INCOMPARATION OF FLORIDA

CITY OF NORTH PORT

OFFICIAL BID TABULATION PRIOR TO LOCAL PREFERENCE

OUTSOURCED MOWING SERVICES

RFB NO. 2023-01

BID OPENING DATE: ____August 16, 2022__ DEPARTMENT: PARKS & RECREATION

		COMPA	NY NAME:		
Location (s) per Exhibit	per Exhibit Address Unit Est. Qty		Per Visit Unit Price	Extended Price	
Pine Park	4556 McKibben Drive, North Port	Per Mow	40	\$ 175	\$ 7,000
McKibben Park	5500 Trekell Street, North Port	Per Mow	40	183	\$ 7,320
Marius Park	6890 Marius Road, North Port	Per Mow	40	146	\$ 5,840
LaBrea Park	6430 LaBrea Street, North Port	Per Mow	40	159	\$ 6,360
Kirk Park	8305 Trionfo Ave., North Port	Per Mow	40	134	\$ 5,360
Hope Park	8161 Lombra Ave., North Port	Per Mow	40	137	\$ 5,480
Marina Park	7030 Chancellor Blvd., North Port	Per Mow	40	137	\$ 5,480
Narramore Park Swales	7508 Glenallen Blvd., North Port	Per Mow	12	1,000	\$ 12,000
Warm Mineral Springs Park - Exterior	12200 San Servando, North Port	Per Mow	12	300	\$ 3,600
Warm Mineral Springs Park - Interior	12200 San Servando, North Port	Per Mow	40	705	\$ 28,200
Myakkahatchee Creek Environmental Park - Open Space	6968 Reisterstown Rd., North Port	Per Mow	40	155	\$ 6,200
Myakkahatchee Creek Environmental Park - Trail Mowing	6968 Reisterstown Rd., North Port	Per Mow	40	550	\$ 22,000
Public Works Complex	1100 N. Chamberlain Blvd., North Port	Per Mow	40	428	\$ 17,120
Fire Station #83	3601 East Price Blvd., North Port	Per Mow	40	198	\$ 7,920
Fire Station #84	1350 Citizens Parkway, North Port	Per Mow	40	138	\$ 5,520
Fire Station #85	108 N. Biscayne Dr., North Port	Per Mow	40	150	\$ 6,000
Fire Station #86	19955 Preto Blvd., North Port	Per Mow	40	417	\$ 16,680
			Total of	all Locations	\$ 168,080

COMPANY NAME: NDL LLC, d/b/a Natural Designs Landscaping

Owner

all or None Bid

Signature of Agent with Binding Authority: Diane A Blase, Agent for Owner

SEALED RFB ENVELOPE LABEL

p 24

• ATTACHMENTS TO BE COMPLETED AND RETURNED WITH BID

ATTACHMENT 1: Insurance Requirements and Acknowledgement (page 48 acknowledgement to be submitted)	Check (√)
ATTACHMENT 2: Excel Tabulation Price Sheet (must complete and Submit in excel format on USB DRIVE). DO NOT RECREATE THIS FORM. ATTACHMENT 3: Bid Form	V
ATTACHMENT 4: Statement of Organization	V
ATTACHMENT 5: Addenda and Bond Form	
ATTACHMENT 6: Equipment and Source of Supply/Subcontractor List	V
ATTACHMENT 7: Qualifications and References	
ATTACHMENT 8: Non-Collusive Affidavit	ν
ATTACHMENT 9: Conflict of Interest	V
ATTACHMENT 10: Public Entity Crime Information	V
ATTACHMENT 11: Drug-Free Workplace Form	NALA
ATTACHMENT 12: Affidavit Claiming Status as a Local Business or North Port Local Business Status (If not claiming, state N/A) ATTACHMENT 13: Standard Indemnification Agreement (Non-Construction/Non-Design Professional)	////
ATTACHMENT 14: Scrutinized Company Certification Form	
ATTACHMENT 15: Lobbying Certification	/
ATTACHMENT 16: Vendor's Certification For E-Verify System	
ATTACHMENT 17: Bind Bond (Must use this form and attach with Bid submittal)	V

ENVELOPES MUST BE MARKED "SEALED BID ENVELOPE LABEL BELOW (NEXT PAGE)".

PLEASE NOTE: Courier Packages (Fedex, UPS, etc.) shall be clearly marked.

If not using label provided on the next page, please include the following on the outside envelope: COMPANY NAME, RFB #, RFB TITLE, DATE DUE, TIME DUE, SUBMITTED BY, NAME OF COMPANY, E-MAIL ADDRESS, TELEPHONE.

Date: August 15, 2022	\cap
Signed (Person authorized to bind the company):	Juni S. 23
Name (printed): Diane A Blase	Title: Agent for Owner

Bidders should carefully review their existing insurances and consider their ability to meet these requirements prior to submission. The requirements should be forwarded to their agent, broker, and insurance providers for review

Unless otherwise specified, it shall be the responsibility of the contractor to ensure that all subcontractors comply with the same insurance requirements spelled out above.

All certificates of insurance must be on file with and approved by the City of North Port Risk Division before the commencement of any work activities.

Bidder Statement:							
We understand the requirements requested and agree to fully comply.							
BIDDER'S NAME TITLE_	Diane A Blase	TITLE	Agent for	Owner			
ALITHOPIZED SIGNATUL	DE DATE MONU		DATE	August 15, 2022			

ATTACHMENT 3: BID FORM

Name of Bidder/Company Name: NDL LLC d/b/a Natural Designs Landscaping
Business Address: P.O. Box 1678
City/State/Zip Code: Lutz, FL 33548
Bidder/Company Telephone Number: 813 949-4933
E-mail Address: dianeblase@ndlllc.com
Contractor License #:
FEID #:
To the City Commission of the City of North Port pursuant to and in compliance with your notice inviting sealed bids (Invitation to Bid), Instructions to Bidders, and the other documents relating thereto, the undersigned Bidder, having familiarized himself/herself with the terms of the Contract documents, local conditions affecting the performance of the Contract, and the cost of the work at the place where the work is to be done, hereby proposes and agrees to perform within the time stipulated in the Contract, including all of its component parts and everything required to be performed, and to provide and furnish any and all of the labor, material, tools, expendable equipment, and all utility and transportation services and design of certain items necessary to perform the Contract and complete in a workmanlike manner, all of the work required in connection with the construction of said work all in strict conformity with the plans and specifications and other Contract documents for the prices hereinafter set forth.
The undersigned, as Bidder, does hereby declare that he has read the Request for Bids, Instructions to Bidders, General Provisions, Special Provisions, Technical Specifications & Conditions, Attachments, Exhibits, Insurance Requirements, Bid Form, Permit Fees, Plan Revisions, Plans, and any other reports or documentation for: RFB NO. 2023-01 OUTSOURCED MOWING SERVICES and further agrees to furnish all items listed on the attached Bid Form in accordance with the unit price line items as indicated on the bid schedule form(s) submitted. The above specified documents are herein incorporated into the Bid Form.
The undersigned as Bidder, declares that the only persons or parties interested in this submittal as principals are those named herein: that this submittal is made without collusion with any person, firm, or corporation: and he/she proposes and agrees, if the proposal is accepted, that he/she will execute a Contract with the City in the form set forth in the Contract documents and that he/she will accept in full payment thereof the following prices, to wit:
PROJECT TOTAL: One hundred sixty eight thousand eighty dollars \$ 168,080.00
Through the signing of this Bid Form, Bidder attests his/her bid is guaranteed for a period of not less than NINETY (90) DAYS from the date of the official bid opening.
Date: August 15, 2022
Signed (Person authorized to bind the company):
Name (printed): Diane A Blase Title: Agent for Owner

ATTACHMENT 4:

STATEMENT OF ORGANIZATION

The following information will be provided to the City of North Port for incorporation in legal documents. It is, therefore, vital all information is accurate and complete. Please be certain all spelling, and capitalization is exactly as registered with the state or federal government.

Company Name NDL LLC d/b/a	<u>Natural Designs Landscapin</u>	g		
813-949-4933	dianeblase@ndlllc.com	813-949	9-1391	
Telephone #	E-Mail	Fax #		
1810 Clement Rd.				
Main Office Address Lutz, FL 33548				van translatur son and an array translature.
City	State	Zip Code		
Address of Office Servicing City of North	Port, if different than above:	SAME AS	S ABOVE	
Office Address 1500 15th Avenue Dr.				
City Palmetto, FL 34221	State	Zip Code		
Telephone # 813-477-0490 E-mail	dianeblase@ndlllc.com	Fax #		
Name & Title of Firm Representative				
Federal Identification Number:	20-3862943	a sayaya		_
Bidder shall submit proof that it is autholaw.	orized to do business in the Sta	ate of Florida	unless registration	is not required by
				(Please
Check One)				
Is this a Florida Corporation:	XYes or	□No		
If not a Florida Corporation,				
In what state was it created:			physiological and the second and th	
Name as spelled in that State:			easter Committee	
What kind of corporation is it:	"For Profit"	or 🔀	"Not for Profit"	
Is it in good standing:	XYes	or 🗌	No	
Authorized to transact business in Flori	da: X Yes	or 🗌]No	
State of Florida Department of State Ce	rtificate of Authority Documen	t No.:		Asimous
Does it use a registered fictitious name	: Yes	or 🗵]No	

Names of Officers:	
President:	Secretary:
Vice President:	Treasurer:
Director:	Director:
Other: Jennifer Petresky, CEO	Other:
Name of Corporation (As used in Florida):
NDL LLC	
(Spelled exactly as it is reg	istered with the state or federal government)
Corporate Address:	
Post Office Box:	P.O. Box 1678
Oty, State Zip:	Lutz, FL 33548
Street Address: Oty, State, Zip:	1810 Clement Rd Lutz, FL 33549
STATE OF FLORIDA COUNTY OFHillsborough Sworn to (or affirmed) and subscribed by of	efore me by means of ☑/physical presence or □ online notarization, this <u>□</u> day
9	Notary Public - State of Florida
Personally Known X OR Produced Id Type of Identification Produced	
Date: 815/2022	
Signed (Person authorized to bind the comp	pamy): Warld ?
Name (printed): 1)101001A1 B10	SP Title Apont for Owner

ATTACHMENT 5:

ADDENDA AND BOND INFORMATION

The undersigned acknowledges receipt of the following addenda, and the cost, if any, of such revisions has been included in the bid price.

Addendum No.	1	Dated	7/29/2022	Addendum No.	Dated	
Addendum No.	2	Dated	8/4/2022	Addendum No.	Dated	
Addendum No.		Dated		Addendum No.	Dated	
Addendum No.		Dated		Addendum No.	Dated	

BID BOND: ACCOMPANYING THIS PROPOSAL IS Budders Bund

BID BOND AND PERFORMANCE/PAYMENT BOND (SEE ATTACHMENTS 17 & 18)

(insert: "cash", "Bidder's bond", or "certified check", as the case may be) in an amount equal to at least 5% of the total
amount of the bid, payable to the City of North Port. Cashier's checks will be returned to all Bidders after award of bid. If
supplying a bid bond please use the attached bid bond form. Note: Failure to submit a bid bond will be cause for rejection
ofbid.

The undersigned deposits the above-named security as a proposal guarantee and agrees that it shall be forfeited to the City as liquidated damages in case this proposal is accepted by the City and the undersigned fails to execute a Contract with the City as specified in the Contract documents accompanied by the required labor and material and faithful performance bonds with sureties satisfactory to the City, and accompanied by the required certificates of insurance coverage. Should the City be required to engage the services of an attorney in connection with the enforcement of this bid, Bidder promises to pay City's reasonable attorneys' fees incurred with or without suit.

All Contract docu	ments (i.e.:, cashier's check,	bid bond) shall be in the na	ame of "City of North Port".
Date: Augu	ust 15, 2022	A +	
Signed (Person auth	norized to bind the company): _	Danis =	
Name (printed):	Diane A Blase	Title:	Agent for Owner

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ATTACHMENT 6:

EQUIPMENT AND SUBCONTRACTOR/SUPPLIER LIST

Equipment is located at: 1500 15th Ave Dr.E, Suite 101, Palmetto, FL 34221 and 1810 Clement Rd, Lutz, FL 33548

Leased/Qwned

Condition

Please make sure your list of equipment contains the following: Description of equipment, inclusive of manufacturer, year and condition.

List the condition of equipment/vehicles utilized for this project in accordance with the following scale: **1-Excellent: 2-Good: 3-Fair: 4-Poor.** (Attach additional sheets, if required.)

Manufacturer

Description

See attached

2
3
SOURCE OF SUPPLY AND SUBCONTRACTOR FORM
The following sources of supply and subcontractors shall be used for the RFB NO. 2023-01 OUTSOURCED MOWING SERVICES of Bidder does not have a source of supply or subcontractor, insert "to be determined". When a source or subcontractor is determined selection will be subject to City approval. (If not applicable, state N/A). <u>SUBCONTRACTOR(S)</u>
(PLEASE INCLUDE ADDRESS/TELEPHONE NUMBER & E-MAIL)
1N/A
2
3
SUPPLIER(S)
1. N/A
2
3
Date:August 15, 2022
Signed (Person authorized to bind the company):
Name (printed): Diane A Blase Title: Agent for Owner
THIS PAGE MUST BE COMPLETED AND SUBMITTED

Item	FAM Number	Purchase Date	Account
BIG DOG Diablo 01		08/20/2015	MOWERS:MOWERS
BIG DOG Diablo 02		08/20/2015	MOWERS:MOWERS
BIG DOG Diablo 03		08/20/2015	MOWERS:MOWERS
BIG DOG Diablo 04		09/01/2015	MOWERS:MOWERS
BIG DOG Diablo 06		09/01/2015	MOWERS:MOWERS
BIG DOG DIABLO 16		12/23/2019	MOWERS:MOWERS
BIG DOG DIABLO 16		12/23/2019	MOWERS:MOWERS
BIG DOG DIABLO 16		12/23/2019	MOWERS:MOWERS
BIG DOG DIABLO 16		12/23/2019	MOWERS:MOWERS
BIG DOG DIABLO 16		12/23/2019	MOWERS:MOWERS
BIG DOG DIABLO 10		12/04/2019	MOWERS:MOWERS
BIG DOG DIABLO 10		12/04/2019	MOWERS:MOWERS
BIG DOG DIABLO 10		12/04/2019	MOWERS:MOWERS
BIG DOG DIABLO 10		12/04/2019	MOWERS:MOWERS
BIG DOG DIABLO 10		12/04/2019	MOWERS:MOWERS
BIG DOG DIABLO 10		12/04/2019	MOWERS:MOWERS
BIG DOG DIABLO 10		12/04/2019	MOWERS:MOWERS
BIG DOG DIABLO 10		12/04/2019	MOWERS:MOWERS
BIG DOG DIABLO 10		12/04/2019	MOWERS:MOWERS
BIG DOG DIABLO 11		12/04/2019	MOWERS:MOWERS
BIG DOG Diablo FX1		06/26/2018	EQUIPMENT:EQUI
BIG DOG Diablo FX1		06/26/2018	EQUIPMENT:EQUI
BIG DOG Diablo MP		06/14/2019	EQUIPMENT:EQUI
BIG DOG Diablo MP		06/14/2019	EQUIPMENT:EQUI
BIG DOG MOWER 18		04/01/2014	MOWERS:MOWERS
BIG DOG MOWER 24		04/01/2014	MOWERS:MOWERS
BIG DOG X-107237K		09/06/2012	MOWERS:MOWERS
BIG DOG X-107237K		09/06/2012	MOWERS:MOWERS
BIG DOG X-107237K		09/06/2012	MOWERS:MOWERS
BLOWER - WINDSTO		05/17/2019	EQUIPMENT:EQUI
BLOWER - WINDSTO		11/12/2019	EQUIPMENT:EQUI
BOXER 700HDX - 58		08/13/2019	EQUIPMENT:EQUI
CURVED SHAFT TRI		04/01/2016	EQUIPMENT:EQUI
GATOR 4x2 TX - 01		09/10/2013	EQUIPMENT:EQUI
GATOR 4x2 TX - 02		09/10/2013	EQUIPMENT:EQUI
GATOR JD 825E - 03		06/14/2018	EQUIPMENT:EQUI
GATOR JD 825E - 04		06/14/2018	EQUIPMENT:EQUI
GATOR JD 825M 06		05/14/2020	EQUIPMENT:EQUI
GATOR JD 825MS4		06/14/2018	EQUIPMENT:EQUI
GRINDER - 2008 - 73		10/31/2019	EQUIPMENT:EQUI
GROUNDMASTER 41		03/28/2014	MOWERS:MOWERS
HEDGE CLIPPER		04/01/2016	EQUIPMENT:EQUI
HEDGE TRIMMER		04/01/2016	EQUIPMENT:EQUI
HUSTLER SUPER 10		12/04/2019	MOWERS:MOWERS
JD 01 - 0549		10/21/2014	MOWERS:MOWERS
JD 02 - 0544		10/21/2014	MOWERS:MOWERS
JD 04 - 0500		10/21/2014	MOWERS:MOWERS
JD 06 - 0547		10/21/2014	MOWERS:MOWERS

Item	FAM Number	Purchase Date	Account
ECHO BACKPACK (5)		06/06/2021	EQUIPMENT:EQUI
ECHO BACKPACK (4)		06/06/2021	EQUIPMENT:EQUI
ECHO BACKPACK (3)		06/06/2021	EQUIPMENT:EQUI
ECHO BACKPACK (2)		06/06/2021	EQUIPMENT:EQUI
ECHO BACKPACK (1)		06/06/2021	EQUIPMENT:EQUI
ECHO HEDGE TRIM		06/06/2021	EQUIPMENT:EQUI
ECHO HEDGE TRIM		06/06/2021	EQUIPMENT:EQUI
ECHO CHAINSAW		06/06/2021	EQUIPMENT:EQUI
ECHO TRIMMER (2)		06/06/2021	EQUIPMENT:EQUI
ECHO TRIMMER (1)		06/06/2021	EQUIPMENT:EQUI
SCAG 52" (6)		05/24/2021	MOWERS:MOWERS
SCAG 52" (5)		05/24/2021	MOWERS:MOWERS
SCAG 61" (7)		04/07/2021	MOWERS:MOWERS
SCAG 61" (6)		04/07/2021	MOWERS:MOWERS
SCAG 61" (5)		04/07/2021	MOWERS:MOWERS
SCAG 61" (4)		04/07/2021	MOWERS:MOWERS
SCAG 61" (3)		04/07/2021	MOWERS:MOWERS
SCAG 61" (2)		04/07/2021	MOWERS:MOWERS
SCAG 61" (1)		04/07/2021	MOWERS:MOWERS
SCAG 52" (4)		04/07/2021	MOWERS:MOWERS
SCAG 52" (3)		04/07/2021	MOWERS:MOWERS
SCAG 52" (2)		04/07/2021	MOWERS:MOWERS
SCAG 52" (1)		04/07/2021	MOWERS:MOWERS
BIG DOG DIABLO 60		03/25/2022	MOWERS:MOWERS
BIG DOG DIABLO 60		03/25/2022	MOWERS:MOWERS
BIG DOG DIABLO 60		03/25/2022	MOWERS:MOWERS
BIG DOG DIABLO 60		03/25/2022	MOWERS:MOWERS
BIG DOG DIABLO 72		03/25/2022	MOWERS:MOWERS
BIG DOG DIABLO 72		03/25/2022	MOWERS:MOWERS
BIG DOG DIABLO 72		03/25/2022	MOWERS:MOWERS
BIG DOG DIABLO 72		03/25/2022	MOWERS:MOWERS
BIG DOG DIABLO 72		03/25/2022	MOWERS:MOWERS
Hustler 52" (4)		03/02/2022	MOWERS:MOWERS
Hustler 52" (3)		03/02/2022	MOWERS:MOWERS
Hustler 52" (2)		03/02/2022	MOWERS:MOWERS
Hustler 52" (1)		03/02/2022	MOWERS:MOWERS
BUSH HOG 15' CUTT		05/10/2022	MOWERS:MOWERS
Hustler Super S 52" (3)		05/23/2022	MOWERS:MOWERS
Hustler Super S 52" (2)		05/23/2022	MOWERS:MOWERS
Hustler Super S 52" (1)		05/23/2022	MOWERS:MOWERS
JD 5090E Utility Trac		01/18/2022	EQUIPMENT:EQUI
SOD CUTTER		01/12/2022	EQUIPMENT:EQUI
SCAG V-RIDE KAW 2		11/18/2021	MOWERS:MOWERS
SCAG V-RIDE KAW 2		11/18/2021	MOWERS:MOWERS
BACKPACK 2016-01		04/01/2016	EQUIPMENT:EQUI
BACKPACK 2016-02		04/01/2016	EQUIPMENT:EQUI
BACKPACK 2016-03		04/01/2016	EQUIPMENT:EQUI
BACKPACK 2016-04		04/01/2016	EQUIPMENT:EQUI



Item	FAM Number	Purchase Date	Account
JD 07 - 0467		10/21/2014	MOWERS:MOWERS
JD 08 - 0481		10/21/2014	MOWERS:MOWERS
JD 09 - 0483		10/21/2014	MOWERS:MOWERS
JD 10 - 0482		10/21/2014	MOWERS:MOWERS
JD 11 - 0501		10/21/2014	MOWERS:MOWERS
JD 12 - 0497		01/21/2014	MOWERS:MOWERS
JD 13 - 0506		10/21/2014	MOWERS:MOWERS
JD 15 - 0018		10/21/2014	MOWERS:MOWERS
JD 16 - 0017		10/21/2014	MOWERS:MOWERS
JD 18 - 0026		10/21/2014	MOWERS:MOWERS
JD 19 - 0113		10/21/2014	MOWERS:MOWERS
JD 20 - 5026		10/21/2014	MOWERS:MOWERS
JD 21 - 5031		10/21/2014	MOWERS:MOWERS
JD 22 - 0019		10/21/2014	MOWERS:MOWERS
JD 23 - 0020		10/21/2014	MOWERS:MOWERS
JD 24 - 5001		10/21/2014	MOWERS:MOWERS
JD 25 - 5008		10/21/2014	MOWERS:MOWERS
JD 26 - 5006		10/21/2014	MOWERS:MOWERS
JD 27 - 5005		10/21/2014	MOWERS:MOWERS
JD 28 - 5007		10/21/2014	MOWERS:MOWERS
JD 29 - 0579		10/21/2014	MOWERS:MOWERS
JD 30 - 0333		10/21/2014	MOWERS:MOWERS
JD 31 - 1412		07/07/2017	MOWERS:MOWERS
JD 32 - 1706		07/07/2017	MOWERS:MOWERS
JOHN DEERE Z950 0		05/11/2018	MOWERS:MOWERS
JOHN DEERE Z950 0		05/11/2018	MOWERS:MOWERS
JOHN DEERE Z950 0		05/11/2018	MOWERS:MOWERS
JOHN DEERE Z950M		08/13/2019	MOWERS:MOWERS
JOHN DEERE Z950M		08/13/2019	MOWERS:MOWERS
PRESSURE WASHER		08/16/2012	EQUIPMENT:EQUI
PRESSURE WASHER		08/16/2012	EQUIPMENT:EQUI
QUIKTRAK MOWER 6		08/13/2019	MOWERS:MOWERS
STICK EDGER 2016-01		04/01/2016	EQUIPMENT:EQUI
STICK EDGER 2016-02		04/01/2016	EQUIPMENT:EQUI
STICK EDGER 2016-03		04/01/2016	EQUIPMENT:EQUI
STIHL BACKPACK BL		08/10/2012	EQUIPMENT:EQUI
STIHL BACKPACK BL		08/10/2012	EQUIPMENT:EQUI
STIHL BACKPACK BL		08/10/2012	EQUIPMENT:EQUI
STIHL BACKPACK BL		08/10/2012	EQUIPMENT:EQUI
STIHL BACKPACK BL		08/10/2012	EQUIPMENT:EQUI
STIHL BACKPACK BL		08/10/2012	EQUIPMENT:EQUI
STIHL BACKPACK BL		08/10/2012	EQUIPMENT:EQUI
STIHL BACKPACK BL		08/10/2012	EQUIPMENT:EQUI
STIHL BACKPACK BL		08/10/2012	EQUIPMENT:EQUI
STIHL BACKPACK BL		08/10/2012	EQUIPMENT:EQUI
STIHL BLOWER BAC		03/28/2016	EQUIPMENT:EQUI
STIHL BLOWER BAC		03/28/2016	EQUIPMENT:EQUI
STIHL BLOWER BAC		03/28/2016	EQUIPMENT:EQUI

May 27, 2022

STHIL BLOWER BAC 03/28/2016 EQUIPMENT:EQUI STHIL BLOWER BAC 03/16/2017 EQUIPMENT:EQUI STHIL BLOWER BAC 07/05/2017 EQUIPMENT:EQUI STHIL BLOWER BAC 07/05/2017 EQUIPMENT:EQUI STHIL BLOWER BAC 07/05/2017 EQUIPMENT:EQUI STHIL BLOWER BAC 03/20/2018 EQUIPMENT:EQUI STHIL BLO	Item	FAM Number	Purchase Date	Account
STIHL BLOWER BAC	STIHL BLOWER BAC		03/28/2016	EQUIPMENT:EQUI
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STIHL BLOWER BAC 03/28/2016 EQUIPMENT:EQUI STIHL BLOWER BAC 03/28/2016 EQUIPMENT:EQUI STIHL BLOWER BAC 03/16/2017 EQUIPMENT:EQUI STIHL BLOWER BAC 07/05/2017 EQUIPMENT:EQUI STIHL BLOWER BAC 07/05/2017 EQUIPMENT:EQUI STIHL BLOWER BAC 07/05/2017 EQUIPMENT:EQUI STIHL BLOWER BAC 03/20/2018 EQUIPMENT:EQUI STIHL BLOWER BAC 03/20/2018 EQUIPMENT:EQUI	STIHL BLOWER BAC			= = = = = = = = = = = = = = = = = = = =
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May 27, 2022

Item	FAM Number	Purchase Date	Account
STIHL HEDGE TRIM		03/28/2016	EQUIPMENT:EQUI
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STIHL HEDGE TRIM		03/28/2016	EQUIPMENT:EQUI
STIHL HEDGE TRIM		03/16/2017	EQUIPMENT:EQUI
STIHL HEDGE TRIM		03/16/2017	EQUIPMENT:EQUI
STIHL HEDGE TRIM		03/16/2017	EQUIPMENT:EQUI
STIHL HEDGE TRIM		07/05/2017	EQUIPMENT:EQUI
STIHL HEDGE TRIM		03/28/2016	EQUIPMENT:EQUI
STIHL HEDGE TRIM		03/28/2016	EQUIPMENT:EQUI
STIHL HEDGE TRIM		03/28/2016	EQUIPMENT:EQUI
STIHL LINE TRIMME		08/10/2012	EQUIPMENT:EQUI
STIHL LINE TRIMME		08/10/2012	EQUIPMENT:EQUI
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STIHL LINE TRIMME		03/28/2016	EQUIPMENT:EQUI
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STIHL LINE TRIMME		03/16/2017	EQUIPMENT:EQUI
STIHL LINE TRIMME		03/16/2017	EQUIPMENT:EQUI
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STIHL LINE TRIMME		07/05/2017	EQUIPMENT:EQUI
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Item	FAM Number	Purchase Date	Account
STIHL LINE TRIMME		03/28/2016	EQUIPMENT:EQUI
STIHL LINE TRIMME		03/28/2016	EQUIPMENT:EQUI
STIHL LONG HEDGE		03/28/2016	EQUIPMENT:EQUI
STIHL LONG HEDGE		03/28/2016	EQUIPMENT:EQUI
STIHL LONG HEDGE		03/28/2016	EQUIPMENT:EQUI
STIHL POLE PRUNER		03/16/2017	EQUIPMENT:EQUI
STIHL POLE PRUNER		03/16/2017	EQUIPMENT:EQUI
STIHL POLE SAW 20		03/20/2018	EQUIPMENT:EQUI
STIHL POLE SAW 20		03/20/2018	EQUIPMENT:EQUI
STIHL POLE SAW 20		03/20/2018	EQUIPMENT:EQUI
STIHL POLE SAW 20		03/20/2018	EQUIPMENT:EQUI
STIHL SOLID SHAFT		08/10/2012	EQUIPMENT:EQUI
STIHL SOLID SHAFT		08/10/2012	EQUIPMENT:EQUI
STIHL SOLID SHAFT		08/10/2012	EQUIPMENT:EQUI
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STIHL STICK EDGER		08/06/2018	EQUIPMENT:EQUI
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STRAIGHT SHAFT TR		04/01/2016	EQUIPMENT:EQUI
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STRING TRIMMER		04/01/2016	EQUIPMENT:EQUI
TOR 74519-01 - 0144		05/08/2019	MOWERS:MOWERS
TOR 74930-01 - 1868		05/07/2018	MOWERS:MOWERS
TOR 74930-02 - 5473		05/07/2018	MOWERS:MOWERS
TOR 74930-03 - 1869		05/07/2018	MOWERS:MOWERS
TOR 74930-04 - 4008		04/26/2018	MOWERS:MOWERS
TOR 74930-05 - 4009		04/26/2018	MOWERS:MOWERS
TORO TURFMASTER		11/12/2019	MOWERS:MOWERS
TORO Z MASTER-03		08/16/2012	MOWERS:MOWERS
TORO Z MASTER-05		08/16/2012	MOWERS:MOWERS
TORO Z MASTER-06		08/16/2012	MOWERS:MOWERS
TORO Z MASTER-08		08/16/2012	MOWERS:MOWERS
TORO Z MASTER-09		08/16/2012	MOWERS:MOWERS

Waller 09 - 0421

Waller 10 - 0424

Waller 11 - 0268

Waller 12 - 0421

Waller 13 - 0423

Waller 14 - 0440

Z-SPRAYS - 01 - 18099

Z-SPRAYS - 02 - 18100

Z-SPRAYS - 03 - 18101

Z-SPRAYS - 04 - 18102

NDL LLC, dba Natural Designs Landscaping Fixed Asset Listing May 27, 2022

Item	FAM Number	Purchase Date	Account
TORO Z MASTER-10		08/16/2012	MOWERS:MOWERS
TORO Z MASTER-11		08/16/2012	MOWERS:MOWERS
TRACK LOADER Joh		08/31/2017	EQUIPMENT:EQUI
Waller 01 - 0485		10/22/2014	MOWERS:MOWERS
Waller 02 - 0334		10/22/2014	MOWERS:MOWERS
Waller 04 - 0347		10/22/2014	MOWERS:MOWERS
Waller 05 - 0349		10/22/2014	MOWERS:MOWERS
Waller 06 - 0380		10/22/2014	MOWERS:MOWERS
Waller 07 - 0381		10/22/2014	MOWERS:MOWERS
Waller 08 - 0420		10/22/2014	MOWERS:MOWERS

10/22/2014

10/22/2014

10/22/2014

10/22/2014

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10/22/2014

02/19/2018

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ATTACHMENT 7:

QUALIFICATIONS AND REFERENCES

The City will only entertain bids from bidders with a minimum of three (3) years' experience in **commercial** groundskeeping and mowing services. Additionally, Bidders shall submit a **commercial** client listing, with at least five (5) accounts, detailing the longevity of the accounts and disclosing the contact name, email address and phone number for each account, work scope and area included in "Scope of Work". The City reserves the right to make contact with any or all of the clients to acquire a reference; however, the Bidder is encouraged to submit written client reference letters.

Contractor or designated supervisor shall have completed a Sarasota County approved Best Management Practices training program and shall be required to provide the certificate of completion with the submission of their bid. Should the Contractor not have this certificate, they shall be required to obtain it within three (3) months of the award of bid and provide proof of completion. The Contractor will also provide a copy of all applicable certifications and licenses with the submission of their bid.

1. Business/Customer Name: Hillsborough County BOCC
Name of Contact Person/Title: Allen Howell, Contract Coordinator
Telephone# 813-373-1945 Fax E-mail howellal@hillsboroughcounty.org
Address 601 E Kennedy, Tampa, FL 33602
Phone Number813-373-1945
Duration of Contract or business relationship 2019 - current
Type of Services Provided Roadway lawn maintenance and sweeping
Contract Period: FROM <u>5/1/2021</u> TO <u>4/30/24</u>
Contract Price \$6,250,000 Contract Price at Completion of the Project \$
2. Business/Customer Name: Pasco County BOCC
Name of Contact Person/Title: Stacey Ziegler, Purchasing Director
Telephone# 727-847-8194 Fax 727-847-8434 E-mail sziegler@pascocountyfl.net
Address 7536 State Street, New Port Richey, FL
Phone Number 727-847-8194
Duration of Contract or business relationship 2005 - present
Type of Services Provided Countywide Grounds Maintenance
Contract Period: FROM 10/1/2018 TO 9/30/23
Contract Price \$ 3,300,000.+ Contract Price at Completion of the Project \$
Date: August 15, 2022
Signed (Person authorized to bind the company):
Name (printed): Diane A Blase Title: Agent for Owner

3. Business/Customer Name: Pinellas County Utility Department
Name of Contact Person/Title:James Hewston, Supervisor
Telephone# 727-953-5005 Fax E-mail jhewston@co.pinellas.fl.us
Address_ 6730 142nd Ave N., Largo, FL 33771
Contract Period: FROM 4/1/2022 TO 3/31/25
Contract Price \$ 100,390.00 Contract Price at Completion of the Project \$
Phone Number 727-953-5005
Duration of Contract or business relationship 20 years
Type of Services Provided Countywide Grounds Maintenance for Utility and Public Works Depts.
Contract Period: FROM TO
Contract Price \$ Contract Price at Completion of the Project \$
4. Business/Customer Name: City of Madeira Beach
Name of Contact Person/Title:
Telephone# 727-392-0665 Fax E-mail jhatch@madeirabeachfl.gov
Address300 Municipal Dr., Madeira Beach, FL 33708
Phone Number727-392-0665
Duration of Contract or business relationship 5 years
Type of Services Provided Lawn Maintenance at Municipal Bldg, Fire Station, Park, and Rec Center
Contract Period: FROM <u>1/1/2022</u> TO <u>9/30/2027</u>
Contract Price \$ 168,000 Contract Price at Completion of the Project \$
Date:August 15, 2022
Signed (Person authorized to bind the company):
Name (printed): Diane A Blase Title: Agent for Owner

5. Business/Customer Name: Lakewood Ranch Commercial Realty
Name of Contact Person/Title:Lisa Palmeri, Contract Coordinator
Telephone# <u>941-757-1640</u> Fax <u>E-mail</u> lisa.palmeri@lwrcommercial.com
Address14400 Covenant Way, Lakewood Ranch, FL
Contract Period: FROM 2018 TO current
Contract Price \$ +\$500,000. Contract Price at Completion of the Project \$
Phone Number_ 941-907-6677
Duration of Contract or business relationship since 2007
Type of Services Provided Commercial Roadway and business lawn maintenance
Contract Period: FROM TO
Contract Price \$ Contract Price at Completion of the Project \$
6. Business/Customer Name: The Lake Club
Name of Contact Person/Title: James Brinn
Telephone# 941-376-3261 Fax E-mail james.brinn@lakeclublife.com
Address8307 Lake Club Blvd., Lakewood Ranch, FL 34202
Phone Number941-240-9754
Duration of Contract or business relationship since 2012
Type of Services Provided Common Area lawn maintenance, irrigation and horticulture
Contract Period: FROM 2012 TO current
Contract Price \$ 83,758.00 Contract Price at Completion of the Project \$
Date: August 15, 2022
Signed (Person authorized to bind the company):
Name (printed): Diane A Blase Title: Agent for Owner

THIS PAGE MUST BE COMPLETED AND SUBMITTED

ATTACHMENT 8:

NON-COLLUSIVE AFFIDAVIT

State of Florida
County of Hillsborough
Before me, the undersigned authority, personally appeared:
Diane Blase who, being first duly sworn, deposes and says that:
1. He/She is the Agent for Owner (Owner, Partner, Officer, Representative or Agent) of NDL LLC, the Respondent that has submitted the attached reply:
2. He/She is fully informed respecting the preparation and contents of the attached reply and of all pertinent circumstances respecting such reply:
3. Such reply is genuine and is not a collusive or sham reply:
4. Neither the said Respondent nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other respondent, firm, or person to submit a collusive or sham reply in connection with the work for which the attached reply has been submitted: or have in any manner, directly or indirectly sought by agreement or collusion, or communication or conference with any respondent, firm, or person to fix the price or prices in the attached reply or of any other respondent, or to fix any overhead, profit, or cost elements of the reply price or the reply price of any other respondent, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the reply work. Signed, sealed and delivered this
Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this day of 2022, by Strace
Personally Known OR Produced Identification Type of Identification Produced THIS PAGE MUST BE COMPLETED AND SUBMITTED

Notary Public State of Florida Tracey C Craig My Commission GG 257145 Expires 12/11/2022

ATTACHMENT 9: CONFLICT OF INTEREST FORM

F.S. §112.313 places limitations on public officers (including advisory board members) and employees' ability to Contract with the City either directly or indirectly. Therefore, please indicate if the following applies:

PART		m an en	nployee,	public offic	er or adv	visory boa	ard memb	er of the City	/	
										(List Position Or Board)
	_l ar	n the sp	ouse or	child of an e	employe	e, public	officer or	advisory boa	ırd member	of the City
Name	e:									
direct owne	or, o rship	r propri of more	etor of Re e than 5 p	espondent o	or has a r ne total a	material in assets or o	nterest in capital sto	Respondent ck of any bus	. "Material i	se or child, is an officer, partne interest" means direct or indirect. For the purposes of [§112.313
Name	e:									
	R	esponde	ent emplo	oys or Conti	racts wit	h an emp	oloyee, pu	blic officer o	r advisory b	poard member of the City.
Name	e:									
X	N	one of 1	he Abov	e						
PART	11:	Are you	going to	request ar	advisor	ry board	memberv	vaiver?		
		1.50		visory board						
X			request a	an advisory	board m	ember w	aiver und	er§112.313(12)	
				relationship e not waive			orohibited	under the I	Florida Ethio	cs Code and will disqualify any
	Au	gust 15	5, 2022			—— A				
				e company):	1	VAMOLL	2			-

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Lake

ATTACHMENT 10: PUBLIC ENTITY CRIME INFORMATION

As provided by F.S. §287.133, a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a Contract to provide any goods or services to a public entity, may not submit a bid on a Contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a Contractor, supplier, Subcontractor, or Consultant under a Contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

City: Lutz State: FL Zip Code:	ı, Diane A Blase	, being an authorized representative of the Respondent ,
the contents above. I further certify that Respondent is not disqualified from replying to this solicitation because of F.S. §287.133. Signature: Date:August 15, 2022 Telephone #: 813-949-4933	Located at:1810 Clement Rd	
Signature: Date:August 15, 2022 Telephone #: 813-949-4933	City: _Lutz State:	FL Zip Code: 33548 , have read and understand
Signature: Date:August 15, 2022	the contents above. I further certify that Respon	dent is not disqualified from replying to this solicitation because of F.S.
E-mail:dianeblase@ndlllc.com State of Florida County of Hillsborough STATE OF FLORIDA COUNTY OF Hillsborough Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this day of to 2022, by Tracey tracey Notary Public – State of Florida Personally Known OR Produced Identification Type of Identification Produced Date:	Wains D	> Date:August 15, 2022
E-mail:	Telephone #: 813-949-4933	Fax #: 813-949-1391
STATE OF FLORIDA COUNTY OFHillsborough Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, thisO day of 2022, by Truceu rais Notary Public – State of Florida Personally Known OR Produced Identification Type of Identification Produced Date: Quant 10, 2027 Signed (Person authorized to bind the company):	00.0000040	E-mail: dianeblase@ndlllc.com
STATE OF FLORIDA COUNTY OFHillsborough Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this day of 2022, by Vracey Notary Public – State of Florida Personally Known OR Produced Identification Type of Identification Produced Date:	State of Florida	
Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this day of 2022, by	County ofHillsborough	
Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this day of 2022, by		
Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this day of 2022, by	STATE OF FLORIDA	
Personally Known OR Produced Identification Type of Identification Produced Date: Qrace Notary Public – State of Florida Personally Known OR Produced Identification Type of Identification Produced Signed (Person authorized to bind the company):		
Personally Known OR Produced Identification Type of Identification Produced Date: On Produced Date: On Produced Signed (Person authorized to bind the company):	day of augus - 2022, by Tracey (Tracey brance
Date: <u>August 10, 2027</u> Signed (Person authorized to bind the company):	Personally Known OR Produced Identificati	on
Signed (Person authorized to bind the company):	Type of Identification Produced	
Name (printed): Warl A. Blase Title: agent for owner	9	Jan to 22
	Name (printed): Name (A. Blase	

THIS PAGE MUST DE COMPLETED AND SUBMITTED

ATTACHMENT 11:

DRUG-FREE WORKPLACE FORM

The undersigned Respondent in accordance with Florida Statute §287.087 hereby certifies that: NDL LLC d/b/a Natural Designs Landscaping (Company Name) does:
1.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.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. 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. 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.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. 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 Respondent complies fully with the above requirements.
Check one:
XAs the person authorized to sign this statement, I certify that this firm complies fully with above requirements.
As the person authorized to sign this statement, this firm does not comply fully with the above requirements. Signature Diane A Blase
Print Name
August 15, 2022 / Date

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D text here ATTACHMENT 12:
AFFIDAVIT

Claiming Status as a LOCAL BUSINESS

CONTRACTOR MUST MEET ALL 4 REQUIREMENTS BELOW TO CLAIM LOCAL BUSINESS STATUS

State of	
County of	N/A
Before me, the undersign	ed authority, personally appeared:
who, being first duly swor 1. I am the	n, deposes and says that: (Owner, Partner, Officer, Representative or Agent) of, the Bidder that has
submitted the attached pr	
AND	
2. I am fully informed res	pecting the operation and employees of the Bidder:
Charlotte County or Desc Bidder operates or perfor	er has maintained a physical business address located within the limits of Sarasota County, to County for a period of six (6) months or more before submitting this bid, from which the ms business. The qualifying local address is:
AND 4. I affirm that at least fif by the City, the Bidder will City of North Port reserve given in this affidavit. Fail	ty percent (50%) of the Bidder's employees are residents of the City of North Port. If requested II be required to provide documentation substantiating the information given in this affidavit. It is the right to request supporting documentation as evidence to substantiate the information ture to do so will result in the Bidder's submission being deemed non-responsive. It is status as a local business or North Port local business shall be barred from receiving the eriod of three (3) years.
STATE OF FLORIDA	
COUNTY OF	
•	d subscribed before me by means of physical presence or online notarization, this 2022, by
	Notary Public – State of Florida
Type of Identification Pro	OR Produced Identification duced page to be returned <u>ONLY</u> if Contractor is claiming a <u>Local Business Status</u> .

AFFIDAVIT

Claiming Status as a North Port Local Business **CONTRACTOR MUST MEET ALL 4 REQUIREMENTS BELOW TO CLAIM NORTH PORT BUSINESS STATUS**

State of N/A County of _____ Before me, the undersigned authority, personally appeared: who, being first duly sworn, deposes and says that: 1. I am the _____ (Owner, Partner, Officer, Representative or Agent) of , the Bidder that has submitted the attached bid: <u>AN</u>D 2. I am fully informed respecting the operation and employees of the Bidder: **AND** 3. I affirm that the Bidder has maintained its primary physical business address within the limits of the City of North Port for a period of six (6) months or more before submitting this bid, from which the Bidder operates or performs business. The qualifying local address is AND 4. I affirm that at least fifty percent (50%) of the Bidder's employees are residents of the City of North Port. If requested by the City, the Bidder will be required to provide documentation substantiating the information given in this affidavit. City of North Port reserves the right to request supporting documentation as evidence to substantiate the information given in this affidavit. Failure to do so will result in the Bidder's submission being deemed non-responsive. Any Bidder that misrepresents its status as a local business or North Port local business shall be barred from receiving any City Contracts for a period of three (3) years. STATE OF FLORIDA COUNTY OF Sworn to (or affirmed) and subscribed before me by means of ____ physical presence or ____ online notarization, this ____ day of ______ 2022, by ______. Notary Public – State of Florida Personally Known OR Produced Identification

This page to be returned ONLY if Contractor is claiming a North Port Local Business Status.

Type of Identification Produced

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ATTACHMENT 13:

STANDARD INDEMNIFICATION AGREEMENT (NON CONSTRUCTION/NON DESIGN PROFESSIONAL)

The **CONTRACTOR** shall be fully liable for the actions of its directors, officers, members, partners, or subcontractors, and the employees and agents of each of them, and shall fully indemnify, defend and hold harmless the **CITY**, its commissioners, employees, agents and assigns from all demands, claims, suits, actions, judgments, damages, fines, fees, taxes, assessments, penalties, losses, expenses, costs of every type and description, and reasonable attorneys' fees (at both trial and appellate levels), of any nature or kind whatsoever caused by, or arising out of or related to the performance or breach of this Contract by the **CONTRACTOR**, its officers, directors, members, partners, or subcontractors, and employees or agents of any of them; provided, however, that the **CONTRACTOR** shall not indemnify for that portion of any loss or damages proximately caused by the negligent act or omission of the **CITY**.

To the extent applicable, the **CONTRACTOR** shall fully indemnify, defend and hold harmless the **CITY**, and its commissioners, agents, employees and assigns from any demands, claims, suits, actions, judgments, damages, fines, fees, taxes, assessments, penalties, losses, expenses, costs of every type and description, and reasonable attorneys' fees (at both trial and appellate level), arising from or relating to violation or infringement of a trademark, copyright, patent, trade secret or intellectual property right; provided, however, that the foregoing obligation shall not apply to the misuse or modification of **CONTRACTOR's** products by the **CITY** or any of its commissioners, agents, employees, and assigns in a manner not contemplated by the **Contract**.

In the event of a claim, the **CITY** shall promptly notify the **CONTRACTOR** in writing by prepaid certified mail (return receipt requested), or by delivery through any nationally recognized courier service (such as Federal Express or UPS) which provides evidence of delivery at 5455 Pan American Blvd., North Port, FL 34287. Notification may also be provided by fax transmission to 941-423-2570.

The CITY shall provide all available information and assistance that the CONTRACTOR may reasonably require regarding any claim. This agreement for indemnification shall survive termination or completion of this Contract. The insurance coverage and limits required in this Contract may or may not be adequate to protect the CITY and such insurance coverage shall not be deemed a limitation on the CONTRACTOR's liability under the indemnity provided in this section. In any proceedings between the parties arising out of or related to this Indemnity provision, the prevailing party shall be reimbursed all costs, expenses and reasonable attorney fees through all proceedings (at both trial and appellate levels).

Company Name: NDL LLC d/b/a N	NDL LLC d/b/a Natural Designs Landscaping				
Signature of person authorized to bind	the Company:				
Print name and title of person above:	Diane A Blase, Agent for Owner				
Date:August 15, 2022					

THIS PAGE MUST BE COMPLETED AND RETURNED IF SUBMITTING A BID.

ATTACHMENT 14:

Scrutinized Company Certification Form

Company Name: _	NDL LLC d/b/a Nat	<u>ural Desi</u> g	gns Lan	dscaping			
Authorized Repre	sentative Name and Title:	Diane A	Blase,	Agent for Ow	ner		_
Address: P.O.	Box 1678	City:	Lutz	State:_	FL	ZIP:_	33548
Phone Number:_	813-949-4933	Email Add	ress:	dianeblase@	ndlllc.com		
for goods or service the company is on engaged in a boyco	gible to, and may not, bid on, submes of any amount if, at the time of bithe Scrutinized Companies that Bott of Israel. Sible to, and may not, bid on, submestick is a submestick to the control of the	idding on, su oycott Israel	bmitting a	a proposal for, or e ted pursuant to F	entering into c lorida Statute	or rendes, sed	ewing such Contract, ction 215.4725, or is
Contract, the comp	es of \$1 million or more if, at the ti any is on the Scrutinized Companion ergy Sector List, created pursuant or Syria.	es with Activ	ities in Su	dan List, the Scru	tinized Compa	anies	with Activities in the
	СНО	OSE ONE OF	THE FOLI	<u>OWING</u>			
on behalf of t	osal, Contract or Contract renewal he above-named company, and as any is not participating in a boycott	required by					
on behalf of the	osal, Contract or Contract renewal he above-named company, and as any is not participating in a boycott ompanies with Activities in the Iran	required by of Israel, is i	Florida Sta not on the	atutes, section 287 Scrutinized Comp	.135(5), I hero anies with Ac	eby ce tivitie	ertify that the above s in Sudan List or the
	pursuant to Florida Statutes, s e Contract if one is entered into,						
Certified By:	ORIZED REPRESENTATIVE SIGNATURE	<u></u>					
Print Name and T	itle: <u>Diane A Blase, Ag</u>	ent for Ow	ner				
Date Certified:	August 15, 2022						
s	olicitation/Contract/PO Number (Con	npleted by Pu	rchasing): ˌ				_

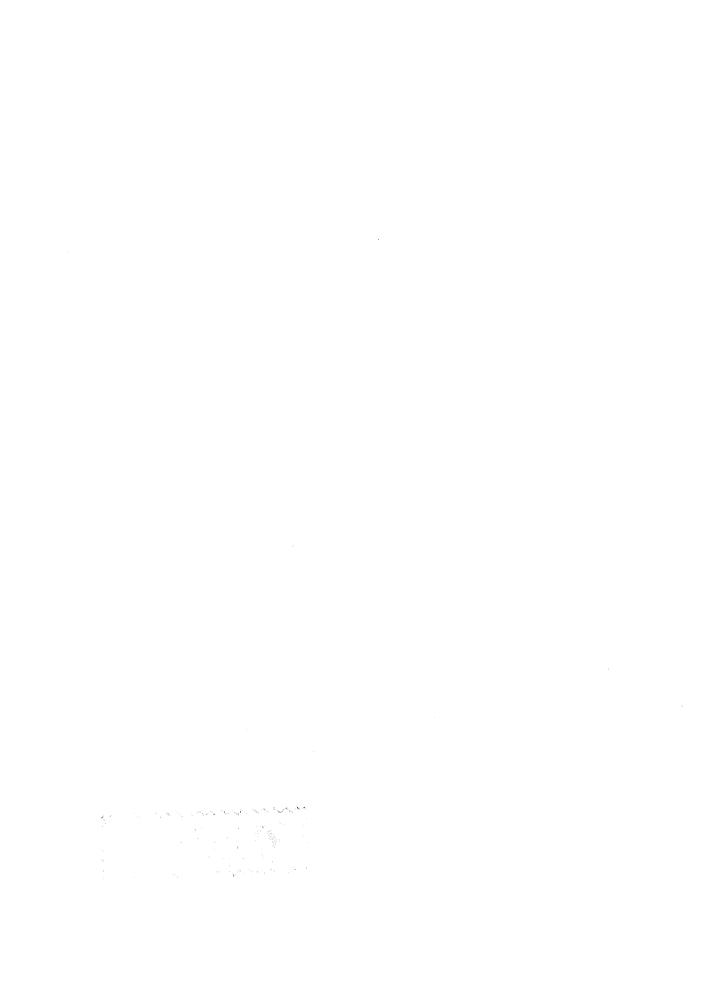
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		l .	
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ATTACHMENT 15:

LOBBYING CERTIFICATION

"The undersigned hereby certifies, to the best of his or her knowledge and belief, that":
STATE OF Florida
COUNTY OF Hillsborough
This day of 2022, being first duly sworn, deposes and says that he or she is the authorized representative of NDL LLC
(a) No City appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence either directly or indirectly an officer or employee of the City, City Commission in connection with the awarding of any City Contract.
(b) If any funds other than City appropriated funds have been paid or will be paid to any person for influencing or attempting to influence a member of City Commission or an officer or employee of the City in connection with this Contract, the undersigned shall complete and submit Standard Form-L "Disclosure Form to Report Lobbying", in accordance with its instructions.
Signed, sealed and delivered this
STATE OF FLORIDA
COUNTY OF Bills bordust
Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this day of
THIS PAGE MUST BE COMPLETED AND SUBMITPED Public State of Florida Tracey C Craig My Commission GG 257145 Expires 12/11/2022



ATTACHMENT 16: VENDOR'S CERTIFICATION FOR E-VERIFY SYSTEM

STATE OF	Floridu
COUNTY OF	Hillsborough

The undersigned Vendor/Consultant/Contractor (Vendor), after being duly sworn, states the following:

- 1. Vendor is a person or entity that has entered into or is attempting to enter into a contract with the City of North Port (City) to provide labor, supplies, or services to the City in exchange for salary, wages or other renumeration.
- 2. Vendor has registered with and will use the E-Verify System of the United States Department of Homeland Security to verify the employment eligibility of:
 - a. All persons newly hired by the Vendor to perform employment duties within Florida during the term of the contract; and
 - b. All persons, including sub-contractors, sub-vendors or sub-consultants, assigned by the Vendor to perform work pursuant to the contract with the City.
- 3. If the Vendor becomes the successful Contractor who enters into a contract with the City, then the Vendor will comply with the requirements of Section 448.095, Fla. Stat. "Employment Eligibility", as amended from time to time.
- 4. Vendor will obtain an affidavit from all subcontractors attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien as defined in 8 United States Code, Section 1324A(H)(3).
- 5. Vendor will maintain the original affidavit of all subcontractors for the duration of the contract.
- 6. Vendor affirms that failure to comply with the state law requirements can result in the City's termination of the contract and other penalties as provided by law.

VENDOR: (Vendor's Company Name)	
(Vendor signature) (Diane A Blase (Vendor's name printed)	
Agent for Owner (Title)	
Sworn to and subscribed before me by means of physical presence of August, 2022, by Diare Blase, as Agent Notary Public	or online notarization, this 10 day
Personally Known OR Produced Identification	
Type of Identification Produced	
THIS PAGE MUST BE COMPLETED AND SUB	WITFED Notary Public State of Florida

Tracey C Craig My Commission GG 257145



ATTACHMENT 17: CITY OF NORTH PORT

BID BOND

In Compliance with F.S. Chapter 255.051

STATE OF FLORIDA, CITY OF NORTH PORT KNOW ALL BY THESE PRESENTS, that NDL LLC doa Natural Designs Landascaping authorized by law to do business as a Principal, Commercial Contractor Florida, in the State **Capitol Indemnity Corporation** , a Corporation chartered and existing under the laws of the Wisconsin , as Surety, with its principal offices in the City of Madison and authorized to do business in the State of Florida, and in accordance with Section 255.051, Florida Statues, are held and firmly bound unto the City of North Port, Florida, in the full and just sum of 5% of the Total Bid Price, in good and lawful money of the United States of America, to be paid upon demand by the City of North Port, to which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators, and assigns, joint and severally and firmly by these presents. The condition of the obligation is such, that whereas the Principal has submitted the attached Bid, dated August 16, 2022, for (RFB NO. 2023-01). OUTSOURCED MOWING SERVICES NOW, THEREFORE, If the Principal shall withdraw said bid prior to the date of opening the same, or shall within 10 days after the prescribed forms are presented to him for signature enter into a written Contract with City of North Port, Florida, in accordance with the bid as accepted and give a Performance and Payment Bond with good and sufficient surety or sureties as may be required for the faithful performance and proper fulfillment of such Contract and for the prompt payment of all persons furnishing labor or materials in connection therewith or, in the event of failure to enter into such Contract and give such bond within the time specified, if the Principal shall pay the City the difference between the amount specified in said bid and the amount for which the City may procure the required work and/or supplies provided the latter amount to be excess of the amount specified in said bid, then the above obligations shall be void: otherwise, to remain in full force and effect. IN THE WITNESS WHEREOF, the above written parties have executed this instrument under their several seals dated August 15, 2022, the name and corporate seal of each corporate party being hereto affixed and these presents duly signed by its undersigned representative, pursuant to authority of its governing body Witness as to Principal: (Principal) Lisa Haddad (By) Richard Thibeau **Printed Name** Capitol Indeposity Corporation (SEAL) (Surety & Name) evin Wojtowicz

Affix Corporate Seals and attach proper Power of Attorney for Surety.

THIS PAGE MUST BE COMPLETED AND SUBMITTED

(By-As Aftorney-in-Fact(Sucety)

48

CAPITOL INDEMNITY CORPORATION POWER OF ATTORNEY

BID

Senior Vice President, General Counsel and Secretary

Bond Number

The state of the s		200	d Tightobe
KNOW ALL MEN BY THESE PRESENTS, That the CAPITO principal offices in the City of Middleton, Wisconsin, does make, co		ION, a corporation of the State of	Wisconsin, having its
KEVIN WOJTOWICZ; 1	DAVID R TURCIOS; LAURA	D MOSHOLDER	to many it is a series of the
its true and lawful Attorney(s)-in-fact, to make, execute, seal bonds, undertakings and contracts of suretyship, provided that exceed in amount the sum of	and deliver for and on its to no bond or undertaking or co	ehalf, as surety, and as its act a ntract of suretyship executed under	and deed, any and all or this authority shall
ALL WRITTEN INSTRUMENTS	S IN AN AMOUNT NOT TO E	XCEED: \$20,000,000.00	TOTAL MANAGEMENT OF THE PROPERTY OF THE PROPER
This Power of Attorney is granted and is signed and sealed by face Directors of CAPITOL INDEMNITY CORPORATION at a me	simile under and by the authorit ecting duly called and held on th	y of the following Resolution adop c 15th day of May, 2002.	ted by the Board of
"RESOLVED, that the President, Executive Vice President, Vice are granted the power and authorization to appoint by a Power of other writings obligatory in the nature thereof, one or more residen powers and duties usual to such offices to the business of this compower of attorney or to any certificate relating thereto by facsim facsimile seal shall be valid and binding upon the Company, and a be valid and binding upon the Company in the future with respect attached. Any such appointment may be revoked, for cause, or with	Attorney for the purposes only it vice-presidents, assistant seem pany; the signature of such offile, and any such power of attent such power so executed and to any bond or undertaking or o	of executing and attesting bonds etaries and attorney(s)-in-fact, each cers and seal of the Company may borney or certificate bearing such facetified by facsimile signatures at ther writing obligatory in the nature	and undertakings, and appointee to have the be affixed to any such assimile signatures or ad facsimile seal shall
In connection with obligations in favor of the Florida Departmen Attorney-in-Fact includes any and all consents for the release of required by the State of Florida Department of Transportation. It making payment of the final estimate to the Contractor and/or its ass	retained percentages and/or fi is fully understood that consent	nal estimates on engineering and in ing to the State of Florida Department	construction contracts
In connection with obligations in favor of the Kentucky Departm Attorney-in-Fact cannot be modified or revoked unless prior writt Highways of the Commonwealth of Kentucky at least thirty (30) day	en personal notice of such inter	nt has been given to the Commissi	hereby given to the oner - Department of
IN WITNESS WHEREOF, the CAPITOL INDEMNITY COR corporate seal to be hereto affixed duly attested, this 1st day of Janu	PORATION has caused these wary, 2020.	e presents to be signed by its office	r undersigned and its
Attests II T	THE STATE OF THE S	CAPITOL INDEMNITY	ent ne in ikan wan kemata kamata kata
Ryan J. Byrnes Senior Vice President, Chief Financial Officer and Treasurer	SEAL	John L. Senno	it. Ir.
Suzanne M. Broadbent Assistant Secretary	SEAL SEAL	Chief Executive Officer	and President
STATE OF WISCONSIN S.S.:			
On the 1st day of January, 2020 before me personally came John he resides in the County of Hartford, State of Connectic CORPORATION, the corporation described in and which exceed affixed to said instrument is such corporate seal; that it was thereto by like order.	ut; that he is Chief Execute cuted the above instrument;	tive Officer and President of that he knows the seal of the	CAPITOL INDEMNIT
	AUD J. REGE	David q. R	-gela
STATE OF WISCONSIN S.S.:	2 BLC	David J. Reg Notary Public, Dane My Commission Is I	e Co., WI
I, the undersigned, duly elected to the office stated below, now the authorized to make this certificate, DO HEREBY CERTIFY the revoked; and furthermore, that the Resolution of the Board of Direction of Direction of the Board of Direction of the Board of Direction of the Board of Direction	at the foregoing attached Power	er of Attorney remains in full for	lisconsin Corporation, ce and lies not been
Signed and sealed at the City of Middleton, State of Wisconsin this_	16th day of	August	20 22
	SEAL	And B. I	(76)
	SEAL	Andrew B. Dia) z-Matos



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/12/2022

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

th	is certificate does not confer rights to				uch end	dorsement(s)).	equite un ende		74 00	Atomorit on
PRO	DUCER				CONTAC NAME:	CT Andrea J R	Raab, CIC		***************************************		
	cock-Adcock Insurance Agency				PHONE (A/C, No	, Ext): 813-933	3-6691		FAX (A/C, No): 8	313-93	2-6287
	5 W. Fletcher Ave. mpa FL 33612-3414					ss: andrear@					
ı aı	11pa / 12 000 / 12 0 / / /				ADDITE			DING COVERAGE			NAIC#
					INSURE	RA: Bridgefie	<u></u>	-			10701
INSU	RED			24540		Rв: Southern					10190
ND	L_LLC dba Natural Designs Landsca	aping	g								10328
	Box 1678 z FL 33548				INSURER C: Capitol Specialty Insurance Co. INSURER D: Auto-Owners Insurance Co.					18988	
Lui	Z FL 33346				INSURE		nors mourant	30 00.	***************************************		10000
CO	VERAGES CER	TIEI	`ATE	NUMBER: 1533932804	INSURE	RF:		REVISION NUM	IRFR:		
TI IN	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE	OF I	NSUF	RANCE LISTED BELOW HA'NT, TERM OR CONDITION	OF AN'	Y CONTRACT	THE INSURE OR OTHER I	D NAMED ABOVE	FOR TH	OT T	WHICH THIS
E)	ERTIFICATE MAY BE ISSUED OR MAY F CCLUSIONS AND CONDITIONS OF SUCH I	POLIC	CIES.	LIMITS SHOWN MAY HAVE		REDUCED BY F	PAID CLAIMS.	HEREIN IS SUE	BJECT TO	ALL 7	THE TERMS,
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
В	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			20765845		4/27/2022	4/27/2023	EACH OCCURRENCE DAMAGE TO RENTE	Đ.	\$ 1,000 \$ 300,0	
	CLAIMS-MADE N OCCOR							PREMISES (Ea occur MED EXP (Any one p		\$ 10,00	
								PERSONAL & ADV II		\$ 1,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$2,000	
	POLICY X PRO- LOC						!	PRODUCTS - COMP		\$ 2,000	<u> </u>
	OTHER:							11(000010 00)	701 7100	\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
D	AUTOMOBILE LIABILITY			4776584500		4/27/2022	4/27/2023	COMBINED SINGLE (Ea accident)	LIMIT	\$1,000	,000
	X ANY AUTO							BODILY INJURY (Pe	r person)	\$	<u>-</u>
	OWNED SCHEDULED							BODILY INJURY (Pe	r accident)	\$	······································
	AUTOS ONLY AUTOS HIRED NON-OWNED		İ					PROPERTY DAMAG		\$	
	AUTOS ONLY AUTOS ONLY							(Per accident) PIP-Basic		\$ 10,00	00
В	X UMBRELLA LIAB X OCCUR		 	4906987801		4/27/2022	4/27/2023	EACH OCCURRENC	·E	\$ 1,000	1,000
_	EXCESS LIAB CLAIMS-MADE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				AGGREGATE	,,,	\$ 1,000	· · · · · · · · · · · · · · · · · · ·
	ODAIMO MADE							AGGREGATE		\$ 1,000	,000
Α	DED X RETENTION \$ 10,000 WORKERS COMPENSATION		 	83055463		4/27/2022	4/27/2023	X PER STATUTE	OTH- ER	Ψ	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDEN		\$ 1,000	1,000
	OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	N/A						E.L. DISEASE - EA E			·/
	If yes, describe under							E.L. DISEASE - POL		\$ 1,000	
С	DÉSCRIPTION OF OPERATIONS below Pollution Liability		 	EV2018243405		7/26/2022	7/26/2023	Aggregate	ICT CIVIT	2,000	
	Total Education		;	2010240400		1720/2022	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Occurrence Deductible		1,000 1,000	
City terr	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) City of North Port is included as an Additional Insured under the General Liability policy Blanket Additional Insured endorsement, per form 55373, attached, if terms/requirements are met and subject to all policy conditions, wording, terms, etc. General Liability policy includes a Blanket Wavier of Subrogation, per form 55091, attached, if terms/requirements are met and subject to all policy conditions, wording, terms, etc.										
<u> </u>						>=====================================					
CE	RTIFICATE HOLDER				CAN	CELLATION					
	City of North Port Purchasing Office				THE	EXPIRATION	N DATE TH	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.			
	4970 City Hall Boulevard S	uite	337		AUTHO	RIZED REPRESE	NTATIVE				

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North Port FL 34286

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Department of State / Division	on of Corporations / Search Records	i / Search by FEI/EIN Number /
Detail by FEI Florida Limited Liabi NDL LLC		
Filing Information		
Document Number		
FEI/EIN Number	20-3862943	
Date Filed	11/30/2005	
Effective Date	12/01/2005	
State	FL	
Status	ACTIVE	
Principal Address		
1810 CLEMENT RO	AD	
LUTZ, FL 33549		
Changed: 02/09/201	1	
Mailing Address		
P.O. BOX 1678		
LUTZ, FL 33548		
	_	
Changed: 03/14/200		
Registered Agent Na		
PETRESKY, Jennife		
1810 CLEMENT RO	AD	
LUTZ, FL 33549		
Name Changed: 01/	03/2020	
ivame Changed: 01/	0312020	
Address Changed: 0	02/09/2011	
Authorized Person(s		
Name & Address	/_Egiun	
Name & Address		
Title CEO - Principal		
,		
Petresky, Jennifer L		
1810 Clement Road		
Lutz, FL 33549		
Title Manager		
Haddad, Lisa S		
1810 Clement Road		
Lutz, FL 33549		
Title Manager		
Thibeau, Richard J		
1810 Clement Road		
Lutz, FL 33549		
Annual Reports		
12/04/40/04/04/04/04/04	Filed Date	
	01/03/2020	
2021	02/04/2021	
2022	01/11/2022	
Document Images		
01/11/2022 - ANNUAL RI	EPORT View image in PDF	format
02/04/2021 ANNUAL R	EPORT View image in PDF	format
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02/02/2007 - ANNUAL R		
08/15/2006 ANNUAL R		
11/30/2005 - Florida Limi	ted Liability View image in PDF	tormat

SERVICE A SERVICE A SERVICE DESCRIPTION ASSESSMENT A SERVICE DESCRIPTION ASSESSMENT DESCRIPTION OF SERVICE DESCRIP

Date

File No.

Expires

June 25, 2019

LF234354

June 25, 2023

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THE LTD COMMERCIAL FERTILIZER APPLICATOR HOLDER NAMED BELOW HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING: June 25, 2023

A DESIGNATION A DESIGNATION A DESIGNATION A DESIGNATION A DESIGNATION OF DESIGNAT

PAUL SCOTT CRAIG PO BOX 917 LUTZ, FL 33548

NICOLE "NIKKI" FRIED, COMMISSIONER

William A Milliam A Millia

Date

File No.

Expires

February 7, 2022

JE202764

January 31, 2023

THE ID CARD HOLDER NAMED BELOW HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING: January 31, 2023

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NATURAL DESIGNS LANDSCAPING LUTZ, FL 33549

ELMER CRUZ NATURAL DESIGNS LANDSCAPING P O BOX 1678

LUTZ, FL 33548

NICOLE "NIKKI" FRIED, COMMISSIONER

Regular

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

Date

February 7, 2022

File No. JE202768 Expires

Regular

January 31, 2023

THE ID CARD HOLDER NAMED BELOW HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING: January 31, 2023

NATURAL DESIGNS LANDSCAPING LUTZ, FL 33549

SERGIO CORTES NATURAL DESIGNS LANDSCAPING P O BOX 1678 LUTZ, FL 33548

NICOLE "NIKKI" FRIED, COMMISSIONER

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

ELMER CRUZ NATURAL DESIGNS LANDSCAPING

ID CARD HOLDER

JE202764

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD **EXPIRING January 31, 2023**

nicole gued COMMISSIONER

Signature

ATTACH PHOTO ON REVERSE

Wallet Card - Fold Here

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

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

SERGIO CORTES NATURAL DESIGNS LANDSCAPING ID CARD HOLDER

JE202768

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD **EXPIRING January 31, 2023**

Signature

ATTACH PHOTO ON REVERSE

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

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

Date

File No.

February 7, 2022

JE202774

Expires January 31, 2023

THE ID CARD HOLDER NAMED BELOW HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING: January 31, 2023

NATURAL DESIGNS LANDSCAPING

LUTZ, FL 33549

Regular

JOSE GILBERTO FACIO NATURAL DESIGNS LANDSCAPING P O BOX 1678

LUTZ, FL 33548

NICOLE "NIKKI" FRIED, COMMISSIONER

NATURAL DESIGNS LANDSCAPING ID CARD HOLDER

BUREAU OF LICENSING AND ENFORCEMENT

STATE OF FLORIDA Department of Agriculture and Consumer Services

JE202774

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD **EXPIRING January 31, 2023**

nicole greek COMMISSIONER

JOSE GILBERTO FACIO

Signature

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

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Date

File No.

Expires

February 7, 2022

JE202760

January 31, 2023

THE ID CARD HOLDER NAMED BELOW HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING: January 31, 2023

NATURAL DESIGNS LANDSCAPING LUTZ, FL 33549

GUADELUPE ONTIVEROS NATURAL DESIGNS LANDSCAPING P O BOX 1678 LUTZ, FL 33548

Regular

NICOLE "NIKKI" FRIED, COMMISSIONER

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD EXPIRING January 31, 2023

STATE OF FLORIDA

BUREAU OF LICENSING AND ENFORCEMENT

Department of Agriculture and Consumer Services

nicole gried COMMISSIONER

ID CARD HOLDER

JE202760

GUADELUPE ONTIVEROS

NATURAL DESIGNS LANDSCAPING

Signature

ATTACH PHOTO ON REVERSE

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

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

February 7, 2022

File No.

JE202762

Expires

January 31, 2023

THE ID CARD HOLDER NAMED BELOW HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING: AT

January 31, 2023

NATURAL DESIGNS LANDSCAPING

LUTZ, FL 33549

NATHANIEL SUMNERS NATURAL DESIGNS LANDSCAPING P O BOX 1678 LUTZ, FL 33548

Regular

NICOLE BUEN
NICOLE "NIKKI" FRIED, COMMISSIONER

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

NATHANIEL SUMNERS NATURAL DESIGNS LANDSCAPING ID CARD HOLDER

JE202762

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD EXPIRING January 31, 2023

nicole gried COMMISSIONER

Signature

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

STATE OF FLORIDA

BUREAU OF LICENSING AND ENFORCEMENT

Department of Agriculture and Consumer Services

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD

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

February 7, 2022

File No. JE202763

Expires January 31, 2023

THE ID CARD HOLDER NAMED BELOW HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING: January 31, 2023

NATURAL DESIGNS LANDSCAPING LUTZ, FL 33549

CARLOS BONILLA NATURAL DESIGNS LANDSCAPING

Regular

P O BOX 1678 LUTZ, FL 33548

NICOLE BLEK
NICOLE "NIKKI" FRIED, COMMISSIONER

nicole guel

NATURAL DESIGNS LANDSCAPING

COMMISSIONER

CARLOS BONILLA

ID CARD HOLDER

EXPIRING January 31, 2023

Signature ATTACH PHOTO ON REVERSE

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

File No.

Expires

February 7, 2022

JB139192

January 31, 2023

THE PEST CONTROL COMPANY FIRM NAMED BELOW HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING: January 31, 2023 AT

1810 CLEMENT RD LUTZ, FL 33549

NATURAL DESIGNS LANDSCAPING P O BOX 1678 LUTZ, FL 33548

Lawn and Ornamental

nicole gued

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

NATURAL DESIGNS LANDSCAPING 1810 CLEMENT RD PEST CONTROL COMPANY FIRM

JB139192

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD EXPIRING January 31, 2023

nicole Gried COMMISSIONER

Wallet Card - Fold Here

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

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

File No.

Expires

February 7, 2022

JE13967

January 31, 2023

Certified Operator

THE ID CARD HOLDER NAMED BELOW HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING: January 31, 2023

NATURAL DESIGNS LANDSCAPING LUTZ, FL 33549

PAUL SCOTT CRAIG NATURAL DESIGNS LANDSCAPING P O BOX 1678 LUTZ, FL 33548

NICOLE Stiel NICOLE "NIKKI" FRIED, COMMISSIONER

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

PAUL SCOTT CRAIG NATURAL DESIGNS LANDSCAPING ID CARD HOLDER

Certified Operator

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD EXPIRING January 31, 2023

nicole Gried

Signature

ATTACH PHOTO ON REVERSE

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

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

Date

File No.

Expires

Regular

February 7, 2022

JE153920

January 31, 2023

THE ID CARD HOLDER NAMED BELOW HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING: January 31, 2023

NATURAL DESIGNS LANDSCAPING

LUTZ, FL 33549

FREDERICK BATTLES NATURAL DESIGNS LANDSCAPING P O BOX 1678 LUTZ, FL 33548

NICOLE "NIKKI" FRIED, COMMISSIONER

Department of Agriculture and Consumer Services BUREAU OF LICENSING AND ENFORCEMENT

STATE OF FLORIDA

FREDERICK BATTLES NATURAL DESIGNS LANDSCAPING ID CARD HOLDER

JE153920

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD **EXPIRING January 31, 2023**

nicole que

Signature

COMMISSIONER

ATTACH PHOTO ON REVERSE

Wallet Card - Fold Here

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

2022 - 2023 HILLSBOROUGH COUNTY BUSINESS TAX RECEIPT

EXPIRES SEPTEMBER 30, 2023

ACCOUNT NO. 193408 RENEWAL

OCC. CODE

280.030001 LAWN MOWING/LANDSCAPING SERVICE MORE THAN 3 EMPL000 Employees

Receipt Fee Hazardous Waste Surcharge 150.00

40.00

Law Library Fee

0.00

BUSINESS

NDL LLC 1810 CLEMENT RD 900 LUTZ, FL 33549

2022 - 2023

NDL LLC

NATURAL DESIGN LANDSCAPING

NAME MAILING

PO BOX 1678 ADDRESS LUTZ, FL 33548

Paid 21-0-505653 07/15/2022 190.00

SINESS TAX RECEIPT

HAS HEREBY PAID A PRIVILEGE TAX TO ENGAGE IN BUSINESS, PROFESSION, OR OCCUPATION SPECIFIED HEREON

NANCY C MILLAN, TAX COLLECTOR

813-635-5200 THIS BECOMES A TAX RECEIPT WHEN VALIDATED.

Form W=9

(Rev. October 2018)
Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

	1 Name (as shown on your income tax return). Name is required on this line; do		ar muonmayor.				
	NDL LLC	not leave this line blank.					
	2 Business name/disregarded entity name, if different from above dba Natural Designs Landscaping						
on page 3.							
				4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):			
3 6	single-member LLC	CI Partitersinp	☐ Trust/estate	_			
\$ \$	Limited liability company. Enter the tax classification (C=C corporation, S=	Exempt payze code (if any)					
Print or type. Specific instructions on page	Note: Check the appropriate box in the line above for the tax classification LLC if the LLC is classified as a single-member LLC that is disregarded from another LLC that is not disregarded from the owner for U.S. federal tax purished is disregarded from the owner should check the appropriate box for the tax.	Exemption from FATCA reporting code (if any)					
ď	☐ Other (see instructions) ▶	Other (see instructions) ▶					
Ø.	5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)				
See	P.O. Box 1678						
	6 City, state, and ZIP code						
	Lutz, Florida 33548						
	7 Ust account number(s) here (optional)		V.				
Par		*****					
(0.000) (0.000) (0.000)							
Dachu	your TIN in the appropriate box. The TIN provided must match the nam p withholding. For individuals, this is generally your social security num	bor (CCAN However &	oid Social se	curity number			
162106	in allen, sole proprietor, or disregarded entity, see the instructions for t	Port I later Carathan	1 1 1				
entitie 71N, le	s, it is your employer identification number (EIN). If you do not have a n	umber, see How to ge	ta 📗				
•			or				
Numb	If the account is in more than one name, see the instructions for line 1. er To Give the Requester for guidelines on whose number to enter.	Also see What Name a	and Employer	identification number			
	to enter.		20	-3862943			
Par	III Certification			19 9 9 2 7 7 7 9			
CONTRACTOR CONTRACTOR	penalties of perjury, I certify that:						
Ser	number shown on this form is my correct taxpayer identification numb not subject to backup withholding because: (a) I am exempt from bac vice (IRS) that I am subject to backup withholding as a result of a failure onger subject to backup withholding; and	kuin withhalding as fol	1 have	ATM T f At			
3. i an	a U.S. citizen or other U.S. person (defined below); and						
	FATCA code(s) entered on this form (if any) indicating that I am exemp	nt from FATCA reportin	a is correct.				
Certifi you ha acquis other t	cation instructions. You must cross out item 2 above if you have been no we failed to report all interest and dividends on your tax return. For real est ition or abandonment of secured property, cancellation of debt, contribution han interest and dividends, you are not required to sign the certification, but	tified by the IRS that you ate transactions, item 2	u are currently sub does not apply. For	or mortgage interest paid.			
Sign Here	Signature of U.S. person & Gennulai Petus	las i	Date > 01-L	1-2022			
	neral Instructions	Form 1099-DIV (div	vidends, including	those from stocks or mutual			
Section references are to the Internal Revenue Code unless otherwise noted.		Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)					
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted		Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)					
	ney were published, go to www.irs.gov/FarmW9.	• Form 1099-S (proc	eeds from real es				
_		 Form 1099-K (merc 	chant card and thi	ird party network transactions)			
An Individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct texpayer identification number (TIN) which may be your social security number		 Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition) 					
(SSN),	Individual taxpayer identification number (ITIN), adoption	Form 1099-C (canceled debt)					
taxpay	er identification number (ATIN), or employer identification number			ment of secured property)			
amour	to report on an information return the amount paid to you, or other at reportable on an information return. Examples of information a include, but are not limited to, the following.	Use Form W-9 only if you are a U.S. person (including a resident allen), to provide your correct TIN.					
	n 1099-INT (interest earned or paid)	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,					

		·	