

BID ACKNOWLEDGEMENT COVER PAGE

SUBMIT BIDS TO: Wellington Attn: Clerk's Office 12800 Forest Hill Blvd Wellington, FL 33414		REFER ALL INQUIRIES TO PRIMARY CONTACT: Purchasing Division 12800 Forest Hill Blvd Wellington, FL 33414 PH: 561-791-4154		Wellington INVITATION TO BID	
BID TITLE: Renovation of Four Football Press Boxes at Village Park				BID NO: 202116	

NAME OF FIRM, ENTITY, or ORGANIZATION: E+F Florida Enterprises Inc					
NAME OF CONTACT PERSON: LISA Addis		VENDOR MAILING ADDRESS: 3141 Fortune Way S-16		CITY: Wellington	ZIP: 33414
TITLE: V.P.		VENDOR HEADQUARTERS ADDRESS (IF DIFFERENT): S/A/A		CITY:	STATE:
PHONE NUMBER: 561-333-1445			FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN): 200261053		
EMAIL ADDRESS: creativecontractor@a.comcast.net			STATE OF FLORIDA BUSINESS LICENSE NUMBER (IF APPLICABLE): CGC 1513410		
FAX NUMBER: 561-333-7894					
ORGANIZATIONAL STRUCTURE (Please Check One) Corporation <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other <input type="checkbox"/>					
If Corporation, please provide the following:					
(A) Date of Incorporation: 10 / 09 / 2003 <small>Month / Day / Year</small>			(B) State or Country of Incorporation: Florida		

BID PROPOSAL CHECKLIST

Please submit your proposal in this order

- YES ☒ NO ☐ 1. Bid submittal -- one (1) original and one (1) PDF (CD) Copy *Electronic*
- YES ☒ NO ☐ 2. Bid Form signed by authorized representative
- YES ☒ NO ☐ 3. Acknowledgment of addendums
- YES ☒ NO ☐ 4. Schedule of Value
- YES ☒ NO ☐ 5. Schedule of Subcontractor/Supplies
- YES ☒ NO ☐ 6. Schedule of Equipment and Materials
- YES ☒ NO ☐ 7. Sworn Statement under Section 287.133(3) (a)
- YES ☒ NO ☐ 8. Drug Free Workplace
- YES ☒ NO ☐ 9. Questionnaire
- YES ☒ NO ☐ 10. References and Prior Experience Form
- YES ☒ NO ☐ 11. Insurance Certificates
- YES ☒ NO ☐ 12. Copy of Appropriate Licenses
- ~~YES~~ YES ☒ NO ☐ 13. Proof of Workers Compensation Insurance/Workers Compensation Exemption *submitting insurance (we have work comp)*
- YES ☒ NO ☐ 14. Local Preference Affidavit
- YES ☒ NO ☐ 15. Conflict of Interest Statement
- YES ☒ NO ☐ 16. Non-Collusion Affidavit
- YES ☒ NO ☐ 17. Certification Pursuant To Florida Statute § 215.4725
- YES ☒ NO ☐ 18. E-Verify Memo of Understanding (MOU)

BID FORM

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

PROJECT: Renovation of Four Football Press Boxes at Village Park

Date: 6-8-21

BIDDER: E & F Florida Enterprises Inc.

THIS BID IS SUBMITTED TO:

Wellington
Clerk's Office
12300 Forest Hill Boulevard
Wellington, FL 33414

1. The undersigned BIDDER proposes and agrees, if this Bid is accepted, to enter into an Agreement with OWNER in the form included in the Contract Documents to perform and furnish all Work as specified or indicated in the Contract Documents for the Contract Price and within the Contract Time indicated in this Bid and in accordance with the other terms and conditions of the Contract Documents.
2. BIDDER accepts all of the terms and conditions of the Advertisement or Invitation to Bid and Instructions to Bidders, including without limitation those dealing with the disposition of Bid security. This Bid will remain subject to acceptance for 120 days after the posting of the recommended award. BIDDER will sign and submit the Agreement and other documents required by the Bidding Requirements within 15 days after the date of OWNER'S Notice of Award.
3. In submitting this Bid, BIDDER represents, as more fully set forth in the Agreement, that:

(a) BIDDER has examined copies of all the Bidding Documents and of the following Addenda (receipt of all which is hereby acknowledged):

Date 5-11-21
Date 5-27-21
Date _____

Addenda Number RF#1
Addenda Number #2
Addenda Number _____

(b) BIDDER has familiarized itself with the nature and extent of the Contract Documents, Work, Site, locality, and all local conditions, Laws, and Regulations that in any manner may affect cost, progress, performance, or furnishing of the Work.

(c) BIDDER has studied carefully all reports and drawings of subsurface conditions and drawings of physical conditions which, if any, are attached to the Contract Documents, and accepts the determination as set forth in the Bidding Documents of the extent of the technical data contained in such reports and drawings upon which BIDDER is entitled to rely.

(d) BIDDER has obtained and carefully studied (or assumes responsibility for obtaining and carefully studying) all such examinations, investigations, explorations, tests and studies (in addition to or to supplement those referred to in (c) above) which pertain to the subsurface or physical conditions at the site or otherwise may affect the cost, progress, performance or furnishing of the Work as BIDDER considers necessary for the performance or furnishing of the Work at the Contract Price, within the Contract Time and in accordance with the other terms and conditions of the Contract Documents, and no additional examinations, investigations, explorations, tests, reports or similar information or data are or will be required by BIDDER for such purposes.

(e) BIDDER has reviewed and checked all information and data shown or indicated on the Contract Documents with respect to existing Underground Facilities at or contiguous to the site and assumes responsibility for the accurate location of said Underground Facilities. No additional examinations, investigations, explorations, tests, reports or similar information or data in respect of said Underground Facilities are or will be required by BIDDER in order to perform and furnish the Work at the Contract price, within the Contract Time and in accordance with the other terms and conditions of the Contract Documents.

(f) BIDDER has correlated the results of all such observations, examinations, investigations, explorations, tests, reports, and studies with the terms and conditions of the Contract Documents.

(g) BIDDER has given OWNER written notice of all conflicts, errors or discrepancies that it has discovered in the Contract Documents and the written resolution thereof by ENGINEER is acceptable to BIDDER.

(h) This Bid is genuine and not made in the interest of or on behalf of any undisclosed person, firm, or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; BIDDER has not directly or indirectly induced or solicited any other Bidder to submit a false or sham Bid; BIDDER has not solicited or induced any person, firm or corporation to refrain from bidding; and BIDDER has not sought by collusion to obtain for itself any advantage over any other Bidder or over OWNER.

4. BIDDER agrees to perform all the Work described in Contract Documents, subject to adjustments as provided therein, for the Prices BIDDER provides on the Schedule of Values.
5. BIDDER declares it understands that the unit quantities shown on the Bid Form Unit Price Schedule are approximate only and not guaranteed and are subject to either increase or decrease; and that should the quantities of any of the items of Work be increased, the BIDDER agrees to do the additional Work at the unit prices set out herein, and should the quantities be decreased, BIDDER also understands that final payment shall be made on actual quantities completed at the unit prices, and shall make no claims for anticipated profits for any decrease in the quantities.

6. The BIDDER further declares its understands the OWNER may elect to construct only a portion of the Work covered by these Documents and BIDDER agrees to perform that portion of the Work for which BIDDER is awarded a Contract at the unit prices quoted herein.

7. BIDDER agrees that the Work:

Renovation of Four Football Press Boxes at Village Park Football Fields shall be Substantially Complete within 40 days of Notice to Proceed and Finally Complete within 55 days of Notice to Proceed. Work hours 7:00AM - 5:00PM Monday - Friday, excluding holidays.

BIDDER accepts the provisions of the Agreement as to liquidated damages in the event of failure to complete the Work on time.

8. The following documents are attached to and made a condition of this Bid:

- (a) Schedule of Values.
(b) List other documents as pertinent.

9. Communications concerning this Bid shall be telephoned or addressed to:

Name: LISA ADDIS
Address: 3141 Fortune Way S-16
Wellington FL 33414
Phone No.: 861-333-1445 Fax: 861-333-7894

10. BIDDER'S Florida Contractor's License No. CG151310

11. BIDDER covenants that it is qualified to do business in the State of Florida and has attached evidence of BIDDER'S qualification to do business in the State of Florida, or if not attached, BIDDER covenants to obtain such evidence within five days of request by OWNER to provide evidence.

If BIDDER is

An Individual

Name _____ (SEAL)

Signature: _____

Doing business as _____

Business Address: _____

Phone Number: _____ Fax Number: _____

A Partnership

Firm's Name _____ (SEAL)

General Partner Signature: _____

Business Address: _____

Phone Number: _____ Fax Number: _____

A Corporation

Corporation's Name E & F Florida Enterprises Inc. (SEAL)

State of Incorporation Florida

Authorized Person: Lisa Addis

Title: V.P.

Signature: [Signature]

Attest: Frank Addis (Secretary)

Signature: [Signature]

Business Address: 3141 Fortune Way S-16

Wellington FL 33414

Phone Number: 561-333-1445 Fax Number: 561-333-7894

SCHEDULE OF VALUES

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

Item	Description	Estimated Quantity	Unit of Measure	Unit Price	Total
1	Football Press Box #1 at Village Park Per Specs and Plans	1	LS	12,900. ⁰⁰	12,900. ⁰⁰
2	Football Press Box #2 at Village Park Per Specs and Plans	1	LS	17,900. ⁰⁰	17,900. ⁰⁰
3	Football Press Box #3 at Village Park Per Specs and Plans	1	LS	17,900. ⁰⁰	17,900. ⁰⁰
4	Football Press Box #4 at Village Park Per Specs and Plans	1	LS	9,900. ⁰⁰	9,900. ⁰⁰
	TOTAL CONTRACT PRICE				58,600. ⁰⁰

BIDDER/CONTRACTOR understands and agrees that this is a Lump Sum Contract and that successful contractor shall prepare and submit a detailed Schedule of Values to Wellington for approval prior to first payment application.

SCHEDULE OF SUBCONTRACTORS

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

<u>Discipline</u>	<u>Subcontractor</u>	<u>Address City, ST, Zip</u>	<u>License Number</u>
electric	Skilled electrical connections	2761 Vista Parkway	E-8 WPB LIC# EC13007360

Address of Subcontractor may be considered in accordance with Wellington's Local Preference Policy

SCHEDULE OF EQUIPMENT AND MATERIALS

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

Item	Manufacturer	Description
Doors	Jeld Wel.	pre hung steel door
Ladder	TBO	retractable.
Corker Joe	TBO	Formica.
paint	Sherwin Williams	MISC.
Vinyl flooring	TBO	water proof - vinyl
AK	T-PAC	12000 RN.
electrics	TBO	MISC.
trim + Baseboard.	MAKAM	as per plans
Windows	LAWSON	sliding, Impact.
panellings	MAKAM	as per specs.
equipment	MISC.	MISC tools

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

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

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
by Lisa Addis [print name of the public entity]
for E + F Florida Enterprises Inc
[print name of entity submitting sworn statement]
whose business address is 3141 Fortune Way S16
Wellington FL 33414
and (if applicable) its Federal Employer Identification Number (FEIN) is 200261053

(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 or any contract for the construction or repair of a public building or public work, 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:
1. A predecessor or successor of a person convicted of a public entity crime; or
 2. 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.
5. 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.



[signature]

6-8-21

[date]

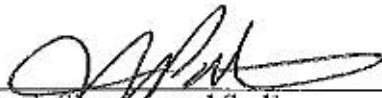
STATE OF

FL

COUNTY OF

Palm Beach

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 8 day of June, 2021 by Lisa Addis as V.P. (INSERT TITLE), of EFF Florida Enterprises LLC [INSERT NAME OF ENTITY - ie: corporation, limited liability company, etc.], (insert status ie: a corporation existing under the laws of the State of FL), ☒ who is personally known to me or ☐ who has produced as identification Driver's License # _____ or (other identification) (describe) _____.



[Notary's Signature and Seal]
Form PUR 7068 (Rev. 04/10/91)
M/R 03/06/92



Print Notary Name and Commission No.

DRUG FREE WORKPLACE

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

Preference may be given to businesses with drug-free workplace programs. Whenever two or more Bids which are equal with respect to price, quality, and service are received by the Owner for the procurement of commodities or contractual services, a Bid received from a business that certifies that it has implemented a drug-free workplace program may be given preference in the award process. Established procedures for processing tie Bids will be followed if none of the tied vendors have a drug-free workplace program. 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

QUESTIONNAIRE

The following Questionnaire shall be completed and submitted in Envelope 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? 17 1/2.
2. Have you ever failed to complete work awarded to you? If so, where and why?
NO
3. Has the bidder or his or her representative inspected the proposed project and does the Bidder have a complete plan for its performance?
YES
4. 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
skilled electrical connections	electric.

5. What equipment do you own that is available for the work? Misc. power tools, carpentry, masonry, etc.
6. What equipment will you purchase for the proposed work? NONE
7. What equipment will you rent for the proposed work? NONE
8. State the name of your proposed Wellington Project Manager and give details of his or her qualifications and experience in managing similar jobs.
FRANK ADAMS, 25 plus years in construction. 17 1/2 years as a project manager. Has supervised thousands of projects

9. State the true, exact, correct and complete name of the partnership, corporation, or trade name under which you do business and the address of the place of business. (If a corporation, state the name of the president and secretary. If a partnership, state the names of all partners. If a trade name, state the names of the individuals who do businesses under the trade name.

10. The correct name of the Bidder is E & F Florida Enterprises Inc

11. The partnership is a ☐ Sole Proprietorship, ☐ Partnership, or ☒ Corporation or ☐ Other Type of Entity _____ (Fill In).

12. The address of principal place of business is 3141 Fortune Way S-16
Wellington FL 33414

13. The names of the Corporate Officers, or Partners, or Individuals doing business under a trade name, are as follows:

LISA ADDIS V.P. / owner

FRANK ADDIS / Secretary

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.

WELLINGTON LOCAL PREFERENCE

APPLICATION TO BE CONSIDERED A LOCAL BUSINESS IN ACCORDANCE WITH VILLAGE OF WELLINGTON FLORIDA'S LOCAL PREFERENCE POLICY

Wellington gives preference to local businesses in certain purchasing situations as set forth in Chapter 9 of Wellington's Purchasing and Procurement Manual. In order to be considered a local business, entitled to be given preference, the business must make application with Wellington and meet one of the following criteria as such is more fully set forth in Chapter 9, of Wellington's Purchasing and Procurement Manual:

Chapter 9, LOCAL PREFERENCE

Western Communities Local Business - For the purpose of determining a "Western Communities local business" a vendor must have a principal permanent business location and headquarters within Wellington of Wellington, Florida or west of the Florida Turnpike to the Palm Beach County western boundary line as depicted in Exhibit "A" hereto. This applies to all entity formations, including, but not limited to, limited liability companies, partnerships, limited partnerships and the like or sole proprietors. Further, the entity or sole proprietor must provide that it, he or she has been domiciled and headquartered in the jurisdictional boundaries of the Western Communities for at least six months prior to the solicitation. Post Office boxes will not be considered a permanent business location within the Western Communities. Home business offices shall be considered as a business location if it otherwise meets the requirements herein. In order to be eligible for such local preference the vendor shall have a local business tax receipt pursuant to the County's and/or municipalities' Code of Ordinances, having jurisdiction over the location of the business, unless otherwise exempt therefrom. Further, the vendor must be properly licensed and authorized by law to provide the goods, services or professional services to the extent applicable and the location of the business must be properly zoned in order for the vendor to conduct its business.

Palm Beach County local business - For the purpose of determining a "Palm Beach County local business" a vendor must have a principal permanent business location and headquarters within Palm Beach County, Florida. This applies to all entity formations, including, but not limited to, limited liability companies, partnerships, limited partnerships and the like or sole proprietors. Further, the entity or sole proprietor must provide that it, he or she has been headquartered and domiciled in the jurisdictional boundaries of Palm Beach County, Florida for at least six months prior to the solicitation. Post Office boxes will not be considered a permanent business location within Palm Beach County, Florida. Home business offices shall be considered as a business location if it otherwise meets the requirements herein. In order to be eligible for such local preference the vendor shall have a local business tax receipt pursuant to the Palm Beach County Code of Ordinances as amended from time to time, unless otherwise exempt there from. Further, the vendor must be properly licensed and authorized by law to provide the goods, services or professional services to the extent applicable and the location of the business must be properly zoned in order for the vendor to conduct its business.

Subcontractor utilization - In competitive bid situations, a business may also qualify as either a Palm Beach County or Western Community local business if they are utilizing subcontractors to perform the work or materialmen to supply the job and more than fifty (50%) percent of their proposed bid price will be paid to subcontractors and/or materialmen who qualify, under the above standards, as Palm Beach County and/or Western Community local businesses.

Please check the box below indicating which preference category your business is applying for:

☒ Western Communities Local Business

☐ Palm Beach County Local Business

☐ Subcontractor Utilization

1. The name of the business is: E & F Florida Enterprises Inc
2. The address of the business is: 3141 Fortune Way Ste Wellington FL 33414
3. How long has the business been located at its current address: 12 years

4. If the business has relocated within the last six months, please provide the answers to questions 1-3 for the previous location:

5. The previous name of the business is: N/A

6. The previous address of the business is: N/A

7. How long was this business at the previous location: N/A

8. If the business is attempting to qualify under the subcontractor utilization provision, please provide a breakdown of the subcontractors who would qualify for either the Palm Beach County or Western Community, business classification, the requisite information, provide their responses to the above 1 - 7 questions and for each of the subcontractors, indicate the amount that they are proposed to be compensated at under the bid price.

9. The business as a local business tax receipt from: (1) Palm Beach County ☒ (2) the following municipality: Wellington (3) located in unincorporated Palm Beach County: ☐

10. Please provide a copy of Local Business Tax Receipts from Palm Beach County and the applicable municipality are attached. ☒

11. Please provide a Certificate of Good Standing indicating the formation or domestication of the entity in and for the State of Florida is attached. ☒

12. Please provide copies of licenses if applicable from the State of Florida authorizing the business to provide the good services or professional services contemplated in the bid documents. ☒

By signing below, I hereby certify that under penalty of perjury I believe my business qualifies as a Palm Beach County, Western Community or subcontractor utilization business in accordance with Wellington's Local Preference Policy and that I have submitted current and accurate information and documents relating to my qualifications. I further acknowledge and agree that any fraudulent or duplicitous information submitted in furtherance of this application will be grounds for disqualification from bidding on this project and doing business with Wellington in the future.

Applicants Federal Tax ID Number - 200261057 Applicants Business Address 3141 Fortune Way. S-16
Wellington FL 33414

Signature of Authorized Representative of Corporation, Partnership, or other business entity:

Lisa Adonis

Print Name: LISA ADONIS

Title: V.P.

Date: 08-21

CITY OF: Wellington

COUNTY OF: Palm Beach

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 8 day of June, 2021 by LISA ADONIS as V.P. (INSERT TITLE), of EFFLORIDE ENTERPRISES (INSERT NAME OF ENTITY - ie: corporation, limited liability company, etc.), (insert status ie: a corporation existing under the laws of the State of FL), ☒ who is personally

known to me or ☐ who has produced as identification Driver's License # _____ or (other identification) (describe) _____

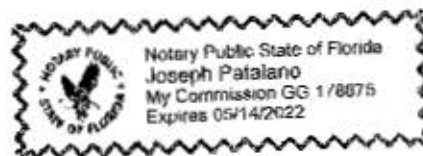
(Signature of Notary)

Joseph Patalano
(Print or Stamp Name of Notary)

Notary Public _____

FL
(State)

Notary Seal



Signature of Individual if Sole Proprietor:

Print Name: _____

Date: _____

CITY OF: _____

COUNTY OF: _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20____ by _____ [insert status], ☐ who is personally known to me or ☐ who has produced as identification Driver's License # _____ or (other identification) (describe) _____

(Signature of Notary)

(Print or Stamp Name of Notary)

Notary Public _____

(State)

Notary Seal

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 undersigned business has no potential conflict of interest for this Agreement due to any other clients, contracts, or property interests.
- ☒ 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.
- ☒ To the best of our knowledge, the undersigned business has no current clients that are presently subject to the jurisdiction of WELLINGTON's Planning, Zoning and Building Department.

POTENTIAL CONFLICT: *NONE*

- ☐ The undersigned business, by attachment to this form, submits information which may be a potential conflict of interest due to any of the above listed reasons or otherwise.

THE UNDERSIGNED UNDERSTANDS AND AGREES THAT THE FAILURE TO CHECK THE APPROPRIATE BLOCKS ABOVE OR TO ATTACH THE DOCUMENTATION OF ANY POSSIBLE CONFLICTS OF INTEREST MAY RESULT IN DISQUALIFICATION OF YOUR BID/PROPOSAL OR IN THE IMMEDIATE CANCELLATION OF YOUR AGREEMENT, WHICHEVER IS APPLICABLE.

E+P Florida Enterprises Inc.

COMPANY NAME

L. Adolis

AUTHORIZED SIGNATURE

LISA Adolis

NAME (PRINT OR TYPE)

V.P.

TITLE

NON-COLLUSION AFFIDAVIT

State of FL

County of Palm Beach

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 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.

E+F Florida Enterprises

Name of Bidder

LISA Addis

Print name of designated signatory

[Signature]

Signature

V.P.

Title

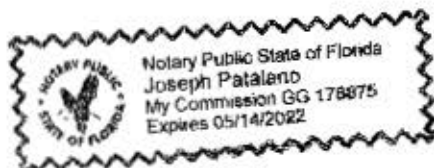
The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 8 day of June, 2021 by LISA Addis as V.P. (INSERT TITLE), of E+F Florida Enterprises (INSERT NAME OF ENTITY - ie: corporation, limited liability company, etc.), (insert status ie: a corporation existing under the laws of the State of _____), ☒ who is personally known to me or ☐ who has produced as identification Driver's License # _____ or (other identification) (describe) _____.

[Signature]

Signature

Notary Public in and for the State of FL

(Affix Seal Here)



Joseph Patalano

(Name Printed)

Residing at 3694 Mira Mar Cir Wellington FL 33414

My commission expires 5/14/22

REFERENCES AND PRIOR EXPERIENCE (PRIME CONTRACTOR)

Bidder Company Name: E & F Florida Enterprises Inc

Bidder shall provide detailed summary of prior experience evidencing successful completion of similar project as described in the bid documents (in scope and complexity). Include information on construction methodology, project budget versus completed cost, project change orders with associated justification, project schedule versus actual completion time, and project litigation if encountered. The Bidder shall provide current names and telephone numbers of agency references for each project provided.

PROJECT NAME: CITY OF LAKE WORTH WAREHOUSE to office conversion

Owner/Reference Name: CITY OF LAKE WORTH

Owner/Reference Contact: Paul Nicholas Engineer
Name Title

561-533-7353
Phone

pnicholas@a.lakeworthbeach.fl.gov
Email

Project Location: 1900 2nd ave N Lake Worth, FL

Project Description: converted warehouse to offices, remodeled other
offices & bathroom. included alc, electrical, fire
sprinkler, doors, flooring, sheet rock, framing, paint etc.

Was the Bidder Prime Contractor or Subcontractor? Prime

List project scope similarities: flooring, doors, carpentry, paint,
alc, electric, etc

Project Cost: Initial Contract Value \$ 228,500

Change Orders \$ YES

Final Contract Price \$ 229,548

Explain Reason(s) for Change Orders: Client requested additional work.

Project Timeline:

Start Date

12/20

Contract Time Extension

3 weeks

Completion Date

3/21

Explain Reason(s) for Time Extension: Client request that an alarm system
to be installed and requested that we finish the work
after the installation so it would not damage the
work we needed to complete

NOTE: Include additional pages with the same format to list other projects as proof of prior experience. List a minimum of three (3) similar projects.

FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE

REFERENCES AND PRIOR EXPERIENCE (PRIME CONTRACTOR)

Bidder Company Name: E & F Florida Enterprises inc

Bidder shall provide detailed summary of prior experience evidencing successful completion of similar project as described in the bid documents (in scope and complexity). Include information on construction methodology, project budget versus completed cost, project change orders with associated justification, project schedule versus actual completion time, and project litigation if encountered. The Bidder shall provide current names and telephone numbers of agency references for each project provided.

PROJECT NAME: Clubhouse Lobby + Gym + Locker Room Renovations

Owner/Reference Name: Bellagio A.D.A.

Owner/Reference Contact: Davika Dhanassar Prop mgr.
Name Title

561-439-8211

Phone

ddhanassar@castlegroup.com

Email

Project Location: 6525 Bellagio Lakes Blvd.

Project Description: Clubhouse lobby, gym, + locker room Renovations.

Was the Bidder Prime Contractor or Subcontractor? Prime.

List project scope similarities: Framing, Sheet rock, paint, trimming,
Carpentry, Cabinetry + Counter tops, etc.

Project Cost: Initial Contract Value \$ 86,900

Change Orders \$ no

Final Contract Price \$ 86,900

Explain Reason(s) for Change Orders: N/A

Project Timeline: Start Date 9/20/20
Contract Time Extension N/A
Completion Date 11/20

Explain Reason(s) for Time Extension: N/A

NOTE: Include additional pages with the same format to list other projects as proof of prior experience. List a minimum of three (3) similar projects.

FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE

REFERENCES AND PRIOR EXPERIENCE (PRIME CONTRACTOR)

Bidder Company Name: ETF Florida Enterprises inc

Bidder shall provide detailed summary of prior experience evidencing successful completion of similar project as described in the bid documents (in scope and complexity). Include information on construction methodology, project budget versus completed cost, project change orders with associated justification, project schedule versus actual completion time, and project litigation if encountered. The Bidder shall provide current names and telephone numbers of agency references for each project provided.

PROJECT NAME: INSTITUTE FOR WOMEN'S HEALTH - OFFICE BUILD OUT / RENOVATION

Owner/Reference Name: INSTITUTE FOR WOMEN'S HEALTH

Owner/Reference Contact: Madaline Christopher PROJ MGR.
Name Title

561-548-3625 madalyn.christopher@HCAhealthcare.com
Phone Email

Project Location: 5507 South Congress Atlanta FL

Project Description: 6,500 sq feet office remodel.

Was the Bidder Prime Contractor or Subcontractor? Prime

List project scope similarities: flooring, doors, carpentry, paint,
electric, cabinetry, etc.

Project Cost: Initial Contract Value \$ 256,200
Change Orders \$ yes
Final Contract Price \$ 262,589

Explain Reason(s) for Change Orders: Minor changes requested by the Client.

Project Timeline:

Start Date

10/2018

Contract Time Extension

1 week.

Completion Date

8/2018

Explain Reason(s) for Time Extension:

minor request / changes by the client.

NOTE: Include additional pages with the same format to list other projects as proof of prior experience. List a minimum of three (3) similar projects.

FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE

CERTIFICATION PURSUANT TO FLORIDA STATUTE § 215.4725

I, LISA Addis, on behalf of EFF Florida Enterprise, certifies
Print Name Company Name

that EFF Florida Enterprises does not:
Company Name

1. Participate 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 the Iran Petroleum Energy Sector List; and
5. Has not engaged in business operations in Cuba or Syria.


Signature

V.P.
Title

6-8-21
Date

Council

Anne Gerwig, Mayor
Tanya Siskind, Vice Mayor
John T. McGovern, Councilman
Michael Drahos, Councilman
Michael J. Napoleone, Councilman

Manager

Jim Barnes

ITB Number: 202116

Title: Renovation of Four Football Press Boxes at Village Park

Bld Opening Date: June 9, 2021 at 11:00 AM Local Time

Request for Information Date: May 11, 2021

Request for Information #1

- **Question #1:** What is the estimated budget for this job?

Response: The estimate of this project is \$50,000.00.

Council

Anne Gerwig, Mayor
Tanya Siskind, Vice Mayor
John T. McGovern, Councilman
Michael Drahos, Councilman
Michael J. Napoleone, Councilman

Manager

Jim Barnes

ITB # 202116

Title: Renovation of Four Football Press Boxes at Village Park

Opening Date: June 9, 2021 11:00 am Local Time

Addendum Date: May 27, 2021

ADDENDUM NO. ONE

PURPOSE: The purpose of this Addendum/NOTICE is to make changes, additions, deletions, revisions, and clarifications to the (ITB) Invitation to Bid documents for Renovation of Four Football Press Boxes at Village Park Project. Bidder shall review the Addendum/NOTICE work and requirements in detail and incorporate any effects the Addendum/NOTICE may have in their proposal price.

1. **Question:** Is the counter top being replaced in Press Box #4?

Response: Counter top should be replaced the same as indicated on the specifications of the other three press boxes. Supply and install formica counter top 18" wide 18" long counter top under the windows for score keeper. Color selected by Wellington Project Manager. Installed with 12" Hercules brackets or better every 36".



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/02/2021

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

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

PRODUCER Insured Choice of North America 706 W. Boynton Beach Blvd. #110 Boynton Beach FL 33426		CONTACT NAME: Troy Slissom PHONE (A/C, No, Ext): (561) 736-6022 FAX (A/C, No): (561) 736-8052 E-MAIL ADDRESS: insuredchoice@insuredchoice.com													
INSURED E & F Florida Enterprises Inc DBA Creative Contracting #CGC1513410 3141 Fortune Way Suite 16 Wellington FL 33449		INSURER(S) AFFORDING COVERAGE <table border="1"><tr><td>INSURER A: UNITED NATL INS CO</td><td>NAIC # 13064</td></tr><tr><td>INSURER B: NAUTILUS INS CO</td><td>17370</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>		INSURER A: UNITED NATL INS CO	NAIC # 13064	INSURER B: NAUTILUS INS CO	17370	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER A: UNITED NATL INS CO	NAIC # 13064														
INSURER B: NAUTILUS INS CO	17370														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		CST0000581	04/05/2021	04/05/2022	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						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 - COMPROP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <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) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			AN082417	04/05/2021	04/05/2022	EACH OCCURRENCE \$ 2,000,000
	DED <input type="checkbox"/> RETENTION \$						AGGREGATE \$ 2,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

CERTIFICATE HOLDER**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE



E&FFL-1

OP ID: NG

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/12/2021

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

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PRODUCER Workers Compensation Group P O Box 410 Boca Raton, FL 33429-0410 Cspeo Consulting LLC	561-392-3300	CONTACT NAME: PHONE (A/C, No, Ext): 561-392-3300 FAX (A/C, No): 561-361-1132 E-MAIL ADDRESS: certs@workerscompgroup.com
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: BusinessFirst Ins Co		11697
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
E&F Florida Enterprises, Inc
DBA Creative Contracting Group
3141 Fortune Way # 16
Wellington, FL 33414

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
							\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER:						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRE AUTOS ONLY						\$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						\$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED						\$
	RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			521-12678	04/16/2021	04/16/2022	PER STATUTE <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER

PROOF OF

CANCELLATION

Proof of Insurance Only
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX

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

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/8/2020

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PRODUCER Floridian Coastline Group 2450 E Commercial Blvd Suite 203 Ft Lauderdale FL 33308	CONTACT NAME: Ana Grajales PHONE (A/C, No, Ext): (954) 302-4531 FAX (A/C, No): (954) 882-3941 E-MAIL ADDRESS: ana@floridiancoastline.com														
INSURED E&F FLORIDA ENTERPRISES, INC DBA CREATIVE CONTRACTORS GROUP 3141 FORTUNE WAY STE 16 WELLINGTON FL 33414	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Travelers Casualty Insurance Company of</td> <td>19046</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Travelers Casualty Insurance Company of	19046	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Travelers Casualty Insurance Company of	19046														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES **CERTIFICATE NUMBER:** CL16122103216 **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.

DESCRIPTION	TYPE OF INSURANCE	ADOL	SOGR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<div> <div>COMMERCIAL GENERAL LIABILITY</div> <div> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR </div> </div>						<div>EACH OCCURRENCE</div> <div>DAMAGE TO RENTED PREMISES (Ea occurrence)</div> <div>MED EXP (Any one person)</div> <div>PERSONAL & ADV INJURY</div> <div>GENERAL AGGREGATE</div> <div>PRODUCTS - COMP/OP AGG</div>
	<div> <div>GEN'L AGGREGATE LIMIT APPLIES PER:</div> <div> <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC </div> </div>						
	<div> <div>AUTOMOBILE LIABILITY</div> <div> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> Hired AUTOS </div> <div> <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS </div> </div>			BA6H922577	10/3/2020	10/3/2021	<div>COMBINED SINGLE LIMIT (Ea accident)</div> <div>BODILY INJURY (Per person)</div> <div>BODILY INJURY (Per accident)</div> <div>PROPERTY DAMAGE (Per accident)</div> <div>Uninsured Motorist combined single</div>
	<div> <div>UMBRELLA LIAB</div> <div> <input type="checkbox"/> EXCESS LIAB </div> </div>						<div>EACH OCCURRENCE</div> <div>AGGREGATE</div>
	<div> <div>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</div> <div> <input type="checkbox"/> Y/N </div> </div>						<div>PER STATUTE</div> <div>OTH-ER</div> <div>E.L. EACH ACCIDENT</div> <div>E.L. DISEASE - EA EMPLOYEE</div> <div>E.L. DISEASE - POLICY LIMIT</div>

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

CERTIFICATE HOLDER

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Michael Cruz/ANA

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STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

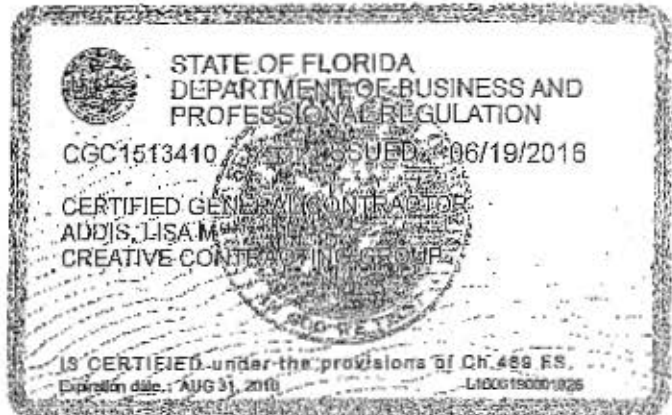
(850) 487-1395

ADDIS, LISA M
CREATIVE CONTRACTING GROUP
3141 FORTUNE WAY
SUITE 16
WELLINGTON FL 33414

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbecue restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER

CGC1513410

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2018

ADDIS, LISA M
CREATIVE CONTRACTING GROUP
3141 FORTUNE WAY
SUITE 16
WELLINGTON FL 33414



ISSUED: 06/19/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1606190001028



Ron DeSantis, Governor

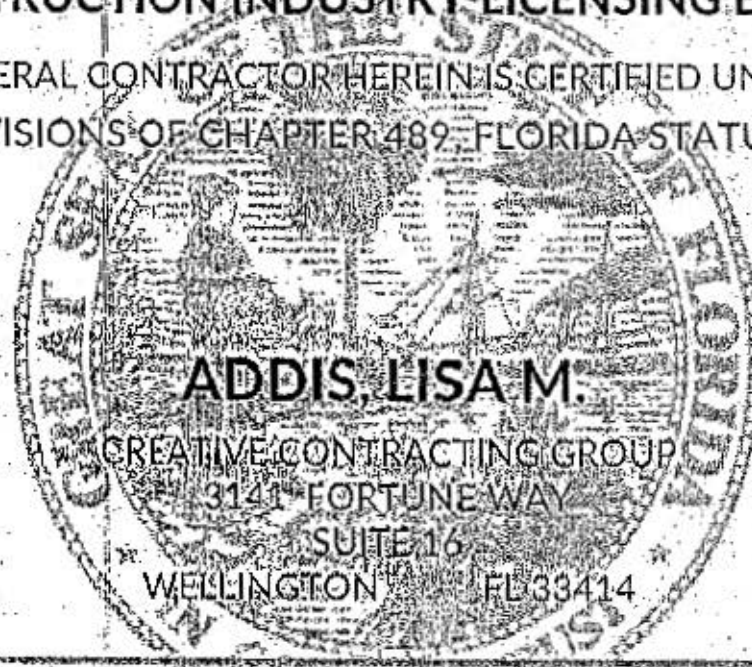
Halsey Beshears, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

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



ADDIS, LISA M.

CREATIVE CONTRACTING GROUP

3141 FORTUNE WAY

SUITE 16

WELLINGTON

FL 33414

LICENSE NUMBER CGC1513410

EXPIRATION DATE: AUGUST 31, 2022

Always verify licenses online at MyFloridaLicense.com

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Detail by Entity Name

Florida Profit Corporation
E&F FLORIDA ENTERPRISES INC.

Filing Information

Document Number	P03D00112054
FE/EIN Number	20-0261053
Date Filed	10/09/2003
State	FL
Status	ACTIVE

Principal Address

4210 sea mist way
wellington, FL 33449

Changed: 05/01/2013

Mailing Address

17682 SEALAKES DRIVE
BOCA RATON, FL 33498

Registered Agent Name & Address

BUDNER, MORDECAI
17682 SEALAKES DRIVE
BOCA RATON, FL 33498

Officer/Director Detail

Name & Address

Title VP

ADDIS, LISA
17682 SEALAKES DRIVE
BOCA RATON, FL 33498

Title Secretary

ADDIS, FRANK
11376 REGATTA LANE
WELLINGTON, FL 33449

Annual Reports

Report Year	Filed Date
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State of Florida

Department of State

I certify from the records of this office that E&F FLORIDA ENTERPRISES INC. is a corporation organized under the laws of the State of Florida, filed on October 9, 2003.

The document number of this corporation is P03000112054.

I further certify that said corporation has paid all fees due this office through December 31, 2018, that its most recent annual report/uniform business report was filed on April 26, 2018, 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 Nineteenth day of March, 2019*



Randy Be
Secretary of State

Tracking Number: 3808679411CU

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

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



Village of Wellington

12300 Forest Hill Blvd., Wellington, FL 33414
(561) 791-4000 | BTR@wellingtonfl.gov

2020-2021

LOCAL BUSINESS TAX RECEIPT

Business Name: Creative Contracting Group
DBA: Creative Contracting Group

Business Type(s): 23 Construction (General)

Business Location: 3141 Fortune Way 16
Wellington, FL 33414

Mailing Address: 4210 Sea Mist Way
Wellington, FL 33449

Owner: Creative Contracting Group

License Number: BTR-002630-2019

License Type: Business Tax Receipt

Issued Date: 10/1/2020

Classification: Construction

Expiration Date: 9/30/2021

Sub Classification: General Contractors

This receipt expires September 30th of each year. It is your responsibility to renew your receipt annually.

TO BE POSTED IN A CONSPICUOUS PLACE

Company ID Number: 1634027

Approved by:

Employer E & F Florida Enterprises Inc	
Name (Please Type or Print) LISA ADDIS	Title
Signature Electronically Signed	Date 01/26/2021
Department of Homeland Security – Verification Division	
Name (Please Type or Print) USCIS Verification Division	Title
Signature Electronically Signed	Date 01/26/2021