"	3009227000405	Owned
1	Lawnmowers	Gran Stand	SN-40126067	Owned
1	Tractor	Tractor Toro 52"	2800008408	Owned
1	Pressure Cleaner	TOL 3000 PSI Pressure Cleaner	SN-1008206001	Owned
1	SPRAYER	GAL Honda 50 SPRAYER	K12557	Owned
1	Saw	STETS 400-14 STIHL CUTQUIKS Concrete Saw	177427635	Owned
1	Generator	HOEEU20001 2000 Watt Generator	SN-EAAJ-1806638	Owned
1	Trimmer	Stihl Hedge Trimmer	SN-512725865	Owned
1	Trimmer	Stihl Hedge Trimmer	SN-512725888	Owned
1	Edger	Stihl EDGER	SN- 512725697	Owned
1	Trimmer	Stihl Trimmer HL-91 K	S-514060019	Owned
1	Trimmer	Stihl Trimmer HL-94 K	S-513200803	Owned
1	Chain Saw	Stihl Chain Saw	SN-183000830	Owned
1	Edger	Sthil Edger	SN-512909939	Owned
1	Mower Deck	ZM 60 500 RD DECK	SN-400025467	Owned



# COCO TREE SERVICE

3201 NW. 24<sup>th</sup> Street Rd, Suite 211  
Miami, FL 33142  
Office: 305-960-7682

## EQUIPMENT LIST

Quantity	Equipment	Make & Model	Serial No.	No. Years Owned or Leased
1	Mower Deck	ZM 60 500 RD DECK	SN-400055472	Owned
1	Stump Grinder	Veerner SC382 AWD JOYSTICKS	SN-1VRU112B9L1 001035	Owned
1	Excavator	Jhon Deere Excavator 350 G	1FF350GXACE808 764	Owned
1	Skid Steer	Skid Steer Bodcat	S175530113496	Owned
1	Excavator	John Deere Excavator 85 G	1FF085GXLNJ0238 57	Owned
1	Compact Track Loader	John Deere Compact Track Loader 333G	1T0333GMPPF434 616	Owned
1	Track Mower Tractor	John Deere 636M- Z Track Mower Tractor	1TC636MGTNT100 535	Owned
1	Compact Excavator	John Deere 35G Compact Excavator	1FF035GXKNK298 727	Owned
1	Track Mower	John Deere Z950 Z Track Mower	1TC950MDTNT120 150	Owned
1	Compact Excavator	John Deere 17G Compact Excavator	1FFO17GXJNK233 279	Owned
1	Rotary Flaul Cutter	John Deere 4150 Rotary Flaul Cutter	4150-42139	Owned
1	Rotary Flaul Cutter	John Deere RX84 Rotary Flaul Cutter	1TORX84XPN0000 383	Owned
1	Grapple	John Deere GR84 Grapple	1TOGR84BAN0001 952	Owned
1	Chipper	John Deere 1046 Chipper	137892	Owned
1	Mulcher	John Deere ME36 Mulcher	1TOME36XPM000 0009	Owned
8	Lawnmowers	Toro 6000 60"		Owned
8	Truck	Isuzu NPR HD		Owned





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3201 NW. 24<sup>th</sup> Street Rd, Suite 211  
Miami, FL 33142  
Office: 305-960-7682

## EQUIPMENT LIST

Quantity	Equipment	Make & Model	Serial No.	No. Years Owned or Leased
3	Tractor	Kubota 15" MS031		Owned
23	Weed Killer	MS 270		Owned
16	Trimmer	Stihl FS 91R		Owned
4	Bucket Truck	Ford f 750 Super Duty 60"		Owned
3	Chipper	Veermeer 1000		Owned
3	Grapple Truck	Mack Granite		Owned
4	Dump Truck	GMC 7500 30 Yards		Owned
6	Pick Up Truck	Ford F350		Owned
4	Gator	John Deere		Owned
4	RTV	Kubota RTV 900		Owned
1	Water Tank	F750 500 Gallons		Owned
4	Lawnmowers	Toro GROUNDMASTER 4700-D		Owned
4	Lawnmowers	61"37HP Vangurd Turf Tiger Elect		Owned
5	Blowers	Billy Goat Z3000		Owned
12	Trailer	Trailer 7X16X6FT5IN		Owned
10	Chain Saw	MS311 Chain Saw		Owned
3	Sprayer	50 GAL Aluminum Frame Sprayer		Owned
1	Pick Up Truck with Landscaping Trailer	2024 Ford F550		Owned
1	Pick Up Truck with Landscaping Trailer	2024 Ford F-350		Owned



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3201 NW. 24<sup>th</sup> Street Rd, Suite 211  
Miami, FL 33142  
Office: 305-960-7682

## EQUIPMENT LIST

Quantity	Equipment	Make & Model	Serial No.	No. Years Owned or Leased
1	Pick Up Truck with Landscaping Trailer	2023 Toyota Tacoma TRD		Owned
1	Pick Up Truck with Landscaping Trailer	2023 Toyota Tacoma SR		Owned
1	Water Truck	Keystone CCTRR01EFA		Owned
1	Water Truck	Keystone CCTRR02EFA		Owned
1	Water Truck	Keystone CCTRR03EFA		Owned



# The International Society of Arboriculture

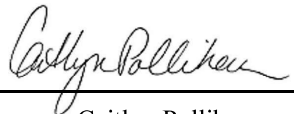
Hereby Announces That

*Arturo Izquierdo*

Has Earned the Credential

## ISA Certified Arborist ®

By successfully meeting ISA Certified Arborist certification requirements through demonstrated attainment of relevant competencies as supported by the ISA Credentialing Council



Caitlyn Pollihan  
CEO & Executive Director

18 February 2012

Issue Date

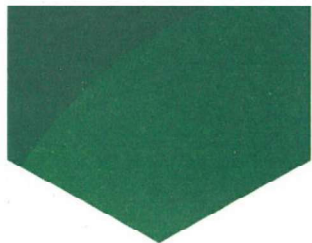
30 June 2027

Expiration Date

FL-6380A

Certification Number





TM



# The International Society of Arboriculture

Hereby Announces That

*Bryan Morales*

Has Earned the Credential

## ISA Certified Arborist®

By successfully meeting ISA Certified Arborist certification requirements through demonstrated attainment of relevant competencies as supported by the ISA Credentialing Council

  
Caitlyn Pollihan  
CEO & Executive Director

25 November 2024

Issue Date

31 December 2027

Expiration Date

FL-10225A

Certification Number





# The International Society of Arboriculture

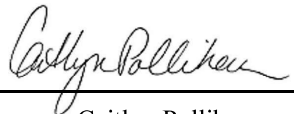
Hereby Announces That

*James White*

Has Earned the Credential

## ISA Certified Arborist ®

By successfully meeting ISA Certified Arborist certification requirements through demonstrated attainment of relevant competencies as supported by the ISA Credentialing Council



Caitlyn Pollihan  
CEO & Executive Director

9 March 2018

Issue Date

30 June 2027

Expiration Date

MI-4398A

Certification Number





# The International Society of Arboriculture

Hereby Announces That

*Josue alvarado*

Has Earned the Credential

## ISA Certified Arborist ®

By successfully meeting ISA Certified Arborist certification requirements through demonstrated attainment of relevant competencies as supported by the ISA Credentialing Council

Caitlyn Pollihan  
CEO & Executive Director

3 April 2025

Issue Date

30 June 2028

Expiration Date

FL-10267A

Certification Number







The Florida Nursery, Growers & Landscape Association  
*Confers on*

**Arturo Izquierdo**  
**C00328**

*The Title of*  
**FNGLA Certified Landscape Contractor (FCLC)**

Expiration Date: 12/31/2027  
Certified Since: 3/27/2017

\_\_\_\_\_  
Eric Smith, FNGLA President

\_\_\_\_\_  
Merry Mott, FNGLA Certification Director

# *State of Florida*

## *Department of State*

I certify from the records of this office that COCO TREE SERVICE CORP is a corporation organized under the laws of the State of Florida, filed on October 28, 2011, effective October 27, 2011.

The document number of this corporation is P11000094072.

I further certify that said corporation has paid all fees due this office through December 31, 2025, that its most recent annual report/uniform business report was filed on February 13, 2025, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Third day of June, 2025*



  
*Secretary of State*

Tracking Number: 6302070251CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

# Local Business Tax Receipt

Miami-Dade County, State of Florida

-THIS IS NOT A BILL - DO NOT PAY



6901970

RECEIPT NO.

RENEWAL

7177686

BUSINESS NAME/LOCATION

COCO TREE SERVICE CORP

OPERATING IN DADE COUNTY



**EXPIRES**  
**SEPTEMBER 30, 2025**

Must be displayed at place of business

Pursuant to County Code

Chapter 8A - Art. 9 & 10

OWNER

COCO TREE SERVICE CORP

C/O JOSUE ALVARADO PRES

SEC. TYPE OF BUSINESS

213

SERVICE BUSINESS

PAYMENT RECEIVED  
BY TAX COLLECTOR

75.00 07/10/2024

Employee(s)

1

GV916669-1

INT-24-420744

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 8a-276.

For more information, visit [www.miamidade.gov/taxcollector](http://www.miamidade.gov/taxcollector)





# BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829

**VALID OCTOBER 1, 2024 THROUGH SEPTEMBER 30, 2025**

**Business Name:** COCO TREE SERVICE CORP

**Receipt #:** 189C-307999  
**Business Type:** TREE TRIMMING/TREE MAINTENANCE  
(TREE TRIMMER)

**Owner Name:** JOSUE ALVARADO/QUAL

**Business Opened:** 08/25/2020

**Business Location:** 3201 NW 24TH STREET RD STE 211  
MIAMI DADE COUNTY

**State/County/Cert/Reg:** B-1084

**Exemption Code:**

**Business Phone:** 3057289445

**Rooms**

**Seats**

**Employees**

10

**Machines**

**Professionals**

For Vending Business Only						
Number of Machines:				Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
27.00	0.00	0.00	4.05	0.00	0.00	31.05

Receipt Fee 27.00  
Packing/Processing/Canning Employees 0.00

**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:**

COCO TREE SERVICE CORP  
3201 NW 24TH STREET RD STE  
211  
MIAMI, FL 33142-6913

**Receipt #** WWW-24-00122855  
**Paid** 11/27/2024 31.05

**2024 - 2025**

# BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829

**VALID OCTOBER 1, 2024 THROUGH SEPTEMBER 30, 2025**

**Business Name:** COCO TREE SERVICE CORP

**Receipt #:** 189C-307999  
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MIAMI DADE COUNTY

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**Business Phone:** 3057289445

**Rooms**

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**Machines**

**Professionals**

Signature	For Vending Business Only					
	Number of Machines:			Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
27.00	0.00	0.00	4.05	0.00	0.00	31.05

**Receipt #** WWW-24-00122855  
**Paid** 11/27/2024 31.05

September 9, 2021

## BROWARD COUNTY TREE TRIMMER LICENSE

### STANDARDS FOR MAINTAINING YOUR BROWARD COUNTY TREE TRIMMER LICENSE

1. The following shall be available for inspection at every work site where tree trimming is being carried out:
  - A copy of the company's Broward County Tree Trimmer license
  - Proof of the company's current insurance coverage
  - At least one person should possess a current Tree Trimmer training card. Current training cards reflect that training was completed within
    - the past two (2) years
    - Picture identification issued by a government entity or agency
2. At least one trained person must be available at every work site where tree trimming is being carried out.
3. The company's Tree Trimmer license number shall be prominently displayed on both sides of vehicles used in tree trimming.
4. Tree trimmer license number must appear in ads offering tree trimming and/or removal services. Advertisements include business cards, telephone directory advertisements, quotes for tree services, flyers and vehicles advertising tree services.
5. License holders shall ensure that all employees engaged in tree trimming are adequately trained regarding safety procedures in accordance with applicable federal and state law including the federal Occupational Safety and Health Act of 1970 (OSHA).
6. Retraining is required before licenses can be renewed. Tree trimmer licenses are renewable every two years.
7. Each license holder shall notify the County, in writing, if there is a change in any of the standards required for licensure.

COCO Tree Service Corp.  
1720 NW 33 ST.  
MIAMI, FL 33142

**BROWARD**  
COUNTY  
FLORIDA  
**TREE TRIMMER LICENSE**

CLASS: **B**

License: **B-1084** EXPIRES: **08/31/2023**

COCO TREE SERVICE CORP.  
1720 NW 33 ST.  
MIAMI, FL 33142

TRAINED EMPLOYEES: **JOSUE P ALVARADO**



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

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

**CHAVEZ, NICOLAS E**

N.C.H. PLUMBING, INC.  
6320 SW 92ND AVE  
MIAMI FL 33173

LICENSE NUMBER: CFC037076

EXPIRATION DATE: AUGUST 31, 2026

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

ISSUED: 08/05/2024

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.





**This card is your license. It authorizes you, the license holder, to purchase and apply Restricted Use Pesticides (RUPs). Please sign your card and keep it with you when applying or purchasing RUPs.**



<b>Florida Department of Agriculture and Consumer Services</b> <b>Pesticide Certification Office</b> <b>Commercial Applicator License</b> <b>License # CM23229</b>	
SANDS III, PAUL LEONARD 3558 FLORIDA AVE MIAMI, FL 33133	<b>Categories</b> <b>6, 3, 21, 5A</b>
<b>Issued: February 16, 2023</b>	<b>Expires: October 31, 2026</b>
<div style="display: flex; justify-content: space-between;"> <div>                     Signature of Licensee  <small>The above individual is licensed under the provisions of Chapter 487, F.S. to purchase and apply restricted use pesticides.</small> </div> <div>                       WILTON SIMPSON, COMMISSIONER                 </div> </div>	

**To renew a pesticide applicator license, applicators must first become recertified. Recertification is accomplished by either retaking the certification exams or accumulating Continuing Education Units (CEUs). See Table 2 in the Pesticide Applicator Certification and Licensing in Florida handbook located at <http://pested.ifas.ufl.edu/pdfs/Pesticide-Applicator-Cert-Licensing.pdf> for information on Recertification.**

**The bottom two cards are for your Authorized Purchasing Agents (APAs). Please sign the card in the space provided and give to your APA to sign. APAs are authorized to purchase RUPs.**




**For questions, comments or concerns,  
Contact us at:**

**Florida Department of Agriculture and  
Consumer Services  
Pesticide Certification Office  
3125 Conner Blvd, Bldg 8  
Tallahassee, FL 32399-1650**

**Phone: (850) 617-7870  
Fax: (850) 617-7895**



Florida Department of Agriculture and Consumer Services	
Bureau of Licensing and Enforcement	
Commercial Applicator	
License # CM28914	
MORALES, BRYAN	Categories
13350 SW 88TH TER	5A, 21, 3
MIAMI, FL 33186	
Issued: 03/11/2025	Expires: 03/31/2029
	
Signature of Licensee	WILTON SIMPSON, COMMISSIONER
The above individual is licensed under the provisions of Chapter 487, F.S. to purchase and apply restricted use pesticides.	

Florida Department of Agriculture and Consumer Services	
License Categories	
1A1 Ag Row Crop	5B Organotin Paint
1A2 Ag Tree Crop	6 Right of Way
1B Ag Animal	7A Wood Treatment
1C Private Applicator Ag	7B Chlorine Gas Infusion
1D Soil and Greenhouse Fum	7C Sewer Root Control
1E Raw Ag Commodity Fum	9 Regulatory Pest Control
2 Forest Pest Control	10 Demonstration and Research
3 Ornamental and Turf	11 Aerial Application
4 Seed Treatment	20 Regulatory Insp. and Samp
5A Aquatic Pest Control	21 Natural Areas Weed Mgmt

**Florida Department of Agriculture and Consumer Services  
Bureau of Licensing and Enforcement  
Limited Urban Commercial Fertilizer Applicator  
Certificate # LF500102**


MORALES, BRYAN  
13350 SW 88TH TER  
MIAMI, FL 33186

Category  
LF

**Issued: 05/14/2025**

**Expires: 05/14/2029**

\_\_\_\_\_  
Signature of Certificateholder

  
\_\_\_\_\_  
WILTON SIMPSON, COMMISSIONER

The above individual is certified under the provisions of Chapter 482, F.S.

[BACK IS INTENTIONALLY LEFT BLANK]



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

Date  
April 24, 2024

File No.  
JB293595

Expires  
January 31, 2025

THE PEST CONTROL COMPANY FIRM NAMED BELOW HAS  
REGISTERED UNDER THE PROVISIONS OF CHAPTER 482 FOR THE  
PERIOD EXPIRING: **January 31, 2025** AT

2011 NE 34TH ST  
CAPE CORAL, FL 33909

GROW CARE OUTDOOR SOLUTIONS LLC  
17940 N TAMiami TRAIL  
SUITE 110 PMB 218  
N FORT MYERS, FL 33903

General Household Pest and  
Rodent Control  
Lawn and Ornamental  
Termite and Other WDO  
Control

  
WILTON SIMPSON, COMMISSIONER

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

GROW CARE OUTDOOR SOLUTIONS LLC  
2011 NE 34TH ST  
PEST CONTROL COMPANY FIRM

JB293595

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD  
EXPIRING **January 31, 2025**



WILTON SIMPSON  
COMMISSIONER

Signature

Walter Card - Fold Here

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



This Certifies that  
**JOSHUA MICHELENA**

Has Completed a Florida Department of Transportation Approved  
Temporary Traffic Control (TTC) Advanced Course.

Date Expires: 05/07/2025

Certificate # 73380

Instructor: Ryan Murray

FDOT Provider # 225

U.S. Safety Alliance, LLC  
Phone: 904-705-5660  
Approved MOT Provider  
, USA  
[www.USSafetyAlliance.com](http://www.USSafetyAlliance.com)  
[ryan@ussafetyalliance.com](mailto:ryan@ussafetyalliance.com)



# Certificate of Completion

**JOSHUA MICHELENA**

**Has Completed a Florida Department of  
Transportation Approved Temporary Traffic  
Control (TTC) Advanced Course.**

**05/07/2025**

Date Expires

**225**

FDOT Provider #

**Ryan Murray**

Instructor

**73380**

Certificate #



U.S. Safety Alliance, LLC  
Approved MOT Provider  
, USA  
[www.USSafetyAlliance.com](http://www.USSafetyAlliance.com)  
[ryan@ussafetyalliance.com](mailto:ryan@ussafetyalliance.com)



For more information about Temporary Traffic  
Control (TTC) or to verify this certificate

[www.motadmin.com](http://www.motadmin.com)



# CERTIFICATE OF COMPLETION

*SEBASTIAN MICHELENA*

Has Completed a FDOT Approved Temporary Traffic Control (TTC): Advanced Course

Training Provider:



Metro Florida Safety Council  
Tri-County  
Dade, Broward, Palm Beach FL 33441  
Phone: 954-603-1900

Verify this Certificate by visiting [www.motadmin.com](http://www.motadmin.com)

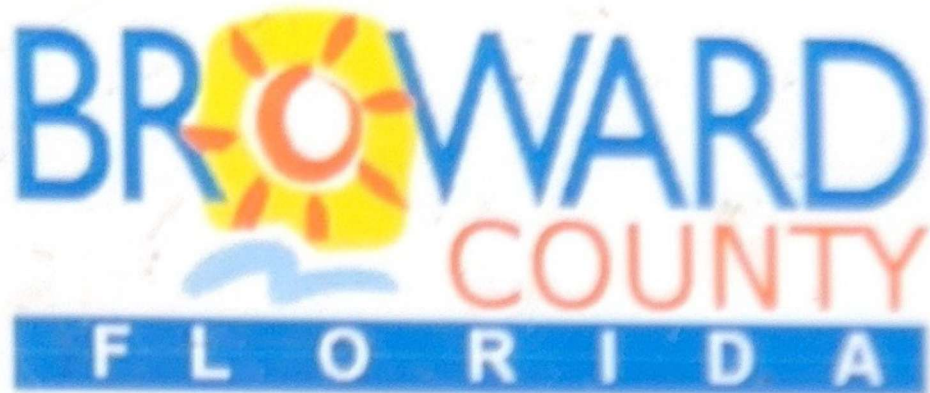
05/01/2023  
Issue Date

04/25/2027  
Expiration Date

J. M  
Instructor

609347  
Certificate No.

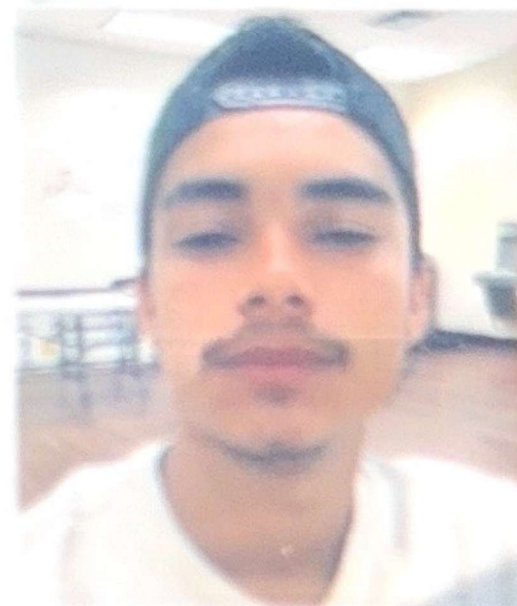




Certificate of Completion

**ADVANCED TREE TRIMMING**

*Michael Infante*  
Commercial Horticulture Agent



Sebastian Michelena

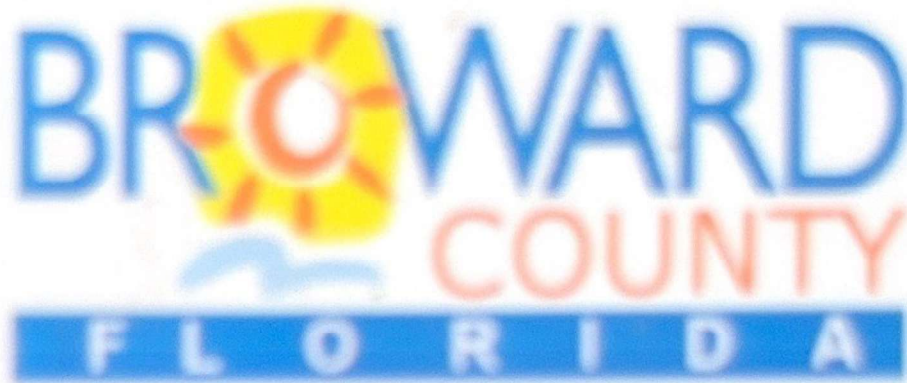
has successfully completed the training conducted by UF/IFAS Broward County Extension office (<http://sfyl.ifas.ufl.edu/broward/commercial-horticulture-program/>).

Class Date: August 13, 2024

Expires: August 13, 2026

**THIS CARD IS A TRAINING CERTIFICATE – NOT A LICENSE.**

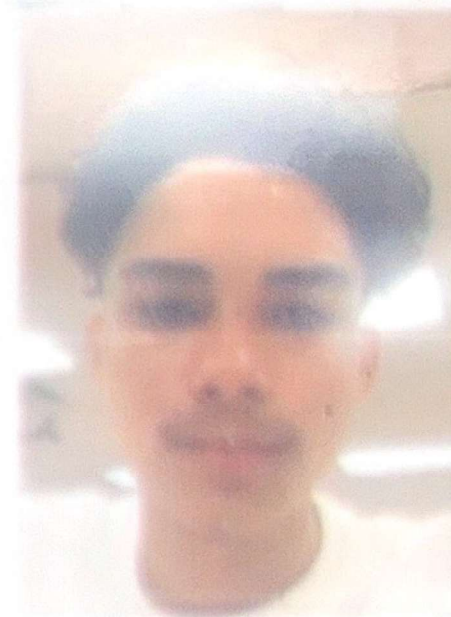




Certificate of Completion

**BASIC** TREE TRIMMING

*Michael DeFamee*  
Commercial Horticulture



Sebastian Michelena

has successfully completed the training conducted by UF/IFAS Broward County Extension office (<http://sfyl.ifas.ufl.edu/browardcommercial-horticulture-program/>)

Class Date: May 9, 2023

Expires: May 9, 2025

**THIS CARD IS A TRAINING CERTIFICATE – NOT A LICENSE.**



# CERTIFICATE OF COMPLETION

*KELVIN COCA GARCIA*

Has Completed a FDOT Approved Temporary Traffic Control (TTC): Advanced Course

Training Provider:



Metro Florida Safety Council  
Tri-County  
Dade, Broward, Palm Beach FL 33441  
Phone: 954-603-1900

Verify this Certificate by visiting [www.motadmin.com](http://www.motadmin.com)

06/24/2024  
Issue Date

06/11/2028  
Expiration Date

J M  
Instructor

625249  
Certificate No.





**Certificate:**

**625249**

**Issued:** 06/24/2024

**Expires:** 06/11/2028

**Instructor:** J M

*KELVIN COCA GARCIA*

Has Completed a FDOT Approved Temporary Traffic Control: Advanced Course.

Training Provider:



Metro Florida Safety Council

Tri-County

Dade, Broward, Palm Beach, FL 33441

Ph: 954-603-1900

Verify this Certificate at [www.motadmin.com](http://www.motadmin.com).

**UF** IFAS Extension  
UNIVERSITY OF FLORIDA

GV929700-1

Certificate #

GV929700

Trainee ID #

**Certificate of Training**  
**Best Management Practices**  
**Florida Green Industries**

**Florida-Friendly**  
Landscaping™  
FL-EDP PROGRAM



The undersigned hereby acknowledges that

**Tommy Michelena**

has successfully completed the Green Industries Best Management Practices Program  
developed by the Florida Department of Environmental Protection with the  
University of Florida Institute of Food and Agricultural Sciences.

A handwritten signature in black ink, appearing to read "Tom Wichman".

Tom Wichman  
Assistant Director Florida-Friendly Landscaping™ Program

H. Mayer  
Instructor

11/21/2024  
Date

A handwritten signature in black ink, appearing to read "Claire Lewis".

Claire Lewis, MLA  
Director Florida-Friendly Landscaping™ Program



UF IFAS Extension  
UNIVERSITY OF FLORIDA

GV924411-1

Certificate #

GV924411

Training ID #

Florida-Friendly  
Landscaping 



Certificate of Training  
**Best Management Practices**  
Florida Green Industries

The undersigned hereby acknowledges that

**Sebastian Michelena**

has successfully completed the Green Industries Best Management Practices Program  
developed by the Florida Department of Environmental Protection with the  
University of Florida Institute of Food and Agricultural Sciences.

Tim Wightman  
Assistant Director, Florida-Friendly  
Landscaping™ Program

H. Mayer

Instructor

5/16/2023

Date of Class

Eric Mottus, Ph.D.  
Director, Florida-Friendly Landscaping™ Program



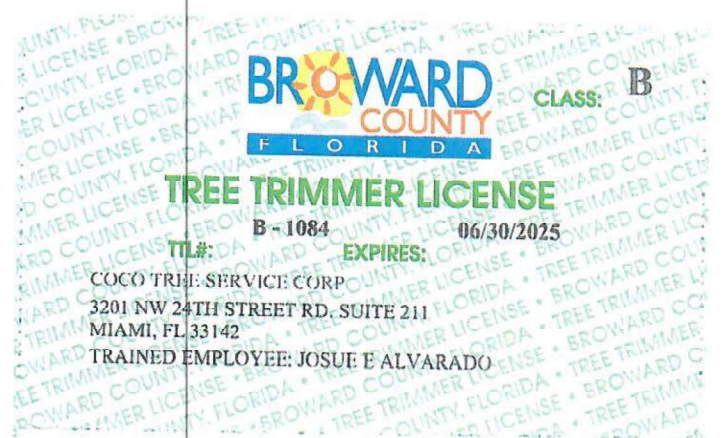
November 15, 2024

## BROWARD COUNTY TREE TRIMMER LICENSE

### STANDARDS FOR MAINTAINING YOUR BROWARD COUNTY TREE TRIMMER LICENSE

1. The following shall be available for inspection at every work site where tree trimming is being carried out:
  - A copy of the company's Broward County Tree Trimmer license.
  - Proof of the company's current insurance coverage.
  - At least one person should possess a current Tree Trimmer training card.
  - Current training cards reflect that training was completed within the past two (2) years.
  - Picture identification issued by a government entity or agency.
2. At least one trained person must be available at every work site where tree trimming is being carried out.
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4. Tree trimmer license number must appear in ads offering tree trimming and/or removal services. Advertisements include business cards, telephone directory advertisements, quotes for tree services, flyers and vehicles advertising tree services.
5. License holders shall ensure that all employees engaged in tree trimming are adequately trained regarding safety procedures in accordance with applicable federal and state law including the federal Occupational Safety and Health Act of 1970 (OSHA).
6. Retraining is required before licenses can be renewed. Tree trimmer licenses are renewable every two years.
7. Each license holder shall notify the County, in writing, if there is a change in any of the standards required for licensure.

COCO TREE SERVICE CORP  
3201 NW 24TH STREET RD. SUITE 211  
MIAMI, FL 33142



# CERTIFICATE OF COMPETENCY



Josue E. Alvarado



TREE TRIMMER "B" Certification

COCO TREE SERVICE CORP

CC# B-1084

EXPIRES 2025-06-30



# Request for Taxpayer Identification Number and Certification

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

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>COCO TREE SERVICE CORP</b>	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>3201 NW. 24 STREET RD., SUITE 211</b>	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code <b>Miami, FL, 33142</b>	
<b>7</b> List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

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

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

<b>Social security number</b>									
			-				-		
<b>or</b>									
<b>Employer identification number</b>									
4	5		-	3	6	9	5	5	6

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	<b>Signature of U.S. person ►</b> 	<b>Date ► 7/15/2024</b>
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## General Instructions

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

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

## Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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



The Florida Nursery, Growers & Landscape Association  
*Confers on*

**Bryan Morales**  
**T9362018**

*The Title of*  
**FNGLA Certified Landscape Technician (FCLT)**

Expiration Date: 06/30/2027  
Certified Since: 6/21/2024

Phillip Hisey, FNGLA President

Merry Mott, FNGLA Certification Director



# Department of Environmental Protection

2600 Blair Stone Road, M.S. 3510  
Tallahassee, Florida 32399-2400



Congratulations on successfully completing the Florida Green Industries Best Management Practices Training. Your certificate and wallet card are below. If the certificate is not correct, please contact the GI-BMP office of the UF/IFAS Florida-Friendly Landscaping™ Program at [gi.bmp@ifas.ufl.edu](mailto:gi.bmp@ifas.ufl.edu) or (352) 273-4517.

To legally apply fertilizer commercially in Florida, you need the Limited Urban Commercial Fertilizer Applicator Certification from Florida Department of Agriculture and Consumer Services (FDACS). Use the certificate # below to apply online: <https://aesecomm.fdacs.gov> For help: FDACS Pest Control Licensing and Certification (850) 617-7997

If your GI-BMP test score is 90% or higher, you may be eligible to become a GI-BMP Instructor.

Learn more at <https://ffl.ifas.ufl.edu/ffl-and-you/gi-bmp-program/instructor-program/>

GI-BMP Certificate #: GV928452-1

Certification Date: 06/27/2024

Test Score: 90%

Bryan Ivan Morales  
13350 SW 88th Ter Apt C  
Miami, FL 33186

State of Florida  
DEPARTMENT OF  
ENVIRONMENTAL PROTECTION

**Bryan Ivan Morales**

GV928452-1

Certificate #

GV928452

Trainee ID #

GREEN INDUSTRIES BEST MANAGEMENT PRACTICES  
TRAINING PROGRAM

GV928452-1

Certificate #

GV928452

Trainee ID #

## Certificate of Training Best Management Practices Florida Green Industries



The undersigned hereby acknowledges that

**Bryan Ivan Morales**

has successfully completed the Green Industries Best Management Practices Program  
developed by the Florida Department of Environmental Protection with the  
University of Florida Institute of Food and Agricultural Sciences.

Tom Wichman

Assistant Director Florida-Friendly Landscaping™ Program

H. Mayer  
Instructor

06/27/2024  
Date

Claire Lewis, MLA

Interim Director Florida-Friendly Landscaping™ Program





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## Detail by Entity Name

Florida Profit Corporation

COCO TREE SERVICE CORP

### Filing Information

<b>Document Number</b>	P11000094072
<b>FEI/EIN Number</b>	45-3695565
<b>Date Filed</b>	10/28/2011
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<b>Last Event</b>	REINSTATEMENT
<b>Event Date Filed</b>	10/01/2018

### Principal Address

3201 NW 24TH STREET RD  
SUITE 211  
MIAMI, FL 33142

Changed: 02/05/2023

### Mailing Address

3201 NW 24TH STREET RD  
SUITE 211  
MIAMI, FL 33142

Changed: 02/05/2023

### Registered Agent Name & Address

alvarado, josue emmanuel  
3201 NW 24TH STREET RD  
211  
MIAMI, FL 33142

Name Changed: 05/24/2024

Address Changed: 05/24/2024

### Officer/Director Detail

#### **Name & Address**

Title President

Josue , Alvarado E

3201 NW 24TH STREET RD  
SUITE 211  
MIAMI, FL 33142

Annual Reports

Report Year	Filed Date
2024	04/04/2024
2024	05/24/2024
2024	07/30/2024

Document Images

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# COCO TREE SERVICE

3201 NW. 24<sup>th</sup> Street Rd, Suite 211  
Miami, FL 33142  
Office: 305-960-7682

## EQUIPMENT LIST

Quantity	Equipment	Make & Model	Serial No.	No. Years Owned or Leased
1	Tractor	Tractor Scag 61"	f5900777	Owned
1	Tractor	Tractor Honda 21"	S-M2C91173141	Owned
1	Tractor	Tractor Toro 32"	316000325	Owned
1	Tractor	Tractor Scag 61"	G-4780204	Owned
1	Tractor	Tractor Bob Cat	S-9426325295	Owned
1	Tractor	Tractor Scag 61"	STT62V77CH	Owned
1	Tractor	Tractor Bob Cat 48"	S-9426310295	Owned
1	Lawnmowers	Gran Stand	SN-316111208	Owned
1	Tractor	Tractor Toro 32"	3009227000405	Owned
1	Lawnmowers	Gran Stand	SN-40126067	Owned
1	Tractor	Tractor Toro 52"	2800008408	Owned
1	Pressure Cleaner	TOL 3000 PSI Pressure Cleaner	SN-1008206001	Owned
1	SPRAYER	GAL Honda 50 SPRAYER	K12557	Owned
1	Saw	STETS 400-14 STIHL CUTQUIKS Concrete Saw	177427635	Owned
1	Generator	HOEEU20001 2000 Watt Generator	SN-EAAJ-1806638	Owned
1	Trimmer	Stihl Hedge Trimmer	SN-512725865	Owned
1	Trimmer	Stihl Hedge Trimmer	SN-512725888	Owned
1	Edger	Stihl EDGER	SN- 512725697	Owned
1	Trimmer	Stihl Trimmer HL-91 K	S-514060019	Owned
1	Trimmer	Stihl Trimmer HL-94 K	S-513200803	Owned
1	Chain Saw	Stihl Chain Saw	SN-183000830	Owned
1	Edger	Sthil Edger	SN-512909939	Owned
1	Mower Deck	ZM 60 500 RD DECK	SN-400025467	Owned





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Miami, FL 33142  
Office: 305-960-7682

## EQUIPMENT LIST

Quantity	Equipment	Make & Model	Serial No.	No. Years Owned or Leased
1	Mower Deck	ZM 60 500 RD DECK	SN-400055472	Owned
1	Stump Grinder	Veerner SC382 AWD JOYSTICKS	SN-1VRU112B9L1001035	Owned
1	Excavator	Jhon Deere Excavator 350 G	1FF350GXACE808764	Owned
1	Skid Steer	Skid Steer Bodcat	S175530113496	Owned
1	Excavator	John Deere Excavator 85 G	1FF085GXLNJ023857	Owned
1	Compact Track Loader	John Deere Compact Track Loader 333G	1T0333GMPPF434616	Owned
1	Track Mower Tractor	John Deere 636M- Z Track Mower Tractor	1TC636MGTNT100535	Owned
1	Compact Excavator	John Deere 35G Compact Excavator	1FF035GXKNK298727	Owned
1	Track Mower	John Deere Z950 Z Track Mower	1TC950MDTNT120150	Owned
1	Compact Excavator	John Deere 17G Compact Excavator	1FF017GXJNK233279	Owned
1	Rotary Flaul Cutter	John Deere 4150 Rotary Flaul Cutter	4150-42139	Owned
1	Rotary Flaul Cutter	John Deere RX84 Rotary Flaul Cutter	1TORX84XPN0000383	Owned
1	Grapple	John Deere GR84 Grapple	1TOGR84BAN0001952	Owned
1	Chipper	John Deere 1046 Chipper	137892	Owned
1	Mulcher	John Deere ME36 Mulcher	1TOME36XPM0000009	Owned
8	Lawnmowers	Toro 6000 60"		Owned
8	Truck	Isuzu NPR HD		Owned



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## EQUIPMENT LIST

Quantity	Equipment	Make & Model	Serial No.	No. Years Owned or Leased
3	Tractor	Kubota 15" MS031		Owned
23	Weed Killer	MS 270		Owned
16	Trimmer	Stihl FS 91R		Owned
4	Bucket Truck	Ford f 750 Super Duty 60"		Owned
3	Chipper	Veermeer 1000		Owned
3	Grapple Truck	Mack Granite		Owned
4	Dump Truck	GMC 7500 30 Yards		Owned
6	Pick Up Truck	Ford F350		Owned
4	Gator	John Deere		Owned
4	RTV	Kubota RTV 900		Owned
1	Water Tank	F750 500 Gallons		Owned
4	Lawnmowers	Toro GROUNDMASTER 4700-D		Owned
4	Lawnmowers	61"37HP Vangurd Turf Tiger Elect		Owned
5	Blowers	Billy Goat Z3000		Owned
12	Trailer	Trailer 7X16X6FT5IN		Owned
10	Chain Saw	MS311 Chain Saw		Owned
3	Sprayer	50 GAL Aluminum Frame Sprayer		Owned
1	Pick Up Truck with Landscaping Trailer	2024 Ford F550		Owned
1	Pick Up Truck with Landscaping Trailer	2024 Ford F-350		Owned



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Office: 305-960-7682

## EQUIPMENT LIST

Quantity	Equipment	Make & Model	Serial No.	No. Years Owned or Leased
1	Pick Up Truck with Landscaping Trailer	2023 Toyota Tacoma TRD		Owned
1	Pick Up Truck with Landscaping Trailer	2023 Toyota Tacoma SR		Owned
1	Water Truck	Keystone CCTRR01EFA		Owned
1	Water Truck	Keystone CCTRR02EFA		Owned
1	Water Truck	Keystone CCTRR03EFA		Owned