

Letter of Transmittal

Perfection Lawn and Tree Service Inc.

1025 west 12th Street. Sanford, Florida, 32771

TO: City of Cocoa

We are greatly pleased with the opportunity to provide a proposal for this Mowing -RFP. Perfection Lawn and Tree Service Inc. is a family owned and operated corporation that has been in business since 2005. Perfection Lawn and Tree Service Inc. was established by Willie M. Jarrells, Willie has prided Perfection Lawn and Tree Service Inc. on providing, **"Quality Services at an Affordable cost"** to current and future clients.

During the course of business, Perfection Lawn and Tree Service Inc. has successfully completed multiple contracts, to include former contracts with the City of Sanford and the Palatka Housing Authority. Both of the contract agreements were completed for their full terms, no unsatisfaction was reported.

At this moment, Perfection Lawn and Tree Service Inc. serves commercial and residential properties with the ambition of growing and expanding again into government subcontracting.

Thank you

Sincerely,



8/10/2021

Individuals assigned to Mowing RFP

Willie Jarrells- President (407)314-4374

Dion Jarrells- Supervisor (407) 534-0929

Davon Jarrells- Operator (305) 877-0995

Larry Jarrells- Maintenance worker (407) 314-4374

Ronnie Armstrong- Maintenance (407)592-3077

Litigations

Perfection Lawn and Tree Service Inc. does not have in past or current litigations.

Approach to complete Scope of Work

The current employees that will be assigned to this RFP have numerous years of experience working in this field. The dynamic of this team is great, all of the parties know their rolls and what is needed to complete the task at hand. In reference to portion of the contract bided on, Perfection Lawn and Tree Service Inc. plans to send the team to the City of Cocoa twice a week to complete the following services. The work will be completed in a time effective manner, due to amount of equipment Perfection Lawn and Tree Service Inc. currently has on hand and by the way the team works as a team with individual personal handling the assigned assignments.



August 11, 2021

Renitra Hillsman Jarrells and Willie M. Jarrells
1025 W. 12th St.
Sanford, FL 32771

To Whom It May Concern:

This letter is to confirm that the business Perfection Lawn and Tree Service INC holds accounts that are open and active at FAIRWINDS Credit Union in which Renitra Hillsman Jarrells and Willie M. Jarrells are signers on.

If additional information is needed about this account, please contact our Member Services Team at (407) 277-5045.

Thank you,

Cynthia E.
Member Service Specialist | Online Contact Team
FAIRWINDS Credit Union

Subject CONFIRMATION: Registration
Submitted for PERFECTION LAWN &
TREE SERVICE Inc. / 195721217 in the
U.S. Government's System for Award
Management (SAM)

From <donotreply@sam.gov>

To: <perfection_lawn@yahoo.com>

Date Today at 7:14 PM

*This email was sent by an automated administrator.
Please do not reply to this message.*

Dear Willie Jarrells,

You successfully submitted the entity registration for
PERFECTION LAWN & TREE SERVICE Inc. /
[195721217](#) in the U.S. federal government's System for
Award Management (SAM). This registration record will
remain in Submitted status until all external validations
are complete.

What happens next?

1. If you provided a Taxpayer Identification Number
(TIN), the Internal Revenue Service (IRS) will conduct a
validation of your TIN and Taxpayer Name. This step
can take two business days. You will get an email from
[SAM.gov](#) when that review is complete.

2. Your registration will then be sent to the Defense
Logistics Agency (DLA) Commercial and Government
Entity (CAGE) Code system for assignment or
validation of your CAGE Code. This step averages two
business days, but the DLA CAGE team can take up to
ten business days, or longer, in peak periods. You will
get an email from [SAM.gov](#) when that review is
complete.

3. If the DLA CAGE team has any questions, they will
contact the individual you listed as the Government
Business Point of Contact (POC) via email. The email
will come from a dla.mil address. Please tell your

Government Business POC to respond right away to
any requests from a dla.mil email. If a timely response

is not received, your registration will be returned to SAM and your registration status changed to Work in Progress. You will have to resubmit and provide the requested information to DLA CAGE to continue.

4. You will get an email from [SAM.gov](https://sam.gov) when your registration passes these external validations and becomes Active. Until then, use the Check Registration Status link at [SAM.gov](https://sam.gov) to see where your registration is in the review process.

5. If you have not previously submitted a notarized letter formally designating the Entity Administrator for your entity, you must do so now. Failure to do so within 60 days of activation may result in the registration no longer being active. NOTE: You are not required to provide a notarized letter for a federal entity registration.

Remember, this process is entirely FREE to you. It is FREE to register and maintain your registration in SAM. It is FREE to get help with your registration from the Federal Service Desk at www.fsd.gov or by telephone at [866-606-8220](tel:866-606-8220) (toll free) or [334-206-7828](tel:334-206-7828) (internationally).

In addition, if you are located in the U.S. and its outlying areas, you can get FREE support from your local Procurement Technical Assistance Center (PTAC), an official resource for government contracting assistance. Go to <http://www.aptac-us.org/> to find your closest PTAC.

Thank you,
The System for Award Management (SAM)
Administrator
<https://sam.gov>



City of Cocoa | Finance Department | Purchasing & Contracts
Division

65 Stone Street, Cocoa, FL 32922
Phone: 321-433-8486, or extension 8844 | Fax: 321-433-8690

Solicitation Number:
RFP-21-26-COC

Due Date:
August 13, 2021 @
3:00 PM

REQUEST FOR PROPOSALS (RFP)

TITLE: City of Cocoa – Contract Mowing Services

Attachment "K"

References

Proposer shall submit as a part of the Proposal package, a minimum of five (5) of the most significant projects which were performed within the last three (3) years. Additional references may be provided as set forth below.

Project #1:	
Project/Event Name:	Boston Cemetery
Type of Project/Service:	Mowing Service
Address:	199 Boston Cemetery Road
Contracting Agency/Client:	Antwan Ferguson
Contact Name and Phone #:	407-250-0478
Contact Email Address and Fax #:	N/A
Contract Amount:	\$14,400.00
Date Work Performed:	once every week/monthly

Project #2:	
Project Name:	Rising Phoenix Property Management
Type of Project/Service:	Mowing Service
Address:	2549 - 2550 S Oak
Contracting Agency/Client:	Tameka McDaniel
Contact Name and Phone #:	407-575-3405
Contact Email Address and Fax #:	Tameka@risingphoenix.com
Contract Amount:	\$5400.00
Date Work Performed:	every two weeks a month

Project #3:	
Project Name:	Perfecting Minds Childcare
Type of Project/Service:	Mowing Service
Address:	240 Sun Meadows Ave
Contracting Agency/Client:	Regina Hillman
Contact Name and Phone #:	407-878-3719
Contact Email Address and Fax #:	perfectingminds@yahoo.com
Contract Amount:	\$3500.00
Date Work Performed:	every two weeks monthly

Project #4:	
Project Name:	Diamond Glass Company Inc.
Type of Project/Service:	Mowing Service
Address:	305 S Palmetto Ave
Contracting Agency/Client:	Linda
Contact Name and Phone #:	407-330-4738
Contact Email Address and Fax #:	lkuhn@diamondglasscompany.com
Contract Amount:	\$3000.00
Date Work Performed:	

Project #5:	
Project Name:	City of Sanford
Type of Project/Service:	Lot Cleaning
Address:	300 N Park Ave
Contracting Agency/Client:	Rose
Contact Name and Phone #:	407-402-9047
Contact Email Address and Fax #:	N/A
Contract Amount:	200,000
Date Work Performed:	2012

PLEASE COMPLETE AND SUBMIT WITH YOUR RFP RESPONSE

Failure to submit this form may be grounds for disqualification of your submittal



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TITLE: City of Cocoa – Contract Mowing Services

***NOTE – FOR CONTRACTING PURPOSES THE CERTIFICATE OF INSURANCE MUST BE DELIVERED TO CITY OF COCOA, PURCHASING & CONTRACTS DIVISION, 65 STONE STREET, COCOA, FLORIDA 32922.**

- E. Waiver. Receipt of certificates or other documentation of insurance or policies or copies of policies by the City, or by any of its representatives, which indicates less coverage than is required, does not constitute a waiver of the successful Proposer's/Contractor's obligation to fulfill the insurance requirements specified herein.
- F. Subcontractors. The successful Proposer/Contractor shall ensure that any sub-contractor(s), hired to perform any of the duties contained in the Scope of Services of an Agreement, maintain the same insurance requirements set forth herein. In addition, the successful Proposer/Contractor shall maintain proof of same on file and make readily available upon request by the City.
- G. Loss Deductible Clause. The City shall be exempt from, and in no way liable for, any sums of money which may represent a deductible in any insurance policy. The payment of such deductible shall be the sole responsibility of the successful Proposer/Contractor and/or subcontractor providing such insurance.
- H. Additional Requirements. All insurance carriers shall have AM Best Rating of at least A-, and a size VII or larger. The General Liability and Workers Compensation policies shall have a waiver of subrogation in favor of the City of Cocoa. The liability policies shall be Primary/Non-Contributory.

Willie M. Jarrells
AUTHORIZED SIGNATORY

Willie M. Jarrells
Typed Name of AUTHORIZED SIGNATORY

President
Title

8/10/2021
Date

[Signature]
Witness Signature

Don Jarrells
Typed Name of Witness

The City reserves the unilateral right to modify the insurance requirements set forth at any time during the process of solicitation or subsequent thereto.

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REQUEST FOR PROPOSALS (RFP)

TITLE: City of Cocoa – Contract Mowing Services

**Attachment "C"
Conflict of Interest Statement**

This statement is submitted with Proposal, ITN, or Contract Number RFP 21-26-COC, titled City of Cocoa - Contract Mowing Services by

Perfection Lawn & Tree Service Inc. whose business address is 1025 West 12th Street, Sanford, FL
[Name of entity submitting sworn statement]

and its Federal Employer Identification Number (FEIN) is 76-2714078

My name is Willie M. Jarrells and my relationship to the above is President
[Please print name of individual signing]

- A. The Proposer has made diligent inquiry and provided the information in this statement based upon its full knowledge.
- B. The Proposer states that only one (1) submittal for this solicitation has been submitted and tendered by the appropriate date and time and that said above stated entity has no financial interest in other entities submitting a proposal for the work contemplated hereby.
- C. Neither the entity nor its affiliates, nor anyone associated with them, is presently suspended or otherwise prohibited from participation in this solicitation or any contract to follow thereafter by any government entity.
- D. Neither the entity nor its affiliates, nor anyone associated with them, have any potential conflict of interest because of and due to any other clients, contracts, or property interests in this solicitation or the resulting project.
- E. I hereby also certify that no member of the entity's ownership or management or staff has a vested interest in any City Department/Division/Office.
- F. I certify that no member of the entity's ownership or management is presently applying, actively seeking, or has been selected for an elected position within City of Cocoa government.
- G. In the event that a conflict of interest is identified in the provision of services, I, the undersigned will immediately notify the City in writing.
- H. Section 112.313, Florida Statutes, as amended; places limitations on public officers (including advisory board members) and employees' ability to contract with the City either directly or indirectly. By my signature below, I hereby acknowledge the provisions as outlined in the hereto referenced statute and have provided any required and/or necessary information accordingly to date and shall commit to continue to do so in the future should I be a successful Proposer.

Please indicate if the following applies:

PART I.

☐

I am an employee, public officer, or advisory board member of the City.

(List Position or Board)

☐

I am the spouse or child of an employee, public officer, or advisory board member of the City.

Name: _____

☐

An employee, public officer or advisory board member of the City, or their spouse or child, is an officer, partner, director, or proprietor of Respondent or has a material interest in Respondent. "Material interest" means direct or indirect ownership of



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TITLE: City of Cocoa – Contract Mowing Services

more than five percent (5%) of the total assets or capital stock of any business entity. For the purposes of [§112.313], indirect ownership does not include ownership by a spouse or minor child.

Name: _____

☐ Respondent employs or contracts with an employee, public officer, or advisory board member of the City

Name: _____

☒ None of The Above

PART II:

Are you going to request an advisory board member waiver?

☐ I will request an advisory board member waiver under §112.313(12)

☒ I will NOT request an advisory board member waiver under §112.313(12)

☐ N/A

The City will review any relationships which may be prohibited under the Florida Ethics Code and will disqualify any proposers, respondents, vendors, suppliers, contractors whose conflicts are not waived or exempt.

By the signature(s) below, I/we, the undersigned, as authorized signatory to commit the firm, certify that the information as provided in Attachment "C", Conflict of Interest Statement, is truthful and correct at the time of submission.

Willie M. Jarrells
AUTHORIZED SIGNATORY

Willie M. Jarrells
Typed Name of AUTHORIZED SIGNATORY

President
Title

8/10/2021
Date

[Signature]
Witness Signature

Don Jarrells
Typed Name of Witness

PLEASE COMPLETE AND SUBMIT WITH YOUR RFP RESPONSE

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Attachment "D"

Non-Collusion/Lobbying Certification

This statement is submitted with Proposal, ITN, or Contract Number RFP 21-26-COC, titled City of Cocoa - Contract Mowing Services by

Perfection Lawn & Tree Service Inc. whose business address is 1025 West 12th Street Sanford, FL
[Name of entity submitting sworn statement]

and its Federal Employer Identification Number (FEIN) is 26-2714078

My name is Willie M. Jarrells and my relationship to the above is President
[Please print name of individual signing]

A. **NON-COLLUSION PROVISION CERTIFICATION.**

The undersigned hereby certifies, to the best of his or her knowledge and belief, that on behalf of the person, firm, association, or corporation submitting the bid certifying that such person, firm, association, or corporation has not, either directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action, in restraint of free competitive bidding in connection with the submitted bid. Failure to submit the executed statement as part of the bidding documents will make the bid nonresponsive and not eligible for award consideration.

B. **LOBBYING CERTIFICATION.**

The undersigned hereby certifies, to the best of his or her knowledge and belief, that:

1. No City appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence either directly or indirectly an officer or employee of the City, City Council Member of Congress in connection with the awarding of any City Contract.
2. If any funds other than City appropriated funds have been paid or will be paid to any person for influencing or attempting to influence a member of City Council or an officer or employee of the City in connection with this contract, the undersigned shall complete and submit Standard Form-L "Disclosure Form to Report Lobbying", in accordance with its instructions.

By the signature(s) below, I/we, the undersigned, as authorized signatory to commit the firm, certify that the information as provided in Attachment "D", Non-Collusion/Lobbying Certification, is truthful and correct at the time of submission.

Willie M. Jarrells
AUTHORIZED SIGNATORY

President
Title

[Signature]
Witness Signature

Willie M. Jarrells
Typed Name of AUTHORIZED SIGNATORY

8/10/2021
Date

Don Jarrells
Typed Name of Witness

PLEASE COMPLETE AND SUBMIT WITH YOUR RFP RESPONSE

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TITLE: City of Cocoa – Contract Mowing Services

**Attachment “E”
Drug-Free Workplace Certification**

When applicable, the drug-free certification form below must be signed and returned with the RFP response.

IDENTICAL TIE PROPOSALS: Preference may be given to businesses with drug-free workplace programs. Whenever two or more proposals 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 proposal received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie proposals will be followed if none of the tied Proposers have a drug-free workplace program.

In order to have a drug-free workplace program, a business shall:

- A. 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.
- B. Inform employees about the dangers of drug abuse in the workplace, the business' 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.
- C. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in the first paragraph.
- D. In the statement specified in the first paragraph, 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, Florida Statutes, 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 such conviction.
- E. 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.
- F. Make a good faith effort to continue to maintain a drug-free workplace through implementation of the foregoing provisions.

By the signature(s) below, I/we, the undersigned, as authorized signatory to commit the firm, certify that the information as provided in **Attachment “E”, Drug-Free Workplace Certification**, is truthful and correct at the time of submission.

Willie M. Jarrells
AUTHORIZED SIGNATORY

Willie M. Jarrells
Typed Name of AUTHORIZED SIGNATORY

President
Title

8/10/2021
Date

[Signature]
Witness Signature

Dian Jarrells
Typed Name of Witness

PLEASE COMPLETE AND SUBMIT WITH YOUR RFP RESPONSE – (if applicable)



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Attachment “F”

Price Proposal and Acceptance of Proposal Terms and Conditions

The Contractor shall review and propose services within the Group Areas outlined within of this RFP. Contractors shall propose one or more Group Areas 1 – 4 or only the Group Area(s) they deem capable of providing dependable services. The Contractor shall propose an entire Group Area or multiple Group Areas, but not singular locations contained within the grouped sections.

GROUP AREA #1				
	LOCATIONS	Cuts	Price per Cut	Total
1	Fire Stations			
	a) 1740 Dixon Blvd – Fire Station #1 – Includes Fertilization, Weed Control	36	75 ⁰⁰	2,700 ⁰⁰
	b) 300 Brunson Blvd – Fire Station #2 – Includes Fertilization, Weed Control	36	65 ⁰⁰	2,340 ⁰⁰
	c) 3505 Highway 524 – Fire Station #3 – Includes Fertilization, Weed Control	36	65 ⁰⁰	2,340 ⁰⁰
	d) 114 First Street – Old Fire Station #1	36	40 ⁰⁰	1,440 ⁰⁰
	e) 2003 Michigan Avenue – Old Fire Station #3 / Include field out back behind gate	36	75 ⁰⁰	2,700 ⁰⁰
2	Police Department – 1226 W. King Street / Include Pond to the west / Controlled Access – Includes Fertilization, Weed Control	36	80 ⁰⁰	2,880 ⁰⁰
3	Cocoa Boulevard / U.S. 1 Medians and Rights of Way, Weed Control	36	2669 ⁰⁰	96,084 ⁰⁰
4	Clearlake Rd Rights of Way – Dixon Blvd to Industry Road, Weed Control	26	265 ⁰⁰	6,890 ⁰⁰
5	Harry T. Moore Center & Museum – 307 Blake Ave, Weed Control	36	55 ⁰⁰	1,980 ⁰⁰
6	Cemeteries			
	a) Pinecrest Cemetery – 815 Clearlake Road	36	125 ⁰⁰	4,500 ⁰⁰
	b) Evergreen Cemetery – 816 Clearlake Road	36	65 ⁰⁰	2,340 ⁰⁰
	c) Hilltop Cemetery – 301 N. Cocoa Boulevard	36	175 ⁰⁰	6,300 ⁰⁰
	d) Cocoa Cemetery – 101 N. Cocoa Boulevard	36	125 ⁰⁰	4,500 ⁰⁰
7	B.A. Morse Park / Emma Jewel Storm Water Pond – 901 Barbara Jenkins St.	36	100 ⁰⁰	3,600 ⁰⁰
Twice a month Oct. 1st to April 30th / 4 times a month from May 1st to Sept. 30				

GROUP AREA # 2				
	LOCATIONS	Cuts	Price per Cut	Total
8	Water Field Operations – 351 Shearer Blvd / Include Fleet Maintenance @ 301 Shearer Blvd, Weed Control	26		
9	King Street / S.R. 520 Medians and Rights of Way, Weed Control (36 cuts)	36		
10	Rosetine St. Rights of Way from Range Road to Church on S. side and EFSC on the N. side	26		
11	Range Rd Rights of Way from City Limits on South side North to transition into Michigan Ave	26		
12	Michigan Ave Rights of Way from Clearlake Rd west to Range Road. Includes larger section curve to Range	26		
13	Lee Wenner Park – 300 Riveredge Blvd	26		
14	Highway 524 Rights of Way from Industry Road to Cox Road	26		
15	Gray Rd. Rights of Way from City Limits to Hooper Rd	26		
16	Hooper Rd. Rights of Way from Gray Rd to Range Rd	26		
17	Cocoa Conservation Area – 1714 Cocoa Bay Blvd.	26		
18	London Blvd Rights of Way + Open Field by lift station	26		
19	North Road Rights of Way	26		
Twice a month Oct 1st to July 31 / Threes times a month August and September except for King Street				



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GROUP AREA # 3

	LOCATIONS	Cuts	Price per Cut	Total
20	Peachtree Street Rights of Way – Forrest Ave to Pineda St	26		
21	Museum – 2201 Michigan Avenue	26		
22	Bernard Easement – 533 Bernard St	26		
23	N. Fiske ROW from Dixon to Anderson Park	26		
24	S. Fiske ROW from Rosa L Jones Dr to King St (SR 520)	26		
25	Cocoa Lakes Dr. Rights of Way from Michigan Ave. to Private Development	26		
26	Jackson St. Rights of Way from S. Varr Ave to City Limits near 505 Abbey Lane	26		
27	Jackson St. easement that runs from Jackson St. south to Rosa L. Jones Drive	26		
28	Forrest Ave. Rights of Way from Willard St. north to N. Cocoa Blvd. (U.S. 1)	26		
29	Bracco Pond Parking – 950 Plaza Parkway	26		

Twice a month Oct 1st to July 31 / Threes times a month August and September

GROUP AREA # 4

	LOCATIONS	Cuts	Price per Cut	Total
30	Stone Street Rights of Way – S. Fiske Blvd to Railroad Tracks	26	285 ⁰⁰	7410 ⁰⁰
31	Pineda St. Rights of Way from Peachtree St. to Dixon Blvd	26	385 ⁰⁰	10,010 ⁰⁰
32	Townsend Rd Rights of Way from S.R. 520 north to last property. Include Pond on East side near 1st curve	26	650 ⁰⁰	16,900 ⁰⁰
33	Dixon Blvd. Rights of Way from N. Indian River Dr. to Clearlake Road	26	650 ⁰⁰	14,900 ⁰⁰
34	Residential Lots			
a)	1043 Peachtree St.	26	46.75	1215.50
b)	801 Eden ST	26	46.75	1215.50
c)	1101 Avon St	26	46.75	1215.50
d)	1970 Furman Ct	26	46.75	1215.50
e)	1050 Bellefonte Ave	26	46.75	1215.50
f)	712 Stone St	26	46.75	1215.50
g)	619 Stone St	26	46.75	1215.50
h)	437 Satsuma St	26	46.75	1215.50
i)	629 S Georgia Ave	26	46.75	1215.50
j)	1059 Olive St	26	46.75	1215.50
k)	514 S Wilson Ave	26	46.75	1215.50
l)	1408 Donna Ave	26	46.75	1215.50
m)	1204 Cambridge St	26	46.75	1215.50
n)	1110 Grove Ave	26	46.75	1215.50
o)	2019 N Cocoa Blvd	26	46.75	1215.50

Twice a month Oct 1st to July 31 / Threes times a month August and September



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GROUP AREA # 3

	LOCATIONS	Cuts	Price per Cut	Total
20	Peachtree Street Rights of Way – Forrest Ave to Pineda St	26		
21	Museum – 2201 Michigan Avenue	26		
22	Bernard Easement – 533 Bernard St	26		
23	N. Fiske ROW from Dixon to Anderson Park	26		
24	S. Fiske ROW from Rosa L Jones Dr to King St (SR 520)	26		
25	Cocoa Lakes Dr. Rights of Way from Michigan Ave. to Private Development	26		
26	Jackson St. Rights of Way from S. Varr Ave to City Limits near 505 Abbey Lane	26		
27	Jackson St. easement that runs from Jackson St. south to Rosa L. Jones Drive	26		
28	Forrest Ave. Rights of Way from Willard St. north to N. Cocoa Blvd. (U.S. 1)	26		
29	Bracco Pond Parking – 950 Plaza Parkway	26		

Twice a month Oct 1st to July 31 / Threes times a month August and September

GROUP AREA # 4

	LOCATIONS	Cuts	Price per Cut	Total
30	Stone Street Rights of Way – S. Fiske Blvd to Railroad Tracks	26	285 ⁰⁰	7410 ⁰⁰
31	Pineda St. Rights of Way from Peachtree St. to Dixon Blvd	26	385 ⁰⁰	10,010 ⁰⁰
32	Townsend Rd Rights of Way from S.R. 520 north to last property. Include Pond on East side near 1st curve	26	450 ⁰⁰	11,700 ⁰⁰
33	Dixon Blvd. Rights of Way from N. Indian River Dr. to Clearlake Road	26	650 ⁰⁰	16,900 ⁰⁰
34	Residential Lots			
	a) 1043 Peachtree St.	26	40 ⁰⁰	1040 ⁰⁰
	b) 801 Eden ST	26	40 ⁰⁰	1040 ⁰⁰
	c) 1101 Avon St	26	40 ⁰⁰	1040 ⁰⁰
	d) 1970 Furman Ct	26	40 ⁰⁰	1040 ⁰⁰
	e) 1050 Bellefonte Ave	26	40 ⁰⁰	1040 ⁰⁰
	f) 712 Stone St	26	40 ⁰⁰	1040 ⁰⁰
	g) 619 Stone St	26	40 ⁰⁰	1040 ⁰⁰
	h) 437 Satsuma St	26	40 ⁰⁰	1040 ⁰⁰
	i) 629 S Georgia Ave	26	40 ⁰⁰	1040 ⁰⁰
	j) 1059 Olive St	26	40 ⁰⁰	1040 ⁰⁰
	k) 514 S Wilson Ave	26	40 ⁰⁰	1040 ⁰⁰
	l) 1408 Donna Ave	26	40 ⁰⁰	1040 ⁰⁰
	m) 1204 Cambridge St	26	40 ⁰⁰	1040 ⁰⁰
	n) 1110 Grove Ave	26	40 ⁰⁰	1040 ⁰⁰
	o) 2019 N Cocoa Blvd	26	40 ⁰⁰	1040 ⁰⁰

Twice a month Oct 1st to July 31 / Threes times a month August and September



**City of Cocoa | Finance Department | Purchasing & Contracts
Division**

65 Stone Street, Cocoa, FL 32922
Phone: 321-433-8486, or extension 8844 | Fax: 321-433-8690

**Solicitation Number:
RFP-21-26-COC**

**Due Date:
August 13, 2021 @
3:00 PM**

REQUEST FOR PROPOSALS (RFP)

TITLE: City of Cocoa – Contract Mowing Services

Group Areas		Sub Totals
1	Group Area 1	140,594 ⁰⁰
2	Group Area 2	N/A
3	Group Area 3	N/A
4	Group Area 4	61,620 ⁰⁰
Grand Total		\$ 202,214 ⁰⁰

NOTE #1: The estimated quantities are an approximate only and are not guaranteed. The City does not assume any responsibility that the actual quantities purchased shall remain in strict accordance with the estimated quantities, nor shall the Contractor cause misunderstanding or deception because of such estimate of quantities or of the character, locations of the work, or other conditions pertaining thereto. Any related positions not referenced above may be attached to the back of this page. A brief position description must also be included.

1. OPTIONAL PRICING

NA	

NOTE #2: The Proposer must include a task and fee (by position) schedule breakdown based on the proposed hourly rates. This document is to be inserted at the end of Attachment "F", Price Schedule and Acceptance of Terms and Conditions and identified as OPTIONAL PRICING SCHEDULE.



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REQUEST FOR PROPOSALS (RFP)

Due Date:
August 13, 2021 @
3:00 PM

TITLE: City of Cocoa – Contract Mowing Services

Attachment "G"

Addendum Receipt Acknowledgement Certification

The undersigned acknowledges receipt of the following addenda to the solicitation document(s) (Give number and date of each):

Addendum No. 1 Dated: Aug 3, 2021
Addendum No. _____ Dated: _____
Addendum No. _____ Dated: _____
Addendum No. _____ Dated: _____
Addendum No. _____ Dated: _____

By the signature(s) below, I/we, the undersigned, as authorized signatory to commit the firm, certify that the information as provided in Attachment "G", Addendum Receipt Acknowledgement Certification, is truthful and correct at the time of submission.

Proposer/Contractor Name: Perfection Lawn & Tree Service Inc.

Mailing Address: 1025 West 12th Street, Sanford, FL

Telephone Number: 407-314-4574 Fax Number: N/A E-mail Address: Perfection - Lawn @ yahoo.com
Authorized Signatory: Willie M. Jarrells Printed Name: Willie M. Jarrells FEIN: 26-2714078 DUNS: 19-512-1217

Title: President Date: 8/10/2021

CAGE Code: N/A
As issued through www.sam.gov

Submitted
Information
awaiting code,
proof email
provided

PLEASE COMPLETE AND SUBMIT WITH YOUR RFP RESPONSE

Failure to submit this form may be grounds for disqualification of your submittal



Finance Department
Purchasing

65 Stone Street | Cocoa, FL 32922
Phone: (321) 433-8833

August 3, 2021

Addendum 1

To the Bidding/Contract Documents and Specifications:

**RFP 21-26-COC
Contract Mowing Services**

To All Plan Holders:

The following addresses and provides clarification of the Bidding Documents and Specifications for the **Mowing Services** as fully and completely as if the same were fully set forth therein. Receipt of this addendum must be noted on the Receipt of Addendum(s) and Acknowledgement Form.

1. This addendum includes and addresses the following questions:

- a. What is the price of the current contract for this bid & what was the bid tabulation from the last time it went out to bid?

**Our current working total with U.S. Lawns is \$217,274.40.
Notice of Award dated 11/14/2018 is listed at \$121,200, copy attached.
Bid tabulation for B-19-05-COC also attached.**

- b. First, could you send over the current contract that you are working under? **Current contract attached.**

- c. Second, was there any reason for going out to bid? **Contract expiration.**

- d. Did the old contract expire or was it something else? **Contract expires 09/30/21.**

- e. Finally, how satisfied are you with the current service? **The City currently has to stay on top of US Lawns to do the work that they are contracted to do. US Lawns will try to correct their issues but it takes them awhile and then they do the same thing over again. On a scale of 1 to 10 they are about a 5.**

- f. Is the current company meeting expectations or could things be better? **US Lawns could do a lot better with their service but they lack in a lot of areas:**

- a) **The median maintenance is one that is a big eye sore. They have bad habits of not picking up trash or green waste.**
b) **The mowing maintenance lacks completion of all required tasks such as the edging of the sidewalks. When brought to US Lawns attention they rectify**

the issues however, when they complete the job the next time the same issue happens once again.

- g. Do you know where I could find last year's submitted proposals for all vendors for the landscape maintenance contract? To my knowledge, this is public information. **All public records requests must be requested through the City of Cocoa City Clerk's office.**

All other Bidding/Contract Documents and Specifications remain unchanged.

Should there be additional questions or clarification needed please contact the Purchasing and Contracts Division at purchasing@cocoafl.org.

V/r



Rebecca Bowman, MBA, CGFO, CGFM
Finance Director



City of Cocoa | Finance Department | Purchasing & Contracts
Division

65 Stone Street, Cocoa, FL 32922
Phone: 321-433-8486, or extension 8844 | Fax: 321-433-8690

Solicitation Number:
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Due Date:
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3:00 PM

REQUEST FOR PROPOSALS (RFP)

TITLE: City of Cocoa – Contract Mowing Services

Attachment "J"

Contractor Certification Regarding Scrutinized Companies
(Contracts of \$1,000,000.00 or more)

Section 287.135, Florida Statutes, prohibits local governments from contracting with companies, for goods or services of One Million and 00/100 Dollars (\$1,000,000.00) or more that are on the Scrutinized Companies with Activities in Sudan List, on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List or is engaged in business operations in Cuba or Syria. Both lists are created pursuant to section 215.473, Florida Statutes. In addition, the CONTRACTOR shall not be listed on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, Florida Statutes, or is engaged in a boycott of Israel.

As the person authorized to sign on behalf of the CONTRACTOR, I hereby certify that the company identified below in the section entitled "Bidder/Contractor Name" is not listed on the Scrutinized Companies with Activities in Sudan List, is not listed on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List or is engaged in business operations in Cuba or Syria. In addition, the CONTRACTOR is not listed on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, Florida Statutes, or is engaged in a boycott of Israel. I understand that pursuant to Section 287.135, Florida Statutes, the submission of a false certification may subject the CONTRACTOR to termination of the Agreement, civil penalties, attorney's fees, and/or costs.

By the signature(s) below, I/we, the undersigned, as authorized signatory to commit the firm, certify that the information as provided in Attachment "J", Contractor Certification Regarding Scrutinized Companies, is truthful and correct at the time of submission.

Proposer/Contractor Name: Perfection Lawn & Tree Service Inc.

Mailing Address: 1025 West 12th Street, Sanford, FL

Telephone Number: 407-344-4374 Fax Number: W/A E-mail Address: Perfection-Lawn@

Willie M. Davis Willie M. Davis FEIN: 26-274078 DUNS: 19-572-1217

Authorized Signatory

Printed Name

President

Title

8/10/2021

Date

CAGE Code: W/A

As issued through www.sam.gov

Existing Code
proof email
provided

PLEASE COMPLETE AND SUBMIT WITH YOUR RFP RESPONSE (when applicable)

Failure to submit this form may be grounds for disqualification of your submittal



**City of Cocoa | Finance Department | Purchasing & Contracts
Division**

65 Stone Street, Cocoa, FL 32922
Phone: 321-433-8486, or extension 8844 | Fax: 321-433-8690

**Solicitation Number:
RFP-21-26-COC**

**Due Date:
August 13, 2021 @
3:00 PM**

REQUEST FOR PROPOSALS (RFP)

TITLE: City of Cocoa – Contract Mowing Services

Attachment "L"

Federal Non-Collusion/Lobbying Certification

This statement is submitted with Proposal, ITN, or Contract Number RFP 21-26-COC, titled City of Cocoa - Contract Mowing Services by Perfection Lawn Tree Service Inc. whose business address is 1025 West 12th Street, Sanford, FL

[Name of entity submitting sworn statement]

and its Federal Employer Identification Number (FEIN) is 26-2714078

My name is Willie M. Jarrells and my relationship to the above is President
[Please print name of individual signing]

A. NON-COLLUSION PROVISION CERTIFICATION.

The undersigned hereby certifies, to the best of his or her knowledge and belief, that on behalf of the person, firm, association, or corporation submitting the bid certifying that such person, firm, association, or corporation has not, either directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action, in restraint of free competitive bidding in connection with the submitted bid. Failure to submit the executed statement as part of the bidding documents will make the bid nonresponsive and not eligible for award consideration.

B. LOBBYING CERTIFICATION.

The undersigned hereby certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence either directly or indirectly an officer or employee of any state or federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal Contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this Federal contract, grant loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-L "Disclosure Form to Report Lobbying", in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, US Code. Any persons who fail to file the required certification shall be subject to a civil penalty of not less than \$10,000.00 and not more than \$100,000.00 for each failure."

By the signature(s) below, I/we, the undersigned, as authorized signatory to commit the firm, certify that the information as provided in Attachment "L", Federal Non-Collusion/Lobbying Certification, is truthful and correct at the time of submission.

Willie M. Jarrells
AUTHORIZED SIGNATORY

Willie M. Jarrells
Typed Name of AUTHORIZED SIGNATORY

President
Title
[Signature]
Witness Signature

8/10/2021
Date
Dion Jarrells
Typed Name of Witness

PLEASE COMPLETE AND SUBMIT WITH YOUR RFP RESPONSE

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City of Cocoa | Finance Department | Purchasing & Contracts
Division

65 Stone Street, Cocoa, FL 32922
Phone: 321-433-8486, or extension 8844 | Fax: 321-433-8690

Solicitation Number:
RFP-21-26-COC

Due Date:
August 13, 2021 @
3:00 PM

REQUEST FOR PROPOSALS (RFP)

TITLE: City of Cocoa – Contract Mowing Services

Attachment "M"

Certification Regarding Debarment, Suspension, and Other Responsibility Matters
Primary Covered Transactions

This contract is a covered transaction for purposes of 2 C.F.R. pt. 180 and 2 C.F.R. pt. 3000.

The Proposer certifies that, neither the firm nor any person associated therewith in the capacity of owner, partner, director, officer, principal, investigator, project director, manager, auditor, and/or position involving the administration of federal funds:

- Is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions, as defined in 49 CFR s29.110(a), by any federal department or agency;
- Has within a three-year period preceding this certification been convicted of or had a civil judgment rendered against it for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local government transaction or public contract; violation of federal or state antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- Is presently indicted for or otherwise criminally or civilly charged by a federal, state, or local governmental entity with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- Has within a three-year period preceding this certification had one or more federal, state, or local government public transactions terminated for cause or default.

The Proposer certifies that it shall not knowingly enter into any transaction with any subcontractor, material supplier, or vendor who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this project by any federal agency unless authorized by the City of Cocoa. The Proposer must comply with 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C and must include a requirement to comply with these regulations in any lower tier covered transaction it enters into. This certification is a material representation of fact relied upon by the City of Cocoa. If it is later determined that the contractor did not comply with 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C, in addition to remedies available to the City of Cocoa, the Federal Government may pursue available remedies, including but not limited to suspension and/or debarment. The Proposer agrees to comply with the requirements of 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C while this offer is valid and throughout the period of any contract that may arise from this offer. The Proposer further agrees to include a provision requiring such compliance in its lower tier covered transactions.

By the signature(s) below, I/we, the undersigned, as authorized signatory to commit the firm, certify that the information as provided in Attachment "M", Certification Regarding Debarment, Suspension, and Other Responsibility Matters, is truthful and correct at the time of submission.

Proposer/Contractor Name: Perfection Lawn & Tree Service Inc.

Mailing Address: 1025 West 12th Street, Sanford, FL

Telephone Number: 407-314-4374 Fax Number: N/A E-mail Address: Perfection - lawn@ycnao.com

Authorized Signatory: Willie M. Jarrells Printed Name: Willie M. Jarrells FEIN: 26-274078 DUNS: 19-572-1217

Title: President Date: 8/10/2021 CAGE Code: N/A As issued through www.sam.gov

PLEASE COMPLETE AND SUBMIT WITH YOUR RFP RESPONSE

Failure to submit this form may be grounds for disqualification of your submittal



**City of Cocoa | Finance Department | Purchasing & Contracts
Division**

65 Stone Street, Cocoa, FL 32922
Phone: 321-433-8486, or extension 8844 | Fax: 321-433-8690

**Solicitation Number:
RFP-21-26-COC**

**Due Date:
August 13, 2021 @
3:00 PM**

REQUEST FOR PROPOSALS (RFP)

TITLE: City of Cocoa – Contract Mowing Services

Attachment "N"

Grant Conditions and Federal Provisions Acknowledgement of Terms, Conditions and Grant Clauses

Flow down of Terms and Conditions from the Federal Regulations and/or Grant Agreement

Subcontracts: If the Bidder subcontracts any portion of the work under this Agreement, a copy of the signed subcontract must be available to the City of Cocoa for review and approval. The bidder agrees to include in the subcontract that:

- A. The subcontractor is bound by the terms of this Agreement;
- B. The subcontractor is bound by all applicable state and federal laws and regulations; and
- C. The subcontractor shall hold the City of Cocoa, grant recipient and granting agency harmless against all claims of whatever nature arising out of the subcontractor's performance of work under this Agreement, to the extent allowed and required by law.

Grant Conditions and Federal Provisions

On behalf of the Bidder, I acknowledge, and agree to perform all of the specifications and grant requirements identified in this solicitation document(s).

By the signature(s) below, I/we, the undersigned, as authorized signatory to commit the firm, certify that the information as provided in **Attachment "N", Grant Conditions and Federal Provisions Acknowledgement of Terms, Conditions and Grant Clauses**, acknowledge, and agree to perform all of the specifications and grant requirements identified in this solicitation document(s) and subsequent awarded Agreement as a result of this solicitation process should I be the successful Proposer.

Proposer/Contractor Name: Perfection Lawn & Tree Service Inc.

Mailing Address: 1025 W 12th Street, Sanford

Telephone Number: 407-314-4374 Fax Number: N/A E-mail Address: Perfection-lawn@perfection.com

Willie M. Jarrells Willie M. Jarrells FEIN: 76-2714078 DUNS: 19-5721217
Authorized Signatory Printed Name

President
Title

8/10/2021
Date

CAGE Code: N/A
As issued through www.sam.gov

Generating Code
prod email provided

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3:00 PM**

REQUEST FOR PROPOSALS (RFP)

TITLE: City of Cocoa – Contract Mowing Services

**Attachment “H”
Organizational Information**

The proposer must include a copy of their State Certificate of Good Standing/Articles of Incorporation, which lists the corporate officers. In addition to the aforementioned documents the Bidder/Proposer must include necessary information to verify the individual signing this proposal/bid and or any contract document has been authorized to bind the corporation. Examples include:

- A. A copy of the Articles of Incorporation listing the approved signatories of the corporation.
- B. A copy of a resolution listing the members of staff as authorized signatories for the company.
- C. A letter from a corporate officer listing the members of staff that are authorized signatories for the company.

TYPE OF ORGANIZATION					
(Please place a check mark (✓) next to applicable type)					
<input checked="" type="checkbox"/>	Corporation	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Joint Venture	<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/>	Other (Please specify)
State of Incorporation		Florida			
Principal Place of Business (Enter Address)		1025 West 12th Street			
Federal I.D. or Social Security Number		26-2714078			

By the signature(s) below, I/we, the undersigned, as authorized signatory to commit the firm, certify that the information as provided in **Attachment “H”, Organizational Information**, is truthful and correct at the time of submission.

Proposer/Contractor Name: Perfection Lawn & Tree Service Inc.

Mailing Address: 1025 West 12th Street, Sanford, FL

Telephone Number: 407-314-4374

Fax Number: N/A

E-mail Address: Perfection-lawn@yc.hco.com

Willie M. Jarrells
Authorized Signatory

Willie M. Jarrells
Printed Name

FEIN: 26-2714078 DUNS: 19572-1217

President
Title

8/10/2021
Date

CAGE Code: N/A
As issued through www.sam.gov

PLEASE COMPLETE AND SUBMIT WITH YOUR RFP RESPONSE

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August 13, 2021 @
3:00 PM**

REQUEST FOR PROPOSALS (RFP)

TITLE: City of Cocoa – Contract Mowing Services

I/we, the undersigned, as authorized signatory to commit the firm, do hereby accept in total all the terms and conditions stipulated and referenced in this RFP document and do hereby agree that if a contract is offered or negotiated it will abide by the terms and conditions presented in the RFP document or as negotiated pursuant thereto. The undersigned, having familiarized him/herself with the terms of the RFP documents, local conditions, and the cost of the work at the place(s) where the work is to be done, hereby proposes and agrees to perform within the time stipulated, all work required in accordance with the scope of services and other documents including Addenda, if any, on file at the City of Cocoa Purchasing & Contracts Division for the price set forth herein in **Attachment "F" Price Proposal and Acceptance of Proposal Terms and Conditions**. The signature(s) below are an acknowledgment of my/our full understanding and acceptance of all the terms and conditions set forth in this RFP document or as otherwise agreed to between the parties in writing.

Proposer/Contractor Name:

Perfection Lawn Tree Service Inc.

Mailing Address:

1025 West 12th Street, Sanford, FL

Telephone Number:

407-314-4374

Fax Number:

N/A

E-mail Address:

Perfection-Lawn@ycocoa.com

Authorized Signatory

Willie M. Jarrells

Printed Name

Willie M Jarrells

FEIN: 26-2714078 DUNS: 19-572-1217

Title

President

Date

8/10/2021

CAGE Code:

N/A

As issued through www.sam.gov

STATE OF

Florida

COUNTY OF

Seminole

The foregoing instrument was executed before me this 10 day of August, 2021, by Willie M. Jarrells as President of Perfection Lawn Tree Service Inc. who personally swore or affirmed that he/she is authorized to execute this document and thereby bind the Corporation, and who is personally known to me OR has produced Florida DL as identification.

Erica S. McCloud

NOTARY PUBLIC, State of FL

(stamp)



PLEASE COMPLETE AND SUBMIT WITH YOUR RFP RESPONSE

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3:00 PM

REQUEST FOR PROPOSALS (RFP)

TITLE: City of Cocoa – Contract Mowing Services

Attachment "P"

E-Verify Contractor Affidavit

I hereby certify that Perfection Lawn & Tree Service Inc. [insert contractor company name] does not employ, contract with, or subcontract with an unauthorized alien, and is otherwise in full compliance with, section 448.095, Florida Statutes.

All employees hired on or after January 1, 2021 have had their work authorization status verified through the E-Verify system.

A true and correct copy of Perfection Lawn & Tree Service Inc. [insert contractor company name] proof of registration in the E-Verify system is attached to this Affidavit.

Willie M. Jarrrells
Print Name: Willie M. Jarrrells
Date: 8/11/21

STATE OF FLORIDA

COUNTY OF Seminole

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this _____ (date) by Willie M. Jarrrells (name of officer or agent, title of officer or agent) of Perfection Lawn & Tree (name of corporation acknowledging), a Florida (state or place of incorporation) corporation, on behalf of the corporation. He/she is personally known to me or has produced Florida DL (type of identification) as identification.

Erica L. McCloud
[Notary Seal] Notary Public
Erica L. McCloud

Name typed, printed, or stamped

My Commission Expires: _____



PLEASE COMPLETE AND SUBMIT WITH YOUR RFP RESPONSE

☞ Failure to submit this form may be grounds for disqualification of your submittal ☞

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000018973

Entity Name: PERFECTION LAWN AND TREE SERVICE INC

Current Principal Place of Business:

1025 W 12TH STREET
SANFORD, FL 32771

Current Mailing Address:

1025 W 12TH STREET
SANFORD, FL 32771

FEI Number: 26-2714078

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JARRELLS, RENITRA
1025 W 12TH STREET
SANFORD, FL 32771 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name JARRELLS, WILLIE
Address 1025 W 12TH STREET
City-State-Zip: SANFORD FL 32771

Title VP
Name JARRELLS, RENITRA
Address 1025 WEST 12TH STREET
City-State-Zip: SANFORD FL 32771

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIE JARRELLS

PRESIDENT

04/06/2021

Electronic Signature of Signing Officer/Director Detail

Date



CITY OF SANFORD
Building Division
PO Box 1788, Sanford, FL 32772-1788

2021

LOCAL BUSINESS TAX RECEIPT

VALID THROUGH SEPTEMBER 30, 2021

PERFECTION LAWN AND TREE SERVI

1025 W 12TH ST

SANFORD FL 32771

This receipt is a local business tax only. It does not permit the local business taxpayer to violate any existing zoning or regulatory laws of the state or county, nor does it exempt the business taxpayer from any other license or permits required by law.

Issue Date: 10/06/2020

BTR #: BTR19-027854

Business Location: 1025 West 12TH Street

Classification	Amount
Service/Home Office	
• Lawn Maintenance	37.50
10% Late Fee	3.75
TOTAL:	41.25

Comments: LAWN MAINT/TREE SERVICES

Restrictions:

SEMINOLE COUNTY TAX RECEIPT REQUIRED
ORIGINAL TAX RECEIPT MUST BE DISPLAYED ON PREMISES



SEMINOLE COUNTY BUSINESS TAX RECEIPT

P.O. BOX 620 SANFORD, FL 32772 • 407-665-1000

WWW.SEMINOLECOUNTY.TX

VALID THROUGH 09/30/21

PERFECTION LAWN AND TREE
SERVICE INC
1025 W 12TH STREET
SANFORD, FL 32771
WILLIE M JARRELLS (OWNER)

Account #:136404

NOT REGULATED

SANFORD CITY LICENSE REQUIRED

Receipt #:10272020100113641

Amount Paid: \$ 27.50

Date Paid: 10/01/2020

BUSINESS OWNER, PLEASE NOTE THE FOLLOWING:

• **DISPLAY THE ABOVE RECEIPT PROMINENTLY:** This Business Tax Receipt shall be displayed prominently at the place of business in such a manner that it can be seen to the view of the public and subject to inspection by all duly authorized officers of this County. Upon failure to do so, the business shall be subject to the payment of a penalty of \$100.00 for the same business for first offense.

• **RENEW THIS TAX BEFORE IT EXPIRES:** Pursuant to Florida Statute, all Business Tax Receipts shall be renewed by the tax payer beginning July 1st of each year and a notice of expiration of Business Tax Receipt of the current year. This Business Tax Receipt, issued as renewal or new, beginning October 1st, shall be delinquent and subject to a delinquency penalty of 10% for the month of October, and an additional 1% penalty for each month of delinquency thereafter until paid, provided that the total penalty shall not exceed 25% of the business tax for the delinquent establishment (Florida Statute [FS] 205.053 (2)).

A civil penalty shall be imposed on any individual engaged in any new business or profession without first obtaining a Seminole County Business Tax Receipt (FS) 205.053 (2).

This Business Tax Receipt is not a license. It is business taxes paid. It does not protect the holder from state, city, county, or federal regulations, licensing laws of the state, county, or municipality, nor does it exempt the taxpayer from any other required business, registrations, certifications, or permits. Business Tax requirements are subject to legislative change.

REPORT ALL CHANGES: The holder of this Business Tax Receipt is required to report a change in the following: Ownership, Business Location, Mailing Address, or any other information that would alter the status of the current year's information. This includes, but is not limited to, the loss of or a change in a State or Regulatory License which was used to qualify for the business identified on the current County Business Tax Receipt. If you have any changes to report, contact the Business Tax Department at 407-665-7636.

PERFECTION LAWN AND TREE
SERVICE INC
1025 W 12TH STREET
SANFORD, FL 32771

Detail Information[Close](#)[Print](#)

Name:

License:

J&N LAWN REENFORCEMENT PEST CONTROL

JB281592

Original Issue Date:

Issue Date:

Expiration Date:

Status

2/22/2019

2/24/2021

2/28/2022

Normal

License Categories:

Pest Control Company

Address

1226 MAJESTIC PALM CT

APOPKA, FL 32712

Phone

407-703-9735

Company Employees

Please click a name to view the details.

Name

License Num

[OWENS, JAMES ALVIN](#)

JE87128

[OWENS, JAMES ALVIN](#)

JF243715

[OWENS, NADEGE](#)

JE291350

Employee Count 3

3117 PEST CONTROL 2020 \$30.00 EXPIRES 9/30/2021 1 EMPLOYEE 3125 LAWN CARE \$30.00 3117-1211302 1 EMPLOYEE

TOTAL TAX \$60.00
 REGULATED WASTE \$50.00
 PREVIOUSLY PAID \$110.00
 TOTAL DUE \$0.00

OWENS JAMES A

J&N LAWN REENFORCEMENT PEST CONTROL LLC
 OWENS JAMES A
 1226 MAJESTIC PALM CT
 APOPKA FL 32712

1226 MAJESTIC PALM CT (MOBILE)
 U - APOPKA, 32712

PAID: \$110.00 0098-00969490 9/21/2020

Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

This local Business Tax Receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. **Delinquent penalty is added October 1.**

3117 PEST CONTROL 2020 \$30.00 EXPIRES 9/30/2021 1 EMPLOYEE 3125 LAWN CARE \$30.00 3117-1211302 1 EMPLOYEE

TOTAL TAX \$60.00
 REGULATED WASTE \$50.00
 PREVIOUSLY PAID \$110.00
 TOTAL DUE \$0.00

1226 MAJESTIC PALM CT (MOBILE)
 U - APOPKA, 32712

PAID: \$110.00 0098-00969490 9/21/2020



OWENS JAMES A

J&N LAWN REENFORCEMENT PEST CONTROL LLC
 OWENS JAMES A
 1226 MAJESTIC PALM CT
 APOPKA FL 32712

This receipt is official when validated by the Tax Collector.

Orange County Code requires this local Business Tax Receipt to be displayed conspicuously at the place of business in public view. It is subject to inspection by all duly authorized officers of the County.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/10/2021

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

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

PRODUCER Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306	CONTACT NAME:	FAX (A/C, No):	
	PHONE (A/C, No, Ext): (855) 222-5919	E-MAIL ADDRESS: support@nextinsurance.com	
INSURED jamss owens J&N Lawn ReEnforcement pest control llc 1226 Majestic Palm Ct Apopka, FL 32712	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: State National Insurance Company, Inc.		12831
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** 8058034 **REVISION NUMBER:**

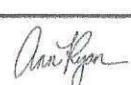
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		NXTOVLQTTJ-01-GL	01/27/2021	01/27/2022	EACH OCCURRENCE	\$1,000,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)				\$100,000.00	
		MED EXP (Any one person)				\$10,000.00	
		PERSONAL & ADV INJURY				\$1,000,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$1,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG	\$1,000,000.00
	OTHER:						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB					EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR					AGGREGATE	\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A			E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A	Contractors Errors and Omissions		NXTOVLQTTJ-01-GL	01/27/2021	01/27/2022	Each Occurrence:	\$10,000.00
						Aggregate:	\$20,000.00

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

Proof of Insurance.

CERTIFICATE HOLDER **CANCELLATION**

jamss owens J&N Lawn ReEnforcement pest control llc 1226 Majestic Palm Ct Apopka, FL 32712	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/17/2021

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

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PRODUCER
Hiscox Inc.
520 Madison Avenue
32nd Floor
New York, NY 10022

CONTACT

NAME:

PHONE (A/C, No., Ext): (888) 202-3007

FAX (A/C, No.):

E-MAIL ADDRESS: contact@hiscox.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Hiscox Insurance Company Inc

10200

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
Perfection Lawn and Tree Service Inc.
1025 WEST 12TH ST
SANFORD FL 32771

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			UDC-1867018-CGL-20	12/06/2020	12/06/2021	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ S/T Gen. Agg.
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER

CANCELLATION

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AUTHORIZED REPRESENTATIVE