

**3FM Engineering**

Bid Contact **Felix Mendez**  
**fmendez@3fmengineering.com**  
**Ph 305-767-1120**

Address **HIALEAH, FL 33014**

Item #	Line Item	Notes	Unit Price	Qty/Unit	Attch.	Docs
PSEN-18-02--01-01	Please submit documents here.	Supplier Product Code:	First Offer -	1 / each	Y	Y
Supplier Total					\$0.00	

**3FM Engineering**

Item: **Please submit documents here.**

**Attachments**

**Title Page.pdf**

**Tab 1 · Letter of Interest.pdf**

**Tab 2 · Attachment\_A\_·\_Standard\_Form\_330 Signed.pdf**

**Tab 3 · 3FM Engineering MBE Certificate.pdf**

**Tab 3 · 3FM Engineering MWBE Certificate.pdf**

**Tab 4 · Attachment\_B\_·\_Vendor\_Information\_Form\_and\_a\_W-9\_Rev\_2017-11 Signed.pdf**

**Tab 4 · Attachment\_H\_·\_Vendor\_Drug-Free\_Workplace\_Certification\_Form.pdf**

**Tab 4 · Attachment\_I\_·\_Proposers\_Qualifications\_Statement.pdf**

**Tab 5 · Florida Board of Professional Engineer License.pdf**



RFQ #PSEN-18-02 “PROFESSIONAL SERVICE PROVIDERS (ARCHITECTURAL,  
ENGINEERING, SURVEYING & MAPPING)

July 20, 2018

Contact Information:  
3FM Engineering, Inc.  
3400 Lakeside Drive, Suite 525  
Miramar, FL 33027  
305-767-1120  
[fmendez@3fmengineering.com](mailto:fmendez@3fmengineering.com)



8004 NW 154<sup>th</sup> Street, #237, Miami Lakes, FL 33016  
Ph: (305) 767-1120 Fax: (954) 391-5616

July 19, 2018

The City of Pembroke Pines  
Purchasing Division  
8300 South Palm Drive  
Pembroke Pines, FL 33025  
954-518-9020

Re: RFQ #PSEN-18-02 Letter of Interest

To whom it may concern:

3FM Engineering, Inc. is pleased to submit our proposal for this RFQ. We are an engineering firm of five employees with an office located at 3400 Lakeside Drive, Suite 525, Miramar, Florida. Our mailing address is noted above in our header. We have 18 years of experience designing mechanical, electrical, plumbing, and fire protection systems for buildings. We specialize in a wide range of projects, including, high-end residential, high-rise mixed use residential, hospitality, retail, higher education, and as well as government projects. We provide engineering design services for new construction, renovations, total rehabilitation, and tenant improvements. Our experience is extensive in providing a successful and cost effective project development. 3FM Engineering, Inc. has a team dedicated to completing the project on time and on budget.

I am a registered Professional Engineer with the state of Florida and have been providing my professional services for the last 12 years. I have a Bachelor of Science in Mechanical Engineer and a Master of Science in Construction Management and I also have attended training courses in Electrical design. Our Chief Engineer is Shawn Walker who is an Electrical Engineer with 18 years of experience and a LEED Accredited Professional. He also specializes in the electrical design of telecommunication sites for the four major wireless carriers. Mr. Walker will be the Project Manager for this project and will be the City of Pembroke Pines single point of contact. We also have three CAD/REVIT drafters for setups, file updates/coordination, and drafting of the design as provided by our Engineers.

The workload at 3FM Engineering, Inc. is steady and not overwhelming for our current employees. Projects are managed correctly to not cause doubling of efforts and to stay on budget. We currently foresee a steady flow of work for next six to eight months. Mr. Shawn Walker and myself are easily available by phone or email during normal business hours, and we are also available after hours for any unforeseen emergencies.

We hope that our proposal meets City of Pembroke Pines requirements and we are looking forward to providing exceptional services.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Felix Mendez', is written over a horizontal line.

Felix Mendez, PE  
President

Cc: File

# ARCHITECT - ENGINEER QUALIFICATIONS

## PART I - CONTRACT-SPECIFIC QUALIFICATIONS

### A. CONTRACT INFORMATION

1. TITLE AND LOCATION *(City and State)*

Professional Service Providers (Architectural, Engineering, Surveying &amp; Mapping), Pembroke Pines, Florida

2. PUBLIC NOTICE DATE

06/26/2018

3. SOLICITATION OR PROJECT NUMBER

PSEN-18-02

### B. ARCHITECT-ENGINEER POINT OF CONTACT

4. NAME AND TITLE

Shawn Walker, Chief Engineer

5. NAME OF FIRM

3FM Engineering, Inc.

6. TELEPHONE NUMBER

305-767-1120

7. FAX NUMBER

954-391-5616

8. E-MAIL ADDRESS

swalker@3fmengineering.com

### C. PROPOSED TEAM

*(Complete this section for the prime contractor and all key subcontractors.)*

	(Check)			9. FIRM NAME	10. ADDRESS	11. ROLE IN THIS CONTRACT
	PRIME	J-V	SUBCON-TRACTOR			
a.	✓			3FM Engineering, Inc.  <input type="checkbox"/> CHECK IF BRANCH OFFICE	3400 Lakeside Drive, Suite 525 Miramar, FL 33027	Electrical Engineering Services
b.				  <input type="checkbox"/> CHECK IF BRANCH OFFICE		
c.				  <input type="checkbox"/> CHECK IF BRANCH OFFICE		
d.				  <input type="checkbox"/> CHECK IF BRANCH OFFICE		
e.				  <input type="checkbox"/> CHECK IF BRANCH OFFICE		
f.				  <input type="checkbox"/> CHECK IF BRANCH OFFICE		

### D. ORGANIZATIONAL CHART OF PROPOSED TEAM

☒ (Attached)

**E. RESUMES OF KEY PERSONNEL PROPOSED FOR THIS CONTRACT***(Complete one Section E for each key person.)*

12. NAME	13. ROLE IN THIS CONTRACT	14. YEARS EXPERIENCE	
		a. TOTAL	b. WITH CURRENT FIRM
Felix Mendez	Principal and Professional Engineer	12	5

15. FIRM NAME AND LOCATION *(City and State)*

3FM Engineering, Inc., Miramar, FL

16. EDUCATION *(Degree and Specialization)*

Master of Science in Construction Management  
Bachelor of Science in Mechanical Engineering

17. CURRENT PROFESSIONAL REGISTRATION *(State and Discipline)*

State of Florida Professional Engineer  
State of California Professional Engineer  
State of Maryland Professional Engineer

18. OTHER PROFESSIONAL QUALIFICATIONS *(Publications, Organizations, Training, Awards, etc.)*

Member of NFPA, Worcester Polytechnic Institute - Graduate Certificate in FP Engineering, Member of National  
Member of National Society of Professional Engineers, New York University - Cert in Plumbing Design, Wisconsin State  
University - Certificate in Electrical Design

**19. RELEVANT PROJECTS**

(1) TITLE AND LOCATION <i>(City and State)</i>	(2) YEAR COMPLETED	
	PROFESSIONAL SERVICES	CONSTRUCTION <i>(If applicable)</i>
TriniSuites, Miami, FL	02/2018	
<b>a.</b> (3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE <input checked="" type="checkbox"/> Check if project performed with current firm A \$5M, eight story, 24,000 square feet hotel building. Ground floor has a parking garage with car lifts and retail space. Each suite has a kitchenette with full bedroom and bathroom. Mr. Mendez was responsible for the mechanical and plumbing engineering and the QA/QC of the overall project.		
United States Southern Command Headquarters	01/2009	11/2010
<b>b.</b> (3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE <input type="checkbox"/> Check if project performed with current firm A 650,000 sq.ft. military base developed by the Army Corps of Engineers. The total construction cost was approximately \$250 million. Scope included office building, support building, and convention center building.		
Miami College of Design, Wynwood, FL	04/2017	
<b>c.</b> (3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE <input checked="" type="checkbox"/> Check if project performed with current firm A \$4.5M, three story, 15,000 square feet technical school building. The existing abandoned structure was expanded from 2 story to 3 story. Student teaching/learning area is equipped with outlet strips and ceiling mounted cord reel outlets Mr. Mendez was responsible for the direct supervision of all mechanical, electrical and plumbing engineering.		
Cabo Flats, Doral, FL	11/2016	04/2017
<b>d.</b> (3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE <input checked="" type="checkbox"/> Check if project performed with current firm A \$1.2M, 6,500 square feet restaurant tenant improvement located on the second floor at CityPlace, Doral. The restaurant is equipped with a full commercial kitchen, specialty lighting/controls, full indoor/outdoor bar, and indoor/outdoor seating. Responsible for the direct supervision of all mechanical, electrical, plumbing & fire protection.		
American Heritage Building 300 Renovation, Delray, FL	09/2016	11/2016
<b>e.</b> (3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE <input checked="" type="checkbox"/> Check if project performed with current firm A \$250k, 3,000 square feet single story multiple classroom building renovated into lesser and bigger classroom. Existing bathrooms were expanded and staff break room was added. Mr. Mendez was responsible for the direct supervision of all mechanical, electrical and plumbing engineering.		

**E. RESUMES OF KEY PERSONNEL PROPOSED FOR THIS CONTRACT***(Complete one Section E for each key person.)*

12. NAME	13. ROLE IN THIS CONTRACT	14. YEARS EXPERIENCE	
Shawn Walker	Chief Engineer	a. TOTAL 18	b. WITH CURRENT FIRM 5
15. FIRM NAME AND LOCATION <i>(City and State)</i> 3FM Engineering, Inc., Miramar, FL			
16. EDUCATION <i>(Degree and Specialization)</i>  Bachelor of Science in Electrical Engineering		17. CURRENT PROFESSIONAL REGISTRATION <i>(State and Discipline)</i>	
18. OTHER PROFESSIONAL QUALIFICATIONS <i>(Publications, Organizations, Training, Awards, etc.)</i>  LEED Accredited Professional			

**19. RELEVANT PROJECTS**

(1) TITLE AND LOCATION <i>(City and State)</i> Miami College of Design, Wynwood, FL	(2) YEAR COMPLETED	
	PROFESSIONAL SERVICES 04/2017	CONSTRUCTION <i>(If applicable)</i>
a. (3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE <input checked="" type="checkbox"/> Check if project performed with current firm A \$4.5M, 15,000 square feet, three story technical school building. The existing abandoned structure was expanded from 2 story to 3 story. Student teaching/learning area is equipped with outlet strips and ceiling mounted cord reel outlets. Mr. Walker was responsible for the electrical engineering and project management of the project.		
(1) TITLE AND LOCATION <i>(City and State)</i> 5 Below Build Out, West Palm Beach, FL	(2) YEAR COMPLETED	
	PROFESSIONAL SERVICES 06/2018	CONSTRUCTION <i>(If applicable)</i>
b. (3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE <input checked="" type="checkbox"/> Check if project performed with current firm A \$1.5M, 13,500 square feet shell space tenant improvement. Existing shell space was converted to a retail store. Site investigation was required to determine if existing MEP systems could be reused. Electrical design was based on tenant's electrical requirements. Mr. Walker was responsible for the electrical engineering and PM of the project.		
(1) TITLE AND LOCATION <i>(City and State)</i> Promenade Sephora Shell, Coconut Creek, FL	(2) YEAR COMPLETED	
	PROFESSIONAL SERVICES 05/2018	CONSTRUCTION <i>(If applicable)</i>
c. (3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE <input checked="" type="checkbox"/> Check if project performed with current firm A \$200k, 4,500 square feet single story tenant improvement in a shopping center. It was required to provide a preliminary investigation report of the existing MEP system of the previous tenant to best suit the need for Sephora's shell space prior to demolition. Mr. Walker was responsible for the electrical engineering and project management.		
(1) TITLE AND LOCATION <i>(City and State)</i> Cabo Flats, Doral, FL	(2) YEAR COMPLETED	
	PROFESSIONAL SERVICES 11/2016	CONSTRUCTION <i>(If applicable)</i> 04/2017
d. (3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE <input checked="" type="checkbox"/> Check if project performed with current firm A \$1.2M, 6,500 square feet restaurant tenant improvement located on the second floor at CityPlace, Doral. The restaurant is equipped with a full commercial kitchen, specialty lighting/controls, full indoor/outdoor bar, and indoor/outdoor seating. Mr. Walker was responsible for the electrical engineering of the project.		
(1) TITLE AND LOCATION <i>(City and State)</i> American Heritage Building 300 Renovation, Delray, FL	(2) YEAR COMPLETED	
	PROFESSIONAL SERVICES 09/2016	CONSTRUCTION <i>(If applicable)</i> 11/2016
e. (3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE <input checked="" type="checkbox"/> Check if project performed with current firm A \$250k, 3,000 square feet single story multiple classroom building renovated into lesser and bigger classrooms. Existing bathrooms were expanded and staff break room was added. Mr. Walker was responsible for the electrical engineering and project management of the project.		

<b>F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT</b> <i>(Present as many projects as requested by the agency, or 10 projects, if not specified. Complete one Section F for each project.)</i>		20. EXAMPLE PROJECT KEY NUMBER <b>1</b>
21. TITLE AND LOCATION <i>(City and State)</i> Miami College of Design, Wynwood, FL	22. YEAR COMPLETED PROFESSIONAL SERVICES 04/2017 CONSTRUCTION <i>(If applicable)</i>	

### 23. PROJECT OWNER'S INFORMATION

a. PROJECT OWNER Miami College of Design	b. POINT OF CONTACT NAME Fred Nagler / Architect	c. POINT OF CONTACT TELEPHONE NUMBER 786-202-0514
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### 24. BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT *(Include scope, size, and cost)*

A \$4.5M, three story, 15,000 square feet technical school building. This building is located in the up and coming Wynwood area, a very well-known artistic hub in Miami FL. The building was previously a two-story abandoned building that was transformed by adding a third floor as well as artistic features to match the surrounding area. The 3FM team was tasked with carefully studying the existing conditions and come up with creative ways to expand this existing structure while minimizing the construction cost. The 3FM team worked diligently on this highly complex project and came up with innovative ways to maintain the exiting utility lines. 3FM also proposed an innovative HVAC system design that improves indoor air quality dramatically, hence enhancing the student's performance and cognitive abilities. 3FM also worked with the architect and owner to develop an alternative energy plan based on solar power.

### 25. FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT

a.	(1) FIRM NAME 3FM Engineering, Inc.	(2) FIRM LOCATION <i>(City and State)</i> Miramar, Florida	(3) ROLE MEP Consultants
b.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
c.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
d.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
e.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
f.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE

<b>F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT</b> <i>(Present as many projects as requested by the agency, or 10 projects, if not specified. Complete one Section F for each project.)</i>		20. EXAMPLE PROJECT KEY NUMBER <b>2</b>
21. TITLE AND LOCATION <i>(City and State)</i> <b>5 Below Build Out, West Palm Beach, Florida</b>	22. YEAR COMPLETED PROFESSIONAL SERVICES 06/2018 CONSTRUCTION <i>(If applicable)</i>	

## 23. PROJECT OWNER'S INFORMATION

a. PROJECT OWNER <b>5 Below</b>	b. POINT OF CONTACT NAME <b>Karina Blanco / Architect</b>	c. POINT OF CONTACT TELEPHONE NUMBER <b>954-703-7822</b>
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24. BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT *(Include scope, size, and cost)*

A \$1.5M, 13,500 square feet shell space tenant improvement. Existing shell space was converted to a retail store. Site investigation was required to determine if existing MEP systems could be reused. Electrical design was based on tenant's electrical requirements for lighting, power, point of sale, and data. Lighting control consists of timeclock through contactor with override switch. Electrical service was 200A, 277/480V, 3 phase with a step down transformer for 120V and 208V electrical equipment. The space also required a fire alarm and fire sprinkler protection. Existing hot water and mechanical units were reused.

## 25. FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT

a.	(1) FIRM NAME <b>3FM Engineering, Inc.</b>	(2) FIRM LOCATION <i>(City and State)</i> <b>Miramar, Florida</b>	(3) ROLE <b>MEP Consultants</b>
b.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
c.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
d.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
e.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
f.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE

<b>F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT</b> <i>(Present as many projects as requested by the agency, or 10 projects, if not specified. Complete one Section F for each project.)</i>		20. EXAMPLE PROJECT KEY NUMBER <b>3</b>
21. TITLE AND LOCATION <i>(City and State)</i> <b>Promenade Sephora Shell</b>	22. YEAR COMPLETED PROFESSIONAL SERVICES <b>04/2018</b>	
CONSTRUCTION <i>(If applicable)</i>		

### 23. PROJECT OWNER'S INFORMATION

a. PROJECT OWNER <b>Hill Partners, Inc.</b>	b. POINT OF CONTACT NAME <b>Karina Blanco / Architect</b>	c. POINT OF CONTACT TELEPHONE NUMBER <b>954-703-7822</b>
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### 24. BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT *(Include scope, size, and cost)*

A \$200k, 4,500 square feet single story tenant improvement. 3FM was tasked with doing preliminary investigation of the existing mechanical, electrical, and plumbing systems of the previous tenant before demolition for Sephora's shell space. Additional 200A power was requested for the space along with additional RTUs. Existing plumbing lines were designed back to point of connection for Sephora's use.

### 25. FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT

<b>a.</b> (1) FIRM NAME 3FM Engineering, Inc.	(2) FIRM LOCATION <i>(City and State)</i> Miramar, Florida	(3) ROLE MEP Consultants
<b>b.</b> (1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
<b>c.</b> (1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
<b>d.</b> (1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
<b>e.</b> (1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
<b>f.</b> (1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE

<b>F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT</b> <i>(Present as many projects as requested by the agency, or 10 projects, if not specified. Complete one Section F for each project.)</i>		20. EXAMPLE PROJECT KEY NUMBER <b>4</b>		
21. TITLE AND LOCATION <i>(City and State)</i> <b>Cabo Flats, Doral, FL</b>	22. YEAR COMPLETED <table border="1"> <tr> <td>PROFESSIONAL SERVICES 11/2016</td> <td>CONSTRUCTION <i>(If applicable)</i> 04/2017</td> </tr> </table>		PROFESSIONAL SERVICES 11/2016	CONSTRUCTION <i>(If applicable)</i> 04/2017
PROFESSIONAL SERVICES 11/2016	CONSTRUCTION <i>(If applicable)</i> 04/2017			

## 23. PROJECT OWNER'S INFORMATION

a. PROJECT OWNER <b>Cabo Flats</b>	b. POINT OF CONTACT NAME <b>Jordy Sopourn / Architect</b>	c. POINT OF CONTACT TELEPHONE NUMBER <b>954-753-0018</b>
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24. BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT *(Include scope, size, and cost)*

A \$1.2M, 6,500 square feet restaurant tenant improvement located on the second floor at CityPlace, Doral. The restaurant is equipped with a full commercial kitchen, specialty lighting/controls, full indoor/outdoor bar, and indoor/outdoor seating. 3FM was tasked with designing and coordinating of new plumbing lines for the restaurant while taking the consideration of the existing tenant below. The restaurant was also designed to use the existing available power into the existing without the need for a power upgrade. Proper ventilation was designed for the space along with exhaust and supply fan systems for the commercial hood.

## 25. FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT

a.	(1) FIRM NAME 3FM Engineering, Inc.	(2) FIRM LOCATION <i>(City and State)</i> Miramar, Florida	(3) ROLE MEP Consultants
b.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
c.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
d.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
e.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
f.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE

<b>F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT</b> <i>(Present as many projects as requested by the agency, or 10 projects, if not specified. Complete one Section F for each project.)</i>		20. EXAMPLE PROJECT KEY NUMBER <b>5</b>		
21. TITLE AND LOCATION <i>(City and State)</i> American Heritage Building 300 Renovation, Delray, FL	22. YEAR COMPLETED <table border="1"> <tr> <td>PROFESSIONAL SERVICES 09/2016</td> <td>CONSTRUCTION <i>(If applicable)</i> 11/2016</td> </tr> </table>		PROFESSIONAL SERVICES 09/2016	CONSTRUCTION <i>(If applicable)</i> 11/2016
PROFESSIONAL SERVICES 09/2016	CONSTRUCTION <i>(If applicable)</i> 11/2016			

## 23. PROJECT OWNER'S INFORMATION

a. PROJECT OWNER American Heritage School	b. POINT OF CONTACT NAME Fred Nagler / Architect	c. POINT OF CONTACT TELEPHONE NUMBER 786-202-0514
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24. BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT *(Include scope, size, and cost)*

A \$250k, 3,000 square feet single story multiple classroom building renovated into lesser and bigger classrooms. Existing bathrooms were expanded and staff break room was added. 3FM designed the classrooms with required power and data outlets for teach desk with multimedia center. Each classroom had a ceiling mounted projector and smart board. Lighting was designed with multi control fluorescent light fixtures. The building was also designed to take into consideration to not modify the existing main plumbing lines for the new bathrooms layout. Mechanical system was provided with new rooftop mounted units.

## 25. FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT

a.	(1) FIRM NAME 3FM Engineering, Inc.	(2) FIRM LOCATION <i>(City and State)</i> Miramar, Florida	(3) ROLE MEP Consultants
b.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
c.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
d.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
e.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
f.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE

<b>F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT</b> <i>(Present as many projects as requested by the agency, or 10 projects, if not specified. Complete one Section F for each project.)</i>		20. EXAMPLE PROJECT KEY NUMBER <b>6</b>		
21. TITLE AND LOCATION <i>(City and State)</i> <b>Cabo Flat Shell Building, Pembroke Pines</b>	22. YEAR COMPLETED <table border="1"> <tr> <td>PROFESSIONAL SERVICES 09/2016</td> <td>CONSTRUCTION <i>(If applicable)</i> 11/2017</td> </tr> </table>		PROFESSIONAL SERVICES 09/2016	CONSTRUCTION <i>(If applicable)</i> 11/2017
PROFESSIONAL SERVICES 09/2016	CONSTRUCTION <i>(If applicable)</i> 11/2017			

## 23. PROJECT OWNER'S INFORMATION

a. PROJECT OWNER <b>Cabo Flats</b>	b. POINT OF CONTACT NAME <b>Jordy Sopourn / Architect</b>	c. POINT OF CONTACT TELEPHONE NUMBER <b>954-753-0018</b>
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24. BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT *(Include scope, size, and cost)*

A \$600k, 6,500 square feet single story shell building from the ground up. 3FM provided design of the HVAC rooftop units for the building with provisions for future exhaust and supply fan for the hood system. Electrical system was designed with the future load in mind along with providing fire alarm system for the shell space. The building shell space plumbing system was sized accordingly for the future restaurant usage.

## 25. FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT

a.	(1) FIRM NAME 3FM Engineering, Inc.	(2) FIRM LOCATION <i>(City and State)</i> Miramar, Florida	(3) ROLE MEP Consultants
b.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
c.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
d.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
e.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
f.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE

<b>F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT</b> <i>(Present as many projects as requested by the agency, or 10 projects, if not specified. Complete one Section F for each project.)</i>		20. EXAMPLE PROJECT KEY NUMBER <b>7</b>		
21. TITLE AND LOCATION <i>(City and State)</i> <b>Delicious Raw, Davie, FL</b>	22. YEAR COMPLETED <table border="1"> <tr> <td>PROFESSIONAL SERVICES 09/2016</td> <td>CONSTRUCTION <i>(If applicable)</i> 11/2016</td> </tr> </table>		PROFESSIONAL SERVICES 09/2016	CONSTRUCTION <i>(If applicable)</i> 11/2016
PROFESSIONAL SERVICES 09/2016	CONSTRUCTION <i>(If applicable)</i> 11/2016			

## 23. PROJECT OWNER'S INFORMATION

a. PROJECT OWNER <b>Delicious Raw</b>	b. POINT OF CONTACT NAME <b>Fernando Zabala / Architect</b>	c. POINT OF CONTACT TELEPHONE NUMBER <b>239-357-7831</b>
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24. BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT *(Include scope, size, and cost)*

A \$100k, 1,600 square feet single story tenant improvement in a shopping center. 3FM provided the design of the existing space to accommodate for the mechanical, electrical, and plumbing systems for the new juice bar. Existing systems were coordinated and reused where possible to save the client cost on construction.

## 25. FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT

a.	(1) FIRM NAME 3FM Engineering, Inc.	(2) FIRM LOCATION <i>(City and State)</i> Miramar, Florida	(3) ROLE MEP Consultants
b.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
c.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
d.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
e.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
f.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE

<b>F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT</b> <i>(Present as many projects as requested by the agency, or 10 projects, if not specified. Complete one Section F for each project.)</i>		20. EXAMPLE PROJECT KEY NUMBER <b>8</b>
21. TITLE AND LOCATION <i>(City and State)</i> <b>Curry Craze, Davie, FL</b>	22. YEAR COMPLETED PROFESSIONAL SERVICES <b>05/2015</b>	
CONSTRUCTION <i>(If applicable)</i>		

### 23. PROJECT OWNER'S INFORMATION

a. PROJECT OWNER <b>Curry Craze</b>	b. POINT OF CONTACT NAME <b>Fernando Zabala / Architect</b>	c. POINT OF CONTACT TELEPHONE NUMBER <b>239-357-7831</b>
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### 24. BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT *(Include scope, size, and cost)*

A \$100k, 1,800 square feet single story tenant improvement in a shopping center. 3FM provided the design of the existing space to accommodate for the mechanical, electrical, and plumbing systems for the new restaurant. Existing systems were coordinated and reused where possible to save the client cost on construction.

### 25. FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT

a.	(1) FIRM NAME <b>3FM Engineering, Inc.</b>	(2) FIRM LOCATION <i>(City and State)</i> <b>Miramar, Florida</b>	(3) ROLE <b>MEP Consultants</b>
b.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
c.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
d.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
e.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
f.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE

<b>F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT</b> <i>(Present as many projects as requested by the agency, or 10 projects, if not specified. Complete one Section F for each project.)</i>		20. EXAMPLE PROJECT KEY NUMBER <b>9</b>
21. TITLE AND LOCATION <i>(City and State)</i> Suite Habana Cafe, Wynwood, Florida	22. YEAR COMPLETED PROFESSIONAL SERVICES 06/2018 CONSTRUCTION <i>(If applicable)</i>	

## 23. PROJECT OWNER'S INFORMATION

a. PROJECT OWNER Suite Habana Cafe	b. POINT OF CONTACT NAME Yanela Meneses	c. POINT OF CONTACT TELEPHONE NUMBER 954-703-7822
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24. BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT *(Include scope, size, and cost)*

A \$1.5M, 13,500 square feet shell space tenant improvement. Existing shell space was converted to a retail store. Site investigation was required to determine if existing MEP systems could be reused. Electrical design was based on tenant's electrical requirements for lighting, power, point of sale, and data. Lighting control consists of timeclock through contactor with override switch. Electrical service was 200A, 277/480V, 3 phase with a step down transformer for 120V and 208V electrical equipment. The space also required a fire alarm and fire sprinkler protection. Existing hot water and mechanical units were reused.

## 25. FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT

a.	(1) FIRM NAME 3FM Engineering, Inc.	(2) FIRM LOCATION <i>(City and State)</i> Miramar, Florida	(3) ROLE MEP Consultants
b.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
c.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
d.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
e.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
f.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE

<b>F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT</b> <i>(Present as many projects as requested by the agency, or 10 projects, if not specified. Complete one Section F for each project.)</i>		20. EXAMPLE PROJECT KEY NUMBER <b>10</b>
21. TITLE AND LOCATION <i>(City and State)</i> Civic Center Apartments, Miami, FL	22. YEAR COMPLETED PROFESSIONAL SERVICES 10/2017 CONSTRUCTION <i>(If applicable)</i>	

## 23. PROJECT OWNER'S INFORMATION

a. PROJECT OWNER Affordable Housing 100, LLC.	b. POINT OF CONTACT NAME Claudio Salazar / Architect	c. POINT OF CONTACT TELEPHONE NUMBER 305-443-5206
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24. BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT *(Include scope, size, and cost)*

A 117-unit mixed used high-rise residential tower located by the Miami River. The overall size of the project is 235,000 sq.ft. This building consists of retail, parking garage, pool deck, roof deck and residential dwelling unit. This high-rise building is being designed and coordinated completely in REVIT MEP 2017. 3FM worked closely with HVAC vendors to engineer a split DX system that would not be de-rated due to the challenging constraints in the project. The building is being designed to minimize electrical consumption through the use solar energy simulation to optimize HVAC system selection. Due to limited space in the building core, 3FM proposed a new type of electrical system layout to reduce space requirements.

## 25. FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT

a.	(1) FIRM NAME 3FM Engineering, Inc.	(2) FIRM LOCATION <i>(City and State)</i> Miramar, Florida	(3) ROLE MEP Consultants
b.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
c.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
d.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
e.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
f.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE



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**H. ADDITIONAL INFORMATION**

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30. PROVIDE ANY ADDITIONAL INFORMATION REQUESTED BY THE AGENCY. ATTACH ADDITIONAL SHEETS AS NEEDED.

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**I. AUTHORIZED REPRESENTATIVE**

*The foregoing is a statement of facts.*

31. SIGNATURE



32. DATE

07/20/2018

33. NAME AND TITLE

Felix Mendez, President

## PSEN-18-02

(If a firm has branch offices, complete for each specific branch office seeking work.)

[illegible]

11. ANNUAL AVERAGE PROFESSIONAL SERVICES REVENUES OF FIRM FOR LAST 3 YEARS (Insert revenue index number shown at right)		PROFESSIONAL SERVICES REVENUE INDEX NUMBER	
a. Federal Work	0	1. Less than \$100,000	6. \$2 million to less than \$5 million
b. Non-Federal Work	3	2. \$100,000 to less than \$250,000	7. \$5 million to less than \$10 million
c. Total Work	3	3. \$250,000 to less than \$500,000	8. \$10 million to less than \$25 million
		4. \$500,000 to less than \$1 million	9. \$25 million to less than \$50 million
		5. \$1 million to less than \$2 million	10. \$50 million or greater

a. SIGNATURE 		b. DATE 07/20/2018
c. NAME AND TITLE Felix Mendez, President		

# Organization of Proposed Team

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***Felix Mendez, PE***

***Miami Lakes, FL***

**Role in this RFQ:** Mr. Mendez will be the responsible for the direct supervision of the mechanical, electrical, and plumbing engineering for this project. In addition, Mr. Mendez responsibility will include project estimates for the MEP design, and the QA/QC and accountability for the project design to stay within budget.

## **Professional Resume:**

### **Professional Qualifications**

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Felix Mendez is the managing partner of 3FM Engineering with over twelve years of experience in the MEP Industry. Mr. Mendez has obtained a Bachelor's degree in Mechanical Engineering and a Master Degree in Construction Management from Florida International University; he belongs to the national engineering society (Tau Beta Pi) and graduated at the top of his class. Day to day responsibilities include closely supervising the design team to guarantee a successful project outcome. As part of his design and management portfolio, Mr. Mendez has been involved in some of South Florida's most prestigious construction projects with an approximate total construction aggregate of over \$4 billion dollars.

### **Education**

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#### **Florida International University**

Master of Science in Construction Management

#### **Florida International University**

Bachelor of Science in Mechanical Engineering

#### **Worcester Polytechnic Institute**

Graduate Training in Fire Protection Engineering

#### **New York University**

Training in Plumbing Engineering Design

#### **Wisconsin State University**

Training in Electrical Engineering Design

## Certifications

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State of Florida Professional Engineer; State of California Professional Engineer; State of Maryland Professional Engineer. Miami-Dade County Mechanical & Electrical Engineering Pre-qualification Certificate.

## Professional Affiliations

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- National Fire Protection Association
- National Society of Professional Engineers

## Design Experience

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- Design and management of design packages for Mechanical, Electrical, Plumbing and Fire Protection systems. Design and selection of advanced mechanical systems with capacities over 10,000,000 BTUH.
- Complete engineering expertise in the design of chiller plants, chilled water systems, condensate water systems, variable refrigerant systems and DX packaged systems.
- Design and selection of unconventional refrigeration systems such as data centers, casinos, hotels and high end residential.
- Design ACS (Automatic Control Systems) for mechanical and lighting systems.
- Design and engineering of mechanical systems in conformance with ASHRAE 55, ASHRAE 90.1, NFPA 96, NFPA 101, ASHRAE Design Guidelines and Building Code Standards.
- Design and selection of fire protection pumps and related equipment.
- Complete expertise in layout and design of fire sprinkler systems and hydraulic calculations.
- Fire protection design and engineering in conformance with NFPA 13, 14, 24, 25, 30, 31 and related Building Code Standards.

## Highlighted Projects

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- United States Southern Command Headquarters, Miami, FL: 650,000 sq.ft. intelligence base for the Army Corps of Engineers. Construction budget was approximately \$250M.
- Civic Center Mixed Use Development: 235,000 sq.ft. mixed use high-rise building. Construction budget was approximately \$30M.
- TriniSuites Hotel, Miami, FL: 25,000 sq.ft. mid-rise hotel building. Construction budget was approximately \$4M.

**Shawn Walker, LEED AP****Sunrise, FL**

**Role in this RFQ:** Mr. Walker will be the responsible for the project management and will be in direct contact with the City of Pembroke Pines Project Manager as well as the electrical engineering of the project. He will also be responsible for the scheduling of the projects with the firm personnel and the overall management of the project. In addition, Mr. Walker responsibility will include the supervision of the designing staff.

**Professional Resume:****Professional Qualifications**

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Mr. Walker has over twenty years of experience as a project coordinator, electrical engineer, and project manager. He has designed electrical systems for a diversity of buildings, such as Residential/Hotel (single-family, multi-family, high-rise.), Office/Commercial, Restaurants, Retail, Governmental, and Institutional. Mr. Walker provides project related service to clients, architects and contractors, and performs field inspections. Mr. Walker also performs LEED design for electrical system and LEED documentations.

In addition to MEP design, Mr. Walker also does electrical design for Telecommunication site for all major carriers. He has performed extensive site survey and audits of existing telecommunications sites.

**Education**

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**Florida International University**

Bachelor of Science in Electrical Engineering

**Certifications**

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LEED Accredited Professional, April 2009

**Professional Affiliations**

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- Member of National Honor Society of Electrical Engineers

## Design Experience

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- Design and management of design packages for Mechanical, Electrical, Plumbing and Fire Protection systems
- Design of electrical power distribution systems (normal, emergency, and UPS)
- Design of exterior and interior lighting system and automatic controls to comply with FBC and AHSRAE 90.1.
- Design of addressable fire alarm systems (voice and non-voice)
- Design of voice/data communication system
- Design of low voltage systems: cable television, security, and audio/visual systems.
- Computer photometric simulation of interior and exterior lighting
- Design of telecommunication electrical systems
- Technical specifications, equipment selection and construction administration

## Highlighted Projects

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- Starbucks US Southeast Region – LEED procedure project
- Multiple Buildings at American Heritage School, Delray and Plantation, Florida
- Concessions at Miami International Airport, Miami, Florida
- Concessions at Fort Lauderdale International Airport, Fort Lauderdale, Florida
- JAFCO, LEED Certified project, Sunrise, Florida
- Colbert Elementary School – Multimedia and Classroom Buildings, Hollywood, Florida
- Douglas Gardens Senior Home, Pembroke Pines, Florida

## REFERENCES

FIRM NAME	NAME & TITLE	ADDRESS	TELEPHONE	EMAIL	NARRATIVE OF SCOPE OF SERVICES
Fredric A. Nagler, R.A. Architecture - Planning	Fred Nagler, President	21321 NE 25th Court Miami, FL 33180	786-202-0514	<a href="mailto:naglerf@bellsouth.net">naglerf@bellsouth.net</a>	Provide MEP design services. Please refer to Form 330 for project descriptions.
Zabala Erickson, LLC.	Fernando Zabala, Principal	1020 8th Ave. S, Suite 12, Naples, FL 34102	239-692-8245	<a href="mailto:fz@zellc.us">fz@zellc.us</a>	Provide MEP design services. Please refer to Form 330 for project descriptions.
Dorsky and Yue International	Karina Blanco, Project Manager	101 NE 3rd Ave., Suite 500, Ft. Lauderdale, FL 33301	954-703-7822	<a href="mailto:kblanco@dorskyyue.com">kblanco@dorskyyue.com</a>	Provide MEP design services. Please refer to Form 330 for project descriptions.

# MIAMI-DADE COUNTY PUBLIC SCHOOLS



## Micro Business Enterprise (MBE) Certificate

THIS CERTIFIES THAT  
**3FM Engineering, Inc.**

OWNED AND CONTROLLED FIRM, PURSUANT TO

PURSUANT TO MIAMI-DADE COUNTY PUBLIC SCHOOL BOARD POLICY 6320.02

April 25, 2018	April 25, 2021	6519141
Issue Date	Expiration Date	Vendor No.

Office of Economic Opportunity  
1450 NE 2nd Avenue, Suite 428  
Miami, Florida 33132

# MIAMI-DADE COUNTY PUBLIC SCHOOLS



## Minority/Women Business Enterprise (MWBE) Certificate

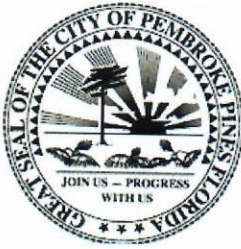
THIS CERTIFIES THAT  
**3FM Engineering, Inc.**

IS OWNED AND CONTROLLED BY A(N)  
**HISPANIC AMERICAN**

PURSUANT TO MIAMI-DADE COUNTY PUBLIC SCHOOL BOARD POLICY 6320.02

April 25, 2018	April 25, 2021	6519141
Issue Date	Expiration Date	Vendor No.

Office of Economic Opportunity  
1450 NE 2nd Avenue, Suite 428  
Miami, Florida 33132

(OFFICE USE ONLY) Vendor number: 

Please entirely complete this vendor information form along with the IRS Form W-9, and email to [accountspayable@ppines.com](mailto:accountspayable@ppines.com)

City of Pembroke Pines  
Finance Department  
601 City Center Way  
Pembroke Pines, FL 33025

### Vendor Information Form

Operating Name (Payee)	3FM Engineering, Inc.		
Legal Name (as filed with IRS)	3FM Engineering, Inc.		
Remit-to Address (For Payments)	8004 NW 154th Street, #237		
	Miami Lakes, FL 33016		
Remit-to Contact Name:	Felix Mendez	Title:	President
Email Address:	fmendez@3fmengineering.com		
Phone #:	305-767-1120	Fax #	
Order-from Address (For purchase orders)	8004 NW 154th Street, #237		
	Miami Lakes, FL 33016		
Order-from Contact Name:	Felix Mendez	Title:	President
Email Address:	fmendez@3fmengineering.com		
Phone #:	305-767-1120	Fax #	
Return-to Address (For product returns)	8004 NW 154th Street, #237		
	Miami Lakes, FL 33016		
Return-to Contact Name	Felix Mendez	Title:	President
Email Address:	fmendez@3fmengineering.com		
Phone #:	305-767-1120	Fax #	
Payment Terms:	30 days from invoice date		

Type of Business (please check one and provide Federal Tax identification or social security Number)

☒ Corporation

Federal ID Number:

46-4436733

☐ Sole Proprietorship/Individual

Social Security No.:


☐ Partnership

☐ Health Care Service Provider

☐ LLC – C (C corporation) – S (S corporation) – P (partnership)

☐ Other (Specify):

Name & Title of Applicant Felix Mendez, President

Signature of Applicant 

Date 7/19/2018

Form **W-9**  
(Rev. November 2017)  
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.**

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**3FM Engineering, Inc.**

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC    ☐ C Corporation    ☒ S Corporation    ☐ Partnership    ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶ \_\_\_\_\_

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

**5** Address (number, street, and apt. or suite no.) See instructions.  
**8004 NW 154th Street, #237**

**6** City, state, and ZIP code  
**Miami Lakes, FL 33016**

**7** List account number(s) here (optional)

Requester's name and address (optional)

### Part I Taxpayer Identification Number (TIN)

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

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

**Social security number**

	-		

or

**Employer identification number**

4	6	- 4	4 3 6 7 3 3
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### Part II Certification

Under penalties of perjury, I certify that:

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

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

**Sign Here**    Signature of U.S. person ▶     Date ▶ **7/19/2018**

## General Instructions

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

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

## Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

## Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

## Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.**

You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

**\*Note:** The grantor also must provide a Form W-9 to trustee of trust.

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records From Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.**

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



## 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

Felix Mendez  
Authorized Signer Name

3FM Engineering, Inc  
Company Name



### **PROPOSER'S QUALIFICATIONS STATEMENT**

PROPOSER shall furnish the following information. Failure to comply with this requirement will render Bid non-responsive and shall cause its rejection. Additional sheets shall be attached as required.

PROPOSER'S Name and Principal Address:

3FM Engineering, Inc.

8004 NW 154th Street, #237

Miami Lakes, FL 33016

Contact Person's Name and Title: Shawn Walker, Chief Engineer

Contact Person's E-mail Address: swalker@3fmengineering.com

PROPOSER'S Telephone and Fax Number: T: 305-767-1120, F: 954-391-5616

PROPOSER'S License Number: 75963

**(Please attach certificate of status, competency, and/or state registration.)**

PROPOSER'S Federal Identification Number: 46-4436733

Number of years your organization has been in business 5

State the number of years your firm has been in business under your present business name 5

State the number of years your firm has been in business in the work specific to this solicitation: 5

Names and titles of all officers, partners or individuals doing business under trade name:

Felix Mendez, President

Shawn Walker, Vice President

The business is a: Sole Proprietorship ☐ Partnership ☐ Corporation ☒

IF USING A FICTITIOUS NAME, SUBMIT EVIDENCE OF COMPLIANCE WITH FLORIDA FICTITIOUS NAME STATUTE. (ATTACH IN PROPOSER EXHIBIT SECTION)



Under what former name has your business operated? Include a description of the business. Failure to include such information shall be deemed to be intentional misrepresentation by the City and shall render the proposer RFP submittals non-responsive.

N/A

At what address was that business located?

N/A

Name, address, and telephone number of surety company and agent who will provide the required bonds on this contract:

N/A

Have you ever failed to complete work awarded to you. If so, when, where and why?

No

Have you personally inspected the proposed WORK and do you have a complete plan for its performance?

N/A



Will you subcontract any part of this WORK? If so, give details including a list of each subcontractor(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).

No. All work will be done in house.

The foregoing 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.

List and describe all bankruptcy petitions (voluntary or involuntary) which have been filed by or against the Proposer, its parent or subsidiaries or predecessor organizations during the past five (5) years. Include in the description the disposition of each such petition.

N/A

List and describe all successful Bond claims made to your surety (ies) during the last five (5) years. The list and descriptions should include claims against the bond of the Proposer and its predecessor organization(s).

N/A

List all claims, arbitrations, administrative hearings and lawsuits brought by or against the Proposer or its predecessor organizations(s) during the last (10) years. The list shall include all case names; case, arbitration or hearing identification numbers; the name of the project over which the dispute arose; and a description of the subject matter of the dispute.

N/A



List and describe all criminal proceedings or hearings concerning business related offenses in which the Proposer, its principals or officers or predecessor organization(s) were defendants.

N/A

Has the Proposer, its principals, officers or predecessor organization(s) been CONVICTED OF A Public Entity Crime, debarred or suspended from bidding by any government entity? If so, provide details.

No principals or officers have been convicted of a Public Entity Crime.

Are you an ☒ Original provider ☐ sales representative ☐ distributor, ☐ broker, ☐ manufacturer ☐ other, of the commodities/services proposed upon? If other than the original provider, explain below.

Have you ever been debarred or suspended from doing business with any governmental agency? If yes, please explain:

No.



## City of Pembroke Pines

## Attachment I

Describe the firm's local experience/nature of service with contracts of similar size and complexity, in the previous three (3) years:

3FM Engineering nature of services have been extensive for the previous three years. Our

has ranged from high rise buildings to small tenant improvements. We have a wide range of

experience for complex MEP systems to basic everyday systems.

The PROPOSER acknowledges and understands that the information contained in response to this Qualification Statement shall be relied upon by CITY in awarding the contract and such information is warranted by PROPOSER to be true. The discovery of any omission or misstatement that materially affects the PROPOSER'S qualifications to perform under the contract shall cause the CITY to reject the Bid, and if after the award, to cancel and terminate the award and/or contract.

3FM Engineering, Inc

(Company Name)

Felix Wender

(Printed Name/Signature)



State of Florida  
Board of Professional Engineers  
2639 North Monroe Street, Suite B-112  
Tallahassee, FL 32303-5268

Felix M. Mendez  
6320 MOULTRIE PLACE  
MIAMI LAKES, FL 33014

## NOTICE

FBPE no longer requires that continuing education be reported by the provider. Instead licensees will be subject to a random audit no more than every four (4) years. If you are selected for the random audit, you must provide verification of one (1) hour of Florida laws and rules, one (1) hour of professional ethics, four (4) hours of area of practice and twelve (12) hours in any topic pertaining to the practice of engineering, all taken prior to February 28, 2017. (See s. 471.017, Fl. Stat.) Any CE hours taken after February 28, 2017 will result in a \$100 delinquent fee and your license being placed in a delinquent status until the additional fee is paid.

# State of Florida

## Board of Professional Engineers

Attests that

Felix M. Mendez , P.E.

Is licensed as a Professional Engineer under Chapter 471, Florida Statutes  
Expiration: 2/28/2019  
Audit No: 228201931736



# State of Florida

## Board of Professional Engineers

Attests that

Felix M. Mendez , P.E.

Is licensed as a Professional Engineer under Chapter 471, Florida Statutes

Expiration: 2/28/2019

Audit No: 228201931736 R



P.E. Lic. No:

75963

Supplier: **3FM Engineering**



City of Pembroke Pines

Attachment C

**NON-COLLUSIVE AFFIDAVIT**

BIDDER is the **Officer**,

(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 **Felix Mendez**

Title **President**

Name of Company **fmendez@3fmengineering.com**

Supplier: **3FM Engineering**



City of Pembroke Pines

Attachment D

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

1. This sworn statement is submitted **3FM Engineering, Inc.** (name of entity submitting sworn statement) whose business address is **8004 NW 154th Street, #237, Miami Lakes** and (if applicable) its Federal Employer Identification Number (FEIN) is **46-4436733**. (If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: .)
2. My name is **Felix Mendez** 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 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.)**

**Felix Mendez**  
Bidder's Name/Signature

**3FM Engineering, Inc.**  
Company

**fmendez@3fmengineering.com**  
Date

**Supplier: 3FM Engineering**

**CONTACT INFORMATION FORM**

IN ACCORDANCE WITH “RFQ # PSEN-18-02” titled “**Professional Service Providers (Architectural, Engineering, Surveying & Mapping)**” attached hereto as a part hereof, the undersigned submits the following:

**A) Contact Information**

The Contact information form shall be electronically signed by one duly authorized to do so, and in case signed by a deputy or subordinate, the principal's properly written authority to such deputy or subordinate must accompany the proposal. This form must be completed and submitted through [www.bidsync.com](http://www.bidsync.com) as part of the bidder's submittal.

**COMPANY INFORMATION:**

COMPANY: **3FM Engineering, Inc.**

STREET ADDRESS: **8004 NW 54th Street, #237**

CITY, STATE & ZIP CODE: **Miami Lakes, FL 33016**

**PRIMARY CONTACT FOR THE PROJECT:**

NAME: **Shawn Walker** TITLE: **Vice President**

E-MAIL: **swalker@3fmengineering.com**

- TELEPHONE: **305-767-1120** FAX:

**CORPORATE OFFICER AUTHORIZED APPROVER:**

NAME: **Felix Mendez** TITLE: **President**

E-MAIL: **fmendez@3fmengineering.com**

- TELEPHONE: **305-767-1120** FAX:

SIGNATURE: **fmendez@3fmengineering.com**

**Supplier: 3FM Engineering****PROFESSIONAL SERVICES FORM**

*Please check the boxes shown below that your company wants to be considered for:*

<input type="checkbox"/>	<b>General Civil and Environmental Engineering Services</b>
<input type="checkbox"/>	<b>Treatment Plant Process Engineering Services</b>
<input checked="" type="checkbox"/>	<b>Electrical Engineering Services</b>
<input type="checkbox"/>	<b>Geotechnical Services</b>
<input type="checkbox"/>	<b>Structural Engineering Services</b>
<input type="checkbox"/>	<b>Land Surveying Services</b>
<input type="checkbox"/>	<b>General Architectural Services</b>
<input type="checkbox"/>	<b>Landscape Architecture Services</b>
<input type="checkbox"/>	<b>Hydro-Geological Services</b>
<input type="checkbox"/>	<b>FDOT Roadway Engineering Services</b>

Supplier: **3FM Engineering**



City of Pembroke Pines

Attachment G

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

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

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

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

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

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

### **SECTION 1 DEFINITIONS**

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

located in a jurisdiction where no such governmental domestic partnership registry exists. A contractor that institutes such registry shall not impose criteria for registration that are more stringent than those required for domestic partnership registration by the City of Pembroke Pines.

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

## SECTION 2 CERTIFICATION OF CONTRACTOR

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

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

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

COMPANY NAME: **3FM Engineering, Inc.**

AUTHORIZED OFFICER NAME / SIGNATURE: **fmendez@3fmengineering.com**

Attachment L

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