

Exhibit B

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total	Vendor Notes
1-1	Mobilization and Demobilization	1	Lump Sum	\$275,000.00	\$275,000.00	
1-2	Cleaning	490	Tons	\$330.00	\$161,700.00	
	Remove and Replace Fine Bubble					
1-3	Aeration System	1	Lump Sum	\$415,000.00	\$415,000.00	
1-4	Remove and Replace Clarifier Drive	1	Lump Sum	\$373,000.00	\$373,000.00	
	Remove and Replace Return RAS/WAR					
1-5	Splitter Box and Valve	1	Lump Sum	\$330,000.00	\$330,000.00	
1-6	Remove and Replace Spray Wash System	1	Lump Sum	\$61,000.00	\$61,000.00	
1-7	Renovation	1	Lump Sum	\$175,000.00	\$175,000.00	
1-8	Surface Preparation and Painting	1	Lump Sum	\$311,000.00	\$311,000.00	
1-9	Closed Loop Air Header Addition	1	Lump Sum	\$73,000.00	\$73,000.00	
1-10	Electrical, Instrumentation and Controls	1	Lump Sum	\$310,000.00	\$310,000.00	
	Repair or reinforce all steel areas where					
1-11	corrosion exceeds 1/16" depth	500	Per Square Foot	\$415.00	\$207,500.00	
						\$2,692,200.00

Line Item	Description	Unit of Measure	Percentage
2-1	Cost to provide a Payment & Performance Bond for the project, in the form of a percent	Percent	3.%



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/7/2025

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

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

PRODUCER Stahl & Associates Insurance Inc. a Higginbotham Partner 3939 Tampa Road Oldsmar FL 34677	CONTACT NAME: Denise D'Abato PHONE (A/C, No, Ext): 813-818-5300		FAX (A/C, No): 813-818-5396
	E-MAIL ADDRESS: DDAAbato@higginbotham.net		
INSURED Razorback LLC 177 Anclote Road Tarpon Springs FL 34689	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Auto-Owners Insurance Company		18988
	INSURER B : Federal Insurance Company		20281
	INSURER C : Fortegra Specialty Insurance Company		16823
	INSURER D : Lexington Insurance Company		19437
	INSURER E : Palomar Excess And Surplus Insurance Company		16754
INSURER F :			

COVERAGES

CERTIFICATE NUMBER: 1400249704

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	COMMERCIAL GENERAL LIABILITY			FAU1000116-00	7/8/2025	7/8/2026	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE	<input checked="" type="checkbox"/>	OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
		POLICY PROJECT	<input checked="" type="checkbox"/>				PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:			\$				
A	AUTOMOBILE LIABILITY			5181816000	6/16/2025	6/16/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO	<input checked="" type="checkbox"/>					BODILY INJURY (Per person)	\$
	OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	Hired AUTOS ONLY	<input checked="" type="checkbox"/>	NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$
							PIP	\$ 10,000
D	UMBRELLA LIAB	<input checked="" type="checkbox"/>	OCCUR	071732787-00	7/8/2025	7/8/2026	EACH OCCURRENCE	\$ 3,000,000
	EXCESS LIAB		CLAIMS-MADE				AGGREGATE	\$ 3,000,000
	DED		RETENTION \$				Prods/C-ops	\$ 3,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input checked="" type="checkbox"/>	Y / N	N / A			PER STATUTE	OTHE-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/>					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
E B	CONTRACTORS POLLUTION LIABILITY INLAND MARINE			CEEPP-25-0000384-00 4547-19-71 EUC	7/8/2025 10/1/2024	7/8/2026 10/1/2025	OCCURENCE/AGGREGATE LEASED/RENTED EQUIP	\$1m/\$2m \$200,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Excess liability provides coverage over general liability and auto liability.

CERTIFICATE HOLDER

CANCELLATION

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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/15/2025

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

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

PRODUCER	CONTACT	
	NAME:	GMS WC Certificates Team
SUNZ Insurance Solutions, LLC ID: (GMS-SUNZ) c/o Group Management Services Inc PO Box 21933 Eagan, MN 55121	PHONE (A/C, No, Ext):	330-659-0100
	E-MAIL ADDRESS:	wccerts@groupmgmt.com
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : SUNZ Insurance Company	NAIC # 34762
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 84848031

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	
	CLAIMS-MADE	<input type="checkbox"/>	OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
							GENERAL AGGREGATE	\$	
							PRODUCTS - COMP/OP AGG	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						OTHER:	\$	
	POLICY	<input type="checkbox"/>	PRO- JECT	<input type="checkbox"/>	LOC				
	OTHER:								
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$	
Hired AUTOS ONLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$		
	UMBRELLA LIAB		OCCUR				EACH OCCURRENCE	\$	
	EXCESS LIAB		CLAIMS-MADE				AGGREGATE	\$	
	DED	<input type="checkbox"/>	RETENTION \$						
	A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/>	N / A	WC041-00001-024	10/1/2024	10/1/2025	✓ PER STATUTE	OTHE- R
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>					E.L. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	

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

Coverage provided for all leased employees but not subcontractors of: Razorback LLC
Client Effective: 3.24.2025

CERTIFICATE HOLDER

7362
Razorback LLC
177 Anclote Rd
Tarpon Springs FL 34619

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Rick Leonard

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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.	Anthony Houllis, MGRM, anthony@razorbackllc.com, 727-938-9500		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.	Anthony Houllis, MGRM, anthony@razorbackllc.com, 727-938-9500		Complete
Organization Background				
1.2.1	Please state the year that you company started its business.	2008		Complete
1.2.2	Please state the year that your company started providing service under your current business name.	2008		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.	N/A		Complete
1.3.2	At what address was that business located?	N/A		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.)	Yes	Piping Service, Inc. - Piping Davis, Randall Anthony - Professional Engineer Gaal Schneider - Electrical BE Welding Solutions LLC - Welding	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.	N/A		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).	N/A		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.	N/A		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.	N/A		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.	Original Provider		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.		<p>Razorback LLC has an extensive history performing wastewater treatment facility rehabilitation and process equipment upgrades that mirror the scope and scale of this RFP. Over the past three years, we have successfully delivered multiple contracts for municipal utility clients within the same region of the state, all involving comparable technical requirements, operational constraints, and quality expectations.</p> <p>These projects have included:</p> <ul style="list-style-type: none"> •Structural metal, concrete repairs and protective coating applications for process tanks, clarifiers, and basins in accordance with AWWA and SSPC standards •Mechanical installation and replacement of pumps, piping, valves, clarifier equipment, and process appurtenances •Electrical, instrumentation, and controls upgrades to integrate new and existing systems •Site work, bypass pumping, and environmental protection during active facility operations <p>Many of these contracts were performed under strict operational requirements, requiring close coordination with plant operators to maintain uninterrupted treatment processes, compliance with regulatory standards, and adherence to aggressive schedules. Our depth of experience with projects of similar size and complexity—combined with established relationships with local stakeholders, inspectors, and suppliers—ensures a streamlined, compliant, and high-quality execution for the City's Wastewater Treatment Plant Unit 1 Rehabilitation project.</p>	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	CGC1526612	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

Document A310™ – 2010

Conforms with The American Institute of Architects AIA Document 310

Bid Bond

CONTRACTOR:

(Name, legal status and address)
Razorback LLC
177 Anclote Road
Tarpon Springs, FL 34689

SURETY:

(Name, legal status and principal place of business)
Markel Insurance Company
4521 Highwoods Parkway
Glen Allen, VA 23060

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

OWNER:

(Name, legal status and address)
City of Pembroke Pines
601 City Center Way
Pembroke Pines, FL 33025

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

BOND AMOUNT: \$ Five Percent of Total Amount Bid (5%)

PROJECT:

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

Wastewater Treatment Plant Unit 1 Rehabilitation, IFB # PSUT-25-07

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.

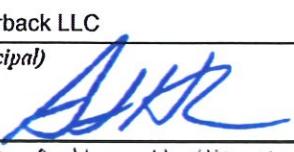
If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

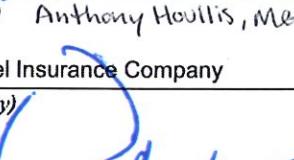
When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement 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 5th day of August, 2025

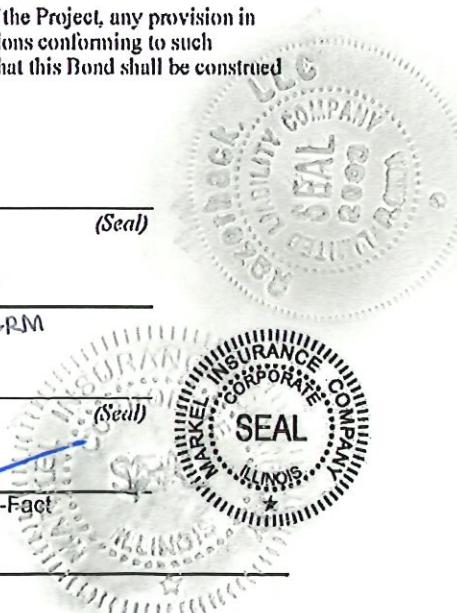

(Witness) Noah Kilmers


(Witness)

Razorback LLC
(Principal) 
(Seal)

Markel Insurance Company
(Surety) 
(Seal)

(Title) Anthony Houllis, M-ERM
(Title) Warren M. Alter, Attorney-in-Fact



JOINT LIMITED POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That SureTec Insurance Company, a Corporation duly organized and existing under the laws of the State of Texas and having its principal office in the County of Harris, Texas and Markel Insurance Company (the "Company"), a corporation duly organized and existing under the laws of the state of Illinois, and having its principal administrative office in Glen Allen, Virginia, does by these presents make, constitute and appoint:

Warren M. Alter, David T. Satine

Their true and lawful agent(s) and attorney(s)-in-fact, each in their separate capacity if more than one is named above, to make, execute, seal and deliver for and on their own behalf, individually as a surety or jointly, as co-sureties, and as their act and deed any and all bonds and other undertaking in suretyship provided, however, that the penal sum of any one such instrument executed hereunder shall not exceed the sum of:

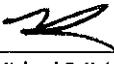
In Unlimited Amounts

This Power of Attorney is granted and is signed and sealed under and by the authority of the following Resolutions adopted by the Board of Directors of SureTec Insurance Company and Markel Insurance Company:

"RESOLVED, That the President, any Senior Vice President, Vice President, Assistant Vice President, Secretary, Assistant Secretary, Treasurer or Assistant Treasurer and each of them hereby is authorized to execute powers of attorney, and such authority can be executed by use of facsimile signature, which may be attested or acknowledged by any officer or attorney, of the company, qualifying the attorney or attorneys named in the given power of attorney, to execute in behalf of, and acknowledge as the act and deed of the SureTec Insurance Company and Markel Insurance Company, as the case may be, all bond undertakings and contracts of suretyship, and to affix the corporate seal thereto."

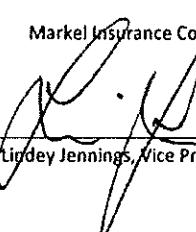
IN WITNESS WHEREOF, Markel Insurance Company and SureTec Insurance Company have caused their official seal to be hereunto affixed and these presents to be signed by their duly authorized officers on the 23rd day of September, 2024.

SureTec Insurance Company

By: 
Michael C. Kejong, President



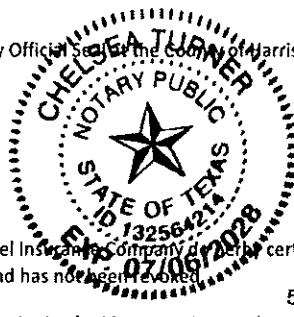
Markel Insurance Company

By: 
Lindsey Jennings, Vice President

State of Texas
County of Harris:

On this 23rd day of September, 2024 A. D., before me, a Notary Public of the State of Texas, in and for the County of Harris, duly commissioned and qualified, came THE ABOVE OFFICERS OF THE COMPANIES, to me personally known to be the individuals and officers described in, who executed the preceding instrument, and they acknowledged the execution of same, and being by me duly sworn, deposed and said that they are the officers of the said companies aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and the said Corporate Seals and their signatures as officers were duly affixed and subscribed to the said instrument by the authority and direction of the said companies, and that Resolutions adopted by the Board of Directors of said Companies referred to in the preceding instrument is now in force.

IN TESTIMONY WHEREOF, I have hereunto set my hand, and affixed my Official Seal for the County of Harris, the day and year first above written.



By: 
Chelsea Turner, Notary Public
My commission expires 7/6/2028

We, the undersigned Officers of SureTec Insurance Company and Markel Insurance Company do hereby certify that the original POWER OF ATTORNEY of which the foregoing is a full, true and correct copy is still in full force and effect and has not been revoked.

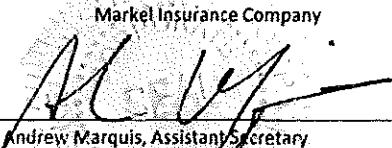
5th August 2025

IN WITNESS WHEREOF, we have hereunto set our hands, and affixed the Seals of said Companies, on the _____ day of _____.

SureTec Insurance Company

By: 
M. Brent Beatty, Assistant Secretary

Markel Insurance Company

By: 
Andrew Marquis, Assistant Secretary



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

1. This sworn statement is submitted Razorback LLC
(name of entity submitting sworn statement) whose business address is
177 Anclote Road, Tarpon Springs, FL 34689
and (if applicable) its Federal Employer Identification Number (FEIN) is
26-3447303. (If the entity has no FEIN, include the Social Security
Number of the individual signing this sworn statement: _____.)

2. My name is Anthony Houllis and my
(Please print name of individual signing)
relationship to the entity named above is MGRM.

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.)**

Anthony Houllis
Bidder's Name/Signature

Razorback LLC
Company

08/12/2025
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: Razorback LLC

AUTHORIZED OFFICER NAME / SIGNATURE: Anthony Houllis 



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

Anthony Houllis

Authorized Signer Name

Razorback LLC

Company Name



NON-COLLUSIVE AFFIDAVIT

BIDDER is the **MGRM**,
(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 Anthony Houllis

A handwritten signature in blue ink that appears to read "Anthony Houllis".

Title MGRM

Name of Company Razorback LLC



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

I, Anthony Houllis, MGRM, on behalf of Razorback LLC,
Print Name and Title Company Name

certify that Razorback 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.

Razorback LLC
Company Name

Anthony Houllis
Print Name / Signature

MGRM
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: Razorback LLC

PRINTED NAME / AUTHORIZED SIGNATURE: Anthony Houllis



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: 08/12/2025

SIGNATURE: A handwritten signature in blue ink that appears to read "AHR".

ENTITY: Razorback LLC

NAME: Anthony Houllis

TITLE: MGRM



VENDOR INFORMATION FORM

MAIN CONTACT INFORMATION			
Company Name (Legal Name as filed with IRS)	Razorback LLC		
Doing Business As (DBA)			
Primary Business Address	177 Anclote Road		
City:	Tarpon Springs		
State:	Florida	Zip:	34689
Country:	USA		
Remit To Address	177 Anclote Road		
City:	Tarpon Springs		
State:	Florida	Zip:	34689
Country:	USA		
Order From Address	177 Anclote Road		
City:	Tarpon Springs		
State:	Florida	Zip:	34689
Country:	USA		
Foreign Entity (Yes/No)	No		
Telephone Number	(727) 938-9500		
Primary Company E-mail	anthony@razorbackllc.com		
Fax	N/A		
Website	www.razorbackllc.com		
DUNS	057946214		
Independent Contractor (Yes/No)	Yes		
Identification Number	SSN:	FID:	26-3447303

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.
0%	N/A	N/A

CONTACT # 1		
Contact Name (First & Last Name)	Anthony Houllis	
Description/Title/Position	MGRM	
Phone (Voice)	(727) 938-9500	
Phone (Text)	N/A	Opt In (Y/N): N
Fax	N/A	
E-mail	anthony@razorbackllc.com	

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.

W-9

Form (Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

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.) Razorback LLC
	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. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) S <small>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.</small> <input type="checkbox"/> Other (see instructions) _____
5 Address (number, street, and apt. or suite no.). See instructions. 177 Anclote Road	Requester's name and address (optional)
6 City, state, and ZIP code Tarpon Springs, Florida 34689	
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. 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	6	-	3	4	4	7	3	0	3	

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign
Here Signature of
U.S. person



Date **4/1/2025**

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



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by FEI/EIN Number](#) /

Detail by FEI/EIN Number

Florida Limited Liability Company

RAZORBACK LLC

Filing Information

Document Number L08000089307

FEI/EIN Number 26-3447303

Date Filed 09/18/2008

State FL

Status ACTIVE

Last Event REINSTATEMENT

Event Date Filed 02/22/2011

Principal Address

177 Anclote Road

TARPON SPRINGS, FL 34689

Changed: 02/08/2021

Mailing Address

177 Anclote Road

TARPON SPRINGS, FL 34689

Changed: 02/08/2021

Registered Agent Name & Address

HOULLIS, ANTHONY M

276 KNOLLWOOD ROAD

TARPON SPRINGS, FL 34688

Authorized Person(s) Detail

Name & Address

Title MGRM

HOULLIS, ANTHONY M

276 KNOLLWOOD ROAD

TARPON SPRINGS, FL 34688

Annual Reports

Report Year	Filed Date
2023	01/23/2023

2024	02/08/2024
2025	02/06/2025

Document Images[02/06/2025 -- ANNUAL REPORT](#)[View image in PDF format](#)[02/08/2024 -- ANNUAL REPORT](#)[View image in PDF format](#)[01/23/2023 -- ANNUAL REPORT](#)[View image in PDF format](#)[01/26/2022 -- ANNUAL REPORT](#)[View image in PDF format](#)[02/08/2021 -- ANNUAL REPORT](#)[View image in PDF format](#)[01/21/2020 -- ANNUAL REPORT](#)[View image in PDF format](#)[02/21/2019 -- ANNUAL REPORT](#)[View image in PDF format](#)[01/15/2018 -- ANNUAL REPORT](#)[View image in PDF format](#)[04/05/2017 -- ANNUAL REPORT](#)[View image in PDF format](#)[02/01/2016 -- ANNUAL REPORT](#)[View image in PDF format](#)[01/11/2015 -- ANNUAL REPORT](#)[View image in PDF format](#)[01/16/2014 -- ANNUAL REPORT](#)[View image in PDF format](#)[01/18/2013 -- ANNUAL REPORT](#)[View image in PDF format](#)[01/05/2012 -- ANNUAL REPORT](#)[View image in PDF format](#)[02/22/2011 -- REINSTATEMENT](#)[View image in PDF format](#)[03/04/2009 -- ANNUAL REPORT](#)[View image in PDF format](#)[09/18/2008 -- Florida Limited Liability](#)[View image in PDF format](#)

Razorback LLC Profile ACTIVE

Company Information

Company Name

Razorback LLC

Doing Business As (DBA) Name

Razorback LLC

Company ID

2660125

Enrollment Date

Apr 02, 2025

Employer Identification Number (EIN)

263447303

Unique Entity Identifier (UEI)

DUNS Number

Total Number of Employees

20 to 99

NAICS Code

236

Sector

Construction

Subsector

Construction of Buildings

[Edit Company Information](#)

Employer Category

Employer Category

None of these categories apply

[Edit Employer Category](#)

Company Addresses

Physical Address

177 Anclote Rd
Tarpon Springs, FL 34689

Hiring Sites

Number of Sites

1

[Edit Hiring Sites](#)[Edit Company Addresses](#)

Company Access

Razorback LLC is configured to:

Have Employees Managed and Verified by My Company

Memorandum of Understanding

[View Current MOU](#)

[View MOU Signature Page](#)

RAZORBACK LLC | NO LIMIT

Attachments

State of Florida

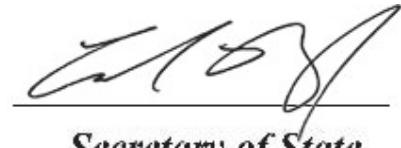
Department of State

I certify from the records of this office that RAZORBACK LLC is a limited liability company organized under the laws of the State of Florida, filed on September 18, 2008.

The document number of this limited liability company is L08000089307.

I further certify that said limited liability company has paid all fees due this office through December 31, 2025, that its most recent annual report was filed on February 6, 2025, and that its status is active.

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



A handwritten signature in black ink, appearing to read "E. S. J." followed by a horizontal line.

Secretary of State

Tracking Number: 7077164267CU

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

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



**City of Tarpon Springs
324 East Pine Street
Tarpon Springs, FL 34689**

LOCAL BUSINESS TAX RECEIPT

PLEASE POST IN A CONSPICUOUS PLACE

EXPIRES SEPTEMBER 30TH OF YEAR NOTATED IN TAX RECEIPT NUMBER

BUSINESS ADDRESS: 177 ANCLOTE RD	153.75
TAX RECEIPT NUMBER: 25-00052513	0.00
CONTRACTOR/GEN./CLASS 'A' - C	TOTAL PAID: 153.75

COMMENTS:

RESTRICTIONS:

RAZORBACK LLC
177 ANCLOTE RD
TARPO SPRINGS FL 34689-6905

ANTHONY HOULLIS
276 KNOLLWOOD ROAD
TARPO SPRINGS FL 34688

BUSINESS ADDRESS: 177 ANCLOTE RD	153.75
TAX RECEIPT NUMBER: 25-00052513	0.00
CONTRACTOR/GEN./CLASS 'A' - C	TOTAL PAID: 153.75

COMMENTS:

RESTRICTIONS:

RAZORBACK LLC
177 ANCLOTE RD
TARPO SPRINGS FL 34689-6905

ANTHONY HOULLIS
276 KNOLLWOOD ROAD
TARPO SPRINGS FL 34688

ANTHONY HOULLIS, MGRM/FOUNDER

(727) 938-9500 | anthony@razorbackllc.com

PROFILE

Certified General Contractor with 16+ years' experience in the industrial construction industry. Specializing in complex coating applications, historic restoration, and rehabilitation of critical Water, Wastewater, and Water/Flood Control infrastructure. A dedicated professional with strong working relationships with government agencies and private companies. Inspires a culture of growth, accountability, and excellence.

EXPERIENCE

MGRM, RAZORBACK LLC, 2008 – Present

- Founder and Manager of Razorback LLC (since 2008), leading the company to become a recognized leader in the industrial construction field with 16+ years of experience.
- Expanded Razorbacks services, growing the company from industrial coating applications and structural repairs to specializing in water and wastewater treatment plants, water control structure (weirs, gates, screens, dams and locks) installation and rehabilitation, and historic restoration projects.
- Led complex restoration projects that included tank and tower refurbishments, sandblasting, painting, and bridge rehabilitation, contributing to the company's reputation for high-quality work in historic restoration.
- Led a skilled team of welders, metalworkers, coating applicators, technicians, and masons, overseeing the successful completion of specialized projects while upholding exceptional quality and strict safety protocols.
- Drove Razorback's recognition as one of Florida's leading Water and Wastewater Plant Contractors, overseeing projects that highlighted the company's expertise and commitment to excellence in the industry.
- Provide Project Oversight, Leadership and Professional Construction and Project Application knowledge for multiple Water Control Structure projects. Projects include replacement, repair, refurbishment of weirs, gates (Weir, Sluice, Tainter, and Manatee/Sealife) and associated structures including mechanical (pumps, motors, valves, gears, and seals) and concrete structure installation, maintenance, and rehabilitation (demolition, forming and pouring).

WORK HISTORY

• Specialty Services (Water/Flood Control Structures), Historic Restoration, Design, Repair & Installation Services	Razorback LLC	2008 - Present
--	---------------	----------------

PROFESSIONAL EDUCATION

FLORIDA STATE UNIVERSITY, TALLAHASSEE, FL

Bachelor of Science, Social Science

PROFESSIONAL CERTIFICATIONS & MEMBERSHIPS

• Certified General Contractor	• Certified Georgia Utility Contractor
• American Water Works Association	• SSPC Quality Control Supervisor
• SSPC Lead Paint Removal (C3)	• SSPC Lead Paint Removal Refresher (C5)
• OSHA 4-Hour Competent Person (Confined Space)	• OSHA 8-Hour Competent Person (Excavations)
• AAMP Certified Coatings Inspector	

KEY HIGHLIGHTS

Winner of the 2018 Florida Preservation Award

Outstanding Performance in Restoration & Rehabilitation

JUSTIN STANCIL

CHIEF OPERATIONS OFFICER – COO

(727) 938-9500 | justin@razorbackllc.com

PROFILE

Talented officer and Project Manager with 20+ years' experience in industrial construction. Strong leadership skills that promote teamwork, communication, and seamless project completion. Oversee all field operations, safety management, purchasing materials, pre-construction preparations, and meeting all local codes and regulations. Works directly with Project Managers, Construction Teams, General Contractors, and Government Agencies. Justin brings a wealth of construction project knowledge and considerable experience with similar Weir Rehabilitation projects making him a trusted expert. Justin is highly skilled and takes great pride in ensuring all requirements of the project are met and each project is completed on time and within budget.

EXPERIENCE

PROJECT MANAGER - RAZORBACK LLC, 2019 – Present

- Successfully led field operations at Razorback for over 5 years, completing complex Water Control Structure projects including construction, refurbishment, and repair of Weirs, Sluice Gates, Tainter Gates, and marine life protective screens.
- Directed expansion of company services from industrial coatings to specialized work in Water/Flood Control Structures, Water and Wastewater Treatment Plant rehabilitation, and historic restoration, driving company growth.
- Leads complex construction and restoration projects, including Water/Flood Control Structures, Water and Wastewater tank and tower refurbishments, Wastewater Treatment Facility construction, repair, refurbishment, and maintenance, sandblasting, painting, specialized coatings, and bridge rehabilitation, contributing to the company's reputation for high-quality work in heavy construction and historical restoration projects.
- Oversees all aspects of field operations, manage skilled trade teams and production staff while ensuring project quality, safety compliance, material procurement, and effective coordination with project managers, contractors, and municipal/state agencies.

SENIOR CERTIFIED WELDER D&S STEEL, 2003 – 2019

- Communicated and coordinated daily tasks with project managers, subcontractors, and field personnel.
- Managed multiple ongoing projects to deliver projects on time and within budget
- Proficient in AWS D-1 & Shielded Metal Arc Welding (SMAW) techniques, including vertical, horizontal, and overhead welding.
- Analyzed and interpreted blueprints, welding symbols, and engineering drawings
- Perform welding, fabrication, and installation of carbon steel, stainless steel, and aluminum, including equipment operation, weld inspections, surface preparation, and structural restoration in heavy construction environments.

WORK HISTORY

- Specialty Services (Water/Flood Control Structures), Historic Restoration, Design, Repair & Installation Services Razorback LLC 2019 - Present
- Specialty Welding, Fabrication Repairs, Restoration & Heavy Construction D & S Steel 2003 - 2019

PROFESSIONAL CERTIFICATIONS & MEMBERSHIPS

- Certified AWS D-1 Welder
- Certified Structural & Miscellaneous Steel Welder

CODI PILCHER

LEAD PRODUCTION MANAGER/SUPERINTENDENT

(727) 938-9500 | codi@razorbackllc.com

PROFILE

Talented tradesman with 15+ years' experience in industrial construction. Proven ability to lead crews to successful project completion. Strong leadership skills that promote teamwork and communication. Oversee the safety and security of each construction site and enforce safety policies and procedures throughout the course of the project while following quality standards. Experience with similar projects makes him an expert in inspecting, testing and reporting to ensure all requirements of the project are met. Facilitates day-to-day operations on site and ensures projects are completed accurately and on time.

EXPERIENCE

LEAD PRODUCTION MANAGER & SAFETY OFFICER - RAZORBACK LLC, 2019 – Present

- Successfully performs as Lead Production Manager for field operations for more than 5 years including multiple Razorback LLC Water, wastewater, and Water Control Structure projects.
- Oversee the safety of each construction site and ensure OSHA compliance.
- Perform complex expert project production management, including Water/Flood Control Structures, Water and Wastewater Treatment Plants, Water Tank and Tower refurbishments, sandblasting, painting, and bridge rehabilitation, promoting Razorback's reputation for high-quality work in historic restoration.
- Lead a skilled team of welders, metalworkers, coating applicators, technicians, and masons, overseeing the successful completion of specialized projects while upholding exceptional quality and strict safety protocols.
- Manages multiple ongoing projects to deliver projects on time and within budget.

SUPERINTENDENT/SAFETY OFFICER/WELDER – D&S Steel, 2008 to 2019

- Oversee the safety of each construction site and ensure OSHA compliance.
- Communicates and coordinates daily tasks with project managers, subcontractors, and field personnel.
- Manages multiple ongoing projects to deliver projects on time and within budget
- Proficient in Shielded Metal Arc Welding (SMAW) techniques, including vertical, horizontal, and overhead welding.
- Analyzed and interpreted blueprints, welding symbols, and engineering drawings to guide welding, fabrication, and installation of carbon steel, stainless steel, and aluminum components.
- Operated and maintained welding equipment and tools, ensuring high-quality results through detailed weld inspections.

WORK HISTORY

• Historic Restoration, Heavy Construction Design, Repair & Installation Services	Razorback LLC	2019 - Present
• Specialty Services, Project / Safety Management	Razorback LLC	2019 - Present
• Specialty Welding, Metal Fabrication & Inspections	D&S Steel	2008 - 2019

PROFESSIONAL CERTIFICATIONS & MEMBERSHIPS

- Certified AWS D-1 Welder
- Certified Structural and Miscellaneous Steel Welder
- Competent Person – Permit Required Confined Space, Respiratory Protection, Fall Protection, Hazard Communication, Scaffolds, Personal Protective Equipment (PPE), Electrical

BRADLEY ROBERTS**PROJECT MANAGER**(727) 938-9500 | brad@razorbackllc.com**PROFILE**

Experienced Professional with over 25 years working experience in expanding roles in the areas of Project Management, Construction Management, Installation, and Service of capital equipment.

- Construction Project Manager experience including projects for State and Federal Authorities (waterways, Power Authority, wastewater treatment)
- Industrial Project Management experience in pharmaceutical industry, automotive, energy supply and metal fabrication.
- Sales responsibilities include project RFP and RFQ's, Change Orders, major upgrades, services, and maintenance contracts.
- Extensive experience in direct customer relations domestic and international

EXPERIENCE**PROJECT MANAGER, RAZORBACK LLC 2024 – Present**

- Successfully leads project management and term contracts including current Razorback LLC Water Control Structure projects.
- Coordination of schedules to maximize efficiency.
- Site safety and environmental protection plan compliance.
- Currently provides leadership and oversight to Razorback Project Managers for the successful completion of complex restoration projects, Water Treatment Plant upgrades and refurbishments, and Water and Wastewater tank and tower refurbishments, sandblasting, painting, and bridge rehabilitation, contributing to the company's reputation for high-quality work in historic restoration.
- Communication with owners to ensure client satisfaction, and cultivation of lasting relationships with subcontractors and material suppliers.
- Helps drive Razorback's recognition as one of Florida's leading Water and Wastewater Plant Contractors, overseeing projects that highlight the company's expertise and commitment to excellence in the industry.

PROJECT MANAGER, Hohl Industrial Services, Tonawanda, New York Oct 2014 – Nov 2023

- Manage multiple projects involving steel erection, equipment installation, building expansion and equipment start up and testing.
- Managed construction projects from inception to completion, ensuring timely delivery and budget adherence, projects ranging from 500 K to 20 mil USD.
- Developed comprehensive project schedules, resulting in timely completions and minimal delays.
- Negotiated contracts with vendors and subcontractors for optimal cost savings on materials and services.
- Implemented quality control measures to maintain high standards of workmanship throughout all projects, including self-performed and sub-contracted work.
- Optimized resource allocation by closely monitoring project budgets and adjusting workforce as needed, discuss with Superintendent and/or General Foreman weekly.
- Ensured safety compliance by conducting regular site inspections and implementing necessary corrective actions. Kept sites compliant with OSHA, state, and local regulations to prevent unnecessary risks.
- Established successful relationships with clients, leading to repeat business and positive referrals.

- Managed commercial construction projects by working effectively with general contractors, subcontractors, engineers, and architects.
- Directed day-to-day operational aspects of project and scope and monitored progress of construction activities.
- Reviewed project scope, required materials, and labor pricing to develop competitive bids.

IMA Life North America, Tonawanda, New York **June 2000 – Oct 2014**

Product Line Manager: Loading and Filling Systems

- Direct the Technical Service of legacy equipment manufactured in Netherlands manufacturing site.
- Direct spare parts quotes and orders for current equipment line manufactured in Italy.
- Provide support to Sales Managers concerning Loading and Filling equipment in N. America.
- Design, sell, and implement product upgrades and improvements.
- Act as main point of contact for N. American customers of Italian made equipment concerning service-related issues.

Technical Services Manager

- Responsible for all Pharmaceutical packaging equipment manufactured by European division and installed in N. and S. America.
- Support sales of new equipment.
- Specify, sell, and manage the implementation of major upgrades to in-service equipment.
- Manage maintenance and emergency service of equipment in the field.

Customer Services Manager, South Europe

- Overseas assignment for 1.5 years based in Milan, Italy.
- Senior Project Manager for equipment installations.
- Responsible for reinvigorating customer relations in Southern Europe.
- Increased gross revenue for Customer Services more than 35% to 1.4 million Euro.
- Developed communication and support network between US and Italy.

EDUCATION

State University of New York at Buffalo

Bachelor of Science Industrial Engineering

Community College of the Air Force

Associates Avionics Systems Technology

Historic Restoration

Razorback, LLC

2024 - Present

Design, Repair & Installation Services

Razorback, LLC

2024 - Present

Specialty Services

Razorback, LLC

2024 - Present

RAZORBACK LLC | NO LIMIT

Alternatives

N/A

RAZORBACK LLC | NO LIMIT

Financial Statements

N/A



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-327-0235
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

001000

PIPING SERVICE, INC.
100 W COUNTY ROAD KK
KAUKAUNA WI 54130-8974



Wisconsin Business Tax Registration Certificate

Expiration date: **April 30, 2027**

Legal/real name: **PIPING SERVICE, INC.**

- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-0000178213-03



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LICENSEE DETAILS

9:58:00 AM 8/12/2025

Licensee Information

Name: **DAVIS, RANDALL ANTHONY** (Primary Name)
Main Address: **333 E PARENT AVE**
UNIT #34
ROYAL OAK Michigan 48067
County: **OUT OF STATE**

License Information

License Type: **Professional Engineer**
Rank: **Prof Engineer**
License Number: **72525**
Status: **Current,Active**
Licensure Date: **02/03/2011**
Expires: **02/28/2027**

Special Qualifications

Qualification Effective

Control Systems **02/03/2011**

Sub-Contractor Registration Form

(Certificates of Insurances are listed below - Razorback LLC must be listed as an additional insured with Endorsements included)

General Liability Worker's Comp Auto Pollution Other

Sub-Contractor Name: BE Welding Solutions LLC

Physical Address: 1525 Detrick Ave

City, State, Zip: Deland, FL, 32724

Mailing Address: 1525 Detrick Ave

City, State, Zip: Deland, FL, 32724

Organization Type (Please attach your W-9)

Corporation

LLC

Individual/Sole Proprietor

Non-Profit

Tax ID

(For individuals, please use Social Security number) 93-4945105

Sales/Quotes

Name: Brandon Endler

Email: beweldingsolutions@gmail.com

Phone: 570-762-6932

Please send invoices to:
accountspayable@razorbackllc.com

Accounts Receivable

Name: Lake Beck

Email: contact@bewelding.com

Phone: 405-301-6564

Payment Terms: Due upon receipt

Terms and Conditions

When sending invoices, please:

Reference PO# on your invoice/pay app

Number all pay apps and mark FINAL on final pay app

Use form AIA G702 for pay app (preferred)

No work may be started nor payments processed without receipt of all required information, including completed Registration Form, Certificates of Insurance with Razorback LLC listed as additional insured (please include endorsements) and a W-9.

Razorback LLC - 177 Anclote Rd, Tarpon Springs, FL 34689



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ELECTRICAL CONTRACTORS' LICENSING BOARD

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



SCHNEIDER, GAAL

WAVE ELECTRICAL LLC
980 SERVICE STREET
WHSE#24
WEST PALM BEACH FL 33409

LICENSE NUMBER: EC13012344

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at MyFloridaLicense.com

ISSUED: 11/07/2024

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.



Ron DeSantis, Governor

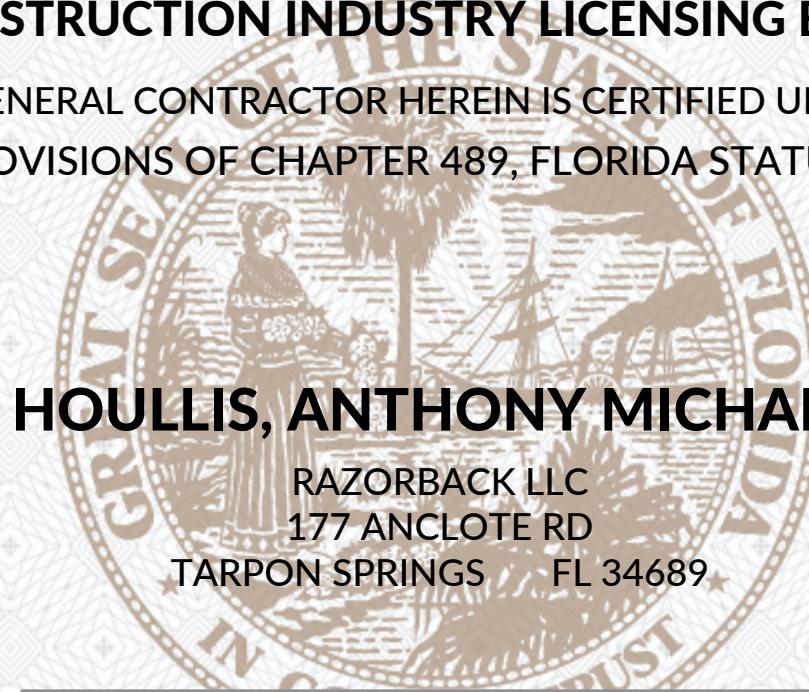
Melanie S. Griffin, Secretary



**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



HOULLIS, ANTHONY MICHAEL

RAZORBACK LLC
177 ANCLOTE RD
TARPON SPRINGS FL 34689

LICENSE NUMBER: CGC1526612

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at MyFloridaLicense.com

ISSUED: 05/20/2024

Do not alter this document in any form.



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SBA Profile**Privacy Statement**

(Back to Profile List, or use Back button)

Identification, Location & Contacts

This profile was last updated: 07/27/2024

Status: Active

User ID: P1759980

Name of Firm: RAZORBACK LLC

Capabilities Statement Link:

Trade Name ("Doing Business
As ..."):

UEI: QCKDKX2DLW55

Address, line 1: 177 ANCLOTE RD

Address, line 2:

City: TARPON SPRINGS

State: FL

Zip: 34689-6905

Phone Number: 727-460-2512 x

Fax Number:

E-mail Address: anthony@razorbackllc.comWWW Page: www.razorbackllc.com

E-Commerce Website:

Contact Person: ANTHONY HOULLIS

County Code (3 digit): 103

Congressional District: 13

Metropolitan Statistical Area: 8280

CAGE Code: 6ZAS8

Year Established: 2008

Accepts Government Credit [] Yes [X] No

Card?:

GSA Advantage Contract(s):

(Note: Size information is now under "NAICS Codes with Size Determinations by NAICS", below.)

Organization, Ownership & Certifications

Legal Structure: LLC

Ownership and Self-
Certifications: Self-Certified Small Disadvantaged Business***Current Principals***

1. Anthony Houllis, President

"Business Development Servicing Office" (for certifications)

SBA Federal Certifications

8(a) Certification:

SBA 8(a) Case Number:

SBA 8(a) Entrance Date:

SBA 8(a) Exit Date:

HUBZone Certification:

HUBZone Certified?: Yes No

HUBZone Certification Date:

8(a) Joint Venture - SBA Certified:

NOTE: Notify your servicing SBA Business Opportunity Specialist to have your 8(a) joint venture approval date reflected in DSBS.

8(a) JV Entrance Date:

8(a) JV Exit Date:

Women Owned - SBA Certified:

WOSB Certified?: Yes No

WOSB Pending?: Yes No

Economically Disadvantaged Women Owned - SBA Certified:

EDWOSB Certified?: Yes No

EDWOSB Pending?: Yes No

Veteran-Owned Small Business - SBA Certified:

VOSB Certified?: Yes No

VOSB Joint Venture?: Yes No

VOSB Certification Date:

VOSB Certification Expiration Date:

Service-Disabled Veteran-Owned Small Business - SBA Certified:

SDVOSB Certified?: Yes No

SDVOSB Joint Venture?: Yes No

SDVOSB Certification Date:

SDVOSB Certification Expiration Date:

Other Certifications

Non-Federal-Government Certifications:

(none given)

Products & Services

Capabilities Narrative:

Industrial Coating and Steel Rehabilitation and Repair.

Special Equipment/Materials:

(none given)

Business Type Percentages:

Construction (100 %)

Bonding Levels

Construction Bonding Level (per \$3,000,000 contract)

Construction Bonding Level \$4,000,000 (aggregate)

Service Bonding Level (per contract)

Service Bonding Level \$0 (aggregate)

NAICS Codes with Size Determinations by NAICS:

#	Primary?	Code	NAICS Code's Description	"Buy Green"? ⁽¹⁾	Small? ⁽²⁾
1	Yes	238320	Painting and Wall Covering Contractors		Yes
2		221310	Water Supply and Irrigation Systems		Yes
3		236210	Industrial Building Construction		Yes
4		236220	Commercial and Institutional Building Construction		Yes
5		237110	Water and Sewer Line and Related Structures Construction		Yes
6		237120	Oil and Gas Pipeline and Related Structures Construction		Yes
7		237310	Highway, Street, and Bridge Construction		Yes
8		237990	Other Heavy and Civil Engineering Construction General \$39.50m Small Business Size Standard: [Yes] Special \$32.50m Dredging and Surface Cleanup Activities: [Yes] ⁽⁴⁾		Yes
9		238140	Masonry Contractors		Yes
10		238190	Other Foundation, Structure, and Building Exterior Contractors		Yes
11		238350	Finish Carpentry Contractors		Yes

(1) By entering Yes for "Buy Green", the firm asserts that it obeys EPA guidelines for environmental friendliness for this NAICS code. Note, EPA guidelines do not exist for every NAICS code.

(2) If Yes, the firm's revenues/number of employees do not exceed the NAICS code's small business size standard.

(4) As seen above, the size standard can depend on subcategories within a NAICS code.

#	Primary?	Code	NAICS Code's Description	"Buy Green"? ⁽¹⁾	Small? ⁽²⁾
12		238990	All Other Specialty Trade Contractors General \$16.50m Small Business Size Standard: [Yes] Special \$16.50m Building and Property Specialty Trade Services: [Yes] ⁽⁴⁾		Yes
13		332420	Metal Tank (Heavy Gauge) Manufacturing		Yes
14		332999	All Other Miscellaneous Fabricated Metal Product Manufacturing		Yes
15		339999	All Other Miscellaneous Manufacturing		Yes
16		488190	Other Support Activities for Air Transportation		Yes
17		562910	Remediation Services General \$22.00m Small Business Size Standard: [Yes] Special 750 Employees Environmental Remediation Services: [Yes] ⁽⁴⁾		Yes
18		712120	Historical Sites		Yes
19		712190	Nature Parks and Other Similar Institutions		Yes
20		713930	Marinas		Yes

(1) By entering Yes for "Buy Green", the firm asserts that it obeys EPA guidelines for environmental friendliness for this NAICS code. Note, EPA guidelines do not exist for every NAICS code.

(2) If Yes, the firm's revenues/number of employees do not exceed the NAICS code's small business size standard.

(4) As seen above, the size standard can depend on subcategories within a NAICS code.

Keywords:

Painting, Coatings, Steel Repair, Sand Blasting, Masonry Repair, General Construction

Miscellaneous:

Quality Assurance Standards: ANSI/ASQC Z1.4
Electronic Data Interchange [] Yes [] No
capable?:

Export Profile (Trade Mission Online)

Exporter?: [] Yes [X] No [] Wants To Be
Export Business Activities: (none given)
Exporting to: (none given)
Desired Export Business Relationships: (none given)
Description of Export Objective(s): (none given)

Performance History (References)

(none given)

Razorback LLC Response

Pricing unsealed at Aug 12, 2025 2:36 PM

CONTACT INFORMATION

Company

Razorback LLC

Email

bidding@razorbackllc.com

Contact

Anthony Houllis

Address

177 Anclote Road
Tarpon Springs, FL 34689

Phone

N/A

Website

<https://www.razorbackllc.com/>

Submission Date

Aug 12, 2025 1:47 PM (Eastern Time)

ADDENDA CONFIRMATION

Addendum #1

Confirmed Aug 6, 2025 7:23 AM by Anthony Houllis

Addendum #2

Confirmed Aug 8, 2025 7:26 AM by Anthony Houllis

Addendum #3

Confirmed Aug 8, 2025 7:26 AM by Anthony Houllis

Addendum #4

Confirmed Aug 12, 2025 10:14 AM by Anthony Houllis

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. CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE

NOTE: Vendors are not required to purchase any additional insurance in order to submit a bid. However, they must certify that they either currently hold, or are able and willing to obtain, all required insurance coverages, endorsements, and limits prior to award and execution of the contract.

2.1. I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.*

Confirmed

Pass Fail

2.2. Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VI" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?*

Yes

Pass Fail

2.3. Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?*

Yes

Pass Fail

2.3.1. Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.*

 [Insurance Certificates \(Razorback LLC\).pdf](#)

Pass Fail

2.4. Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?*

No

Pass Fail

2.5. Do you plan on using subcontractors for this project?*

Yes

Pass Fail

2.5.1. Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?*

Yes

Pass Fail

3. 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.

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

Pass Fail

City of Hollywood, FL

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

Pass Fail

2600 Hollywood Blvd, Hollywood, FL 33020

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

Pass Fail

Sydney Salit – Project Manager

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

Pass Fail

ssalit@hollywoodfl.org

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

Pass Fail

(954)-921-3930

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

Razorback LLC

3.8. Project Information - Name and location of the project* Pass Fail

Clarifier No.3 - 1621 North 14th Avenue, Hollywood, FL 33020

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

Repair to the failed 16-inch diameter 90-degree elbow joint and pipe segment on the return sludge line (ductile iron pipe) located below grade within the 48-inch diameter influent line at Clarifier No. 3. Due to the location of the repair, this work includes dismantling and removing existing clarifier mechanism equipment and replace with new carbon steel clarifier drive mechanisms and all associated appurtenances. Work included replacement of v-notched weirs and scum baffles and density current baffles along with miscellaneous welding, and all related electrical, instrumentation, and controls work for a complete and operable system. In addition, this work included all construction sequencing requirements, all startup and training activities, and all other work required for a complete and operating facility. Any existing concrete damaged during the work was repaired according to the Contract documents. In addition, Razorback furnished and installed a 16-inch diameter plug valve on the return sludge line on the west side of Clarifier No. 3.

3.10. Project Information - Project Duration* Pass Fail

11/27/23 – 07/2025

3.11. Project Information - Completion (Anticipated) Date* Pass Fail

08/2025

3.12. Project Information - Size of Project* Pass Fail

Complete upgrade of large clarifier

3.13. Project Information - Cost of Project* Pass Fail

\$4,217,810.00

4. REFERENCE # 2

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

City of Titusville, FL

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

555 South Washington Ave, Titusville, FL 32796

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

Kevin Meulman - PM

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

Kevin.meulman@titusville.com

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

(321)-213-1954

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

Razorback LLC

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

Blue Heron WRF Clarifier Modifications

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

Replace existing weirs and launders in clarifier; removing and replacing concrete grout in floor of clarifier; installing new pressure relief valves; blasting and painting interior & exterior. Install stairs, install new gate system inside clarifier.

4.10. Project Information - Project Duration* Pass Fail

01/03/24 - Ongoing (substantially complete)

4.11. Project Information - Completion (Anticipated) Date* Pass Fail

08/15/2025

4.12. Project Information - Size of Project* Pass Fail

Complete upgrade of Clarifier 90' x 24'

4.13. Project Information - Cost of Project* Pass Fail

\$1,129,622.00

5. REFERENCE # 3

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

Marion County FL

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

2631 SE Third Street, Ocala, FL 34471

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

Sean McFarland - Project Manager

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

Sean.McFarland@marionfl.org

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

(352) 307-6000

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

Razorback LLC

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

Marion County Term Agreement - Multiple locations throughout Marion County

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

Razorback has been responsible for the repair, maintenance, inspection, and installation of critical water and wastewater storage and processing systems, handling over 88 tanks to date. Work has involved the demolition and installation of more than 5 new hydropneumatics tanks, including associated piping, valves, electric and controls, and appurtenances, to ensure proper pressure and flow throughout the system. Additionally, Razorback replaced 2 clarifier drive units and 2 aluminum sluice gates, restoring system functionality and ensuring the proper flow of water during treatment processes. Additional work involved completing major infrastructure upgrades, such as the replacement of main effluent piping to the headworks and an emergency clarifier splitter box replacement

5.10. Project Information - Project Duration* Pass Fail

July/2023 - July/2028

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

Term Expires 07/2028

5.12. Project Information - Size of Project* Pass Fail

Maintain over 88 tanks and water and wastewater facilities of various sizes

5.13. Project Information - Cost of Project* Pass Fail

\$2,517,764.00 (Total is for work completed to date)

6. REFERENCE # 4

6.1. Reference Contact Information - Name of Firm, City, County or Agency Pass Fail

National Park Service

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

South Contracting Office 40001 SR 9336 Homestead, FL 33034

6.3. Reference Contact Information - Reference's Contact Name & Title	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
William Vazquez - Project manager	
6.4. Reference Contact Information - Reference's E-mail Address	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
william_vazquez@nps.gov	
6.5. Reference Contact Information - Reference's Phone Number	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
(470) 819-0934	
6.6. Project Information - Was your firm the prime contractor for the listed project?	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Yes	
6.7. Project Information - Name of Contactor Performing the Work	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Razorback LLC	
6.8. Project Information - Name and location of the project	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Everglades National Park	
6.9. Project Information - Nature of the firm's responsibility on the project and work for which staff was responsible for	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Scope included the complete rehabilitation of WTP: Demolition, sludge removal, structural steel repairs to MBR tank (membrane bioreactor) and membrane treatment tank, sandblasting and pressure washing to remove all failing surface material, perform specialty Tnemec coating and painting of both the interior and exterior walls of the MBR tank, Membrane Treatment Tank, Aeration Tank and the Anoxic Zone. Repair of steel piping, concrete (form and pour), install sluice gate and actuators, replace process valves and flow systems, add (2) Aerobic Paddle Mixers in aerobic zone, and repair existing jet air system. Installed new covers, access hatches, gates, frames, beams, and both manhole and catch basin castings. Electrical improvements encompassed the complete electrical distribution system ...	
Show all ▾	
6.10. Project Information - Project Duration	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
September/2020 - February/2021	
6.11. Project Information - Completion (Anticipated) Date	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
02/2021	
6.12. Project Information - Size of Project	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Full Rehabilitation of WTP	
6.13. Project Information - Cost of Project	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
\$805,500.00	
7. REFERENCE # 5	
7.1. Reference Contact Information - Name of Firm, City, County or Agency	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Wharton-Smith	
7.2. Reference Contact Information - Reference's Business Address	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
7391 College Pkwy, Ft. Meyers, FL 33907	
7.3. Reference Contact Information - Reference's Contact Name & Title	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Tyler Wilburn - PM	
7.4. Reference Contact Information - Reference's E-mail Address	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Twilburn@whartonsmith.com	
7.5. Reference Contact Information - Reference's Phone Number	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
239-314-3015 ext 4603	
7.6. Project Information - Was your firm the prime contractor for the listed project?	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
No	
7.7. Project Information - Name of Contactor Performing the Work	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

7.8. Project Information - Name and location of the project

Pass Fail

Olga Waste Treatment Plant Clarifier No.1 Rehab - 1450 Werner Drive, Alva, FL 33920

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

Pass Fail

Remove & replace impeller assembly components including the 6" impeller shaft from the gearbox flange down & hardware. Remove & replace all stabilizing rods & hardware. Remove & replace all impeller blades, connection plates & hardware. Remove & replace the deck plate, stiffeners & hardware. Remove & replace the scraper blades & hardware. Remove & replace the scraper support arms & hardware. Remove & replace the gear rack teeth & hardware, all guide rollers & hardware. Remove & replace all deficient bracing angle-iron on the tower & scraper arms

7.10. Project Information - Project Duration

Pass Fail

05/12/23 - 05/22/24

7.11. Project Information - Completion (Anticipated) Date

Pass Fail

05/2024

7.12. Project Information - Size of Project

Pass Fail

Complete upgrade of large clarifier

7.13. Project Information - Cost of Project

Pass Fail

\$554,671.25

8. PROJECT DOCUMENTS

8.1. 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 \(1\) - \(Razorback LLC\).xlsx](#)

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

Pass Fail

1. 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 - PSUT-25-07 Wastewater Treatment Plant Unit 1 Rehabilitation**" 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.

 [Bid Security - \(Razorback LLC\).pdf](#)

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

9.1. 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](#)

 [Sworn Statement on Public Entity Crimes - \(Razorback LLC\).pdf](#)

9.2. Public Entity Crimes Status*

Pass Fail

- Which option did you select on the Sworn Statement on Public Entity Crimes Form:
 - 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.
 - B1) 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 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 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 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 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 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.)

A) No convictions.

9.3. Did you select option B1 or B2 above?*

Pass Fail

No

9.4. Did you select option B3 above?*

Pass Fail

No

10. EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES

10.1. EQUAL BENEFITS CERTIFICATION FORM*

Pass Fail

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

[!\[\]\(8a6e48734d2781fe7a637b5c3e58f965_img.jpg\) Equal_Benefits_Certification_Form.pdf](#)

[!\[\]\(0c0a7169d07bb83b4413369246d7d571_img.jpg\) Equal_Benefits_Certification_Form - \(Razorback LLC\).pdf](#)

10.2. Equal Benefits Status*

Pass Fail

- Which option did you select on the Equal Benefits Certification Form:
 - 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;
 - 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;

A) Contractor currently complies.

10.3. Did you select option D2 above?*

Pass Fail

No

11. DRUG-FREE WORKPLACE CERTIFICATION

11.1. VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM*

Pass Fail

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

[!\[\]\(1361b812fe502a555efdd9b0aa3e7f21_img.jpg\) Vendor_Drug-Free_Workplace_Certification_Form.pdf](#)

[!\[\]\(b99ecb85821b0345a78591b480de33b9_img.jpg\) Vendor_Drug-Free_Workplace_Certification_Form - \(Razorback LLC\).pdf](#)

11.2. Drug-Free Status*

Pass Fail

Complies fully.

12. 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).

12.1. 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](#)

 [Non-Collusive_Affidavit - \(Razorback_LLC\).pdf](#)

12.2. 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](#)

 [Scrutinized_Company_Certification - \(Razorback_LLC\).pdf](#)

12.3. 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](#)

 [E-Verify_System_Certification_Statement - \(Razorback_LLC\).pdf](#)

12.4. 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](#)

 [Human_Trafficking_Affidavit - \(Razorback_LLC\).pdf](#)

12.5. 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](#)

 [Vendor_Information_Form - \(Razorback_LLC\).pdf](#)

12.6. 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](#)

 [W-9_\(Razorback_LLC\).pdf](#)

13. OPTIONAL DOCUMENTATION

13.1. TRADE SECRETS

Pass Fail

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.

[Trade Secrets \(NA - Razorback LLC\).pdf](#)

13.2. FINANCIAL STATEMENTS

Pass Fail

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.

[Financial Statements \(NA - Razorback LLC\).pdf](#)

13.3. ALTERNATIVES

Pass Fail

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.

[Alternatives - \(NA - Razorback LLC\).pdf](#)

13.4. 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.

[Additional Information - \(Razorback LLC\).pdf](#)

13.5. 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.

[Professional Licenses - \(Razorback LLC\).pdf](#)

13.6. PREFERRED LICENSE(S)

Pass Fail

The City prefers participants of this bid to possess a General Contractor's License. Please provide proof of license.

[Preferred License - \(Razorback LLC\).pdf](#)

14. VENDOR CLASSIFICATION

14.1. 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

14.2. 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.

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

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

No

14.4. Is your firm a Woman-Owned Business Enterprise (WBE)?* Pass Fail

No

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

No

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

No

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

No

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

No

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

Yes

14.9.1. 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.

 SBA - SBA_Profile - (Razorback_LLC).pdf**PRICE TABLES**

Primary Response

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total	Vendor N...
1-1	Mobilization and Demobilization	1	Lump Sum	\$275,000.00	\$275,000.00	
1-2	Cleaning	490	Tons	\$330.00	\$161,700.00	
1-3	Remove and Replace Fine Bubble Aeration System	1	Lump Sum	\$415,000.00	\$415,000.00	
1-4	Remove and Replace Clarifier Drive	1	Lump Sum	\$373,000.00	\$373,000.00	
1-5	Remove and Replace Return RAS/WAR Splitter Box and Valve	1	Lump Sum	\$330,000.00	\$330,000.00	
1-6	Remove and Replace Spray Wash System	1	Lump Sum	\$61,000.00	\$61,000.00	
1-7	Renovation	1	Lump Sum	\$175,000.00	\$175,000.00	
1-8	Surface Preparation and Painting	1	Lump Sum	\$311,000.00	\$311,000.00	
1-9	Closed Loop Air Header Addition	1	Lump Sum	\$73,000.00	\$73,000.00	
1-10	Electrical, Instrumentation and Controls	1	Lump Sum	\$310,000.00	\$310,000.00	
1-11	Repair or reinforce all steel areas where corrosion exceeds 1/16" depth	500	Per Square Foot	\$415.00	\$207,500.00	
Total						\$2,692,200.00

Payment and Performance Bond

Line Item	Description	Unit of Measure	Percentage
2-1	Cost to provide a Payment & Performance Bond for the project, in the form of a percent	Percent	3%