

**Responses WSN Construction, LLC**

			Numeric	Numeric	Text	
			Cost without P&P Bond	Cost for Payment and Performance Bond	Vendor Notes	Total Cost
2426029	#0-1	<b>Lump Sum Cost for All 8 Stairways</b>	\$ 455,800.00	\$ 14,200.00	N/A	\$ 470,000.00
						<b>\$ 470,000.00</b>
						<b>\$ 470,000.00</b>

**Responses WSN Construction, LLC**

#	Item	Quantity	Numeric	Numeric	Text	Total Cost for Stairs w/o P&P Bond	Total Cost for Stairs, Including P&P Bond
			Unit Price per Stair Type	Cost for Payment and Performance Bond	Vendor Notes		
2426893	#0-1 <b>Type 1 Stair Prototype (Buildings E &amp; M)</b>	6	\$ 56,975.00	\$ 10,650.00	N/A	\$ 341,850.00	\$ 352,500.00
2426894	#0-2 <b>Type 2 Stair Prototype (Building Y)</b>	2	\$ 56,975.00	\$ 3,550.00	N/A	\$ 113,950.00	\$ 117,500.00
						<b>\$ 455,800.00</b>	<b>\$ 470,000.00</b>
						<b>\$ 455,800.00</b>	<b>\$ 470,000.00</b>

## Question Set 1: Contact Information Form

#	Question	Response	Comment
<b>Company Information</b>			
1.1.1	Company Name	WSN Construction LLC	
1.1.2	Company Address	1445 Scotland Road, Havana FI 32333	
<b>Primary Contact for the Project</b>			
1.2.1	Contact Name	Don C Vickers	
1.2.2	Contact Title	Vice President	
1.2.3	Contact E-mail Address	<a href="mailto:Donnie@dirwork.biz">Donnie@dirwork.biz</a>	
1.2.4	Contact Telephone Number	8505563234	
<b>Authorized Approver</b>			
1.3.1	Contact Name	Don C Vickers	
1.3.2	Contact Title	Vice President	
1.3.3	Contact E-mail Address	<a href="mailto:Donnie@dirwork.biz">Donnie@dirwork.biz</a>	
1.3.4	Contact Telephone Number	8505563234	
10 Questions		100.00% Complete	

## Question Set 2: Proposer's Background Information

#	Question	Response	Comment
<b>Former Business</b>			
2.1.1	Under what former name has your business operated? Include a description of the business.	Former name N/A	WSN Construction LLC offers a wide scope of work as a General Contractor. Ranging from turn-key operations, including commercial properties as well as residential. The company has performed work for the private sector, as well as County, State and Federal funded work. WSN has developed projects including, sitework, utilities, and building construction.
2.1.2	At what address was that business located?	1445 Sotland Road, Havana FI 32333	
<b>Past Failure</b>			
2.2.1	Have you ever failed to complete work awarded to you. If so, when, where and why?	No	
<b>Inspected</b>			
2.3.1	Have you personally inspected the proposed WORK and do you have a complete plan for its performance?	Yes	
<b>Subcontracting</b>			
2.4.1	Will you subcontract any part of this WORK? If you will be subcontracting any part of this work, provide details including a list of each sub-contractor(s) that will perform work in excess of ten percent (10%) of the contract amount and the work that will be performed by each subcontractor(s). (Note: The proposed list of subcontractor(s) may not be amended after award of the contract without the prior written approval of the Contract Administrator, whose approval shall not be reasonably withheld.)	Yes	GS Services LLC, D&M Concrete Pumping Finishing Inc.
<b>Bankruptcy Petitions</b>			
2.5.1	List and describe all bankruptcy petitions (voluntary or involuntary) which have been filed by or against the Proposer, its parent or subsidiaries or predecessor organizations during the past five (5) years. Include in the description the disposition of each such petition.	None	
<b>Bond Claims</b>			
2.6.1	List and describe all successful 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 Proposer and its predecessor organization(s).	None	
<b>Claims, Arbitrations, Administrative Hearings and Lawsuits</b>			
2.7.1	List all claims, arbitrations, administrative hearings and lawsuits brought by or against the Proposer or its predecessor organizations(s) during the last (10) 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	
<b>Criminal Proceedings or Hearings</b>			
2.8.1	List and describe all criminal proceedings or hearings concerning business related offenses in which the Proposer, its principals or officers or predecessor organization(s) were defendants.	None	
<b>Company Classification</b>			
2.9.1	In regards to the commodities/services proposed, which of the following best classifies your firm? If you selected any options besides "Original Provider" please explain.	Other	General Contractor
<b>Debarment/Suspension</b>			
2.10.1	Have you ever been debarred or suspended from doing business with any governmental agency? If you have been debarred or suspended from doing business with any governmental agency, please explain.	No	
<b>Similar Experience &amp; Contracts</b>			
2.11.1	Describe the firm's local experience/nature of service with contracts of similar size and complexity, in the previous three (3) years.	Comment section	Work performed for National Builders. Including, D.R. Horton homes, Lennar Homes. As well as private developers; Including more than 700,000+ sqft of commercial and industrial (Warehouse space) in South Florida. Construction of maintenance facilities for Talquin Electric Cooperative Inc.
<b>12 Questions</b>		<b>100.00% Complete</b>	

## Question Set 3: Vendor Registration Checklist

#	Question	Response	Comment
<b>Vendor Information Form</b>			
3.1.1	Did you submit a completed Vendor Information Form in the Vendor Registration Portal?	Yes	
<b>Form W-9 (Rev. October 2018 or later)</b>			
3.2.1	Did you submit a W-9 Form (Revised October 2018 or later) in the Vendor Registration Portal?	Yes	
<b>Company Profile</b>			
3.3.1	Did you submit your Company Profile Form in the Vendor Registration Portal?	Yes	
<b>Sworn Statement on Public Entity Crimes Form</b>			
3.4.1	Which option did you select on the Sworn Statement on Public Entity Crimes Form?	A) Not Charged / Convicted	
<b>Equal Benefits Certification Form</b>			
3.5.1	Which option did you select on the Equal Benefits Certification Form?	C) Will Not Comply	WSN will not provide equal benefits for employee spouses.
<b>Vendor Drug-Free Workplace Certification Form</b>			
3.6.1	Which option did you select on the Vendor Drug-Free Workplace Certification Form?	Complies Fully	
<b>Scrutinized Company Certification</b>			
3.7.1	Did you submit a completed Scrutinized Company Certification in the Vendor Registration Portal?	Yes	
<b>E-Verify System Certification Statement</b>			
3.8.1	Did you submit a completed E-Verify System Certification Statement in the Vendor Registration Portal?	Yes	
<b>Veteran Owned Small Business Preference Certification</b>			
3.9.1	Which option did you select on the Veteran Owned Small Business Preference Certification? Note - If certifying that your business is a Veteran Owned Small Business, you must also attach a "Determination Letter" from the U.S. Dept. of Veteran Affairs Center	Not a Veteran Owned Small Business	
<b>Local Business Tax Receipts</b>			
3.10.1	Did you submit your Local Business Tax Receipts in the Vendor Registration Portal?	Yes	
<b>Local Vendor Preference Certification</b>			
3.11.1	Which option did you select on the Local Vendor Preference Certification? Note - If certifying that your business is a Local Pembroke Pines or Broward County vendor, you must also attach applicable current business tax receipt(s) along with any previous business tax receipts to indicate that the business entity has maintained a permanent place of business for a minimum of one (1) year.	Not a Local Pembroke Pines or Broward County Vendor	
<b>11 Questions</b>		<b>100.00% Complete</b>	

## Question Set 4: References Form

#	Question	Response	Comment
<b>Reference #1: Reference Contact Information</b>			
4.1.1	Name of Firm, City, County or Agency	D.R. Horton Homes	
4.1.2	Address	5123 Gramercy Square Dr, Delray Beach FL 33484	
4.1.3	Contact Name	Raul Sanchez	
4.1.4	Contact Title	Vice President of Operations	
4.1.5	Contact E-mail Address	<a href="mailto:rsanchez091861@hotmail.com">rsanchez091861@hotmail.com</a>	
4.1.6	Contact Telephone #	305-492-2174	
<b>Reference #1: Project Information</b>			
4.2.1	Name of Contractor Performing the work	WSN Construction LLC	
4.2.2	Name and location of the project	Mandarin Lakes	
4.2.3	Nature of the firm's responsibility on the project	Shell Contractor	
4.2.4	Project duration	Three Years	
4.2.5	Completion (Anticipated) Date	Completed	
4.2.6	Size of project	692 Homes/Townhomes	
4.2.7	Cost of project	32,296,000.00	
4.2.8	Work for which staff was responsible	Structural Work	
<b>Reference #2: Reference Contact Information</b>			
4.3.1	Name of Firm, City, County or Agency	Talquin Electric Cooperative INC	
4.3.2	Address	1640 w Jefferson St, Quincy FL 32351	
4.3.3	Contact Name	John Hallas	
4.3.4	Contact Title	General Manager	
4.3.5	Contact E-mail Address	<a href="mailto:john.hallas@talquinelectric.com">john.hallas@talquinelectric.com</a>	
4.3.6	Contact Telephone #	850-519-2120	
<b>Reference #2: Project Information</b>			
4.4.1	Name of Contractor Performing the work	WSN Construction LLC	
4.4.2	Name and location of the project	Maintenance facilities/construction (Leon County, Wakulla County, Gadsden County, Liberty County)	
4.4.3	Nature of the firm's responsibility on the project	Construction and maintenance of infrastructure facilities.	
4.4.4	Project duration	2023-2025	
4.4.5	Completion (Anticipated) Date	December 31, 2025	
4.4.6	Size of project	Comment Section	Ongoing project which includes 12 maintenance facility building ranging from 10,000 sqft - 30,000 sqft.
4.4.7	Cost of project	\$22,000,000.00	
4.4.8	Work for which staff was responsible	Maintenance and construction	
<b>Reference #3: Reference Contact Information</b>			

4.5.1	Name of Firm, City, County or Agency	Rafuls & Associates	
4.5.2	Address	2260 west 80th st, Hialeah Fl	
4.5.3	Contact Name	Timothy Gomez	
4.5.4	Contact Title	General Manager	
4.5.5	Contact E-mail Address	<a href="mailto:timq@yahoo.com">timq@yahoo.com</a>	
4.5.6	Contact Telephone #	3055065638	
<b>Reference #3: Project Information</b>			
4.6.1	Name of Contractor Performing the work	WSN Construction LLC	
4.6.2	Name and location of the project	Garden view/Miami lakes	
4.6.3	Nature of the firm's responsibility on the project	General Contractor	
4.6.4	Project duration	Two years	
4.6.5	Completion (Anticipated) Date	Completed 2022	
4.6.6	Size of project	283 Apartment Rental Units	
4.6.7	Cost of project	23,500,000.00	
4.6.8	Work for which staff was responsible	Turn-Key Operation	
<b>Reference #4: Reference Contact Information</b>			
4.7.1	Name of Firm, City, County or Agency	Arbor Construction	
4.7.2	Address	4910 North Monroe St, Tallahassee, FL 32303	
4.7.3	Contact Name	Joey Fisanick	
4.7.4	Contact Title	President	
4.7.5	Contact E-mail Address	<a href="mailto:joeyfisanick@yahoo.com">joeyfisanick@yahoo.com</a>	
4.7.6	Contact Telephone #	850-575-4471	
<b>Reference #4: Project Information</b>			
4.8.1	Name of Contractor Performing the work	WSN Construction LLC	
4.8.2	Name and location of the project	Tallahassee, Fl	
4.8.3	Nature of the firm's responsibility on the project	Infrastructure/Site Work	
4.8.4	Project duration	Two Years	
4.8.5	Completion (Anticipated) Date	Completed 2023	
4.8.6	Size of project	220 Residential Homes	
4.8.7	Cost of project	3,750,000.00	
4.8.8	Work for which staff was responsible	Infrastructure/Site Work	
<b>Reference #5: Reference Contact Information</b>			
4.9.1	Name of Firm, City, County or Agency	Old Field Plantation LLC	
4.9.2	Address	Booth lane, lloyd, FL 32344	
4.9.3	Contact Name	David Whitfield	

4.9.4	Contact Title	Owner	
4.9.5	Contact E-mail Address	<a href="mailto:rdwhfs@gmail.com">rdwhfs@gmail.com</a>	
4.9.6	Contact Telephone #	229-22-9671	
<b>Reference #5: Project Information</b>			
4.10.1	Name of Contractor Performing the work	WSN Construction LLC	
4.10.2	Name and location of the project	Lloyd, FL	
4.10.3	Nature of the firm's responsibility on the project	Infrastructure/Site Work	
4.10.4	Project duration	One Year	
4.10.5	Completion (Anticipated) Date	Completed 2024	
4.10.6	Size of project	Commercial Property	
4.10.7	Cost of project	850,000.00	
4.10.8	Work for which staff was responsible	Infrastructure/Site Work	
<b>70 Questions</b>		<b>100.00% Complete</b>	



**NON-COLLUSIVE AFFIDAVIT**

BIDDER is the Vice President,  
(Owner, Partner, Officer, Representative or Agent)

BIDDER is fully informed respecting the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid;

Such Bid is genuine and is not a collusive or sham Bid;

Neither the said BIDDER nor any of its officers, partners, owners, agents, representative, employees or parties in interest, including this affidavit, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other BIDDER, firm or person to submit a collusive or sham Bid in connection with the Contract for which the attached Bid has been submitted; or to refrain from bidding in connection with such Contract; or have in any manner, directly or indirectly, sought by agreement or collusion, or communications, or conference with any BIDDER, firm, or person to fix the price or prices in the attached Bid or any other BIDDER, or to fix any overhead, profit, or cost element of the Bid Price or the Bid Price of any other BIDDER, or to secure through any collusion conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Contract;

The price of items quoted in the attached Bid are fair and proper and are not tainted by collusion, conspiracy, connivance, or unlawful agreement on the part of the BIDDER or any other of its agents, representatives, owners, employees or parties in interest, including this affidavit.

Printed Name/Signature Don C Vickers III 

Title VP

Name of Company WSN Construction LLC



**VENDOR INFORMATION FORM**

<b>MAIN CONTACT INFORMATION</b>			
<b>Company Name (Legal Name as filed with IRS)</b>	WSN Construction LLC		
<b>Doing Business As (DBA)</b>			
<b>Primary Business Address</b>	1445 Scotland Road		
	<b>City:</b>	Havana	
	<b>State:</b>	Florida	<b>Zip:</b> 32333
	<b>Country:</b>	USA	
<b>Remit To Address</b>	1445 Scotland Road		
	<b>City:</b>	Havana	
	<b>State:</b>	Florida	<b>Zip:</b> 32333
	<b>Country:</b>	USA	
<b>Order From Address</b>	1445 Scotland Road		
	<b>City:</b>	Havana	
	<b>State:</b>	Florida	<b>Zip:</b> 32333
	<b>Country:</b>	USA	
<b>Foreign Entity (Yes/No)</b>	NO		
<b>Telephone Number</b>	850-251-3087		
<b>Primary Company E-mail</b>	kevin@dirtwork.biz		
<b>Fax</b>			
<b>Website</b>	Wsnconstructionllc.com		
<b>DUNS</b>	042992850		
<b>Independent Contractor (Yes/No)</b>	YES		
<b>Identification Number</b>	<b>SSN:</b>	593400279	<b>FID:</b> 851358370

<b>GENERAL PAYMENT TERMS</b>		
<b>Discount Percent</b>	<b>Days to Discount</b>	<b>Days to Net</b>
Defines the discount percentage the vendor extends to your organization.	Number of days which payment must be received to claim the discount percent.	Number of days that the vendor allows before requiring net payment.
<b>1.5%</b>	<b>30</b>	<b>30</b>

<b>CONTACT INFORMATION</b>			
<b>Contact Name (First &amp; Last Name)</b>	Kevin Garcia		
<b>Description/Title/Position</b>	Construction Manager		
<b>Phone (Voice)</b>	850-391-8330		
<b>Phone (Text)</b>	850-391-8330	<b>Opt In (Y/N):</b>	
<b>Fax</b>			
<b>E-mail</b>	kevin@dirtwork.biz		

# Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>KIMBERLY NELSON</b>	
2 Business name/disregarded entity name, if different from above <b>WSN CONSTRUCTION, LLC.</b>	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
5 Address (number, street, and apt. or suite no.) See instructions. <b>465 DOGWOOD DRIVE</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>HAVANA, FL 32333-0000</b>	
7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

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

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

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									
8	5	-	1	3	5	8	3	7	0

## Part II Certification

Under penalties of perjury, I certify that:

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

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

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>1-13-23</b>
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## General Instructions

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

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

## Purpose of Form

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

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

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



**COMPANY PROFILE FORM**

Please provide the following information so that the City could better get to know your company's background.

<b>MAIN CONTACT INFORMATION</b>			
<b>Company Name (Legal Name as filed with IRS)</b>	WSN Construction LLC		
<b>Doing Business As (DBA)</b>			
<b>Primary Business Address</b>	1445 Scotland Rd		
	<b>City:</b>	Havana	
	<b>State:</b>	Florida	<b>Zip:</b> 32333
	<b>Country:</b>	USA	

<b>Organization Background</b>	
<b>Please state the year that you company started its business</b>	2020
<b>Please state the year that your company started providing service under your current business name</b>	2020
<b>What State is your Company Registered In?</b>	Florida

<b>Professional License Information</b>		
License Type	License Number	Expiration
Certified General Contractor	CGC1535595	08/31/2024

*Please list any applicable professional licenses required to perform the services your company offers.*

<b>Please Provide a Summary of your Company and What Services you provide</b>
WSN Construction LLC stands as a prominent figure in infrastructure development and turn-key construction, as well as complete site work. Backed by an impressive 50-plus years of collective experience. With a robust background in both private and public sectors, the company's veteran leadership boasts decades of invaluable expertise.



**SWORN STATEMENT  
ON PUBLIC ENTITY CRIMES  
UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a).**

1. This sworn statement is submitted WSN Construction LLC  
(name of entity submitting sworn statement) whose business address is  
1445 SCOTLAND RD, Havana FL 32333  
and (if applicable) its Federal Employer Identification Number (FEIN) is  
85-1358370. (If the entity has no FEIN, include the Social Security  
Number of the individual signing this sworn statement: \_\_\_\_\_.)

2. My name is Kimberly Robinson King RN and my  
(Please print name of individual signing)

relationship to the entity named above is Owner.

3. 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 with the United States, including, but not limited to, any bid, proposal, reply, or contract for goods or services, any lease for real property, or any contract for the construction or repair of a public building or public work, involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

4. I understand that a "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 a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

5. 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 Cityship 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.

- 6. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or any 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 let by a public entity, or which otherwise transacts or applies to transact business with 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.
- 7. 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.)**
  - A) 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 have been charged with and convicted of a public entity crime subsequent to July 1, 1989.
  - B) 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, AND **(Please indicate which additional statement applies.)**
    - B1) There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. **(Please attach a copy of the final order.)**
    - B2) The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. **(Please attach a copy of the final order.)**
    - B3) The person or affiliate has not been placed on the convicted vendor list. **(Please describe any action taken by or pending with the Department of General Services.)**

Kimberly K. Wilson-Kelly  
Bidder's Name/Signature
WSN Construction LLC  
Company
03/08/2024  
Date



## EQUAL BENEFITS CERTIFICATION FORM FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES

Except where federal or state law mandates to the contrary, a Contractor awarded a Contract pursuant to a competitive solicitation shall provide benefits to Domestic Partners and spouses of its employees, irrespective of gender, on the same basis as it provides benefits to employees' spouses in traditional marriages.

The Contractor shall provide the City and/or the City Manager or his/her designee, access to its records for the purpose of audits and/or investigations to ascertain compliance with the provisions of this section, and upon request shall provide evidence that the Contractor is in compliance with the provisions of this section upon each new bid, contract renewal, or when the City Manager has received a complaint or has reason to believe the Contractor may not be in compliance with the provisions of this section. Records shall include but not be limited to providing the City and/or the City Manager or his/her designee with certified copies of the Contractor's records pertaining to its benefits policies and its employment policies and practices.

The Contractor must conspicuously make available to all employees and applicants for employment the following statement:

**“During the performance of a contract with the City of Pembroke Pines, Florida, the Contractor will provide Equal Benefits to its employees with spouses, as defined by Section 35.39 of the City’s Code of Ordinances, and its employees with Domestic Partners and all Married Couples”.**

The posted statement must also include a City contact telephone number and email address which will be provided to each contractor when a covered contract is executed.

### SECTION 1 DEFINITIONS

- 1. Benefits** means the following plan, program or policy provided or offered by a contractor to its employees as part of the employer's total compensation package which may include but is not limited to sick leave, bereavement leave, family medical leave, and health benefits.
- 2. Cash Equivalent** mean the amount of money paid to an employee with a domestic partner or spouse in lieu of providing benefits to the employee's domestic partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee for his or her spouse from a traditional marriage.
- 3. Covered Contract** means a contract between the City and a contractor awarded subsequent to the date when this section becomes effective valued at over \$25,000 or the threshold amount required for competitive bids as required in section 35.18(A) of the Procurement Code.
- 4. Domestic Partner** shall mean any two (2) adults of the same or different sex who have registered as domestic partners with a governmental body pursuant to state or local law authorizing such registration, or with an internal registry maintained by the employer of at



least one of the domestic partners. A contractor may institute an internal registry to allow for the provision of equal benefits to employees with domestic partners who do not register their partnerships pursuant to a governmental body authorizing such registration, or who are located in a jurisdiction where no such governmental domestic partnership registry exists. A contractor that institutes such registry shall not impose criteria for registration that are more stringent than those required for domestic partnership registration by the City of Pembroke Pines.

5. **Equal benefits** means the equality of benefits between employees with spouses and/or dependents of spouses and employees with domestic partners and/or dependents of domestic partners, and/or between spouses of employees and/or dependents of spouses and domestic partners of employees and/or dependents of domestic partners.
6. **Spouse** means one member of a married pair legally married under the laws of any state within the United States of America or any other jurisdiction under which such marriage is legally recognized, irrespective of gender.
7. **Traditional marriage** means a marriage between one man and one woman.

#### **SECTION 2 CERTIFICATION OF CONTRACTOR**

The firm providing a response, by virtue of the signature below, certifies that it is aware of the requirements of Section 35.39 "City Contractors providing Equal Benefits for Domestic Partners and all Married Couples" of the City's Code of Ordinances, and certifies the following (**Check only one box below**):

- A. Contractor currently complies with the requirements of this section; or
- B. Contractor will comply with the conditions of this section at the time of contract award; or
- C. Contractor will not comply with the conditions of this section at the time of contract award:  
or
- D. Contractor does not comply with the conditions of this section because of the following allowable exemption (**Check only one box below**):
  - 1. The Contractor does not provide benefits to employees' spouses in traditional marriages;
  - 2. The Contractor provides an employee the cash equivalent of benefits because the Contractor is unable to provide benefits to employees' Domestic Partners or spouses despite making reasonable efforts to provide them. To meet this exception, the Contractor shall provide a notarized affidavit that it has made reasonable efforts to provide such benefits. The affidavit shall state the efforts taken to provide such benefits and the amount of the cash equivalent. Cash equivalent means the amount of money paid to an employee with a Domestic Partner or spouse rather than providing benefits to the employee's Domestic Partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee's spouse;



City of Pembroke Pines

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3. The Contractor is a religious organization, association, society, or any non-profit charitable or educational institution or organization operated supervised or controlled by or in conjunction with a religious organization, association, or society;

4. The Contractor is a governmental agency;

**The certification shall be signed by an authorized officer of the Contractor. Failure to provide such certification (by checking the appropriate boxes above along with completing the information below) shall result in a Contractor being deemed non-responsive.**

COMPANY NAME: WSN Construction LLC

AUTHORIZED OFFICER NAME / SIGNATURE: Kimberly R. Nelson Kimberly R. Nelson



### VENDOR DRUG-FREE WORKPLACE CERTIFICATION FORM

#### SECTION 1 GENERAL TERM

Preference may be given to vendors submitting a certification with their bid/proposal certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

**IDENTICAL TIE BIDS** - Preference may be given to businesses with drug-free workplace programs. Whenever two or more bids that are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drugfree workplace program shall 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 shall:

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 each 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.

#### SECTION 2 AFFIRMATION

Place a check mark here only if affirming bidder **complies fully** with the above requirements for a Drug-Free Workplace.

Place a check mark here only if affirming bidder **does not** meet the requirements for a Drug-Free Workplace.

**Failure to complete this certification at this time (by checking either of the boxes above) shall render the vendor ineligible for Drug-Free Workplace Preference. This form must be completed by/for the proposer; the proposer WILL NOT qualify for Drug-Free Workplace Preference based on their sub-contractors' qualifications.**

  
Authorized Signature

  
Authorized Signer Name

  
Company Name



**SCRUTINIZED COMPANY CERTIFICATION  
PURSUANT TO FLORIDA STATUTE § 287.135.**

I, Kimberly K. Nelson Owner, on behalf of WSN Construction LLC,  
Print Name and Title Company Name

certify that WSN construction LLC :  
Company Name

1. Does not 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 Syria.

Submitting a false certification shall be deemed a material breach of contract. The City shall provide notice, in writing, to the Contractor of the City's determination concerning the false certification. The Contractor shall have ninety (90) days following receipt of the notice to respond in writing and demonstrate that the determination of false certification was made in error. If the Contractor does not demonstrate that the City's determination of false certification was made in error then the City shall have the right to terminate the contract and seek civil remedies pursuant to Florida Statute § 287.135.

Section 287.135, Florida Statutes, prohibits the City from: 1) Contracting with companies for goods or services in any amount if at the time of bidding on, submitting a proposal for, or entering into or renewing a contract if the company is on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, F.S. or is engaged in a boycott of Israel; and 2) Contracting with companies, for goods or services over \$1,000,000.00 that are on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector list, created pursuant to s. 215.473, or are engaged in business operations in Syria.

As the person authorized to sign on behalf of the Contractor, I hereby certify that the company identified above in the section entitled "Contractor Name" does not participate in any boycott of Israel, is not listed on the Scrutinized Companies that Boycott Israel List, is not listed on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector List, and is not engaged in business operations in Syria. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject the company to civil penalties, attorney's fees, and/or costs. I further understand that any contract with the City for goods or services may be terminated at the option of the City if the company is found to have submitted a false certification or has been placed on the Scrutinized Companies with Activities in Sudan list or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List.

WSN Construction LLC                      Kimberly K. Nelson Owner  
 Company Name                              Print Name / Signature                      Title



**E-VERIFY SYSTEM CERTIFICATION STATEMENT  
(UNDER SECTION 448.095, FLORIDA STATUTES)**

1. Definitions:
  - a. **“Contractor”** means a person or entity that has entered or is attempting to enter into a contract with a public employer to provide labor, supplies, or services to such employer in exchange for salary, wages, or other remuneration. “Contractor” includes, but is not limited to, a vendor or consultant.
  - b. **“Subcontractor”** means a person or entity that provides labor, supplies, or services to or for a contractor or another subcontractor in exchange for salary, wages, or other remuneration.
  - c. **“E-Verify system”** means an Internet-based system operated by the United States Department of Homeland Security that allows participating employers to electronically verify the employment eligibility of newly hired employees.
2. Effective January 1, 2021, Contractors, shall register with and use the E-verify system in order to verify the work authorization status of all newly hired employees. Contractor shall register for and utilize the U.S. Department of Homeland Security’s E-Verify System to verify the employment eligibility of:
  - a. All persons employed by a Contractor to perform employment duties within Florida during the term of the contract; and
  - b. All persons (including subvendors/subconsultants/subcontractors) assigned by Contractor to perform work pursuant to the contract with the City of Pembroke Pines. The Contractor acknowledges and agrees that registration and use of the U.S. Department of Homeland Security’s E-Verify System during the term of the contract is a condition of the contract with the City of Pembroke Pines; and
  - c. Should vendor become the successful Contractor awarded for the above-named project, by entering into the contract, the Contractor shall comply with the provisions of Section 448.095, Fla. Stat., “Employment Eligibility,” as amended from time to time. This includes, but is not limited to registration and utilization of the E-Verify System to verify the work authorization status of all newly hired employees. Contractor shall also require all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. The Contractor shall maintain a copy of such affidavit for the duration of the contract.
3. Contract Termination
  - a. If the City has a good faith belief that a person or entity with which it is contracting has knowingly violated s. 448.09 (1) Fla. Stat., the contract shall be terminated.
  - b. If the City has a good faith belief that a subcontractor knowingly violated s. 448.095 (2), but the Contractor otherwise complied with s. 448.095 (2) Fla. Stat., shall promptly notify the Contractor and order the Contractor to immediately terminate the contract with the subcontractor.
  - c. A contract terminated under subparagraph a) or b) is not a breach of contract and may not be considered as such.
  - d. Any challenge to termination under this provision must be filed in the Circuit Court no later than 20 calendar days after the date of termination.
  - e. If the contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of 1 year after the date of termination.

COMPANY NAME: WSN Construction LLC

PRINTED NAME / AUTHORIZED SIGNATURE: Kimberly R. Nelson-Kubler



## VETERAN OWNED SMALL BUSINESS (VOSB) PREFERENCE CERTIFICATION

### SECTION 1 GENERAL TERM

#### VETERAN OWNED SMALL BUSINESS (VOSB) PREFERENCE

The evaluation of competitive bids is subject to section 35.37 of the City's Procurement Procedures which, except where contrary to federal and state law, or any other funding source requirements, provides that preference be given to veteran owned small businesses. To satisfy this requirement, the vendor shall affirm in writing its compliance with the following objective criteria as of the bid or proposal submission date stated in the solicitation. A veteran owned small business shall be defined as:

1. "Veteran Owned Small Business" shall mean a business entity which has received a "Determination Letter" from the United States Department of Veteran Affairs Center for Verification and Evaluation notifying the business that they have been approved as a Veteran Owned Small Business (VOSB).

A preference of two and a half percent (2.5%) of the total evaluation point, or two and a half percent (2.5%) of the total price, shall be given to the **Veteran Owned Small Business (VOSB)**. This shall mean that if a **VOSB** submits a bid/quote that is within 2.5% of the lowest price submitted by any vendor, the **VOSB** shall have an option to submit another bid which is at least 1% lower than the lowest responsive bid/quote. If the **VOSB** submits a bid which is at least 1% lower than that lowest responsive bid/quote, then the award will go to the **VOSB**. If not, the award will be made to the vendor that submits the lowest responsive bid/quote. If the lowest responsive and responsible bidder IS a "**Local Pembroke Pines Vendor**" (**LPPV**) or a "**Local Broward County Vendor**" (**LBCV**) as established in Section 35.36 of the City's Code of Ordinances, entitled "Local Vendor Preference", then the award will be made to that vendor and no other bidders will be given an opportunity to submit additional bids as described herein.

If there is a **LPPV**, a **LBCV**, and a **VOSB** participating in the same bid solicitation and all three vendors qualify to submit a second bid, the **LPPV** will be given first option. If the **LPPV** cannot beat the lowest bid received by at least 1%, an opportunity will be given to the **LBCV**. If the **LBCV** cannot beat the lowest bid by at least 1%, an opportunity will be given to the **VOSB**. If the **VOSB** cannot beat the lowest bid by at least 1%, then the bid will be awarded to the lowest bidder.

If multiple **VOSBs** submit bids/quotes which are within 2.5% of the lowest bid/quote and there are no **LPPV** or **LBCV** as described in Section 35.36 of the City's Code of Ordinance, entitled "Local Vendor Preference", then all **VOSBs** will be asked to submit a **Best and Final Offer (BAFO)**. The award will be made to the **VOSB** submitting the lowest **BAFO** providing that that **BAFO** is at least 1% lower than the lowest bid/quote received in the original solicitation. If no **VOSB** can beat the lowest bid/quote by at least 1%, then the award will be made to the lowest responsive bidder.

#### COMPARISON OF QUALIFICATIONS

The preferences established in no way prohibit the right of the City to compare quality of supplies or services for purchase and to compare qualifications, character, responsibility and fitness of all persons, firms or corporations submitting bids or proposals. Further, the preference established in no way prohibit the right of the city from giving any other preference permitted by law instead of the preferences granted, nor prohibit the city to select the bid or proposal which is the most responsible and in the best interests of the city.

### SECTION 2 AFFIRMATION

#### VETERAN OWNED SMALL BUSINESS (VOSB) PREFERENCE CERTIFICATION:

- Place a check mark here only if affirming bidder meets requirements above as a Veteran Owned Small Business. In addition, the bidder must attach the "Determination Letter" from the U.S. Dept. of Veteran Affairs Center.
- Place a check mark here only if affirming bidder does not meet the requirements above as a VOSB.

Failure to complete this certification at this time (by checking either of the boxes above) shall render the vendor ineligible for VOSB Preference. This form must be completed by/for the proposer; the proposer WILL NOT qualify for VOSB Preference based on their sub-contractors' qualifications.

**WSN Construction LLC**

COMPANY NAME: \_\_\_\_\_

PRINTED NAME / AUTHORIZED SIGNATURE: Kimberly R Nelson - City PM



## LOCAL VENDOR PREFERENCE CERTIFICATION

### SECTION 1 GENERAL TERM

#### LOCAL PREFERENCE

The evaluation of competitive bids is subject to section 35.36 of the City's Procurement Procedures which, except where contrary to federal and state law, or any other funding source requirements, provides that preference be given to local businesses. To satisfy this requirement, the vendor shall affirm in writing its compliance with either of the following objective criteria as of the bid or proposal submission date stated in the solicitation. A local business shall be defined as:

1. "Local Pembroke Pines Vendor" shall mean a business entity which has maintained a permanent place of business with full-time employees within the City limits for a minimum of one (1) year prior to the date of issuance of a bid or proposal solicitation. The permanent place of business may not be a post office box. The business location must actually distribute goods or services from that location. In addition, the business must have a current business tax receipt from the City of Pembroke Pines.

OR;

2. "Local Broward County Vendor" shall mean or business entity which has maintained a permanent place of business with full-time employees within the Broward County limits for a minimum of one (1) year prior to the date of issuance of a bid or proposal solicitation. The permanent place of business may not be a post office box. The business location must actually distribute goods or services from that location. In addition, the business must have a current business tax receipt from the Broward County or the city within Broward County where the business resides.

A preference of five percent (5%) of the total evaluation point, or five percent (5%) of the total price, shall be given to the **Local Pembroke Pines Vendor(s)**; A preference of two and a half percent (2.5%) of the total evaluation point for local, or two and a half percent (2.5%) of the total price, shall be given to the **Local Broward County Vendor(s)**.

#### COMPARISON OF QUALIFICATIONS

The preferences established in no way prohibit the right of the City to compare quality of supplies or services for purchase and to compare qualifications, character, responsibility and fitness of all persons, firms or corporations submitting bids or proposals. Further, the preference established in no way prohibit the right of the city from giving any other preference permitted by law instead of the preferences granted, nor prohibit the city to select the bid or proposal which is the most responsible and in the best interests of the city.

### SECTION 2 AFFIRMATION

#### LOCAL PREFERENCE CERTIFICATION:

Place a check mark here only if affirming bidder meets requirements above as a Local Pembroke Pines Vendor. In addition, the business must attach a current business tax receipt from the City of Pembroke Pines along with any previous business tax receipts to indicate that the business entity has maintained a permanent place of business for a minimum of one (1) year.

Place a check mark here only if affirming bidder meets requirements above as a Local Broward County Vendor. In addition, the business must attach a current business tax receipt from the Broward County or the city within Broward County where the business resides along with any previous business tax receipts to indicate that the business entity has maintained a permanent place of business for a minimum of one (1) year.

Place a check mark here only if affirming bidder does not meet the requirements above as a Local Vendor.

Failure to complete this certification at this time (by checking either of the boxes above) shall render the vendor ineligible for Local Preference. This form must be completed by/for the proposer; the proposer **WILL NOT** qualify for Local Vendor Preference based on their sub-contractors' qualifications.

COMPANY NAME: WSN Construction LLC

PRINTED NAME / AUTHORIZED SIGNATURE: Kimberly K. Nelson

**Bid Bond**

**CONTRACTOR:**

*(Name, legal status and address)*

**WSN Construction LLC**  
1445 Scotland Road, Havana, FL 32333  
(850) 544-1274

**SURETY:**

*(Name, legal status and principal place of business)*

**Lexington National Insurance Corporation**  
Post Office Box 6098 Lutherville, MD 21094  
4106250800

**OWNER:**

*(Name, legal status and address)*

**CITY OF PEMBROKE PINES**  
8300 SOUTH PALM DRIVE  
PEMBROKE PINES FL 33025

**BOND AMOUNT:**

Not to Exceed: **Twenty-four Thousand** ( **\$24,000.00** ) Dollars

**PROJECT:**

*(Name, location or address, and Project number, if any)*

**IFB # PSPW-24-03 Central Campus Charter School Stairway Replacements**  
12350 Sheridan St., Pembroke Pines, FL 33026

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this **1st** day of **April** **2024**

**WSN Construction LLC**

\_\_\_\_\_  
*(Principal)* *(Seal)*

\_\_\_\_\_  
*(Witness)*

\_\_\_\_\_  
*(Title)* **Lexington National Insurance Corporation**

\_\_\_\_\_  
*(Surety)* **David Gonsalves**

\_\_\_\_\_  
Attorney In Fact

*(Title)*

  
\_\_\_\_\_  
*(Witness)* **Nick Brady**



By arrangement with the American Institute of Architects, the National Association of Surety Bond Producers (NASBP) ([www.nasbp.org](http://www.nasbp.org)) makes this form document available to its members, affiliates, and associates in Microsoft Word format for use in the regular course of surety business. NASBP vouches that the original text of this document conforms exactly to the text in AIA Document A310-2010, Bid Bond. Subsequent modifications may be made to the original text of this document by users, so careful review of its wording and consultation with an attorney are encouraged before its completion, execution or acceptance.



PO Box 471023  
Charlotte, NC 28226  
Phone: (800) 438-1162  
Fax: (704) 364-3214

**This form must be returned to The Bond Exchange within five (5) Business days after the release of the project bid results. We must notify the Surety.**

**Without these results, Final Payment and Performance bonds will not be approved.**

Contractor's Name: WSN Construction LLC  
Project Name: IFB # PSPW-24-03 Central Campus Charter School Stair  
Bid Bond Number: BB438882  
Bid Bond Estimate: 470000.00  
Date of Bid:

**WERE YOU LOW BIDDER:     YES     NO**

**PLEASE COMPLETE THE FOLLOWING:**

<u>BIDDER</u>	<u>AMOUNT</u>
Low Bid: _____	\$ _____
2 <sup>nd</sup> Bid: _____	\$ _____
3 <sup>rd</sup> Bid: _____	\$ _____

IMPORTANT NOTICE – THIS POWER OF ATTORNEY IS VOID IF “LNIC Original” WATERMARK IS NOT PRESENT

## POWER OF ATTORNEY

### Lexington National Insurance Corporation

Lexington National Insurance Corporation, a corporation duly organized under the laws of the State of Florida and having its principal administrative office in Baltimore County, Maryland, does hereby make, constitute and appoint:

**David Gonsalves and Jackson Cromer**

as its true and lawful attorney-in-fact, each in their separate capacity, with full power and authority to execute, acknowledge, seal and deliver on its behalf as surety any bond or undertaking of \$6,000,000 or less. This Power of Attorney is void if used for any bond over that amount.

This Power of Attorney is granted under and by authority of the following resolutions adopted by the Board of Directors of the Company on February 15, 2018:

Be it Resolved, that the President, CEO or any Vice-President shall be and is hereby vested with full power and authority to appoint suitable persons as Attorney-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and on the behalf of the Company, to execute, acknowledge and deliver any and all bonds, contracts, or indemnity and other conditional or obligatory undertakings, including any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts, and any all notices and documents cancelling or terminating the Company's liability thereunder and any such instruments so executed by any Attorney-in Fact shall be binding upon the Company as if signed by the President and sealed by the Corporate Secretary.

RESOLVED further, that the signature of the President, CEO or any Vice-President of LEXINGTON NATIONAL INSURANCE CORPORATION may be affixed by facsimile to any power of attorney, and the signature of the Secretary or any Assistant Secretary and the seal of the Company may be affixed by facsimile to any certificate of such power, or any such power or certificate bearing such facsimile signature or seal shall be valid and binding on the Company. Any such power so executed and sealed and certified by certificate so executed and sealed with respect to any bond to which it is attached continue to be valid and binding upon the Company.

IN WITNESS WHEREOF, the Company have caused this instrument to be signed and their corporate seal to be hereto affixed.



Ronald A. Frank, CEO



State of Maryland  
County of Harford County, SS:

Before me, a notary public, personally appeared, Ronald A. Frank, Chief Executive Officer of Lexington National Insurance Corporation, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under the PENALTY of PERJURY under the laws of the State of Maryland that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Commission Expires: 05/23/24

  
Notary

I, Lisa R. Slater, Secretary of Lexington National Insurance Corporation, do hereby certify that the above and foregoing is true and correct copy of a Power of Attorney, executed by said company, which is still in full force and effect; furthermore, the resolutions of the Boards of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seal of said Company at Baltimore, Maryland this 15<sup>th</sup> day of December, 2023.

  
Lisa R. Slater, Secretary

Attached to bond signed this 1st day of April, 2024



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

## Detail by Entity Name

Florida Limited Liability Company  
WSN CONSTRUCTION, LLC

### Filing Information

<b>Document Number</b>	L20000166657
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<b>Last Event</b>	LC AMENDMENT
<b>Event Date Filed</b>	02/03/2022
<b>Event Effective Date</b>	NONE

### Principal Address

465 DOGWOOD DRIVE  
HAVANA, FL 32333

Changed: 08/13/2021

### Mailing Address

465 DOGWOOD DRIVE  
HAVANA, FL 32333

Changed: 08/13/2021

### Registered Agent Name & Address

NELSON, WILLIAM S  
465 DOGWOOD DRIVE  
HAVANA, FL 32333

Address Changed: 08/13/2021

### Authorized Person(s) Detail

#### **Name & Address**

Title MGR

NELSON, KIMBERLY A  
465 DOGWOOD DR  
HAVANA, FL 32333

Title SECRETARY

LASSETER, LEE  
465 DOGWOOD DRIVE  
HAVANA, FL 32333

Title CO-MGR

NELSON, WILLIAM SCOTT  
465 DOGWOOD DRIVE  
HAVANA, FL 32333

Title Treasurer

Vickers, Don, III  
183 Shellcracker Drive  
Cairo, GA 30827

**Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2022	04/28/2022
2023	04/26/2023
2023	10/23/2023

**Document Images**

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