

**Summary for Citywide Litter Control and Landscape Maintenance Services**

Grounds Maintenance	\$	1,622,945.40
Litter Control	\$	58,691.05
Canal Cleaning	\$	121,748.80
	\$	1,803,385.25

## **City of Pembroke Pines "Citywide Grounds Maintenance"**

## Exhibit "B"

Item #	Description	Frequency
A)	Lawn Maintenance	Twice monthly
B)	Shrub/Hedge Maintenance	Monthly
C)	Palm Trimming	Annually
D)	Tree Trimming	Annually

## **City of Pembroke Pines "Citywide Grounds Maintenance"**

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A)	Lawn Maintenance	Twice monthly
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C)	Palm Trimming	Annually
D)	Tree Trimming	Annually

City of Pembroke Pines "Citywide Litter Control and Canal Cleaning"				
Line Item	Description	Cost	Qty	Total
<b>North/South</b>				
1	72nd from Pembroke Road to NW 2nd and Taft to Sheridan	\$ 45.20	52	\$ 2,350.40
2	University Drive from Pembroke to Sheridan	\$ 42.50	52	\$ 2,210.00
3	Douglas Road from Pembroke Road to Sheridan	\$ 43.25	52	\$ 2,249.00
4	Palm Avenue from Pembroke Road to Sheridan	\$ 30.25	52	\$ 1,573.00
5	SW 114th Ave from Washington Street to Pines Blvd.	\$ 55.23	52	\$ 2,871.96
6	Hiatus Road from Pembroke Road to Sheridan	\$ 45.20	52	\$ 2,350.40
7	Flamingo Road from Pembroke Road to Sheridan	\$ 45.20	52	\$ 2,350.40
8	136th Ave. from the Southern border of the Baers shopping plaza north to 10th	\$ 32.14	52	\$ 1,671.28
9	SW 145th Ave. Pembroke Road to NW 10 Street	\$ 33.14	52	\$ 1,723.28
10	Dykes Road Pembroke Road to Sheridan Street	\$ 75.20	52	\$ 3,910.40
11	SW 172nd Pembroke Road to Sheridan	\$ 32.60	52	\$ 1,695.20
12	SW 178th from Pembroke to NW 184th Ave.	\$ 33.50	52	\$ 1,742.00
13	NW 184 Ave. from Pembroke Road to Sheridan St	\$ 34.18	52	\$ 1,777.36
14	SW 196th from Pembroke Road to Sterling Road	\$ 21.15	52	\$ 1,099.80
15	NW 208th Pines to Johnson Street	\$ 32.50	52	\$ 1,690.00
<b>North/South Total</b>				<b>\$ 31,264.48</b>
<b>East/West</b>				
16	Pembroke Road from Turnpike to US 27.	\$ 32.25	52	\$ 1,677.00
17	Pines Blvd. from turnpike to US 27.	\$ 32.25	52	\$ 1,677.00
18	Johnson Street from NW 76th Ave to Flamingo Road.	\$ 17.50	52	\$ 910.00
19	Taft Street from NW 72nd to NW 129th Ave.	\$ 20.25	52	\$ 1,053.00
20	Sheridan NW 72 Ave. to US 27.	\$ 19.50	52	\$ 1,014.00
<b>East/West Total</b>				<b>\$ 6,331.00</b>
<b>Miscellaneous</b>				
21	Washington Street from Flamingo Road to SW 114th Ave.	\$ 32.50	52	\$ 1,690.00
22	Washington Street from Hiatus Road to SW 103 Ave. (including all roads within City Center).	\$ 33.20	52	\$ 1,726.40
23	SW 4th CT. from Flamingo Rd heading west, then north on 129th including NW 10th to NW 145 and NW 129 to Taft St.	\$ 32.50	52	\$ 1,690.00
24	NW 202nd Avenue from Pines then west on Johnson Street to US 27.	\$ 33.25	52	\$ 1,729.00
25	Sterling Road from US 27 to Josias Dog Park.	\$ 33.75	52	\$ 1,755.21
26	NW 108th Ave from Pines Blvd. to Johnson Street.	\$ 35.20	52	\$ 1,830.40
27	NW 103 Ave. from Johnson Street to NW 3 Street (senior center).	\$ 35.20	52	\$ 1,830.40
28	Shopping center (and alley behind) on the NE corner of Pemb.Rd and SW 72 Ave. (excluding the gas station). Map provided.	\$ 33.20	52	\$ 1,726.40
29	Howard C. Foreman Site Sections. Map provided.	\$ 33.20	104	\$ 3,452.80
30	Charles F. Dodge Civic Center. Map provided	\$ 35.24	104	\$ 3,664.96
<b>Miscellaneous Total</b>				<b>\$ 21,095.57</b>
<b>CANALS</b>				
1	North side of Taft Street from University Drive to Palm Avenue.	\$ 4,500.00	4	\$ 18,000.00
2	North side of Johnson Street from Palm Avenue to Hiatus Road.	\$ 4,508.00	4	\$ 18,032.00
3	Canal from NW 83rd Avenue to Douglas Rd; between NW 2nd Street and NW 3rd Street (behind Chuck E. Cheese plaza & Ford Dealer).	\$ 5,530.00	4	\$ 22,120.00
4	East side of University Drive from Pembroke Road to Sheridan Street.	\$ 5,550.00	4	\$ 22,200.00
5	West side of Palm Avenue from Pembroke Road to Sheridan Street.	\$ 5,235.00	4	\$ 20,940.00
6	West side of Flamingo Road from Pembroke Road to Sheridan Street.	\$ 5,114.20	4	\$ 20,456.80
<b>Canals Total</b>				<b>\$ 121,748.80</b>
<b>Grand Total</b>				<b>\$ 180,439.85</b>

Line Item	Description	Unit of Measure	Percentage
3-1	Cost to provide a Payment & Performance Bond for the project, in the form of a percent	Percent	10.00%

## Proposer's Background Information Form

#	Question	Response	Comment	Status
<b>Contact Information</b>				
1.1.1	Primary Contact: Please provide the contact information (Name, Title, E-mail and Phone Number) for the Primary Contact for this project.	Gilbert Soles	Regional Manager - gilbert@growcaresolutions.com - (239) 270-0539	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.	Jose Granados	President- jgranados@growcaresolutions.com (239) 537-0124	Complete
<b>Organization Background</b>				
1.2.1	Please state the year that you company started its business.	2019		Complete
1.2.2	Please state the year that your company started providing service under your current business name.	2019		Complete
1.2.3	What State is your Company Registered In?	FL		Complete
<b>Former Business</b>				
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
<b>Past Failure</b>				
1.4.1	Have you ever failed to complete work awarded to you. If so, when, where and why?	No		Complete
<b>Inspected</b>				
1.5.1	Have you personally inspected the proposed WORK and do you have a complete plan for its performance?	Yes	Plan available upon request.	Complete
<b>Subcontracting</b>				
1.6.1	Will you subcontract any part of this WORK? If you will be subcontracting any part of this work, provide details including a list of each sub-contractor(s) that will perform work in excess of ten percent (10%) of the contract amount and the work that will be performed by each subcontractor(s). (Note: The proposed list of subcontractor(s) may not be amended after award of the contract without the prior written approval of the Contract Administrator, whose approval shall not be reasonably withheld.)	No		Complete
<b>Bankruptcy Petitions</b>				
1.7.1	List and describe all bankruptcy petitions (voluntary or involuntary) which have been filed by or against the Proposer, its parent or subsidiaries or predecessor organizations during the past five (5) years. Include in the description the disposition of each such petition.	NONE		Complete
<b>Bond Claims</b>				
1.8.1	List and describe all successful Bond claims made to your surety(ies) during the last five (5) years. The list and descriptions should include claims against the bond of the Proposer and its predecessor organization(s).	NONE		Complete
<b>Claims, Arbitrations, Administrative Hearings and Lawsuits</b>				
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.	NONE		Complete
<b>Criminal Proceedings or Hearings</b>				

## Exhibit "B"

1.10.1	List and describe all criminal proceedings or hearings concerning business related offenses in which the Proposer, its principals or officers or predecessor organization(s) were defendants.	NONE		Complete
<b>Company Classification</b>				
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
<b>Debarment/Suspension</b>				
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
<b>Similar Experience &amp; Contracts</b>				
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.		Mowing Services throughout the state of FL, Landscaping , tree Services . Owner and team have well over 25 yrs of experience.	Complete
<b>Professional License Information</b>				
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	- Certified Arborist. -Best Practice Management.	Complete
<b>Conflict of Interest</b>				
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

**Bid Bond****CONTRACTOR:**

(Name, legal status and address)

GROW CARE OUTDOOR SOLUTIONS, LLC

17940 N. Tamiami Trail, Suite 110 PMB 218  
North Fort Myers, FL 33903**SURETY:**

(Name, legal status and principal place of business)

FCCI Insurance Company

6300 University Parkway  
Sarasota, FL 34240**OWNER:**

(Name, legal status and address)

City of Pembroke Pines  
601 City Center Way

Pembroke Pines, FL 33025

**BOND AMOUNT:**

5% Five Percent of Amount Bid

**PROJECT:**

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

Citywide Litter Control and Landscape Maintenance Services, Project Number, if any: PSPW-25-09  
Pembroke Pines, FL

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

12th day of August, 2025

GROW CARE OUTDOOR SOLUTIONS, LLC

(Principal)

(Seal)

(Witness)



(Witness) Migdial Burgos

By:

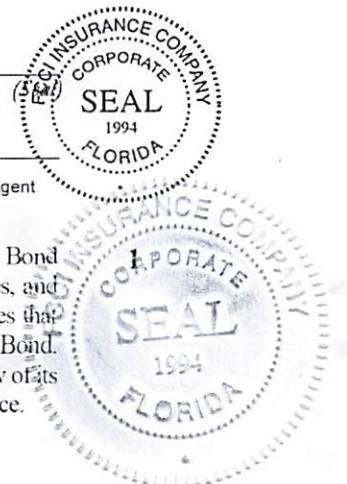
(Title)

FCCI Insurance Company

(Surety)

By:

(Title)

Jeffrey W. Reich, Attorney-in-Fact & FL Licensed Resident Agent  
Inquiries: 407-786-7770

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



## GENERAL POWER OF ATTORNEY

Know all men by these presents: That the FCCI Insurance Company, a Corporation organized and existing under the laws of the State of Florida (the "Corporation") does make, constitute and appoint:

**Jeffrey W. Reich**

Each, its true and lawful Attorney-In-Fact, to make, execute, seal and deliver, for and on its behalf as surety, and as its act and deed in all bonds and undertakings provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed the sum of (not to exceed \$20,000,000.00): **\$20,000,000.00**

**Surety Bond No.:** Bid Bond

**Principal:** GROW CARE OUTDOOR SOLUTIONS, LLC

**Obligee:** City of Pembroke Pines

This Power of Attorney is made and executed by authority of a Resolution adopted by the Board of Directors. That resolution also authorized any further action by the officers of the Company necessary to effect such transaction.

The signatures below and the seal of the Corporation may be affixed by facsimile, and any such facsimile signatures or facsimile seal shall be binding upon the Corporation when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached.

In witness whereof, the FCCI Insurance Company has caused these presents to be signed by its duly authorized officers and its corporate Seal to be hereunto affixed, this 23rd day of July, 2020.

Attest: Christina D. Welch

Christina D. Welch, President  
FCCI Insurance Company



Christopher Shoucain,  
EVP, CFO, Treasurer, Secretary  
FCCI Insurance Company

State of Florida  
County of Sarasota

Before me this day personally appeared Christina D. Welch, who is personally known to me and who executed the foregoing document for the purposes expressed therein.

My commission expires: 2/27/2027



PEGGY SNOW  
Commission # HH 326535  
Expires February 27, 2027

Peggy Snow  
Notary Public

State of Florida  
County of Sarasota

Before me this day personally appeared Christopher Shoucain, who is personally known to me and who executed the foregoing document for the purposes expressed therein.

My commission expires: 2/27/2027



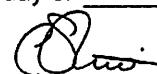
PEGGY SNOW  
Commission # HH 326535  
Expires February 27, 2027

Peggy Snow  
Notary Public

## CERTIFICATE

I, the undersigned Secretary of FCCI Insurance Company, a Florida Corporation, DO HEREBY CERTIFY that the foregoing Power of Attorney remains in full force and has not been revoked; and furthermore that the February 27, 2020 Resolution of the Board of Directors, referenced in said Power of Attorney, is now in force.

Dated this 12th day of August, 2025



Christopher Shoucain, EVP, CFO, Treasurer, Secretary  
FCCI Insurance Company



City of Pembroke Pines

**NON-COLLUSIVE AFFIDAVIT**

BIDDER is the

Owner

(Owner, Partner, Officer, Representative or Agent)

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

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

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

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

Printed Name/Signature

A handwritten signature in black ink that appears to read "Joe Granda".

Title

President

Name of Company

Grow Care Outdoor Solutions, LLC

A handwritten signature in black ink that appears to read "Grow Care Outdoor Solutions, LLC".



City of Pembroke Pines

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

1. This sworn statement is submitted Grow Care Outdoor Solutions, LLC (name of entity submitting sworn statement) whose business address is 17940 NORTH TAMiami TRAIL SUITE 110-PMB 218 NORTH FORT MYERS, FL 33903 and (if applicable) its Federal Employer Identification Number (FEIN) is 83-4044083. (If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: \_\_\_\_\_.)
2. My name is Jose Granados and my (Please print name of individual signing) relationship to the entity named above is President.
3. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid, proposal, reply, or contract for goods or services, any lease for real property, or any contract for the construction or repair of a public building or public work, involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
4. I understand that a "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
5. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
  1. A predecessor or successor of a person convicted of a public entity crime: or
  2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The Cityship by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a *prima facie* case that one person controls another person. A person who knowingly enters into a



## City of Pembroke Pines

joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

6. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or any entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts let by a public entity, or which otherwise transacts or applies to transact business with a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
7. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **(Please indicate which statement applies.)**
  - A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.
  - B) The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND **(Please indicate which additional statement applies.)**
    - B1) There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. **(Please attach a copy of the final order.)**
    - B2) The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. **(Please attach a copy of the final order.)**
    - B3) The person or affiliate has not been placed on the convicted vendor list. **(Please describe any action taken by or pending with the Department of General Services.)**

Jose Granados

Bidder's Name/Signature

Grow Care Outdoor Solutions, LLC

Company

08-12-2025

Date



*City of Pembroke Pines*

**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

**City of Pembroke Pines**

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

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

**SECTION 2 CERTIFICATION OF CONTRACTOR**

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

A. Contractor currently complies with the requirements of this section; or

B. Contractor will comply with the conditions of this section at the time of contract award; or

C. Contractor will not comply with the conditions of this section at the time of contract award: or

D. Contractor does not comply with the conditions of this section because of the following allowable exemption (**Check only one box below**):

1. The Contractor does not provide benefits to employees' spouses in traditional marriages;

2. The Contractor provides an employee the cash equivalent of benefits because the Contractor is unable to provide benefits to employees' Domestic Partners or spouses despite making reasonable efforts to provide them. To meet this exception, the Contractor shall provide a notarized affidavit that it has made reasonable efforts to provide such benefits. The affidavit shall state the efforts taken to provide such benefits and the amount of the cash equivalent. Cash equivalent means the amount of money paid to an employee with a Domestic Partner or spouse rather than providing benefits to the employee's Domestic Partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee's spouse;



*City of Pembroke Pines*

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

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

Grow Care Outdoor Solutions, LLC

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

AUTHORIZED OFFICER NAME / SIGNATURE: \_\_\_\_\_

A handwritten signature in blue ink, appearing to read "J. D. S." or a similar variation, is placed over the signature line.



City of Pembroke Pines

## 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:

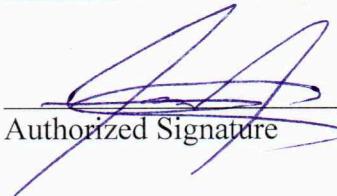
1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about 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

Jose Granados

Authorized Signer Name

Grow Care Outdoor Solutions,LLC

Company Name



City of Pembroke Pines

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

I, Jose Granados - President, on behalf of Grow Care Outdoor Solutions, LLC,  
 Print Name and Title Company Name  
 certify that Grow Care Outdoor Solutions, LLC :  
Company Name

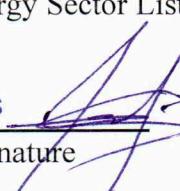
1. Does not participate in a boycott of Israel; and
2. Is not on the Scrutinized Companies that Boycott Israel list; and
3. Is not on the Scrutinized Companies with Activities in Sudan List; and
4. Is not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; and
5. Has 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.

\_\_\_\_\_  
 Company Name

Jose Granados   
 Print Name / Signature \_\_\_\_\_

\_\_\_\_\_  
 President  
 Title



*City of Pembroke Pines*

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

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

**Grow Care Outdoor Solutions,LLC**

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

Jose Granados

PRINTED NAME / AUTHORIZED SIGNATURE: \_\_\_\_\_



City of Pembroke Pines

Exhibit "B"

**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

ENTITY: Grow Care Outdoor Solutions,LLC

SIGNATURE: A handwritten signature in black ink, appearing to read "JG".  
NAME: Jose Granados

TITLE: President



City of Pembroke Pines

Exhibit "B"

(OFFICE USE ONLY) Vendor # \_\_\_\_\_

## VENDOR INFORMATION FORM

MAIN CONTACT INFORMATION			
Company Name (Legal Name as filed with IRS)	Grow Care Outdoor Solutions, LLC		
Doing Business As (DBA)			
Primary Business Address	17940 North Tamiami Trail Suite 110-PMB 218		
	<b>City:</b> North Fort Myers <b>State:</b> FL <b>Zip:</b> 33903 <b>Country:</b> Lee		
Remit To Address	17940 North Tamiami Trail Suite 110-PMB 218		
	<b>City:</b> North Fort Myers <b>State:</b> FL <b>Zip:</b> 33903 <b>Country:</b> Lee		
Order From Address	17940 North Tamiami Trail Suite 110-PMB 218		
	<b>City:</b> North Fort Myers <b>State:</b> FL <b>Zip:</b> 33903 <b>Country:</b> Lee		
Foreign Entity (Yes/No)	No		
Telephone Number	(239) 677-9160		
Primary Company E-mail	info@growcaresolutions.com		
Fax			
Website	www.growcaresolutions.com		
DUNS	111876255		
Independent Contractor (Yes/No)	Yes		
Identification Number	SSN:		FID: 83-4044083

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.
		30

CONTACT # 1		
Contact Name (First & Last Name)	Gilbert Soles	
Description/Title/Position	Regional Manager	
Phone (Voice)	(239) 270-0539	
Phone (Text)	(239) 270-0539	Opt In (Y/N): Yes
Fax	N/A	
E-mail	gilbert@growcaresolutions.com	

STATE REGISTRATION	
Is your company registered with the State of Florida? (Y/N)	Yes
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](http://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.)  GROW CARE OUTDOOR SOLUTIONS, 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 <b>one</b> 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) <b>S</b> <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)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  <small>Exempt payee code (if any)</small> <small>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)</small> <small>(Applies to accounts maintained outside the United States.)</small>
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions	
5 Address (number, street, and apt. or suite no.). See instructions. 17940 N TAMIA MI TRAIL SUITE 110 PMB 218	Requester's name and address (optional)	
6 City, state, and ZIP code NORTH FORT MYERS, FL 33903		
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.

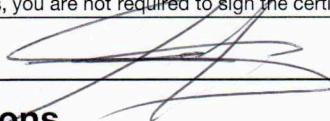
Social security number									
<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>		
or									
Employer identification number									
8	3	-	4	0	4	4	0	8	3

**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 08-12-2025

**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](http://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



17940 North Tamiami Trail  
Suite 110 PMB 218  
North Fort Myers, FL 33903  
(844) GRO-CARE  
[www.growcaresolutions.com](http://www.growcaresolutions.com)





Thank you for the opportunity to collaborate with your department. With over 18 years of experience in the landscaping industry, we are confident that The Grow Care Team will meet and exceed your expectations through timely, professional, and quality service. Our full-service landscape company is founded on a deep commitment to our clients and a dedication to excellence. We take pride in delivering comprehensive solutions — from site preparation, irrigation installation and maintenance, landscape design and installation, to pest control, fertilization, and complete landscape management. No matter your needs, we spare no effort in ensuring your property receives the highest level of care.

#### Why Choose The Grow Care Team?

Selecting the right team for your maintenance services is crucial, and The Grow Care Team stands out as the trusted choice. Our professionals embody a culture of care by actively serving our communities with integrity and respect. We are committed to safety and professional excellence, and continuously introduce sustainable and environmentally friendly initiatives across all our services.

To guarantee your peace of mind, all our team members undergo extensive background checks and are trained rigorously in safety protocols to protect your property, employees, and guests.

With multiple personnel regularly assigned to your property each month, we ensure efficient and consistent service. Additionally, we provide monthly service reports to keep you informed about the quality and progress of our work. Rest assured, your property maintenance needs are our top priority.

#### Our Difference

- Clean, branded vehicles for a professional presence
- Uniformed, bilingual personnel committed to customer service
- Timely response guarantee to address your needs promptly
- Safe, reliable equipment maintained daily for optimal performance
- Industry-leading software and scheduling systems to enhance efficiency
- Regular status and quality reports delivered on time

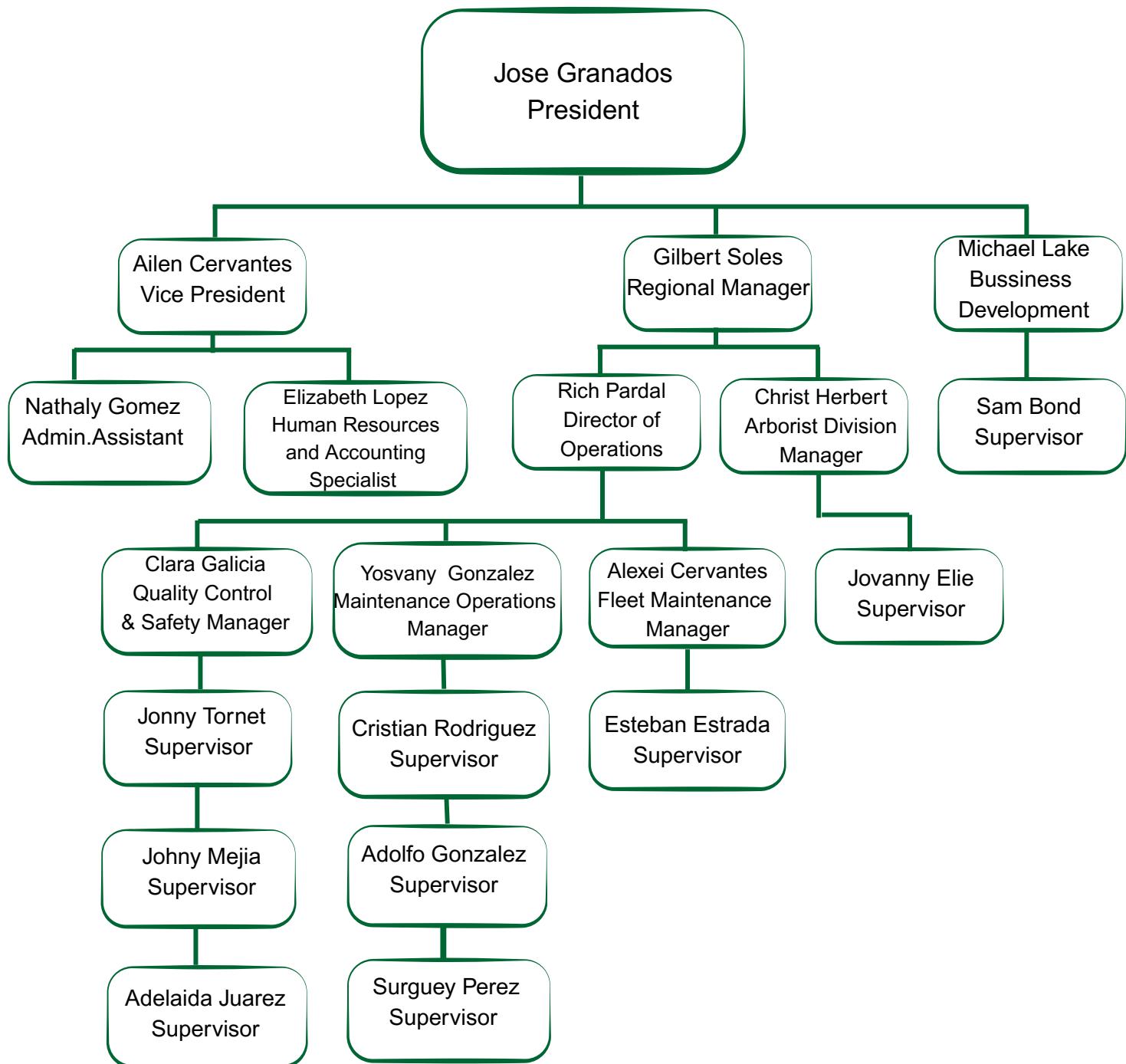
We look forward to the opportunity to support your landscaping and maintenance needs and build a lasting partnership.

Thank you ,

Jose Granados  
President.

Grow Care Outdoor Solutions  
17940 North Tamiami Trail  
Suite 110 PMB 218  
North Fort Myers, FL 33903  
Phone: (844) GRO-CARE

## ORGANIZATIONAL CHART





## IMPORTANT CONTACT LIST

- Yosvany Gonzalez  
Project Supervisor / Emergency Contact  
(645) 224-0685  
[yosvany@growcaresolutions.com](mailto:yosvany@growcaresolutions.com)
- Rich Pardal  
Director of Operations / Project Manager  
(239) 270-0796  
[rich@growcaresolutions.com](mailto:rich@growcaresolutions.com)
- Gilbert Soles  
Regional Manager  
(239) 270-0539  
[gilbert@growcaresolutions.com](mailto:gilbert@growcaresolutions.com)
- Nathaly Gomez  
Administrative Assistant / Main Office  
(239) 677-9160  
[info@growcaresolutions.com](mailto:info@growcaresolutions.com)
- Jose Granados  
President  
(239) 537-0124  
[jgranados@growcaresolutions.com](mailto:jgranados@growcaresolutions.com)



# Department of Environmental Protection

2600 Blair Stone Road, M.S. 3510  
Tallahassee, Florida 32399-2400

Exhibit "B"

**UF** | **IFAS**  
UNIVERSITY of FLORIDA

GI-BMP Trainee ID: **GV910087**  
Certification date: **3/22/2019**

Congratulations on successfully completing the Florida Green Industries Best Management Practices Training Program. Your certificate of completion and wallet card are attached. If there are errors in the certificate, or if we can be of further assistance, please contact the GI-BMP Office of the Florida-Friendly Landscaping™ Program at [gi.bmp@ifas.ufl.edu](mailto:gi.bmp@ifas.ufl.edu) or (352) 273-4517.

Please note that this training certificate alone does not authorize you to apply fertilizer commercially after January 1, 2014. You must take additional steps to become licensed for commercial fertilizer application in the state of Florida. The Limited Urban Commercial Fertilizer Applicator Certification (state "fertilizer license") is issued by the Florida Department of Agriculture and Consumer Services (FDACS).

Apply online: <https://aescemm.freshfromflorida.com>. The certificate number from this document is required to apply for Fertilizer Applicator Certification. For assistance contact: The Bureau of Entomology and Pest Control, (850) 617-7997

If your test score is 90% or greater, you may be eligible to become a GI-BMP Instructor:  
[http://fyn.ifas.ufl.edu/professionals/instructor\\_program.html](http://fyn.ifas.ufl.edu/professionals/instructor_program.html)

**Test Score: 88%**

Jose J. Granados  
2011 NE 34th St  
Cape Coral, FL 33909

State of Florida  
DEPARTMENT OF  
ENVIRONMENTAL PROTECTION

**Jose J. Granados****GV910087-1****GV910087**

Certificate #

Trainee ID #

GREEN INDUSTRIES BEST MANAGEMENT PRACTICES  
TRAINING PROGRAM**GV910087-1**

Certificate #

**GV910087**

Trainee ID #

**UF** | **IFAS**  
UNIVERSITY of FLORIDA

## Certificate of Training Best Management Practices Florida Green Industries

**Jose J. Granados**

has successfully met all requirements necessary to be fully trained through the Green Industries Best Management Practices Program developed by the Florida Department of Environmental Protection with the University of Florida Institute of Food and Agricultural Sciences.

Donald B. Rainey  
Issuer

T. Wichman  
Instructor

3/22/2019  
Date of Class

T. Wichman  
DEP Program Administrator

Not valid without seal



**Company ID Number:** 1832285

**Approved by:**

<b>Employer</b> Grow Care Outdoor Solutions, LLC.	
<b>Name (Please Type or Print)</b> Jose J Granados	<b>Title</b>
<b>Signature</b> Electronically Signed	<b>Date</b> 05/10/2022
<b>Department of Homeland Security – Verification Division</b>	
<b>Name (Please Type or Print)</b> USCIS Verification Division	<b>Title</b>
<b>Signature</b> Electronically Signed	<b>Date</b> 05/10/2022



**Company ID Number:** 1832285

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name Jose J Granados  
Phone Number 9547900052  
Fax  
Email info@arrowcaresolutions.com

Name Jose J Granados  
Phone Number 2396779160  
Fax  
Email info@arrowcaresolutions.com



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

## Detail by Entity Name

Florida Limited Liability Company

GROW CARE OUTDOOR SOLUTIONS, LLC

### Filing Information

**Document Number** L19000063575

**FEI/EIN Number** 83-4044083

**Date Filed** 03/05/2019

**Effective Date** 03/05/2019

**State** FL

**Status** ACTIVE

### Principal Address

4143 SW 74th Court Suite E

miami, FL 33155

Changed: 03/13/2023

### Mailing Address

17940 N. TAMiami TRAIL  
SUITE. 110 PMB. 218  
NORTH FORT MYERS, FL 33903

### Registered Agent Name & Address

GRANADOS, JOSE J  
17940 N. TAMiami TRAIL  
SUITE. 110 PMB. 218  
NORTH FORT MYERS, FL 33903

### Authorized Person(s) Detail

#### **Name & Address**

Title President

GRANADOS, JOSE J  
17940 N. TAMiami TRAIL  
SUITE. 110 PMB. 218



# CERTIFICATE OF LIABILITY INSURANCE

Exhibit DATE (MM/DD/YYYY)

06/03/2025

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: Adrian Guerrero PHONE (A/C, No, Ext): (954) 451-1408 FAX (A/C, No): 954-451-0952 E-MAIL ADDRESS: Karla@insprovider.com	
Southern Insurance Providers, LLC 12555 Orange Dr		INSURER(S) AFFORDING COVERAGE	
Davie FL 33330		INSURER A: HAMILTON SELECT INSURANCE INC 47980	
INSURED  Grow Care Outdoor Solutions LLC 17940 North Tamiami Trail Suite 110 PMB 218 Cape Coral FL 33903		INSURER B: ASCENDANT COMMERCIAL INSURANCE 13683	
		INSURER C: ICW - INSURANCE COMPANY OF THE WEST 26611	
		INSURER D:	
		INSURER E:	
		INSURER F:	

**COVERAGES** **CERTIFICATE NUMBER:** **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	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC  <input type="checkbox"/> OTHER:	X	X	SB00081445	07/25/2024	07/25/2025	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	CA-67214-1	06/13/2025	06/13/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							P.I.P	\$ 10,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$:	X	X	CXS4005963	07/25/2024	07/25/2025	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N	N / A	WFL 5072403 01	07/25/2024	07/25/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH- ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Equipment / Inland Marine			MXI9307982454293	07/25/2024	07/25/2025	Scheduled Deductible	\$177,436 \$2,500

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

## CERTIFICATE HOLDER

Florida Department of Transportation-District 4  
3400 W.Commercial Blvd  
Ft.Lauderdale,FL 33309

## 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

© 1988-2015 ACORD CORPORATION. All rights reserved.



26-007562145

This card acknowledges that the recipient has successfully completed:

## 10-hour Construction Safety and Health

This card issued to:

**YOSVANY GONZALEZ**

**David Allen Westray**

Trainer Name

**07/15/2024**

Date of Issue



26-007580909

This card acknowledges that the recipient has successfully completed:

**10-hour Construction Safety and Health**

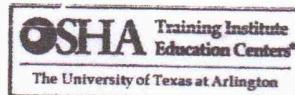
This card issued to:

**IVANY FERRO ALMEIDA**

---

David Allen Westray  
Trainer Name

---

09/06/2024  
Date of Issue866-906-9190  
[www.uta.edu/ded/osha](http://www.uta.edu/ded/osha)

OSHA recommends Outreach Training Courses as an orientation to occupational safety and health for workers. Participation is voluntary. Workers must receive additional training on specific hazards of their job. This course completion card does not expire.

Use or distribution of this card for fraudulent purposes, including false claims of having received training, may result in prosecution under 18 U.S.C. 1001. Potential penalties include substantial criminal fines, imprisonment up to 5 years, or both.

To verify this training, scan the QR code with your mobile device



Rev. 1/2016

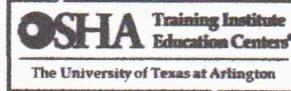


26-707560059

This card acknowledges that the recipient has successfully completed:

## 10-hour General Industry Safety and Health

This card issued to:

**JOSE JAVIER GRANADOS PAIZ**David Allen Westray  
Trainer Name08/27/2024  
Date of Issue866-906-9190  
[www.uta.edu/ded/osha](http://www.uta.edu/ded/osha)

OSHA recommends Outreach Training Courses as an orientation to occupational safety and health for workers. Participation is voluntary. Workers must receive additional training on specific hazards of their job. This course completion card does not expire.

Use or distribution of this card for fraudulent purposes, including false claims of having received training, may result in prosecution under 18 U.S.C. 1001. Potential penalties include substantial criminal fines, imprisonment up to 5 years, or both.

To verify this training, scan the QR code with your mobile device.



Rev. 1/2016



## CERTIFICADO DE FINALIZACIÓN

Esto certifica que

Carlos Delgado Santana

ha completado con éxito el curso

### Programa de Capacitación 10 HORAS de Construcción de OSHA



CEUs  
1.0



Horas Crédito  
10.00



Fecha Completada  
09/09/2024

A handwritten signature in black ink that appears to read 'Carlos Delgado Santana'.

David Westray, Trainer C 26-0110503 and G 26-0080836



Escanee para verificar

"Como formador del Programa de Capacitación de Extensión de la OSHA, afirmo que he llevado a cabo esta clase de capacitación del Programa de Capacitación de Extensión de la OSHA de acuerdo con los requisitos del Programa de Capacitación de Extensión de la OSHA. Documentaré esta clase a mi Organización de Capacitación Autorizada de la OSHA. Una vez revisada correctamente mi documentación, proporcionaré a cada estudiante su tarjeta de finalización del curso dentro de los 90 días naturales posteriores al final de la clase."

"As an IACET Accredited Provider, 360training.com, Inc. offers IACET CEUs for its learning events that comply with the ANSI/IACET Continuing Education and Training Standard."

ESTE CERTIFICADO NO ES TRANSFERIBLE

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | 360training.com

The Florida Department of Transportation  
presents this  
**Certificate of Completion**  
to

*Richard Preston Pardal*

for successfully completing the

**Tier 1 Illicit Discharge Detection  
and Elimination Training**

**CBT**

01/03/2024

Date



TRESS Number  
BT-19-0048

The Florida Department of Transportation  
presents this  
**Certificate of Completion**  
to

*Jose Javier Granados Paiz*

for successfully completing the  
**Tier 1 Illicit Discharge Detection  
and Elimination Training**

CBT

01/03/2024

\_\_\_\_\_  
Date



TRESS Number  
BT-19-0048

The Florida Department of Transportation  
presents this  
**Certificate of Completion**  
to

*Yosvany Gonzalez*

for successfully completing the  
**Tier 1 Illicit Discharge Detection  
and Elimination Training**

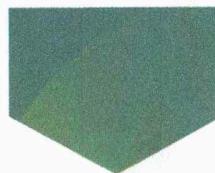
**CBT**

01/03/2024

Date



TRESS Number  
BT-19-0048



# The International Society of Arboriculture

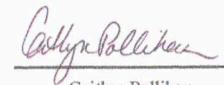
Hereby Announces That

*Chris Charles Herbert*

Has Earned the Credential

## ISA Certified Arborist ®

By successfully meeting ISA Certified Arborist certification requirements through demonstrated attainment of relevant competencies as supported by the ISA Credentialing Council



Caitlyn Pollihan  
CEO & Executive Director

8 February 2018

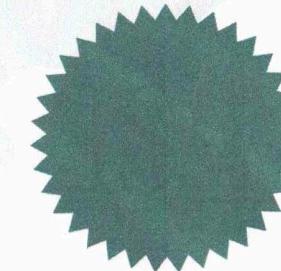
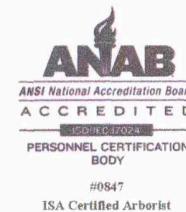
Issue Date

30 June 2027

Expiration Date

FL-9342A

Certification Number



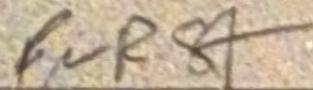


The Florida Nursery, Growers & Landscape Association  
*Confers on*

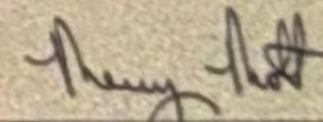
**Arturo Izquierdo**  
**C00328**

*The Title of*  
**FNGLA Certified Landscape Contractor (FCLC)**

Expiration Date: 12/31/2027  
Certified Since: 3/27/2017



Eric Smith, FNGLA President

  
\_\_\_\_\_  

Merry Mott, FNGLA Certification Director

# CERTIFICATE OF COMPLETION



# Jose Granados

Has Completed a FDOT Approved Temporary Traffic Control (TTC): Advanced Course

### Training Provider:

myTTConline

myTTConline  
83 Geneva Dr. Ste. 621394  
Oviedo FL 32762  
Phone: 407-901-0206

Verify this Certificate by visiting [www.motadmin.com](http://www.motadmin.com)

07/09/2025

**Issue Date**

06/27/2029

**Expiration Date**

10

### Instructor

645013

**Certificate No.**



# CERTIFICATE OF COMPLETION



## Gilbert Soles

---

Has Completed a FDOT Approved Temporary Traffic Control (TTC): Advanced Course

Training Provider:



myTTConline  
83 Geneva Dr. Ste. 621394  
Oviedo FL 32762  
Phone: 407-901-0206

Verify this Certificate by visiting [www.motadmin.com](http://www.motadmin.com)

---

07/16/2025

Issue Date

---

07/11/2029

Expiration Date

---

R B

Instructor

---

645262

Certificate No.



# CERTIFICATE OF COMPLETION



## KELVIN COCA GARCIA

Has Completed a FDOT Approved Temporary Traffic Control (TTC): Advanced Course

Training Provider:



Metro Florida Safety Council  
Tri-County  
Dade, Broward, Palm Beach FL 33441  
Phone: 954-603-1900

Verify this Certificate by visiting [www.motadmin.com](http://www.motadmin.com)

---

06/24/2024

Issue Date

---

06/11/2028

Expiration Date

---

J M

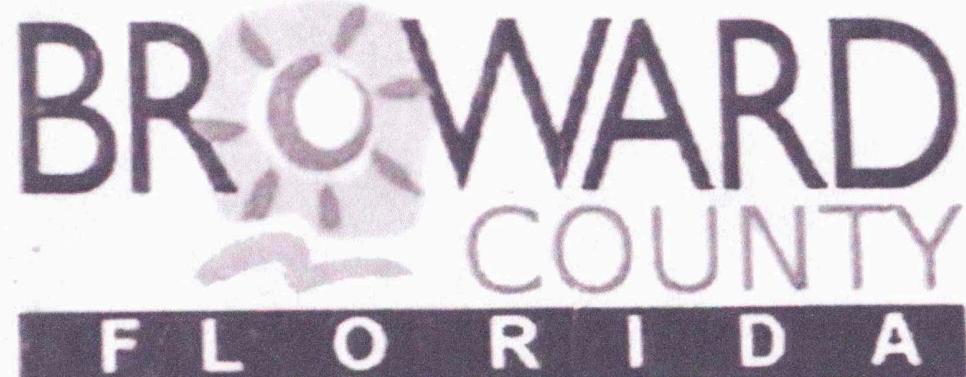
Instructor

---

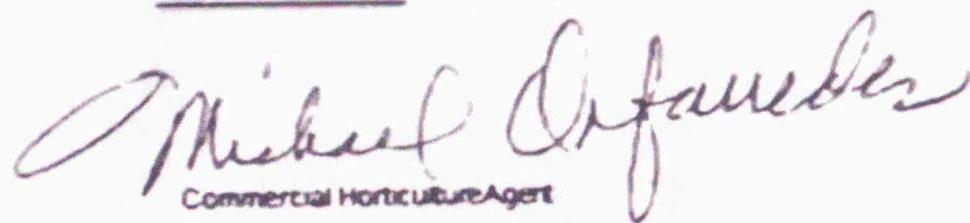
625249

Certificate No.



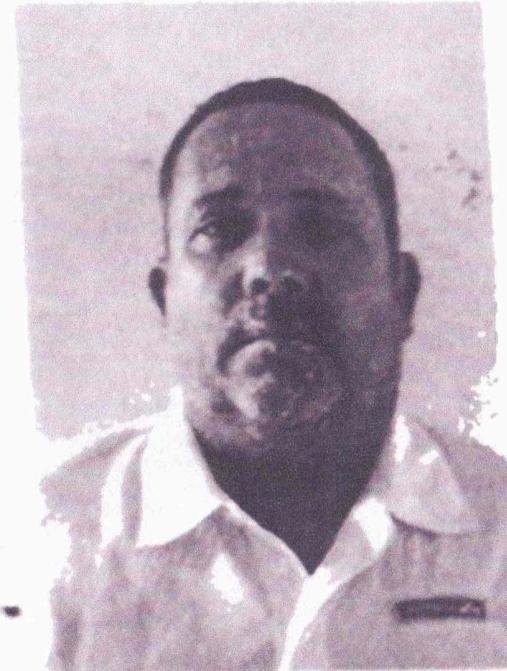


Certificate of Completion  
**BASIC TREE TRIMMING**



*Michael Orfaoeder*  
Commercial Horticulture Agent

has successfully completed the training conducted by UF/IFAS Broward County Extension office (<http://sfyl.ifas.ufl.edu/broward/commercial-horticulture-program-1>).



**Yosvany Gonzalez**

**THIS CARD IS A TRAINING CERTIFICATE – NOT A LICENSE.**

State of

Florida



Department of Agriculture and Consumer Services  
Bureau of Entomology and Pest Control

## CERTIFIED PEST CONTROL OPERATOR

Number: JF110395

THOMAS OWEN MARTINDALE JR

*This is to Certify that the individual named above is a Certified Pest Control Operator and is privileged to practice*

*Lawn & Ornamental*

*in conformity with an Act of the Legislature of the State of Florida regulating the  
practice of Pest Control and imposing penalties for violations.*

*In Testimony Whereof, Witness this  
signature at Tallahassee, Florida on July 3, 2002*

*Charles H. Bronson*

Charles H. Bronson  
Commissioner of Agriculture

*Chief Bureau of Entomology and Pest Control*



State of Florida  
Department of Agriculture and Consumer Services  
Bureau of Licensing and Enforcement

## Preventative Termite Treatment Permit

Number: JB293595

GROW CARE OUTDOOR SOLUTIONS LLC  
2011 NE 34TH ST, CAPE CORAL, FL 33909

*This permit, in conjunction with a valid business license endorsed with pest control operations in the Termite and Other Wood-Destroying Organisms category, authorizes the licensee named above to perform preventative termite treatments for new construction in Florida as prescribed by law.*

WILTON SIMPSON  
Commissioner of Agriculture

Issue Date: April 23, 2024

DACS 13657, 09/01



*State of Florida*  
*Florida Department of Agriculture and Consumer Services*  
*Bureau of Licensing and Enforcement*

**CERTIFIED PEST CONTROL OPERATOR**

Certificate Number: JF279124

**NICOLAS DOTHEE**

This is to certify that the individual named above is a Certified Pest Control Operator and is privileged to practice

**Fumigation, Termite and Other WDO Control**

in conformity with an Act of the Legislature of the State of Florida regulating the practice of Pest Control and imposing penalties for violations.



WILTON SIMPSON  
Commissioner of Agriculture

Issue Date: 06/04/2025

Expiration Date: 06/01/2026

State of

Florida



Department of Agriculture and Consumer Services  
Bureau of Entomology and Pest Control

## CERTIFIED PEST CONTROL OPERATOR

Number: JF110395

THOMAS OWEN MARTINDALE JR

*This is to Certify that the individual named above is a Certified Pest Control Operator and is privileged to practice*

*Lawn & Ornamental*

*in conformity with an Act of the Legislature of the State of Florida regulating the  
practice of Pest Control and imposing penalties for violations.*

*In Testimony Whereof, Witness this  
signature at Tallahassee, Florida on July 3, 2002*

*Charles H. Bronson*

Charles H. Bronson  
Commissioner of Agriculture

*Chief Bureau of Entomology and Pest Control*



# Department of Environmental Protection

2600 Blair Stone Road, M.S. 3570  
Tallahassee, Florida 32399-2400

**UF IFAS**  
UNIVERSITY OF FLORIDA

GI-BMP Trainee ID: GV916669  
Certification date: 4/30/2021

Congratulations on successfully completing the Florida Green Industries Best Management Practices Training Program. Your certificate of completion and wallet card are attached. If there are errors in the certificate, or if we can be of further assistance, please contact the GI-BMP Office of the UF/IFAS Florida-Friendly Landscaping™ Program at [gi.bmp@ifas.ufl.edu](mailto:gi.bmp@ifas.ufl.edu) or (352) 273-4517.

Please note that this training certificate alone does not authorize you to apply fertilizer commercially. You must take additional steps to become licensed for commercial fertilizer application in the state of Florida. The Limited Urban Commercial Fertilizer Applicator Certification (state "fertilizer license") is issued by the Florida Department of Agriculture and Consumer Services (FDACS).

Apply online: <https://aescomm.freshfromflorida.com>. The certificate number from this document is required to apply for Fertilizer Applicator Certification. For assistance contact: The Bureau of Licensing and Enforcement, (850) 617-7997.

If your test score is 90% or greater, you may be eligible to become a GI-BMP Instructor:  
[http://ifl.ifas.ufl.edu/professionals/instructor\\_program.html](http://ifl.ifas.ufl.edu/professionals/instructor_program.html)

**Test Score: 90%**

State of Florida  
DEPARTMENT OF  
ENVIRONMENTAL PROTECTION

Joshua Michelena

GV916669-1  
Certificate #

GV916669  
Trainee ID #

GREEN INDUSTRIES BEST MANAGEMENT PRACTICES  
TRAINING PROGRAM

**Joshua Michelena**





JACKSONVILLE  
TRANSPORTATION  
AUTHORITY

# Florida Unified Certification Program

## Disadvantaged Business Enterprise (DBE) Certificate of Eligibility

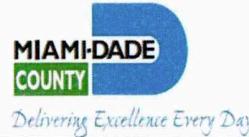
**GROW CARE OUTDOOR SOLUTIONS LLC**

***MEETS THE REQUIREMENTS OF 49 CFR, PART 26  
APPROVED NAICS CODES:***

561730

A handwritten signature in blue ink that appears to read "Laura Paskvan".

*Laura Paskvan  
DBE & Small Business Development Manager  
Florida Department of Transportation*





## Business Tax Receipt

GROW CARE OUTDOOR SOLUTIONS LLC  
 GROW CARE OUTDOOR SOLUTIONS LLC  
 17940 W TAMAMI TRL STE 110 PMB 218  
 N FT MYERS, FL 33903

Dear Business Owner:

Your **2024 - 2025** Lee County Business Tax Receipt is attached below for account number / receipt number: **1075580 / 2103367**

If there is a change in one of the following, refer to the instructions on the back of this receipt.

- Business name
- Ownership
- Physical location
- Business closed

This is not a bill. Detach the bottom portion and display in a public location.

I hope you have a successful year.

Sincerely,

*Noelle Branning*

Lee County Tax Collector

### 2024-2025 LEE COUNTY BUSINESS TAX RECEIPT

Account Number: **1075580**  
 Receipt Number: **2103367**  
 State License Number: **LIC2021-00034**

Account Expires: **September 30, 2025**

May engage in the business of:

**IRRIGATION / LAWN SPRINKLER CONTRACTOR**

**THIS BUSINESS TAX RECEIPT IS NON REGULATORY**

GROW CARE OUTDOOR SOLUTIONS LLC  
 TITUS MICHAEL  
 2590 W TAMAMI TRL  
 N FT MYERS, FL 33903

Payment Information:

**PAID DP-00-03195151** 02/10/2025  
**\$ 57.50**

# Local Business Tax Receipt

Miami-Dade County Office of The Tax Collector

-THIS IS NOT A BILL - DO NOT PAY

7352904

RECEIPT NO.

RENEWAL  
7646811

**BUSINESS NAME/LOCATION**  
GROWCARE OUTDOOR  
SOLUTIONS LLC  
4143 SW 74TH CT STE E  
MIAMI, FL 33155-4467



**OWNER**  
GROWCARE OUTDOOR SOLUTIONS  
LLC  
C/O JOSF JAVIER GRANADOS MGR  
Employee(s) 4

**SEC. TYPE OF BUSINESS**  
213 SERVICE BUSINESS



**EXPIRES**

SEPTEMBER 30, 2025

Must be displayed at place of business  
Pursuant to County Code  
Chapter 8A - Art. 9 & 10

**PAYMENT RECEIVED  
BY TAX COLLECTOR**

193.75 02/03/2025  
PTBTC-25-066513

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 8a-276.

For more information, visit [mdctaxcollector.gov](http://mdctaxcollector.gov)

**LBT**

Exhibit "B"

## POLK COUNTY LOCAL BUSINESS TAX APPLICATION FORM

ACCOUNT NO. 252589

CLASS: B+

PAYMENT DUE BY: 09/30/2024

OWNER NAME	LOCATION	
JOSE GRANADOS	POLK COUNTY	
BUSINESS NAME AND MAILING ADDRESS  GROWCARE OUTDOOR SOLUTIONS LLC GROWCARE OUTDOOR SOLUTIONS LLC 17940 TAMAMI TRAIL SUITE 210 N NORTH FORT MEYERS, FL 33903	CODE 810000 810060	ACTIVITY TYPE LTD OTHER SERVICES PEST CONTROL SERVICE
SIGN HERE		INFO@GROWCARESOLUTIONS.
SIGNATURE INDICATES APPLICANT READ AND UNDERSTANDS THE APPLICATION AFFIDAVIT ON THE BACK OF THE FORM AND AFFIRMS THE INFORMATION PROVIDED IS TRUE AND CORRECT.		AMOUNT DUE: 82.19

PAID - 3104033 02/03/2025 OPY

OLP 82.19 GROWCARE OUTDOOR SOLUTIONS LLC

**For Your Information: What You Need To Know About Tangible Personal Property**

Every individual or firm doing business and located in Polk County is also subject to the tangible personal property requirement.

An initial tangible personal property tax return is required to be filed with the Polk County Property Appraiser's Office by April 1st of the year after the business opens. The initial return is required if the business owns or leases any personal property, without regard to the value of that personal property. In subsequent years, however, no return is required unless the combined value of all business equipment is more than 25,000 dollars.

To file an initial tangible personal property tax return or for additional information, visit Polk County Property Appraiser's Office website, polkpa.org.

## POLK COUNTY LOCAL BUSINESS TAX RECEIPT

ACCOUNT NO. 252589

CLASS: B+

EXPIRES:

09/30/2025

OWNER NAME	LOCATION	
JOSE GRANADOS	POLK COUNTY	
BUSINESS NAME AND MAILING ADDRESS  GROWCARE OUTDOOR SOLUTIONS LLC GROWCARE OUTDOOR SOLUTIONS LLC 17940 TAMAMI TRAIL SUITE 210 N NORTH FORT MEYERS, FL 33903	CODE 810000 810060	ACTIVITY TYPE LTD OTHER SERVICES PEST CONTROL SERVICE
PROFESSIONAL LICENSE (IF APPLICABLE) DOACS JB293595		
OFFICE OF JOE G. TEDDER, CFC * TAX COLLECTOR	THIS POLK COUNTY LOCAL BUSINESS TAX RECEIPT MUST BE CONSPICUOUSLY DISPLAYED AT THE BUSINESS LOCATION	

PAID - 3104033 02/03/2025 OPY

OLP 82.19

GROWCARE OUTDOOR SOLUTIONS LLC

# Grow Care Outdoor Solutions Response

*Pricing unsealed at Aug 12, 2025 2:31 PM*

## CONTACT INFORMATION

---

Company

Grow Care Outdoor Solutions

---

Email

jgranados@growcaresolutions.com

---

Contact

Jose Granados

---

Address

17940 North Tamiami Trail  
Suite 110 PMB 218  
North Fort Myers, FL 33903

---

Phone

(239) 677-9160

---

Website

[www.growcaresolutions.com](http://www.growcaresolutions.com)

---

Submission Date

Aug 12, 2025 1:52 PM (Eastern Time)

## ADDENDA CONFIRMATION

---

Addendum #1

*Confirmed Aug 11, 2025 10:08 PM by Jose Granados*

Addendum #2

*Confirmed Aug 11, 2025 10:08 PM by Jose Granados*

Addendum #3

*Confirmed Aug 11, 2025 10:08 PM by Jose Granados*

Addendum #4

*Confirmed Aug 11, 2025 10:08 PM by Jose Granados*

## 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. PRICE PROPOSAL

### 2.1. PRICING/BID TABLE(S)\*

Pass  Fail

1. The Vendor must provide their pricing through the designated line items listed on the attached Excel Sheet.
2. Please download the attached document, complete all required fields, and upload the completed form here.

[Pricing\\_Table.xlsx](#)

[Pricing\\_Table.xlsx](#)

## 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

ROY Jorgensen

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

Pass  Fail

4501 34th Street Suite C Orlando, FL 32811

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

Pass  Fail

Richard Archambault - Project Manager

Exhibit "B"

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

Ozzy\_Archambault@royjorgensen.com

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

(321) 243-9391

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

Yes

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

Grow Care Outdoor Solutions, LLC

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

MP I-4

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

ROW Mowing , Landscaping

 Pass  Fail**3.10. Project Information - Project Duration\***

4 years

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

Dec 2024

 Pass  Fail**3.12. Project Information - Size of Project\***

10 Miles

 Pass  Fail**3.13. Project Information - Cost of Project\***

\$3,120,000.00

 Pass  Fail**4. REFERENCE # 2****4.1. Reference Contact Information - Name of Firm, City, County or Agency\***

Versar Services

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

14175 NW 60th Ave | Miami Lakes, FL | 33014 | USA

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

Doel Garcia - Project Manager

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

DGarciaColl@versar.com

 Pass  Fail

Exhibit "B"

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

561-579-8898

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

Yes

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

Grow Care outdoor Solutions

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

Miami dade county I-95

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

ROW Mowing , Landscaping , tree service

 Pass  Fail**4.10. Project Information - Project Duration\***

5 years

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

Current

 Pass  Fail**4.12. Project Information - Size of Project\***

26 Miles

 Pass  Fail**4.13. Project Information - Cost of Project\***

\$3,480,000.00

 Pass  Fail**5. REFERENCE # 3****5.1. Reference Contact Information - Name of Firm, City, County or Agency\***

ACS Infra

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

One Alhambra Plaza, Suite 1200 | Coral Gables, FL 33134

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

Darren DeWitt - Regional Manager

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

ddewitt@acsinfra.com

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

305.799.1283

 Pass  Fail

Exhibit "B"

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

Yes

 Pass  Fail**5.7. Project Information - Name of Contactor Performing the Work\***

Grow Care Outdoor Solutions

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

Tampa Polk Parkway Mowing - Landscaping

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

ROW Mowing - Herbicide - landscaping

 Pass  Fail**5.10. Project Information - Project Duration\***

6 years

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

Current

 Pass  Fail**5.12. Project Information - Size of Project\***

102 Miles

 Pass  Fail**5.13. Project Information - Cost of Project\***

\$11,232,000.00

 Pass  Fail**6. REFERENCE # 4****6.1. Reference Contact Information - Name of Firm, City, County or Agency**

FDOT TurnPike

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

Mile Post 65, Florida's Turnpike – Turnpike Operations Center, Pompano Beach, FL 3306

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

Victor Borges

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

Victor.Borges@dot.state.fl.us

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

954-495-6484

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

Yes

 Pass  Fail

Exhibit "B"

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

Grow Care Outdoor

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

FL Turnpike Landscape

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

Landscape - Irrigation

 Pass  Fail**6.10. Project Information - Project Duration**

3 years

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

Current

 Pass  Fail**6.12. Project Information - Size of Project**

Various

 Pass  Fail**6.13. Project Information - Cost of Project**

\$1,550,000.00

 Pass  Fail**7. REFERENCE # 5****7.1. Reference Contact Information - Name of Firm, City, County or Agency**

Miami Dade

 Pass  Fail**7.2. Reference Contact Information - Reference's Business Address**

P.O. Box 9828, Ft. Lauderdale, FL 33310

 Pass  Fail**7.3. Reference Contact Information - Reference's Contact Name & Title**

Nicolas Dothee - Project Manager

 Pass  Fail**7.4. Reference Contact Information - Reference's E-mail Address**

ndothee@solidcei.com

 Pass  Fail**7.5. Reference Contact Information - Reference's Phone Number**

(786) 479-2239

 Pass  Fail**7.6. Project Information - Was your firm the prime contractor for the listed project?**

Yes

 Pass  Fail**7.7. Project Information - Name of Contactor Performing the Work**

Grow Care Outdoor

 Pass  Fail

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

Miami FL

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

Landscaping Herbicide

 Pass  Fail**7.10. Project Information - Project Duration**

5 years

 Pass  Fail**7.11. Project Information - Completion (Anticipated) Date**

Current

 Pass  Fail**7.12. Project Information - Size of Project**

15 Miles

 Pass  Fail**7.13. Project Information - Cost of Project**

\$885,500.00

 Pass  Fail**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\\_\(1\).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 - PSPW-25-09 Citywide Litter Control and Landscape Maintenance Services** 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.

 [08\\_12\\_25\\_City\\_of\\_Pembroke\\_Pines\\_\(Litter\\_control\\_and\\_Landscape\)-Executed\\_Copy.pdf](#)

## 9. 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).

### 9.1. 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.pdf](#)

### 9.2. SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM\*

Pass  Fail

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

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

 [SWORN STATEMENT ON PUBLIC ENTITY CRIMES.pdf](#)

### 9.3. EQUAL BENEFITS CERTIFICATION FORM\*

Pass  Fail

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

 [Equal Benefits Certification Form.pdf](#)

 [Equal\\_Benefits\\_Certification\\_Form\\_2.pdf](#)

### 9.4. VENDOR DRUG FREE WORKPLACE CERTIFICATION\*

Pass  Fail

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

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

 [Vendor\\_Drug-Free\\_Workplace\\_Certification\\_Form.pdf](#)

### 9.5. SCRUTINIZED COMPANY CERTIFICATION\*

Pass  Fail

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

 [Scrutinized Company Certification.pdf](#)

 [Scrutinized\\_Company\\_Certification.pdf](#)

**9.6. E-VERIFY SYSTEM CERTIFICATION\*** Pass  Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.
2. Effective January 1, 2021, pursuant to Section 448.095. Florida Statutes, the City may not enter into a contract with a vendor/contractor/subcontractor unless that vendor/contractor/subcontractor is registered with and uses the E- Verify system administered by the U.S. Department of Homeland Security ("DHS").
3. Contractor shall also require all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. The Contractor shall maintain a copy of such affidavit for the duration of the contract.

 [E-Verify System Certification Statement.pdf](#) [E-VERIFY SYSTEM CERTIFICATION STATEMENT.pdf](#)**9.7. HUMAN TRAFFICKING AFFIDAVIT\*** Pass  Fail

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

 [Human Trafficking Affidavit.pdf](#) [Affidavit of Compliance with Human Trafficking Laws.pdf](#)**9.8. VENDOR INFORMATION FORM\*** Pass  Fail

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

 [Vendor Information Form.pdf](#) [Vendor Information Form.pdf](#)**9.9. FORM W-9 (REVISED MARCH 2024)\*** Pass  Fail

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

 [Form W-9 \(Rev March 2024\).pdf](#) [Form W-9 \(Rev March 2024\) 2.pdf](#)**10. OPTIONAL DOCUMENTATION****10.1. TRADE SECRETS**

1. The Proposer's response to this solicitation is a public record pursuant to Florida law, which is subject to disclosure by the City under the State of Florida Public Records Law, Florida Statutes Chapter 119.07 ("Public Records Law"). The City shall permit public access to all documents, papers, letters or other material submitted in connection with this solicitation and the Contract to be executed for this solicitation, subject to the provisions of Chapter 119.07 of the Florida Statutes.

## Exhibit "B"

2. Any language contained in the Proposer's response to the solicitation purporting to require confidentiality of any portion of the Proposer's response to the solicitation, except to the extent that certain information is in the City's opinion a Trade Secret pursuant to Florida law, shall be void. If a Proposer submits any documents or other information to the City which the Proposer claims is Trade Secret information and exempt from Florida Statutes Chapter 119.07 ("Public Records Laws"), the Proposer shall clearly designate that it is a Trade Secret and that it is asserting that the document or information is exempt. The Proposer must specifically identify the exemption being claimed under Florida Statutes 119.07. The City shall be the final arbiter of whether any information contained in the Proposer's response to the solicitation constitutes a Trade Secret.
3. EXCEPT FOR CLEARLY MARKED PORTIONS THAT ARE BONA FIDE TRADE SECRETS PURSUANT TO FLORIDA LAW, DO NOT MARK YOUR RESPONSE TO THE SOLICITATION AS PROPRIETARY OR CONFIDENTIAL. DO NOT MARK YOUR RESPONSE TO THE SOLICITATION OR ANY PART THEREOF AS COPYRIGHTED. ALL DOCUMENTS THAT THE FIRM PURPORTS TO BE CONFIDENTIAL, PROPRIETARY OR A TRADE SECRET SHALL BE UPLOADED TO THE OPENGOV WEBSITE AS A SEPARATE ATTACHMENT, IN THIS SECTION, CLEARLY IDENTIFYING THE EXEMPTION BEING CLAIMED UNDER FLORIDA STATUTES 119.07.
4. The city's determination of whether an exemption applies shall be final, and the proposer agrees to defend, indemnify, and hold harmless the city and the city's officers, employees, and agent, against any loss or damages incurred by any person or entity as a result of the city's treatment of records as public records.

*No response submitted*

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## 10.2. FINANCIAL STATEMENTS

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

*No response submitted*

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## 10.3. ALTERNATIVES

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

## Exhibit "B"

specified. Additional evidence in the form of documentation and samples may be requested if the proposed brand is other than that specified. The City retains the right to determine if the proposed brand shall be considered as an approved equivalent or not.

No response submitted

#### 10.4. ADDITIONAL INFORMATION

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.

No response submitted

#### 10.5. PROFESSIONAL LICENSES

Pass  Fail

1. If applicable, please upload any professional licenses that may be required to perform the services outlined in the solicitation.

 [PROJECT\\_DOCUMENTS\\_GROW\\_CARE.pdf](#)

### 11. VENDOR CLASSIFICATION

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

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

#### 11.2. Is your firm a Veteran Owned Small Business (VOSB)?\*

Pass  Fail

## Exhibit "B"

1. The evaluation of competitive bids is subject to section 35.37 of the City's Procurement Procedures which, except where contrary to federal and state law, or any other funding source requirements, provides that preference be given to veteran owned small businesses. To satisfy this requirement, the vendor shall affirm in writing its compliance with the following objective criteria as of the bid or proposal submission date stated in the solicitation. A veteran owned small business shall be defined as:
  1. **"Veteran Owned Small Business"** shall mean a business entity which has received a "Determination Letter" from the United States Department of Veteran Affairs Center for Verification and Evaluation notifying the business that they have been approved as a Veteran Owned Small Business (VOSB).
  2. A preference of two and a half percent (2.5%) of the total evaluation point, or two and a half percent (2.5%) of the total price, shall be given to the Veteran Owned Small Business (VOSB).

No

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

No

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

No

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

No

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

No

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

No

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

No

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

No