

Exhibit "B"

Line Item	Description	Quantity	Unit of Measure	Vendor Notes	Unit Cost	Total	No Bid
1	Central Campus, Building A	1	Lump Sum		\$88,071.15	\$88,071.15	FALSE
2	Flamingo Park North Concession Stand	1	Lump Sum		\$22,064.00	\$22,064.00	FALSE
3	Pembroke Shores North & South Concession Stand	1	Lump Sum		\$46,986.74	\$46,986.74	FALSE
	Total					\$157,121.89	

Line Item	Description	Unit of Measure	Percentage
--------------	-------------	--------------------	------------

	Cost to provide a Payment & Performance Bond for the project, in the form of a 1 percent	Percent	2.5%
--	--	---------	------

Line Item	Description	Unit of Measure	Vendor Notes	Unit Cost
1	Steel Deck Repair	Per Square Foot		\$22.50
2	Plywood Replacement	Per Square Foot		\$15.50
3	Light Weight Repair	Per Square Foot		\$12.75
4	Stucco Repair	Per Square Foot		\$8.75
5	2x4	Per Linear Foot		\$6.65
6	2x6	Per Linear Foot		\$7.54
7	2x8	Per Linear Foot		\$7.74
8	2x10	Per Linear Foot		\$9.25
9	2x12	Per Linear Foot		\$11.07

Proposer's Background Information Form

#	Question	Response	Comment	Status
Contact Information				
1.1.1	Primary Contact: Please provide the contact information (Name, Title, E-mail and Phone Number) for the Primary Contact for this project.	Yosvany Madruga, CEO 305-471-7353		Complete
1.1.2	Authorized Approver: Please provide the contact information (Name, Title, E-mail and Phone Number) for the Authorized Approver for this project.	Yosvany Madruga, CEO 305-471-7353		Complete
Organization Background				
1.2.1	Please state the year that you company started its business.	2007		Complete
1.2.2	Please state the year that your company started providing service under your current business name.	2007		Complete
1.2.3	What State is your Company Registered In?	Florida		Complete
Former Business				
1.3.1	Under what former name has your business operated? Include a description of the business.	None		Complete
1.3.2	At what address was that business located?	6925 NW 42 St Miami, FL 33166		Complete
Past Failure				
1.4.1	Have you ever failed to complete work awarded to you. If so, when, where and why?	No		Complete
Inspected				
1.5.1	Have you personally inspected the proposed WORK and do you have a complete plan for its performance?	Yes		Complete
Subcontracting				
1.6.1	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.)	No		Complete
Bankruptcy Petitions				
1.7.1	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		Complete
Bond Claims				
1.8.1	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		Complete
Claims, Arbitrations, Administrative Hearings and Lawsuits				
1.9.1	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.	See attached		Complete
Criminal Proceedings or Hearings				

1.10.1	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		Complete
Company Classification				
1.11.1	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	Roofing contractor	Complete
Debarment/Suspension				
1.12.1	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		Complete
Similar Experience & Contracts				
1.13.1	Describe the firm's local experience/nature of service with contracts of similar size and complexity, in the previous three (3) years.	Various roofing contracts with Municipalities	Hialeah Police Center Bright Park Recreation Hialeah Public Works	Complete
Professional License Information				
1.14.1	Are professional licenses required to perform the services requested in this solicitation? If so, please list any applicable professional licenses that your company has that are required to provide these services.	Applicable	CCC1328326 - Roofing License	Complete
Conflict of Interest				
1.15.1	Do you need to disclose any conflicts of interest? The award of any contract hereunder is subject to the provisions of Chapter 112, Florida Statutes. Proposers must disclose with their Proposal the name of any officer, director, partner, proprietor, associate or agent who is also an officer or employee of CITY or any of its agencies. Further, all Proposers must disclose the name of any officer or employee of CITY who owns, directly or indirectly, an interest of five percent (5%) or more in the Proposer 's firm or any of its branches or affiliate companies.	No		Complete
19 Questions			100.00% Complete	



City of Pembroke Pines

NON-COLLUSIVE AFFIDAVIT

BIDDER is the

Owner

(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

Yosvany Madrazo

Title

CEO

Name of Company

A-1 Property Services Group Inc.



City of Pembroke Pines

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

1. This sworn statement is submitted A-1 Property Services Group Inc.
(name of entity submitting sworn statement) whose business address is
6925 NW 42 St Miami FL 33146
and (if applicable) its Federal Employer Identification Number (FEIN) is
20-8899101. (If the entity has no FEIN, include the Social Security
Number of the individual signing this sworn statement: _____.)
2. My name is Yosvany Madrigal and my
(Please print name of individual signing)
relationship to the entity named above is owner/ceo.
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



City of Pembroke Pines

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.)**

Yervang Madrygi
Bidder's Name/Signature

[Signature]
Company

3/10/25
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

☐ 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: A-1 Property Services Group Inc.

AUTHORIZED OFFICER NAME / SIGNATURE: [Signature]



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.

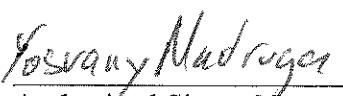
SECTION 2 AFFIRMATION

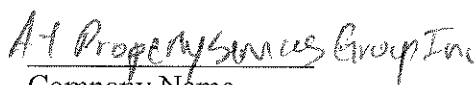
☒ Place a check mark here only if affirming bidder **complies fully** with the above requirements for a Drug-Free Workplace.

☐ 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



City of Pembroke Pines

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

I, Yosvany Madryga CEO, on behalf of A-1 Property Services Group Inc
Print Name and Title Company Name

certify that A-1 Property Services Group Inc.:
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.

A-1 Property Services Group Inc Yosvany Madryga CEO
Company Name Print Name / Signature Title



City of Pembroke Pines

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:

AT Property Services Group Inc.

PRINTED NAME / AUTHORIZED SIGNATURE:

Josvany Madroga



City of Pembroke Pines

AFFIDAVIT OF COMPLIANCE WITH HUMAN TRAFFICKING LAWS

In accordance with section 787.06 (13), Florida Statutes, the undersigned, on behalf of the entity listed below ("Entity"), hereby attests under penalty of perjury that:

1. The Affiant is an officer or representative of the Entity entering into an agreement with the City of Pembroke Pines.
2. The Entity does not use coercion for labor or services as defined in Section 787.06, Florida Statutes, entitled "Human Trafficking".
3. The Affiant is authorized to execute this Affidavit on behalf of the Entity.
4. I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.
5. Pursuant to Sec. 92.525(2), Fla. Stat., under penalties of perjury, I declare that I have read the foregoing affidavit of compliance with Human Trafficking Laws and that the facts stated in it are true.

FURTHER AFFIANT SAYETH NAUGHT.

DATE: 3/10/28

SIGNATURE: [Signature]

ENTITY: A-1 Property Services Group

NAME: Korvany Madrigal

TITLE: CEO



VENDOR INFORMATION FORM

MAIN CONTACT INFORMATION			
Company Name (Legal Name as filed with IRS)	A-1 Property Services Group, Inc.		
Doing Business As (DBA)	A1 Roofing Contractors		
Primary Business Address	6925 NW 42 Street		
	City:	Miami	
	State:	FL	Zip: 33166
	Country:	USA	
Remit To Address	Same as above		
	City:		
	State:		Zip:
	Country:		
Order From Address	Same as above		
	City:		
	State:		Zip:
	Country:		
Foreign Entity (Yes/No)	No		
Telephone Number	305-471-7353		
Primary Company E-mail	ap@a1propertyservices.net		
Fax			
Website	www.a1propertyservices.net		
DUNS			
Independent Contractor (Yes/No)	Yes		
Identification Number	SSN:		FID: 20-8899101

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

CONTACT # 1	
Contact Name (First & Last Name)	Carlos Velasquez
Description/Title/Position	CFO
Phone (Voice)	305-471-7353 ext 102
Phone (Text)	Opt In (Y/N):
Fax	
E-mail	cvelasquez@a1propertyservices.net

STATE REGISTRATION	
Is your company registered with the State of Florida? (Y/N)	Y
If not, what state is your company registered in?	

Please attach the print out from <https://dos.myflorida.com/sunbiz/> or the appropriate state showing your active registration and any applicable fictitious names that are registered.

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.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	A-1 Property Services Group, Inc.	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)	Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)	
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions.	<input type="checkbox"/>	
5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part II 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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-						
or									
Employer identification number									
2	0	-	8	8	9	9	1	0	1

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.

Sign Here	Signature of U.S. person	Date
		3/10/25

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



March 11, 2025

To Whom it may concern:

A-1 Property Services Group is involved in litigation that pertains to 8101 LLC V Link Construction and A-1 was named as a party to the cross-claim for a roofing project completed more than 8 years ago. A-1 is vigorously defending the allegations, and is seeking to dismiss the case.

In addition in the year 2020 and 2021 several parties opened litigation that was settled against A-1 Property services related to an accident that occurred at the Le Club Building in Cutler Bay. The litigation related to this incident were the following cases :

- Orlando Leon Vs A-1 Property services
- Yashira Salcedo Vs Le Club at Old Cutler Condominium Association.
- Le Club at Old Cutler Condominium Association vs certain underwriters at Lloyds of London
- Heidi Woodard Vs A01 Property Services Group, Inc.

Lastly, A-1 Property Services had a complaint filed onto them by Dominion Tower LC in February 2022 that was settled.



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

Detail by Entity Name

Florida Profit Corporation

A-1 PROPERTY SERVICES GROUP INC.

Filing Information

Document Number	P07000048954
FEI/EIN Number	20-8899101
Date Filed	04/20/2007
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	04/23/2009
Event Effective Date	NONE

Principal Address

6925 NW 42nd Street
Miami, FL 33166

Changed: 03/03/2022

Mailing Address

P.O. Box 558385
Miami, FL 33255

Changed: 03/03/2022

Registered Agent Name & Address

SOTO LAW GROUP PA
2400 E. COMMERCIAL BLVD
STE 400
FORT LAUDERDALE, FL 33308

Name Changed: 02/05/2024

Address Changed: 02/05/2024

Officer/Director Detail

Name & Address

Title CEO

Madruga, Yosvany F
 3120 SW 104 Ave
 MIAMI, FL 33165

Annual Reports

Report Year	Filed Date
2022	01/31/2022
2023	04/18/2023
2024	03/20/2024

Document Images

<u>03/20/2024 -- ANNUAL REPORT</u>	View image in PDF format
<u>02/05/2024 -- Reg. Agent Change</u>	View image in PDF format
<u>04/18/2023 -- ANNUAL REPORT</u>	View image in PDF format
<u>03/03/2022 -- AMENDED ANNUAL REPORT</u>	View image in PDF format
<u>01/31/2022 -- ANNUAL REPORT</u>	View image in PDF format
<u>03/17/2021 -- ANNUAL REPORT</u>	View image in PDF format
<u>03/02/2020 -- ANNUAL REPORT</u>	View image in PDF format
<u>02/11/2019 -- ANNUAL REPORT</u>	View image in PDF format
<u>02/28/2018 -- ANNUAL REPORT</u>	View image in PDF format
<u>02/10/2017 -- ANNUAL REPORT</u>	View image in PDF format
<u>01/22/2016 -- ANNUAL REPORT</u>	View image in PDF format
<u>03/04/2015 -- ANNUAL REPORT</u>	View image in PDF format
<u>01/13/2014 -- ANNUAL REPORT</u>	View image in PDF format
<u>03/26/2013 -- ANNUAL REPORT</u>	View image in PDF format
<u>02/01/2012 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/19/2011 -- ANNUAL REPORT</u>	View image in PDF format
<u>05/06/2010 -- ANNUAL REPORT</u>	View image in PDF format
<u>01/11/2010 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/23/2009 -- Amendment</u>	View image in PDF format
<u>04/20/2009 -- ANNUAL REPORT</u>	View image in PDF format
<u>09/09/2008 -- ANNUAL REPORT</u>	View image in PDF format
<u>10/18/2007 -- Amendment</u>	View image in PDF format
<u>08/30/2007 -- Amendment</u>	View image in PDF format
<u>04/20/2007 -- Domestic Profit</u>	View image in PDF format



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

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

MADRUGA, YOSVANY F

A-1 PROPERTY SERVICES GROUP INC
6925 NW 42ND STREET
MIAMI FL 33166

LICENSE NUMBER: CCC1328326

EXPIRATION DATE: AUGUST 31, 2026

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

ISSUED: 09/03/2024

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.





**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-0783

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

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

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



STATE OF FLORIDA DEPARTMENT
OF BUSINESS AND PROFESSIONAL
REGULATION

CCC1328326
CERTIFIED ROOFING CONTRACTOR
MADRUGA, YOSVANY F
A-1 PROPERTY SERVICES GROUP INC

ISSUED: 09/03/2024

Signature
LICENSED UNDER CHAPTER 489, FLORIDA STATUTES
EXPIRATION DATE: AUGUST 31, 2026

Ron DeSantis, Governor

Melanie S. Griffin, Secretary

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

LICENSE NUMBER: CCC1328326

EXPIRATION DATE: AUGUST 31, 2026

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

MADRUGA, YOSVANY F
A-1 PROPERTY SERVICES GROUP INC
6925 NW 42ND STREET
MIAMI FL 33166



ISSUED: 09/03/2024

Always verify licenses online at MyFloridaLicense.com
Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

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

MADRUGA, YOSVANY F

A-1 PROPERTY SERVICES GROUP INC.
6925 NW 42ND STREET
MIAMI FL 33166

LICENSE NUMBER: CGC1523132

EXPIRATION DATE: AUGUST 31, 2026

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

ISSUED: 09/03/2024

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.





**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-0783

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

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

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



STATE OF FLORIDA DEPARTMENT
OF BUSINESS AND PROFESSIONAL
REGULATION

CGC1523132
CERTIFIED GENERAL CONTRACTOR
MADRUGA, YOSVANY F
A-1 PROPERTY SERVICES GROUP INC.

ISSUED: 09/03/2024

Signature
LICENSED UNDER CHAPTER 489, FLORIDA STATUTES
EXPIRATION DATE: AUGUST 31, 2026

Ron DeSantis, Governor

Melanie S. Griffin, Secretary

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

LICENSE NUMBER: CGC1523132

EXPIRATION DATE: AUGUST 31, 2026

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

MADRUGA, YOSVANY F
A-1 PROPERTY SERVICES GROUP INC.
6925 NW 42ND STREET
MIAMI FL 33166



ISSUED: 09/03/2024

Always verify licenses online at MyFloridaLicense.com
Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

State of Florida

Minority Business Certification

A-1 Property Services Group Inc.

Is certified under the provisions of
287 and 295.187, Florida Statutes, for a period from:
04/26/2024 to 04/26/2026



Pedro Allende
Florida Department of Management Services

1800 NW 49th Street
Fort Lauderdale, FL 33309



Tuesday, May 14, 2024

A1 Property Services Group Inc
Yosvany Madruga
6925 NW 42 St
Miami, FL 33166
pwc@a1propertyservices.net

Dear Yosvany Madruga:

Congratulations!

The Office of Economic and Small Business Development (OESBD) has determined A1 Property Services Group Inc is eligible to participate in Broward Health's (BH) Economic and Small Business Development Initiative, as a Certified Small Business Vendor (CSBV).

In accordance with BH's Economic and Small Business Development Initiative Resolution FY24-02, OESBD has received and validated your firm's "**Small Business - SBE**" certification documentation from "**State of Florida Office of Supplier Diversity**", an approved BH Certification Partner. Your firm's Broward Health CSBV status is valid through **4/26/2026**. Should there be any changes to your firm's size, ownership, managerial, and/or operational control that affects the status of your firm's "**Small Business - SBE**" Certification, please notify the Certification Partner, "**State of Florida Office of Supplier Diversity**", immediately. Also, you will need to update your firm's Broward Health CSBV status in VRS, accordingly.

Broward Health's Vendor Registration System (VRS) is a "vendor managed" system, and all registered vendors are required to maintain current company information (i.e. CSBV Status information, W-9, Contact Information, Products/Services, etc.). Also, VRS is an active bid notification portal for formal and informal bids/quotes. And a retrieval/submittal portal for informal bids/quotes.

Your firm will receive various email communication from BH, therefore we recommend adding the following BH email addresses to your firm's email contact list, to be recognized as trusted contacts:

vrsbidding@browardhealth.org
vendorrelations@browardhealth.org
smallbusiness@browardhealth.org

Also, you are encouraged to visit our website: <https://vendor.browardhealth.org> - to access, review, and update your firm's VRS account and view current procurement opportunities.

Thank you for your interest and participation in Broward Health's Economic and Small Business Development Initiative. OESBD can be reached via phone @ 954-473-7205 or email: smallbusiness@browardhealth.org.

Sincerely,

LaRae P. Floyd, Manager
Office of Economic and Small Business Development

MIAMI-DADE COUNTY PUBLIC SCHOOLS



Minority/Women Business Enterprise (MWBE) Certificate

THIS CERTIFIES THAT
A-1 PROPERTY SERVICES GROUP, INC.

IS OWNED AND CONTROLLED BY A(N)
HISPANIC AMERICAN

PURSUANT TO MIAMI-DADE COUNTY PUBLIC SCHOOL BOARD POLICY 6320.02

A handwritten signature in black ink, appearing to read "Jennifer D. Andreu". The signature is fluid and cursive, with the first name being the most prominent.

October 19, 2021	October 19, 2024	6512668
Issue Date	Expiration Date	Vendor No.

Jennifer D. Andreu
Assistant Superintendent, Equity & Diversity
Office of Economic Opportunity
Miami-Dade County Public Schools
1450 NE 2nd Avenue - Suite 428
Miami, Florida 33132

A-1 Property Services Group, Inc Response

Pricing unsealed at Mar 11, 2025 2:30 PM

CONTACT INFORMATION

Company

A-1 Property Services Group, Inc

Email

geo@a1propertyservices.net

Contact

Geo Madruga

Address

6925 NW 42nd Street
Miami, FL 33166

Phone

(305) 471-7353

Website

www.A1propertyservices.net

Submission Date

Mar 11, 2025 10:53 AM (Eastern Time)

ADDENDA CONFIRMATION

☒ Addendum #1

Confirmed Mar 7, 2025 12:56 PM by Geo Madruga

QUESTIONNAIRE

1. CONFIRMATION TO BIND

1.1. I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.*☒ Confirmed☒ Pass ☐ Fail

2. REFERENCE # 1

The minimum experience for this project is **five (5) years**. Provide specific examples of similar experience conducting licensed work of equal or similar scope of work, preferably delivered by the proposed team members. A **minimum of 3** references should be from the last **five years** and should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. As part of the proposal evaluation process, the City may conduct an investigation of references, including a record check or consumer affairs complaints. Proposers' submission of a proposal constitutes acknowledgment of the process and consent to investigate. The City is the sole judge in determining Proposers qualifications. In this section you will have the ability to enter information for 5 different references including their contact details and specific project information.

Please note that the City prefers references who are not current employees of the City of Pembroke Pines, as we generally do not contact our own employees for reference checks.

Proposers are advised to confirm that:

1. Each reference provided by the Respondent has up to date contact persons and contact information;
2. The contact person provided for each reference is someone who has personal knowledge of the Proposer's performance during the referenced project; and
3. The contact person for each reference has been contacted by the Proposer regarding this specific bid submittal and such person confirmed their willingness to serve as a reference.

2.1. Reference Contact Information - Name of Firm, City, County or Agency*☒ Pass ☐ Fail

Jackson Health

2.2. Reference Contact Information - Reference's Business Address*☒ Pass ☐ Fail

1611 NW 12th Avenue, Miami, FL 33136

2.3. Reference Contact Information - Reference's Contact Name & Title*☒ Pass ☐ Fail

Jorge Gonzalez - Project Manager

2.4. Reference Contact Information - Reference's E-mail Address*☒ Pass ☐ Fail

Jorge.Gonzalez1@jhsmiami.org

2.5. Reference Contact Information - Reference's Phone Number*☒ Pass ☐ Fail

305.585.1302 ext 354168

2.6. Project Information - Was your firm the prime contractor for the listed project?*☒ Pass ☐ Fail

Yes

2.7. Project Information - Name of Contactor Performing the Work*☒ Pass ☐ Fail

A-1 Property Services Group, Inc.

2.8. Project Information - Name and location of the project*☒ Pass ☐ FailJackson East Tower
1611 NW 12 Ave
Miami, FL 33136**2.9. Project Information - Nature of the firm's responsibility on the project and work for which staff was responsible for***☒ Pass ☐ FailPrime Roofing Contractor -
Flat roof system Soprema
Re roof flat roof**2.10. Project Information - Project Duration***☒ Pass ☐ Fail

8 months

2.11. Project Information - Completion (Anticipated) Date*☒ Pass ☐ Fail

01/15/2023

2.12. Project Information - Size of Project*☒ Pass ☐ Fail

230 Squares

2.13. Project Information - Cost of Project*☒ Pass ☐ Fail

\$1,093,543

3. REFERENCE # 2**3.1. Reference Contact Information - Name of Firm, City, County or Agency***☒ Pass ☐ Fail

Jackson Perdue Medical Center

3.2. Reference Contact Information - Reference's Business Address*☒ Pass ☐ Fail

19590 Old Cutler Road Cutler Bay FL 33157

3.3. Reference Contact Information - Reference's Contact Name & Title*☒ Pass ☐ Fail

Mari Lopez - Project Manager

3.4. Reference Contact Information - Reference's E-mail Address*☒ Pass ☐ Fail

mari.lopez@jhsmiami.org

3.5. Reference Contact Information - Reference's Phone Number*☒ Pass ☐ Fail

305-298-1998

3.6. Project Information - Was your firm the prime contractor for the listed project?*☒ Pass ☐ Fail

Yes

3.7. Project Information - Name of Contactor Performing the Work*☒ Pass ☐ Fail

A-1 Property Services Group, Inc

3.8. Project Information - Name and location of the project*☒ Pass ☐ FailJackson Perdue Medical Center

19590 Old Cutler Road
Cutler Bay FL 33157**3.9. Project Information - Nature of the firm's responsibility on the project and work for which staff was responsible for***☒ Pass ☐ Fail

Prime Roofing Contractor -
Flat roof system

Re roof flat roof - TPO

3.10. Project Information - Project Duration*

☒ Pass ☐ Fail

12 months

3.11. Project Information - Completion (Anticipated) Date*

☒ Pass ☐ Fail

2/15/23

3.12. Project Information - Size of Project*

☒ Pass ☐ Fail

955 Squares

3.13. Project Information - Cost of Project*

☒ Pass ☐ Fail

\$1,368,250

4. REFERENCE # 3

4.1. Reference Contact Information - Name of Firm, City, County or Agency*

☒ Pass ☐ Fail

Loyalty Property Management

4.2. Reference Contact Information - Reference's Business Address*

☒ Pass ☐ Fail

1775 Fountainbleau Blvd - Suite 2-M5, Miami, FL 33172

4.3. Reference Contact Information - Reference's Contact Name & Title*

☒ Pass ☐ Fail

Frank Garcia CAM - President

4.4. Reference Contact Information - Reference's E-mail Address*

☒ Pass ☐ Fail

fgarcia@lpmservices.info

4.5. Reference Contact Information - Reference's Phone Number*

☒ Pass ☐ Fail

305-908-5644

4.6. Project Information - Was your firm the prime contractor for the listed project?*

☒ Pass ☐ Fail

Yes

4.7. Project Information - Name of Contactor Performing the Work*

☒ Pass ☐ Fail

A-1 Property Services Group, Inc

4.8. Project Information - Name and location of the project*

☒ Pass ☐ Fail

Westchester Point

995 SW 84th Ave

Miami, FL 33144

4.9. Project Information - Nature of the firm's responsibility on the project and work for which staff was responsible for*

☒ Pass ☐ Fail

Prime Roofing Contractor -
Flat roof system

Reroof to flat roof system, TPO and tile system.

4.10. Project Information - Project Duration*

☒ Pass ☐ Fail

8 months

4.11. Project Information - Completion (Anticipated) Date*

☒ Pass ☐ Fail

1/20/23

4.12. Project Information - Size of Project*

☒ Pass ☐ Fail

300 Squares of Flat roof - 29 Squares of Tile installation

4.13. Project Information - Cost of Project*

☒ Pass ☐ Fail

\$705,589

5. REFERENCE # 4

5.1. Reference Contact Information - Name of Firm, City, County or Agency

☒ Pass ☐ Fail

City of Ft Myers

5.2. Reference Contact Information - Reference's Business Address☒ Pass ☐ Fail

2200 Second Street, Fort Myers, FL 33901

5.3. Reference Contact Information - Reference's Contact Name & Title☒ Pass ☐ Fail

Matt Paradiso - Senior Supervisor

5.4. Reference Contact Information - Reference's E-mail Address☒ Pass ☐ Fail

mparadiso@cityftmyers.com

5.5. Reference Contact Information - Reference's Phone Number☒ Pass ☐ Fail

239-294-6391

5.6. Project Information - Was your firm the prime contractor for the listed project?☒ Pass ☐ Fail

Yes

5.7. Project Information - Name of Contactor Performing the Work☒ Pass ☐ Fail

A-1 Property Services Group, Inc

5.8. Project Information - Name and location of the project☒ Pass ☐ Fail

Fleet Maintenance Building

Fort Myers, FL 33901

5.9. Project Information - Nature of the firm's responsibility on the project and work for which staff was responsible for☒ Pass ☐ Fail

Prime Roofing Contractor -

Flat roof system

Reroof flat roof system, TPO

5.10. Project Information - Project Duration☒ Pass ☐ Fail

4 months

5.11. Project Information - Completion (Anticipated) Date☒ Pass ☐ Fail

11/29/23

5.12. Project Information - Size of Project☒ Pass ☐ Fail

95 Squares

5.13. Project Information - Cost of Project☒ Pass ☐ Fail

\$186,037

6. REFERENCE # 5**6.1. Reference Contact Information - Name of Firm, City, County or Agency**☒ Pass ☐ Fail

Cypress Club of Kendale

6.2. Reference Contact Information - Reference's Business Address☒ Pass ☐ Fail

14250 SW 62 Street Miami, FL 33183

6.3. Reference Contact Information - Reference's Contact Name & Title☒ Pass ☐ Fail

Edwin Rivera - President BOD

6.4. Reference Contact Information - Reference's E-mail Address☒ Pass ☐ Fail

cypress14250@gmail.com

6.5. Reference Contact Information - Reference's Phone Number☒ Pass ☐ Fail

786-553-4160

6.6. Project Information - Was your firm the prime contractor for the listed project?☒ Pass ☐ Fail

Yes

6.7. Project Information - Name of Contactor Performing the Work☒ Pass ☐ Fail

A-1 Property Services Group, Inc

6.8. Project Information - Name and location of the project☒ Pass ☐ Fail

Cypress Club of Kendale
14250 SW 62 Street
Miami, FL 33183

6.9. Project Information - Nature of the firm's responsibility on the project and work for which staff was responsible for☒ Pass ☐ Fail

Prime Roofing Contractor -
Flat roof system
Reroof to flat roof system.

6.10. Project Information - Project Duration☒ Pass ☐ Fail

8 months

6.11. Project Information - Completion (Anticipated) Date☒ Pass ☐ Fail

3/15/23

6.12. Project Information - Size of Project☒ Pass ☐ Fail


380 Squares


6.13. Project Information - Cost of Project☒ Pass ☐ Fail

\$720,350

7. PROJECT DOCUMENTS**7.1. PROPOSERS BACKGROUND INFORMATION FORM***☒ Pass ☐ Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Proposers Background Information Form \(1\).xlsx](#)

 [Proposers Background Information Form \(1\).xlsx](#)

 [20250311100928936.pdf](#)

7.2. PROPOSAL SECURITY (BID BOND FORM OR CASHIER'S CHECK)

1. **In the event that your total cumulative base proposal amount exceeds \$200,000**, a Proposal Security shall be in an amount not less than of 5% of the total cumulative base amount proposed.
2. Therefore, proposal should be accompanied by a certified or cashier's check or by a Bid Bond made payable to the City of Pembroke Pines on an approved form, duly executed by the Proposer as principal and having as surety thereon a surety company acceptable to CITY and authorized to write such Bond under the laws of the State of Florida.
3. Contingency is not to be counted in the total amount the proposal security is based on.
4. Proposers must submit a scanned copy of their bid security (bid bond form or cashier's check) with their bid submittal through OpenGov.
5. Proposers should also submit their original bid security (bid bond form or cashier's check) at time of the bid due date, or they may be deemed as non-responsive.
6. The original Bid Bond or Cashier's Check should be in a sealed envelope, plainly marked "**BID SECURITY - PSPW-25-01 Roof Replacement for Various City Buildings**" and sent to the City of Pembroke Pines, City Clerk's Office, 4th Floor, 601 City Center Way, Pembroke Pines, Florida, 33025.
7. Please see SPECIAL TERMS & CONDITIONS of this document for additional information.

No response submitted


8. STANDARD DOCUMENTS

The following documents are standard documents that the City generally requires for every solicitation. As a result, we recommend vendors to keep these documents updated and readily available so that they can be easily uploaded for each project that the vendor would like to participate in. In the event that the City does not have one of the forms or documents listed below for your company, the City may reach out to your company after the bid has closed to obtain the document(s).

8.1. NON-COLLUSIVE AFFIDAVIT*☒ Pass ☐ Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.


 [Non-Collusive Affidavit.pdf](#)

 [20250310144538123.pdf](#)

8.2. SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM*☒ Pass ☐ Fail


1. Please download the attached document, complete all required fields, and upload the completed form here.


 [Sworn Statement on Public Entity Crimes.pdf](#)

 [20250310144604508.pdf](#)

8.3. EQUAL BENEFITS CERTIFICATION FORM*☒ Pass ☐ Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.


 [Equal Benefits Certification Form.pdf](#)

 [20250310144641271.pdf](#)

8.4. VENDOR DRUG FREE WORKPLACE CERTIFICATION*☒ Pass ☐ Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.


 [Vendor Drug-Free Workplace Certification Form.pdf](#)

 [20250310144649118.pdf](#)

8.5. SCRUTINIZED COMPANY CERTIFICATION*☒ Pass ☐ Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.


 [Scrutinized Company Certification.pdf](#)

 [20250310144657897.pdf](#)

8.6. E-VERIFY SYSTEM CERTIFICATION*☒ Pass ☐ Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.
2. Effective January 1, 2021, pursuant to Section 448.095, Florida Statutes, the City may not enter into a contract with a vendor/contractor/subcontractor unless that vendor/contractor/subcontractor is registered with and uses the E-Verify system administered by the U.S. Department of Homeland Security ("DHS").
3. 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.

 [E-Verify System Certification Statement.pdf](#)

 [20250310144705981.pdf](#)

8.7. HUMAN TRAFFICKING AFFIDAVIT*☒ Pass ☐ Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.


 [Human Trafficking Affidavit.pdf](#)

 [20250310145337738.pdf](#)

8.8. VENDOR INFORMATION FORM*☒ Pass ☐ Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Vendor Information Form.pdf](#)

 [20250310145342652.pdf](#)

8.9. FORM W-9 (REVISED MARCH 2024)*☒ Pass ☐ Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.
2. Note - Please use the March 2024 version of the form as previously dated versions of this form may delay the processing of any payments to the selected vendor.

 [Form W-9 \(Rev March 2024\).pdf](#)

 [20250310145349679.pdf](#)

9. OPTIONAL DOCUMENTATION**9.1. TRADE SECRETS**

1. The Proposer's response to this solicitation is a public record pursuant to Florida law, which is subject to disclosure by the City under the State of Florida Public Records Law, Florida Statutes Chapter 119.07 ("Public Records Law"). The City shall permit public access to all documents, papers, letters or other material submitted in connection with this solicitation and the Contract to be executed for this solicitation, subject to the provisions of Chapter 119.07 of the Florida Statutes.
2. Any language contained in the Proposer's response to the solicitation purporting to require confidentiality of any portion of the Proposer's response to the solicitation, except to the extent that certain information is in the City's opinion a Trade Secret pursuant to Florida law, shall be void. If a Proposer submits any documents or other information to the City which the Proposer claims is Trade Secret information and exempt from Florida Statutes Chapter 119.07 ("Public Records Laws"), the Proposer shall clearly designate that it is a Trade Secret and that it is asserting that the document or information is exempt. The Proposer must specifically identify the exemption being claimed under Florida Statutes 119.07. The City shall be the final arbiter of whether any information contained in the Proposer's response to the solicitation constitutes a Trade Secret.
3. EXCEPT FOR CLEARLY MARKED PORTIONS THAT ARE BONA FIDE TRADE SECRETS PURSUANT TO FLORIDA LAW, DO NOT MARK YOUR RESPONSE TO THE SOLICITATION AS PROPRIETARY OR CONFIDENTIAL. DO NOT MARK YOUR RESPONSE TO THE SOLICITATION OR ANY PART THEREOF AS COPYRIGHTED. ALL DOCUMENTS THAT THE FIRM PURPORTS TO BE CONFIDENTIAL, PROPRIETARY OR A TRADE

SECRET SHALL BE UPLOADED TO THE OPENGOV WEBSITE AS A SEPARATE ATTACHMENT, IN THIS SECTION, CLEARLY IDENTIFYING THE EXEMPTION BEING CLAIMED UNDER FLORIDA STATUTES 119.07.

4. The city's determination of whether an exemption applies shall be final, and the proposer agrees to defend, indemnify, and hold harmless the city and the city's officers, employees, and agent, against any loss or damages incurred by any person or entity as a result of the city's treatment of records as public records.

No response submitted

9.2. FINANCIAL STATEMENTS

1. The City is **NOT** requesting the vendor to submit any financial statements for this project and prefers if the vendor does not submit financial statements. In addition, if the City needs a copy of the vendor's financial statements, the City can contact the vendor after the bid due date to request those documents. However, if the vendor does submit the financial statements, they should be uploaded in this section.
2. Any claim of confidentiality on financial statements must be asserted at the time of submittal. The firm must identify the specific statute that authorizes the exemption from the Public Records Law. Please note that the financial statement exemption provided for in Section 119.071(1)c, Florida Statutes only applies to submittals in response to a solicitation for a "public works" project.

No response submitted

9.3. ALTERNATIVES


1. If you are submitting an alternative product, please upload any related information in this section (such as specification sheets, etc.).
2. In addition, pursuant to the **"Brand Names"** Section included in the GENERAL TERMS AND CONDITIONS Section if and wherever in the specifications a brand name, make, name of manufacturer, trade name, or vendor catalog number is mentioned, it is for the purpose of establishing a grade or quality of material only. Since the City does not wish to rule out other competition and equal brands or makes, the phrase "OR EQUAL" is added. However, if a product other than that specified is bid, Proposers shall indicate on their proposal and clearly state the proposed substitution and deviation. It is the vendor's responsibility to provide any necessary documentation and samples within their bid submittal to prove that the product is equal to that specified. Such samples are to be furnished before the date of bid opening, unless otherwise specified. Additional evidence in the form of documentation and samples may be requested if the proposed brand is other than that specified. The City retains the right to determine if the proposed brand shall be considered as an approved equivalent or not.

No response submitted

9.4. ADDITIONAL INFORMATION

☒ Pass ☐ Fail

1. Please provide any additional information that you deem necessary to complete your proposal in this section, if it has not been requested in another section.

 [20250310145357038.pdf](#)

9.5. PROFESSIONAL LICENSES

☒ Pass ☐ Fail

1. If applicable, please upload any professional licenses that may be required to perform the services outlined in the solicitation. The following licensing requirements shall apply when the applicable Florida statute mandates specific licensing for Contractors engaged in the type of work covered by this solicitation.
 - A. State of Florida, Department of Professional Regulation, Construction Industries Licensing Board and licensed by other federal, state, regional, county or municipal agencies having jurisdiction over the specified construction work.
 - B. Said licenses shall be in the Firm's name as it appears on the OpenGov registration and as appropriately registered with the applicable licensing entity. Proposer shall supply appropriate license numbers, with expiration dates, as part of their bid. Failure to hold and provide proof of proper licensing, certification and registration may be grounds for rejection of the bid.
 - C. Subcontractors contracted by the Prime Contractor shall be licensed in their respective fields to obtain construction permits as necessary. Said licenses must be in the name of the subcontractor.

 [CCC1328326 - A-1 PROPERTY SERVICES GROUP INC.pdf](#)

 [CGC1523132 - GENERAL CONTRACTOR.pdf](#)

10. VENDOR CLASSIFICATION

10.1. Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?*

☒ Pass ☐ Fail

1. 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.
2. 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).

No

10.2. Is your firm a Veteran Owned Small Business (VOSB)?*☒ Pass ☐ Fail

1. 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).
2. 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).

No

10.3. Is your firm a Minority-Owned Business Enterprise (MBE)?*☒ Pass ☐ Fail


Yes

10.3.1. Please indicate the classification of your Minority-Owned Business Enterprise (MBE)*☒ Pass ☐ Fail

Hispanic-American MBE

10.3.2. MBE Certification Documentation*☒ Pass ☐ Fail

1. Upload your MBE Certification Documentation here, preferably with the State of Florida's Office of Supplier Diversity. If you have multiple MBE certifications, please combine them into one (1) document and upload.

 [Minority_Business_Certification_-_Florida.pdf](#)**10.4. Is your firm a Woman-Owned Business Enterprise (WBE)?***☒ Pass ☐ Fail

No

10.5. Is your firm a HubZone Business / Labor Surplus Area Firm?*☒ Pass ☐ Fail

No

10.6. Is your firm a Broward County Small Business Enterprise (SBE)?*☒ Pass ☐ Fail

No

10.7. Is your firm a Broward County Business Enterprise (CBE)?*☒ Pass ☐ Fail

No

10.8. Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?*☒ Pass ☐ Fail


No

10.9. Does your firm have a Vendor Classification that was not listed above?*☒ Pass ☐ Fail

Yes

10.9.1. Other Vendor Classification Certification Documentation*☒ Pass ☐ Fail

1. Upload your other Certification Documentation here. If you have multiple certifications, please combine them into one (1) document and upload.

 [20250310150103727.pdf](#)**PRICE TABLES**

Locations

Line Item	Description	Quantity	Unit of Measure	Vendor N...	Unit Cost	Total	No Bid
1	Central Campus, Building A	1	Lump Sum		\$88,071.15	\$88,071.15	
2	Flamingo Park North Concession Stand	1	Lump Sum		\$22,064.00	\$22,064.00	
3	Pembroke Shores North & South Concession Stand	1	Lump Sum		\$46,986.74	\$46,986.74	
Total						\$157,121.89	

Payment & Performance Bond

Line Item	Description	Unit of Measure	Percentage
1	Cost to provide a Payment & Performance Bond for the project, in the form of a percent	Percent	2.5%

Additional Work

Line Item	Description	Unit of Measure	Vendor N...	Unit Cost
1	Steel Deck Repair	Per Square Foot		\$22.50
2	Plywood Replacement	Per Square Foot		\$15.50
3	Light Weight Repair	Per Square Foot		\$12.75
4	Stucco Repair	Per Square Foot		\$8.75
5	2x4	Per Linear Foot		\$6.65
6	2x6	Per Linear Foot		\$7.54
7	2x8	Per Linear Foot		\$7.74
8	2x10	Per Linear Foot		\$9.25
9	2x12	Per Linear Foot		\$11.07