

Exhibit "B"

Primary Responses Dan Enterprises Team, LLC.

#	Item	Numeric	Text	Total Cost
		Cost	Vendor Notes	
2261364	#0-1	\$ 309,771.71	Aluminum Canopy 5300 Sqf of Anodized Aluminum Canopy, using 4"x4" Columns, 6"x4" Beams, 6"x3" Walkway Pan, 1/2" Steel Base Plates with Bolts attached to the concrete. Removal/Disposal Removal and Disposal of 2200 Sqf of Existing Vinyl Canopy, including frame and columns	\$ 309,771.71
2261365	#0-2	\$ 5,000.00	Performance Bond	\$ 5,000.00
\$ 314,771.71				
\$ 314,771.71				

Additional Responses

Dan Enterprises Team, LLC.

Question Set 1: Contact Information Form

#	Question	Response	Comment
Company Information			
1.1.1	Company Name	Dan Enterprises Team, LLC	
1.1.2	Company Address	18501 Pines Blvd, Suite #357, Pembroke Pines, FL 33029	
Primary Contact for the Project			
1.2.1	Contact Name	Andrelina Mujica	
1.2.2	Contact Title	Project Manager	
1.2.3	Contact E-mail Address	Sales1@danenterpriseteam.com	
1.2.4	Contact Telephone Number	954-536-54-29	
Authorized Approver			
1.3.1	Contact Name	Heidi Perez	
1.3.2	Contact Title	Managing Partner	
1.3.3	Contact E-mail Address	ha@danenterpriseteam.com	
1.3.4	Contact Telephone Number	305-343-57-55	
10 Questions		100.00% Complete	

Question Set 2: Proposer's Background Information

#	Question	Response	Comment
Former Business			
2.1.1	Under what former name has your business operated? Include a description of the business.	Dan Enterprises Team, LLC	Construction services and we provide services and sales of fire fighting equipment and installation of fire prevention systems
2.1.2	At what address was that business located?	-18501 Pines Blvd, Suite #357, Pembroke Pines, FL, 33029	Logistics Headquarters for Miami Dade County: 19081 Nw 78th Avenue, Hialeah, FL, 33015-1900
Past Failure			
2.2.1	Have you ever failed to complete work awarded to you. If so, when, where and why?	No	
Inspected			
2.3.1	Have you personally inspected the proposed WORK and do you have a complete plan for its performance?	Yes	Yes, twice, to check final details.
Subcontracting			
2.4.1	Will you subcontract any part of this WORK? If you will be subcontracting any part of this work, provide details including a list of each sub-contractor(s) that will perform work in excess of ten percent (10%) of the contract amount and the work that will be performed by each subcontractor(s). (Note: The proposed list of subcontractor(s) may not be amended after award of the contract without the prior written approval of the Contract Administrator, whose approval shall not be reasonably withheld.)	Yes	We will use only one Subcontractor: PRO METAL FABRICATION LLC 10655 SW 190 ST UNIT 2104MIAMI, FL 33157 US(786) 356-0369 ; responsible company and specialists in the elaboration of structures, welding, assemblies, they have the installed capacity, vehicles and tools to carry out this project, together with our professional group, it will be a project supported in all its details.
Bankruptcy Petitions			
2.5.1	List and describe all bankruptcy petitions (voluntary or involuntary) which have been filed by or against the Proposer, its parent or subsidiaries or predecessor organizations during the past five (5) years. Include in the description the disposition of each such petition.	None	
Bond Claims			
2.6.1	List and describe all successful Bond claims made to your surety(ies) during the last five (5) years. The list and descriptions should include claims against the bond of the Proposer and its predecessor organization(s).	None	
Claims, Arbitrations, Administrative Hearings and Lawsuits			
2.7.1	List all claims, arbitrations, administrative hearings and lawsuits brought by or against the Proposer or its predecessor organization(s) during the last (10) years. The list shall include all case names; case, arbitration or hearing identification numbers; the name of the project over which the dispute arose; and a description of the subject matter of the dispute.	None	
Criminal Proceedings or Hearings			
2.8.1	List and describe all criminal proceedings or hearings concerning business related offenses in which the Proposer, its principals or officers or predecessor organization(s) were defendants.	None	
Company Classification			
2.9.1	In regards to the commodities/services proposed, which of the following best classifies your firm? If you selected any options besides "Original Provider" please explain.	Other	Constructions Services
Debarment/Suspension			
2.10.1	Have you ever been debarred or suspended from doing business with any governmental agency? If you have been debarred or suspended from doing business with any governmental agency, please explain.	No	
Similar Experience & Contracts			
2.11.1	Describe the firm's local experience/nature of service with contracts of similar size and complexity, in the previous three (3) years.	Yes	The experience we can rely on in complexity and similar sizes, is the development of different types of roofs, from shingles to the insertion of special materials in different sizes and types; commercial and residential, and the most recent experience last month is to manufacture, install the structures of the Main Gate of the Miami Airport Control Tower.

12 Questions

100.00% Complete

Question Set 3: Vendor Registration Checklist

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

11 Questions

100.00% Complete

Question Set 4: References Form

#	Question	Response	Comment
Reference #1: Reference Contact Information			
4.1.1	Name of Firm, City, County or Agency	Federal Aviation Administration	
4.1.2	Address	Miami Air Traffic Control Tower (MIA ATCT) 6400 NW 22 St, Miami FL 33122	
4.1.3	Contact Name	-Samantha Pearce	
4.1.4	Contact Title	-Contracting Officer	
4.1.5	Contact E-mail Address	samantha.a.pearce@faa.gov	
4.1.6	Contact Telephone #	-: 405-954-7739	
Reference #1: Project Information			
4.2.1	Name of Contractor Performing the work	Dan Enterprises Team, LLC	
4.2.2	Name and location of the project	Miami Air Traffic Control Tower (MIA ATCT) 6400 NW 22 St, Miami FL 33122	
4.2.3	Nature of the firm's responsibility on the project	Federal Projects	
4.2.4	Project duration	2 Months	
4.2.5	Completion (Anticipated) Date	02/2024	
4.2.6	Size of project	Medium for complexity	
4.2.7	Cost of project	33,171.71	
4.2.8	Work for which staff was responsible	-Ensure the manufacture with the requested safety materials, comply with installation times and execution time for a Federal installation of this nature.G26	
Reference #2: Reference Contact Information			
4.3.1	Name of Firm, City, County or Agency	MONROE COUNTY BOARD OF COUNTY COMMISSIONERS	
4.3.2	Address	-2955 Overseas Highway Marathon, FL 33050	
4.3.3	Contact Name	-Jordan Salinger, PMP	
4.3.4	Contact Title	-Senior Project Manager Monroe County Public Works & Engineering Salinger.Jordan@MonroeCounty-FL.gov	
4.3.5	Contact E-mail Address	Salinger.Jordan@MonroeCounty-FL.gov	
4.3.6	Contact Telephone #	O: 305-295-4302	
Reference #2: Project Information			
4.4.1	Name of Contractor Performing the work	Dan Enterprises Team, LLC	
4.4.2	Name and location of the project	-Marathon Professional Center Building Roof Replacement Monroe County, Florida	
4.4.3	Nature of the firm's responsibility on the project	-Restructure and install a new roof system on the building, with a lot of damage.D38	
4.4.4	Project duration	-2 months	
4.4.5	Completion (Anticipated) Date	Nov 2023	
4.4.6	Size of project	MEDIUM	

4.4.7	Cost of project	181,717.17	
4.4.8	Work for which staff was responsible	-Provide materials, equipment and skilled labor.G40	
Reference #3: Reference Contact Information			
4.5.1	Name of Firm, City, County or Agency	-Town of Davie	
4.5.2	Address	-8800 SW 36th Street, Town of Davie, FL 33328	
4.5.3	Contact Name	: Keith Pursell & Jenna Alberts	
4.5.4	Contact Title	Projects Managers	
4.5.5	Contact E-mail Address	kpurcell@davie-fl.gov / jalbers@davie-fl.gov	
4.5.6	Contact Telephone #	954-797-1191	
Reference #3: Project Information			
4.6.1	Name of Contractor Performing the work	Dan Enterprises Team, LLC	
4.6.2	Name and location of the project	Oakhill Equestrian Trail Restroom Roof Replacement Replacement of Concrete Pavers	Shenandoah Pkwy & SW 136th Ave, Davie FL
4.6.3	Nature of the firm's responsibility on the project	Installation of a new roofing system and installation of new pavers in the public roadway	
4.6.4	Project duration	5 Weeks	
4.6.5	Completion (Anticipated) Date	08/2023	
4.6.6	Size of project	Small	
4.6.7	Cost of project	Both 65,711.21	
4.6.8	Work for which staff was responsible	Procurement, coordination, roadmap, and installation of scope of work.	
Reference #4: Reference Contact Information			
4.7.1	Name of Firm, City, County or Agency	Temple Sinai of Hollywood	
4.7.2	Address	1400 Nw 46th Avenue, Hollywood	
4.7.3	Contact Name	Alberto Rivas	
4.7.4	Contact Title	General Manager	
4.7.5	Contact E-mail Address	maintenance@sinaihollywood.org	
4.7.6	Contact Telephone #	203-887-8196	
Reference #4: Project Information			
4.8.1	Name of Contractor Performing the work	Dan Enterprises Team, LLC	
4.8.2	Name and location of the project	Perimeter fences corresponding to the security plan, installation of door manufacturing and installation of flooring.	Temple Sinai of Hollywood 1400 Nw 46th Avenue, Hollywood
4.8.3	Nature of the firm's responsibility on the project	All Project Development and execution	
4.8.4	Project duration	Currents 3 Months	
4.8.5	Completion (Anticipated) Date	Currents	
4.8.6	Size of project	Big	
4.8.7	Cost of project	168,000.00	
4.8.8	Work for which staff was responsible	All Project Development	

Reference #5: Reference Contact Information

4.9.1	Name of Firm, City, County or Agency	City of Miami Beach
4.9.2	Address	1833 Bay Rd, Miami Beach, FL 33139
4.9.3	Contact Name	Jorge Vargas, B.Sc. Eng., C.G.C.
4.9.4	Contact Title	Facilities Capital Projects Coordinator
4.9.5	Contact E-mail Address	JorgeVargas@miamibeachfl.gov
4.9.6	Contact Telephone #	Office: (305)-673-7000 ext 22634

Reference #5: Project Information

4.10.1	Name of Contractor Performing the work	Dan Enterprises Team, LLC	
4.10.2	Name and location of the project	FACADE REMODELING AT PUBLIC WORKS Bid #2024-022-JH - LOADING DOCK IMPROVEMENT AT PUBLIC WORKS Bid #2024-021-JH - REMODELING OF PUBLIC WORKS BREAKROOM	Public Work, 451 Dade Blvd, Miami Beach, FL, 33139
4.10.3	Nature of the firm's responsibility on the project	All Project Development and execution	
4.10.4	Project duration	Currents 2 Months	
4.10.5	Completion (Anticipated) Date	Currents	
4.10.6	Size of project	Medium	
4.10.7	Cost of project	87,771.71	
4.10.8	Work for which staff was responsible	-All Project Development and execution F93	

70 Questions**100.00% Complete**



NON-COLLUSIVE AFFIDAVIT

BIDDER is the Partner,
(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

Heini K. Pauw

Title

Managing Partner

Name of Company

Dan Enterprises Team, LLC



VENDOR INFORMATION FORM

Main Contact Information				
Company Name (Legal Name as filed with IRS)	<u>DAN ENTERPRISES TEAM LLC</u>			
Doing Business As (DBA)				
Primary Business Address	<u>18501 PINES BOULEVARD SUITE 357</u>			
	City:	<u>PEMBROKE PINES</u>		
	State:	<u>FLORIDA</u>	Zip:	<u>33029</u>
	Country:	<u>UNITED STATES</u>		
Remit To Address	<u>19081 NW 78th. Ave.</u>			
	City:	<u>Hialeah</u>		
	State:	<u>FL</u>	Zip:	<u>33015</u>
	Country:	<u>UNITED STATE</u>		
Order From Address				
	City:			
	State:		Zip:	
	Country:			
Foreign Entity (Yes/No)	<u>NO</u>			
Telephone Number	<u>786-450-1555</u>			
Primary Company E-mail	<u>purchases@danenterpriseteam.com</u>			
Fax	<u>n/a</u>			
Website	<u>www.danenterpriseteam.com</u>			
DUNS	<u>080082695</u>			
Independent Contractor (Yes/No)	<u>NO</u>			
Identification Number	SSN:	<u>47-1733830</u>	FID:	

GENERAL PAYMENT TERMS

Discount Percent	Days to Discount	Days to Net
Defines the discount percentage the vendor extends to your organization.	Number of days which payment must be received to claim the discount percent.	Number of days that the vendor allows before requiring net payment.
1%	10	30

CONTACT INFORMATION

Contact Name (First & Last Name)	<u>Teddy Castellanos</u>	
Description/Title/Position	<u>Supply Chain & Operation Manager</u>	
Phone (Voice)	<u>786-450-1555</u>	
Phone (Text)	<u>786- 617-7455</u>	Opt In (Y/N):
Fax		
E-mail	<u>tc@danenterpriseteam.com</u>	

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.Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.					
2 Business name/disregarded entity name, if different from above DAN ENTERPRISES TEAM, LLC					
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.					
<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____					
(Applies to accounts maintained outside the U.S.)					
5 Address (number, street, and apt. or suite no.) See instructions. 19081 NW 78 AVE	Requester's name and address (optional)				
6 City, state, and ZIP code Hialeah, FL 33015					
7 List account number(s) here (optional)					

Part I Taxpayer Identification Number (TIN)

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

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

Social security number											
				-			-				

or											
Employer identification number											
4	7	-	1	7	3	3	8	3	0		

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 ►	<i>Helen K. Dunn</i>	Date ►	<i>01/13/2023</i>
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General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

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

**COMPANY PROFILE FORM**

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

MAIN CONTACT INFORMATION			
Company Name (Legal Name as filed with IRS)	<u>DAN ENTERPRISES TEAM LLC</u>		
Doing Business As (DBA)			
Primary Business Address	<u>18501 PINES BOULVARD SUITE 357</u>		
City:	<u>PEMBROKE PINES</u>		
State:	<u>FLORIDA</u>	Zip:	<u>33029</u>
Country:	<u>UNITED STATES</u>		

Organization Background	
Please state the year that you company started its business	2014
Please state the year that your company started providing service under your current business name	2014
What State is your Company Registered In?	FLORIDA

Professional License Information		
License Type	License Number	Expiration
LIMITED LIABILITY COMPANY	L14000136010	ACTIVE
GENERAL CONTRACTOR	CGC1530526	AGO 3, 2024

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

Please Provide a Summary of your Company and What Services you provide
<p>Dan Enterprises Team LLC offers top quality solutions to government agencies, public institutions and private companies on the fields of industrial safety, engineering, emergencies and firefighting. We proudly bring our 30 years of cumulative experience in these sectors adding value to every project by providing a service that combines innovation with practical knowledge, always looking forward to our customers' satisfaction considering their needs as an absolute priority.</p> <ul style="list-style-type: none"> • Our goal is to provide our customers with high quality equipment with the best delivery time and extremely competitive prices, combining innovation with practical knowledge, technical experience and adding value to each of our projects. • We have a network of allied companies, national and international companies, to comply with the requirements of the Federal Government of the United States of America, local agencies and industrial sectors outside and inside the country.



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

1. This sworn statement is submitted DAN ENTERPRISES TEAM LLC _____
(name of entity submitting sworn statement) whose business address is
18501 PINES BOULEVARD SUITE 357, PEMBROKE PINES, FL. 33029.
and (if applicable) its Federal Employer Identification Number (FEIN) is
47-1733830 _____. (If the entity has no FEIN, include the Social Security
Number of the individual signing this sworn statement: XXX-XX-1614 _____.)

2. My name is HEIDI K. PEREZ _____ and my
(Please print name of individual signing)
relationship to the entity named above is MANAGING PARTNER _____.

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.)**

Heidy K. Perez

Bidder's Name/Signature

DAN ENTERPRISES TEAM LLC

Company

03/15/2023

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: DAN ENTERPRISES TEAM, LLC

AUTHORIZED OFFICER NAME / SIGNATURE: Heidi K. Perez



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.

HEIDI K. PEREZ

Authorized Signature

HEIDI K. PEREZ

Authorized Signer Name

DAN ENTERPRISES TEAM LLC

Company Name



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

I, HEIDI K. PEREZ

Print Name and Title

DAN ENTERPRISES TEAM LLC

Company Name

certify that DAN ENTERPRISES TEAM 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.

DAN ENTERPRISES TEAM LLC

Company Name

Heidi K. Perez

Print Name / Signature

MANAGING PARTNER

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.

DAN ENTERPRISES TEAM LLC

COMPANY NAME: _____

Heidi K. Perez

HEIDI K. PEREZ

PRINTED NAME / AUTHORIZED SIGNATURE: _____

DAN ENTERPRISES TEAM LLC
18501 PINES BLVD, STE 357
PEMBROKE PINES, FL 33029

CITY OF PEMBROKE PINES
601 CITY CENTER WAY, LBTR-4TH FLOOR
PEMBROKE PINES, FL 33025

LOCAL BUSINESS TAX RECEIPT

Local Business Tax Certificate

In the event the business to which this receipt was issued changes hands, the receipt will become null and void. An application for a new receipt must be made.

Business Name: DAN ENTERPRISES TEAM LLC

Business Location: 18501 PINES BLVD Unit/Suite 357
PEMBROKE PINES , FL 33029

Account Number: 20200792

Receipt Number: 20200792-2022-1

Business Description: WHOLESALE - ADMINISTRATIVE SERVICES

Receipt Expiration: Expires on September, 30, 2024

Business Classification

SIGN-Sign

ADMSER-administrative services



LOCAL VENDOR PREFERENCE CERTIFICATION

SECTION 1 GENERAL TERM

LOCAL PREFERENCE

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

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

OR;

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

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

COMPARISON OF QUALIFICATIONS

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

SECTION 2 AFFIRMATION

LOCAL PREFERENCE CERTIFICATION:

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

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

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

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

COMPANY NAME: DAN ENTERPRISES TEAM LLC

PRINTED NAME / AUTHORIZED SIGNATURE: Heidi K. Perez



AIA® Document A310™ – 2010

Bid Bond

Bond# UCSX290X-1039

CONTRACTOR:

(Name, legal status and address)
Dan Enterprises Team LLC
19081 NW 78th Avenue
Hialeah, FL 33015

SURETY:

(Name, legal status and principal place
of business)
United Casualty and Surety Insurance Company
233 Needham Street Suite 440
Newton, MA 02464

OWNER:

(Name, legal status and address)
City of Pembroke Pines
8300 South Palm Drive
Pembroke Pines, FL 33025

BOND AMOUNT:

Five Percent of Bid Amount ----- (5% of Bid Amount)

PROJECT:

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

Provide and Install New Metal Canopy at West Campus Carline Area.
IFB# PSPW-23-16

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 16th day of February, 2024.

Dan Enterprises Team LLC

(Contractor as Principal)

(Seal)

(Witness)



(Witness)

(Title) Heidi K. Perez, Managing Partner

United Casualty and Surety Insurance Company

(Surety)

(Seal)

(Title) Odalis Cabrera, Attorney-In-Fact

CAUTION: You should sign an original AIA Contract Document, on which this text appears in RED. An original assures that changes will not be obscured.

Init.

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ACD43070810



UNITED CASUALTY AND SURETY INSURANCE COMPANY
US Casualty and Surety Insurance Company
United Surety Insurance Company

Bond# UCSX290X-1039

POWER OF ATTORNEY

Agency No: 172290

KNOW ALL MEN BY THESE PRESENTS: That United Casualty and Surety Insurance Company, a corporation of the State of Nebraska, and US Casualty and Surety Insurance Company and United Surety Insurance Company, assumed names of United Casualty and Surety Insurance Company (collectively, the Companies), do by these presents make, constitute and appoint:

Christine M. Reed Harris, Odalis Cabrera

its true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include riders, amendments, and consents of surety, providing the bond penalty does not exceed Two Million & 00/100 Dollars (\$2,000,000.00). This Power of Attorney shall expire without further action on December 31st, 2024.

This Power of Attorney is granted under and by authority of the following resolutions adopted by the Board of Directors of the Companies at a meeting duly called and held on the 1st day of July, 1993:

Resolved that the President, Treasurer, or Secretary be and they are hereby authorized and empowered to appoint Attorneys-in-Fact of the Company, in its name and as its acts to execute and acknowledge for and on its behalf as Surety any and all bonds, recognizances, contracts of indemnity, waivers of citation and all other writings obligatory in the nature thereof, with power to attach thereto the seal of the Company. Any such writings so executed by such Attorneys-in-Fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected Officers of the Company in their own proper persons.

That the signature of any officer authorized by Resolutions of this Board and the Company seal may be affixed by facsimile to any power of attorney or special power of attorney or certification of either given for the execution of any bond, undertaking, recognizance or other written obligation in the nature thereof; such signature and seal, when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereunto affixed, this 18th day of July, 2023



UNITED CASUALTY AND SURETY INSURANCE COMPANY
US Casualty and Surety Insurance Company
United Surety Insurance Company


Michael T. Porsch

Michael T. Porsch, Treasurer

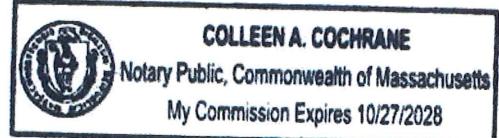
Corporate Seals

Commonwealth of Massachusetts
County of Middlesex ss:

On this 18th day of July, 2023, before me, Colleen A. Cochrane, a notary public, personally appeared, Michael T. Porsch, Treasurer of United Casualty and Surety Insurance Company, US Casualty and Surety Insurance Company and United Surety Insurance Company, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person(s), or the entity on behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the Commonwealth of Massachusetts that the foregoing paragraph is true and correct.
WITNESS my hand and seal.


Colleen A. Cochrane (Seal)
Notary Public
Commission Expires: 10/27/2028



I, Robert F. Thomas, President of United Casualty and Surety Insurance Company, US Casualty and Surety Insurance Company and United Surety Insurance Company do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seals of said Companies at Newton, Massachusetts this 16th day of February, 2024

Corporate Seals




Robert F. Thomas

Robert F. Thomas, President

**CERTIFICATION REGARDING LOBBYING;
DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS
FOR EXPENDITURE OF FEDERAL FUNDS**

LOBBYING

As required by 7 CFR Part 3018, for persons entering into a contract, grant or cooperative agreement over **\$100,000** involving the expenditure of Federal funds, the undersigned certifies for itself and its principals that:

- (a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
- (b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress, in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit **Standard Form - LLL, "Disclosure Form to Report Lobbying,"** in accordance with its instructions; and
- (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The undersigned Contractor, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. Chap. 38, Administrative Remedies for False Claims and Statements, apply to this certification and disclosure, if any.

Heidi K. Perez

Signature of Contractor's Authorized Official

DAN ENTERPRISES TEAM LLC

Contractor / Name of Company

Printed Name and Title of Contractor's Authorized Official

03/15/2023

Date

DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

As required by 7 CFR Part 3017, for persons entering into a contract, grant or cooperative agreement over **\$25,000** involving the expenditure of Federal funds, the undersigned certifies for itself and its principals that:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a Government entity (Federal, State, or local) with commission of any offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public transaction (Federal, State, or local) terminated for cause or default; and

Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

Heidi K. Perez

Signature of Contractor's Authorized Official

DAN ENTERPRISES TEAM LLC

Contractor / Name of Company

Printed Name and Title of Contractor's Authorized Official

03/15/2023

Date

Disclosure of Lobbying Activities

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure)

1. Type of Federal Action: _____ a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: _____ a. bid / offer / application b. initial award c. post-award	3. Report Type: _____ a. initial filing b. material change For material change only: Year _____ quarter _____ Date of last report _____
4. Name and Address of Reporting Entity: _____ Prime _____ Subawardee _____ Tier _____, if Known:	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:	
Congressional District, if known:		Congressional District, if known:
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, <i>if applicable</i> : _____	
8. Federal Action Number, <i>if known</i>:	9. Award Amount, <i>if known</i>: \$ _____	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i>	b. Individuals Performing Services (including address if different from No. 10a) <i>(last name, first name, MI):</i>	
11. Information requested through this form is authorized by Title 31 U.S.C. Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u>HEIDI K. PEREZ</u> Print Name: <u>HEIDI K PEREZ</u> Title: <u>MANAGING PARTNER</u> Telephone No.: <u>3053435755</u> Date: <u>03/15/2023</u>	

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number

Dan Enterprises Team LLC

Emergency & Industrial Equipment

FIRM LICENSE

State of Florida *Department of State*

I certify from the records of this office that DAN ENTERPRISES TEAM LLC is a limited liability company organized under the laws of the State of Florida, filed on August 29, 2014.

The document number of this limited liability company is L14000136010.

I further certify that said limited liability company has paid all fees due this office through December 31, 2019, that its most recent annual report was filed on January 15, 2019, 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 Twenty-first day of January,
2019*



A. Ito
Secretary of State

Tracking Number: 1525923993CL

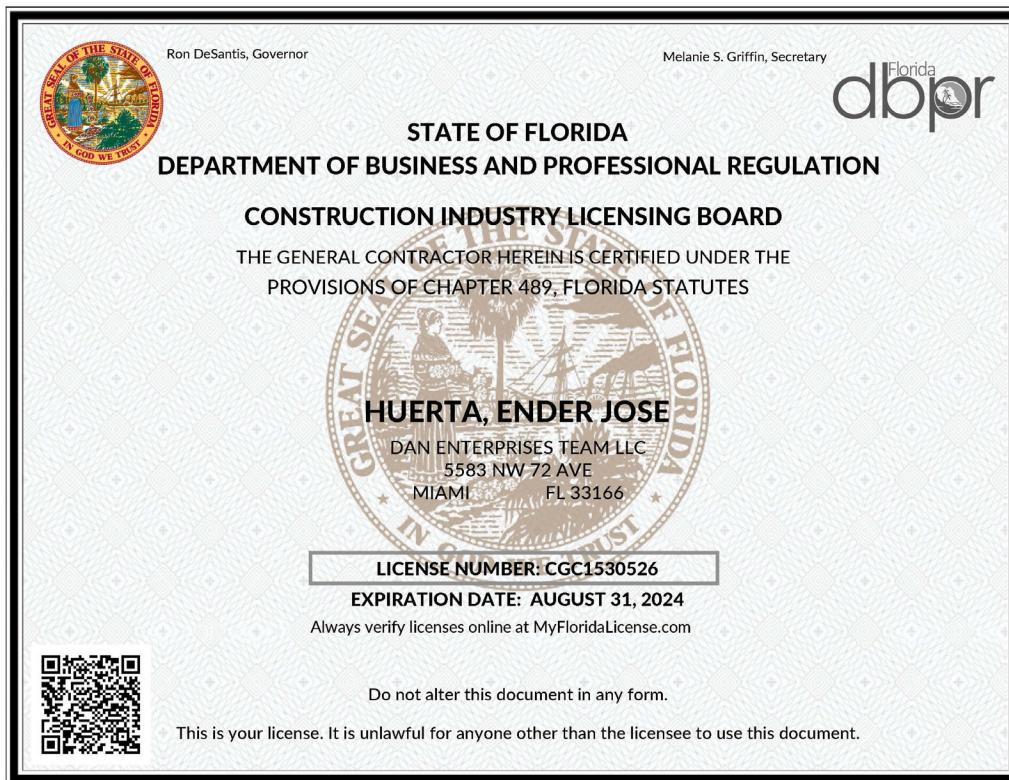
To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

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

Dan Enterprises Team LLC

Emergency & Industrial Equipment

General Contractor Certification





OFFICE OF ECONOMIC AND SMALL BUSINESS DEVELOPMENT

Governmental Center Annex

115 S. Andrews Avenue, Room A680 • Fort Lauderdale, Florida 33301 • 954-357-6400

October 2, 2023

Mr. Teddy Castellano
DAN ENTERPRISES TEAM LLC
18501 Pines Blvd., Suite 357
Pembroke Pines, Florida 33029

Dear Mr. Castellano:

The Broward County Office of Economic and Small Business Development (OESBD) is pleased to announce that your firm's **County Business Enterprise (CBE)** certification has been renewed.

Your firm's certification is continuing from your anniversary date but is contingent upon the firm verifying its eligibility annually through this office. You will be notified in advance of your obligation to continue eligibility in a timely fashion. However, the responsibility to ensure continued certification is yours. Failure to document your firm's continued eligibility for the CBE program within **thirty (30) days from your anniversary may result in the expiration of your firm's certification. Should you continue to be interested in certification after it has expired, you will need to submit a new application, and all required supporting documentation for review.**

To review current Broward County Government bid opportunities, visit: www.broward.org/Purchasing and click on "Current Solicitations and Results." Also, from this website, you can log into your firm's profile in BidSync to ensure you have added all appropriate classification codes. Bid opportunities over \$3,500 will be advertised to vendors via e-mail and according to classification codes, so please ensure that both the Purchasing Division and OESBD are apprised of your current e-mail address.

Your primary certification group is: **Construction Services**. This is also how your listing in our directory will read. You may access your firm's listing by visiting the Office of Economic and Small Business Development Directory, located on the internet at: www.broward.org/EconDev and click on "Certified Firm Directories."

Your firm may compete for, and perform work on Broward County projects in the following areas:

NAICS CODE: 236220, 237130, 238140, 238160, 238170, 238210, 238290, 238310, 238990, 221114, 423840, 423850, 423450, 541611, 561621, 561990, 624230

We look forward to working with you to achieve greater opportunities for your business through county procurement.

Sincerely,

SANDY-MICHAEL Digitally signed by SANDY-
MCDONALD MICHAEL MCDONALD
Date: 2023.10.03 17:32:47
-04'00'

Sandy-Michael McDonald, Director
Office of Economic and Small Business Development

Cert Agency: BC-CBE
ANNIVERSARY DATE: AUGUST 26TH

Broward County Board of County Commissioners

Mark D. Bogen • Lamar P. Fisher • Beam Furr • Steve Geller • Robert McKinzie • Nan H. Rich • Hazelle P. Rogers • Tim Ryan • Michael Udine
Broward.org

ACH VENDOR PAYMENT ENROLLMENT FORM

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

CITY OF PEMBROKE PINES

ADDRESS:
601 CITY CENTER WAY

PEMBROKE PINES, FLORIDA 33025

CONTACT PERSON NAME:
Finance Department / Accounts Payable

TELEPHONE NUMBER
954-450-1071

ADDITIONAL INFORMATION

PAYEE/COMPANY INFORMATION

NAME: DAN ENTERPRISES TEAM, LLC SSN NO. OR TAXPAYER ID NO.
47-1733830

ADDRESS: 19081 NW 78 AVE

HAILEAH- FL. 33015 EMAIL ADDRESS: na@danenterprissteam.com

CONTACT PERSON NAME: HEIDI PEREZ TELEPHONE NUMBER:
(305) 343-5755

FINANCIAL INSTITUTION INFORMATION

NAME: BANK OF AMERICA

ADDRESS: 7760 W. FLAGLER ST, MIAMI, FL. 33144

CONTACT: TELEPHONE NUMBER:
()

NINE-DIGIT ROUTING TRANSIT NUMBER: 063000047

DEPOSITOR ACCOUNT TITLE: DAN ENTERPRISES TEAM, LLC

DEPOSITOR ACCOUNT NUMBER: 8981-0027-0214 LOCKBOX NUMBER:

TYPE OF ACCOUNT: CHECKING SAVINGS LOCKBOX

IF POSSIBLE, PLEASE SUBMIT A CANCELLED CHECK WITH THIS ENROLLMENT FORM.

CERTIFICATION OF DATA

NAME: Heidi Perez

TITLE/POSITION: MANAGING MEMBER

SIGNATURE: Heidi K. Perez DATE: 08/29/23 TELEPHONE NUMBER:
305-343-5755

SF 3881

Instructions for Completing SF 3881 Form

- 1. Agency Information Section** – The City of Pembroke Pines prints or types the information in this section.
- 2. Payee/Company Information Section** - Payee prints or types the name of the payee/company and address that will receive WIRE / ACH vendor/miscellaneous payments, social security or taxpayer ID number, and contact person name and telephone number of the payee/company. Payee also verifies depositor account number, account title, and type of account entered by your financial institution in the Financial Institution Information Section.
- 3. Financial Institution Information Section** - Financial institution prints or types the name and address of the payee/company's financial institution who will receive the WIRE / ACH payment, WIRE / ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/company) account title and account number. Also, the box for type of account is checked, and the signature, title, and telephone number of the appropriate financial institution official are included.
- 4. Certification of Data**- An authorized officer of the payee entity should complete this section in order to verify the accuracy of the information provided.