

**CITY OF CORAL GABLES  
CONSTRUCTION REGULATION BOARD  
CONTRACTOR COMPLAINT FORM**

1. Name of Complainant(s) *Clnt C. Moylan with Power of Attorney for property owner Lena Moylan (89 years old)*  
**Affiant**
2. Current address *1345 Alegriano, Coral Gables, FL 33146*
3. Address of location where the job was performed *1345 Alegriano, Coral Gables, FL 33146*
4. Contact telephone no. *305-975-4805* *carterent@comcast.net*
5. What is the name and address of the company(s) or individual(s) you contracted with? *A Perfect Seal Roofing/Arly Hernandez (Owner) 4806 SW 75 Ave, Miami, FL 33155*
6. What is the name(s) of the person(s) you deal with from that company?  
*Arlyn Hernandez (Owner) & Jenny (Office personnel)*
7. Did the company or individual represent they were licensed?  Yes or  No. If yes, what license number did he/she/they use? *CCC#1326433*
8. What else was said, done, written or shown to you to cause you to believe the individual company was licensed?  
*Their proposal and contract have their license # on them.*
9. Did you enter into a written agreement/contract with that company or person?  Yes or  No.  
**If yes, please provide a copy of all written agreements/contracts entered into.**
10. What was the date the agreement/contract was entered into? *June 19, 2017*
11. What date (or approximate) did the work begin? *July 17, 2017*
12. What work was supposed to be done under the terms of the contract?  
*A complete re-roof including tearing off and disposing old roof. See Contract.*

13. What was the total amount to be paid under the contract? *\$22500.00*
14. What were the terms of payment (draws) to be paid under the contract?
  1. 30% down when contract was signed.
  2. 30% when 30# felt is being installed.
  3. 20% when 90# is being installed
  4. 20% when job is completed

15. Did you make any payments? If so, please list the date and amount of each payment and to whom the payment was given. If payments were different from the terms of the contract, please explain why they were different. **If checks were given, please provide copies of the front and back of all checks. Important! Please fill this portion out completely.**

<b>Date of Payment</b>	<b>Amount</b>	<b>Reason for Payment</b>
<i>June 19, 2017</i>	<i>\$6750.00</i>	<i>Per contract (30% down on signing contract)</i>
<i>July 18, 2017</i>	<i>6750.00</i>	<i>Per contract (30% when 30# felt installed)</i>
<i>July 21, 2017</i>	<i>7773.75</i>	<i>Per contract ( 20% when 90# installed plus rotted wood replaced)</i>

16. To your knowledge, was a permit obtained?  Yes or  No.  
 By whom? *Arlyn Hernandez*

**CITY'S** *composite*  
**EXHIBIT** 1

17. Please provide a brief summary of the nature of your complaint.

No inspections done by City of Coral Gables after the 30# felt was installed. A Perfect Seal Roofing has not furnished and installed the concrete roof tiles per their responsibility in the contract.

18. Describe the extent of work done by the contractor. And if you know, what is the estimated value of the work done? Removed and hauled away old roof, installed 30# felt, installed 90#, hot mopped

19. When or what date was the last time the contractor performed work? July 21, 2017

20. Did he/she work steadily from the date he/she started work?  Yes or  No

21. Have you had conversations with the contractor regarding your complaint since he/she stopped or finished work?  Yes or  No

If yes, explain. Called and stopped by their office many times but never get any answers

22. To your knowledge, have any inspections been performed by the Development Services Department?  Yes or  No

23. Have you had any independent sources inspect the work, such as an architect, engineer or another contractor? If so, what was their determination? If a report was made, please attach a copy of their report  Yes or  No

24. Have any liens been filed against you property by the contractor, subcontractor or suppliers?  Yes or  No

25. Have you filed a civil suit against the contractor?  Yes or  No

X R.C.W.  
Affiant (property owner or authorized representative)

STATE OF FLORIDA )

ss

COUNTY OF MIAMI-DADE )

Sworn to or affirmed and subscribed before me this 23 day of Feb, 2018 by \_\_\_\_\_ who has taken an oath and is personally known to me or has produced \_\_\_\_\_ as identification.

My Commission Expires:



C. Martinez  
Notary Public

**FLORIDA GENERAL DURABLE POWER OF ATTORNEY**

**THE POWERS YOU GRANT BELOW ARE EFFECTIVE  
EVEN IF YOU BECOME DISABLED OR INCOMPETENT**

**This durable power of attorney is not affected by subsequent incapacity of the principal  
except as provided in §709.08, Florida Statutes.**

I, LENA HARRIS MOYLAN (DOB: 6/7/1928) of 1345 ALEGRIANO, CORAL GABLES, FL 33146 in MIAMI-DADE COUNTY appoint my son, CLINT CARTER MOYLAN (DOB: 2/26/1959), of 521 SAN SERVANDO, CORAL GABLES, FL 33143 in MIAMI-DADE COUNTY as my Agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

**Note: If you initial Item A or Item B, which follow, a notarized signature will be required on behalf of the Principal.**

INITIAL

\_\_\_\_\_ (A) **Real property transactions.** To lease, sell, mortgage, purchase, exchange, and acquire, and to agree, bargain, and contract for the lease, sale, purchase, exchange, and acquisition of, and to accept, take, receive, and possess any interest in real property whatsoever, on such terms and conditions, and under such covenants, as my Agent shall deem proper; and to maintain, repair, tear down, alter, rebuild, improve manage, insure, move, rent, lease, sell, convey, subject to liens, mortgages, and security deeds, and in any way or manner deal with all or any part of any interest in real property whatsoever, including specifically, but without limitation, real property lying and being situated in the State of Florida, under such terms and conditions, and under such covenants, as my Agent shall deem proper and may for all deferred payments accept purchase money notes payable to me and secured by mortgages or deeds to secure debt, and may from time to time collect and cancel any of said notes, mortgages, security interests, or deeds to secure debt.

\_\_\_\_\_ (B) **Tangible personal property transactions.** To lease, sell, mortgage, purchase, exchange, and acquire, and to agree, bargain, and contract for the lease, sale, purchase, exchange, and acquisition of, and to accept, take, receive, and possess any personal property whatsoever, tangible or intangible, or interest thereto, on such terms and conditions, and under such covenants, as my Agent shall deem proper; and to maintain, repair, improve, manage, insure, rent, lease, sell, convey, subject to liens or mortgages, or to take any other security interests in said property which are recognized under the Uniform Commercial Code as adopted at that time under the laws of the State of Florida or any applicable state, or otherwise hypothecate (pledge), and in any way or manner deal with all or any part of any real or personal property whatsoever, tangible

or intangible, or any interest therein, that I own at the time of execution or may thereafter acquire, under such terms and conditions, and under such covenants, as my Agent shall deem proper.

\_\_\_\_\_ **(C) Stock and bond transactions.** To purchase, sell, exchange, surrender, assign, redeem, vote at any meeting, or otherwise transfer any and all shares of stock, bonds, or other securities in any business, association, corporation, partnership, or other legal entity, whether private or public, now or hereafter belonging to me.

\_\_\_\_\_ **(D) Commodity and option transactions.** To buy, sell, exchange, assign, convey, settle and exercise commodities futures contracts and call and put options on stocks and stock indices traded on a regulated options exchange and collect and receipt for all proceeds of any such transactions; establish or continue option accounts for the principal with any securities or futures broker; and, in general, exercise all powers with respect to commodities and options which the principal could if present and under no disability.

\_\_\_\_\_ **(E) Banking and other financial institution transactions.** To make, receive, sign, endorse, execute, acknowledge, deliver and possess checks, drafts, bills of exchange, letters of credit, notes, stock certificates, withdrawal receipts and deposit instruments relating to accounts or deposits in, or certificates of deposit of banks, savings and loans, credit unions, or other institutions or associations. To pay all sums of money, at any time or times, that may hereafter be owing by me upon any account, bill of exchange, check, draft, purchase, contract, note, or trade acceptance made, executed, endorsed, accepted, and delivered by me or for me in my name, by my Agent. To borrow from time to time such sums of money as my Agent may deem proper and execute promissory notes, security deeds or agreements, financing statements, or other security instruments in such form as the lender may request and renew said notes and security instruments from time to time in whole or in part. To have free access at any time or times to any safe deposit box or vault to which I might have access.

\_\_\_\_\_ **(F) Business operating transactions.** To conduct, engage in, and otherwise transact the affairs of any and all lawful business ventures of whatever nature or kind that I may now or hereafter be involved in. To organize or continue and conduct any business which term includes, without limitation, any farming, manufacturing, service, mining, retailing or other type of business operation in any form, whether as a proprietorship, joint venture, partnership, corporation, trust or other legal entity; operate, buy, sell, expand, contract, terminate or liquidate any business; direct, control, supervise, manage or participate in the operation of any business and engage, compensate and discharge business managers, employees, agents, attorneys, accountants and consultants; and, in general, exercise all powers with respect to business interests and operations which the principal could if present and under no disability.

\_\_\_\_\_ **(G) Insurance and annuity transactions.** To exercise or perform any act, power, duty, right, or obligation, in regard to any contract of life, accident, health, disability, liability, or other type of insurance or any combination of insurance; and to procure new or additional contracts of insurance for me and to designate the beneficiary of same; provided, however, that my Agent cannot designate himself or herself as beneficiary of any such insurance contracts.

\_\_\_\_\_ **(H) Estate, trust, and other beneficiary transactions.** To accept, receipt for, exercise, release, reject, renounce, assign, disclaim, demand, sue for, claim and recover any legacy, bequest, devise, gift or other property interest or payment due or payable to or for the principal; assert any interest in and exercise any power over any trust, estate or property subject to fiduciary control; establish a revocable trust solely for the benefit of the principal that terminates at the death of the principal and is then distributable to the legal representative of the estate of the

principal; and, in general, exercise all powers with respect to estates and trusts which the principal could exercise if present and under no disability; provided, however, that the Agent may not make or change a will and may not revoke or amend a trust revocable or amendable by the principal or require the trustee of any trust for the benefit of the principal to pay income or principal to the Agent unless specific authority to that end is given.

\_\_\_\_\_ **(I) Claims and litigation.** To commence, prosecute, discontinue, or defend all actions or other legal proceedings touching my property, real or personal, or any part thereof, or touching any matter in which I or my property, real or personal, may be in any way concerned. To defend, settle, adjust, make allowances, compound, submit to arbitration, and compromise all accounts, reckonings, claims, and demands whatsoever that now are, or hereafter shall be, pending between me and any person, firm, corporation, or other legal entity, in such manner and in all respects as my Agent shall deem proper.

\_\_\_\_\_ **(J) Personal and family maintenance.** To hire accountants, attorneys at law, consultants, clerks, physicians, nurses, agents, servants, workmen, and others and to remove them, and to appoint others in their place, and to pay and allow the persons so employed such salaries, wages, or other remunerations, as my Agent shall deem proper.

\_\_\_\_\_ **(K) Benefits from Social Security, Medicare, Medicaid, or other governmental programs, or military service.** To prepare, sign and file any claim or application for Social Security, unemployment or military service benefits; sue for, settle or abandon any claims to any benefit or assistance under any federal, state, local or foreign statute or regulation; control, deposit to any account, collect, receipt for, and take title to and hold all benefits under any Social Security, unemployment, military service or other state, federal, local or foreign statute or regulation; and, in general, exercise all powers with respect to Social Security, unemployment, military service, and governmental benefits, including but not limited to Medicare and Medicaid, which the principal could exercise if present and under no disability.

\_\_\_\_\_ **(L) Retirement plan transactions.** To contribute to, withdraw from and deposit funds in any type of retirement plan (which term includes, without limitation, any tax qualified or nonqualified pension, profit sharing, stock bonus, employee savings and other retirement plan, individual retirement account, deferred compensation plan and any other type of employee benefit plan); select and change payment options for the principal under any retirement plan; make rollover contributions from any retirement plan to other retirement plans or individual retirement accounts; exercise all investment powers available under any type of self-directed retirement plan; and, in general, exercise all powers with respect to retirement plans and retirement plan account balances which the principal could if present and under no disability.

\_\_\_\_\_ **(M) Tax matters.** To prepare, to make elections, to execute and to file all tax, social security, unemployment insurance, and informational returns required by the laws of the United States, or of any state or subdivision thereof, or of any foreign government; to prepare, to execute, and to file all other papers and instruments which the Agent shall think to be desirable or necessary for safeguarding of me against excess or illegal taxation or against penalties imposed for claimed violation of any law or other governmental regulation; and to pay, to compromise, or to contest or to apply for refunds in connection with any taxes or assessments for which I am or may be liable.

 **(N) ALL OF THE POWERS LISTED ABOVE. YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).**

**SPECIAL INSTRUCTIONS:**

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

---

---

---

---

---

---

---

---

THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

THIS POWER OF ATTORNEY SHALL BE CONSTRUED AS A GENERAL DURABLE POWER OF ATTORNEY AND SHALL CONTINUE TO BE EFFECTIVE EVEN IF I BECOME DISABLED, INCAPACITATED, OR INCOMPETENT.

**Choice of Law.** THIS POWER OF ATTORNEY WILL BE GOVERNED BY THE LAWS OF THE STATE OF FLORIDA WITHOUT REGARD FOR CONFLICTS OF LAWS PRINCIPLES. IT WAS EXECUTED IN THE STATE OF FLORIDA AND IS INTENDED TO BE VALID IN ALL JURISDICTIONS OF THE UNITED STATES OF AMERICA AND ALL FOREIGN NATIONS.

I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my Agent.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party learns of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this 21 day of February 2018.

  
LENA HARRIS MOYLAN

STATEMENT OF WITNESS

On the date written above, the principal declared to me in my presence that this instrument is his general durable power of attorney and that he or she had willingly signed or directed another to sign for him or her, and that he or she executed it as his or her free and voluntary act for the purposes therein expressed.

Gail Murphy [Signature of Witness #1]  
Gail Murphy [Printed or typed name of Witness #1]  
200 E. Washington St. [Address of Witness #1]  
Martinez, Fla 32344

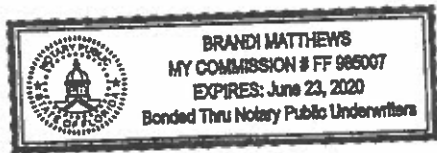
Brandi Matthews [Signature of Witness #2]  
Brandi Matthews [Printed or typed name of Witness #2]  
200 E. Washington St. [Address of Witness #2]  
Martinez, FL 32344

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF FLORIDA  
COUNTY OF Jefferson

Sworn to (or affirmed) and subscribed before me this 21 day of February [month], 2018 [year] by LENA HARRIS MOYLAN. The affiant is [choose one:]        personally known to me, or Y produced the following identification: FDL M450-528-28-707-0.

[Notary Seal, if any]:



Brandi Matthews  
(Signature of Notarial Officer)

Notary Public for the State of Florida

My commission expires June 23, 2020

**ACKNOWLEDGMENT OF AGENT**

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

Signature of Agent:   
\_\_\_\_\_

**CLINT CARTER MOYLAN, AGENT**

This document was prepared by:

Name: WILLIAM G. HERSMAN, Esq.  
The Law Office of William G. Hersman, P.A.  
Address: 10631 North Kendall Dr., Suite 210  
Miami, FL 33176





## TERMS & CONDITIONS OF CONTRACT

1. ALL WORKMANSHIP AND MATERIALS SHALL BE GUARANTEED AGAINST LEAKS FOR PERIOD TIME SPECIFIED OF FIRST PAGE FROM THE COMPLETION DATE OF WORK. THIS GUARANTEE DOES NOT APPLY IN THE EVENT OF FIRE, TERMITES, WINDSTORM OR DAMAGE CAUSED BY ACTS OF GOD. THIS WARRANTY DOES NOT APPLY TO LEAKAGE CAUSED BY: FOOTWEAR, IMPROPER BUILDING OR ROOF DECK CONSTRUCTION. IMPROPER ROOF OR BUILDING DESIGN; NOR PUNCTURE OR PENETRATION OF THE ROOF'S INTEGRITY FOR THE INSTALLATION OF GUTTERS, AIR CONDITIONING UNITS, SATELITES, SOLAR SYSTEMS, FIXTURES, SIGNS, HATCHWAY, PIPES, OR OTHER STRUCTURES, SUPPORTS OR BRACES, UNLESS INSTALL AS PART OF THE CONTRACT BY A PERFECT SEAL ROOFING.
2. NO GUARRANTEES SHALL APPLY UNTIL THE CONTRACT IS PAID IN FULL. IN THE EVENT THAT THERE IS A LAPSE OF TIME BETWEEN COMPLETION OF THE WORK AND FINAL PAYMENT, THE GUARANTEE WHEN ISSUED SHALL BE DATED AS OF THE DATE OF THE WORK WAS COMPLETED.
3. WHEN UNFORESEEN CONDITIONS MY ARISE, THE FIRST OPTION IS AT OUR JUDGMENT TO RESOLVE IT BEFORE TAKING ANY ACTION.
4. THIS CONTRACT PRICE INCLUDES TEARING OFF 1 ROOF SYSTEM ONLY. IF THERE IS MORE THAN 1 ROOF SYSTEM UNDERNEATH AN ADDITIONAL CHARGE WILL APPLY. THIS COST WILL BE AT OWNER'S/AGENT AND/OR CONTRACTOR'S EXPENSE AND WILL BE SETTLE WHILE THE ROOFING PROCESS IS TAKING PLACE AND MUST BE COMPLETED AND SIGNED IN WRITING BY BOTH PARTIES.
5. WHEN PHYSICAL MEASUREMENTS AND BUILDING SHAPES DIFFER IN SIZE FROM THOSE TAKEN FROM PLANS AT TIME OF ESTIMATE; A PERFECT SEAL ROOFING, LLC., SHALL BE RELEASED OF ITS OBLIGATIONS TO FUL FILL THIS CONTRACT IN THE EVENT THAT BUILDER/GENERAL CONTRACTOR DOES NOT ACCEPTS AND SIGNS NEW WORK ORDER IN ADDITION TO EXISTING CONTRACT PRICE.
6. A PERFECT SEAL ROOFING LLC SHALL NOT BE HELD RESPONSIBLE IN ANY WAY FOR ANY ACCIDENTS TO OWNERS, CONTRACTORS, TRADESMEN OR PERSONS NOT EMPLOYED BY US DUE TO FALLING FROM ROOF OR FALLING OBJECTS, OR ANY INJURY OF ANY KIND RELATED TO THE ROOFING WORK BEEN DONE AS NO ONE IS ALLOWED UNDER ANY CIRCUMSTANCES ON ROOF TOP, AROUND WORKING PERIMETER OR WITH IN OUR WORKING AREA. IN CASE THAT OWNER OR ANY OTHER PERSONS WILL LIKE TO INSPECT OUR WORK IN PROGRESS IT WILL BE AT THERE OWN RISK AND COMPLETE RESPONSIBILITY.
7. A PERFECT SEAL ROOFING SHALL BE RELIEVED OF ANY LIABILITY FOR ANY DAMAGES DONE TO ANY PLASTER DUE TO RE-ROOFING OR REMOVING LUMBER OR ANY OTHER DEFECTS IN THE CEILINGS, WALLS, SIDEWALKS, DRIVEWAYS, SEPTIC TANKS, SHRUBBERY, PATIOS, SOLAR HEATERS, FURNITURE, OR OTHER PERSONAL PROPERTY.
8. IF UPON REMOVAL OF EXISITING ROOF A DEFECT IS FOUND IN THE STRUCTURE OR DECKING BY AN INSPECTOR OR OTHERS, A PERFECT SEAL ROOFING IS NOT RESPONSIBLE FOR THESE TYPES OF HIDDEN CONDITIONS. THE OWNER WILL INCUR ANY AND ALL COSTS ASSOCIATED WITH ITS REPAIR, OR THE CONTRACTING OF A CONTRACTOR FOR STRUCTUAL REPAIRS.
9. A PERFECT SEAL ROOFING LLC RESERVES THE RIGHT TO SUB-CONTRACT ANY PART OF LABOR HEREIN PROPOSED ON FRONT PAGE.
10. ANY LEGAL EXPENSES INCURRED BY A PERFECT SEAL ROOFING FOR THE COLLECTION OF THE CONTRACT PRICE OR ANY INSTALLMENTS DUE THERE UNDER SHALL BE PAID BY THE OWNER.
11. ALL NOTICES FOR GUARANTEE WORK SHALL BE MADE UPON A PERFECT SEAL ROOFING IN WRITING, BY CERTIFIED MAIL; A PERFECT SEAL ROFFING SHALL UNDERTAKE ANY GUARANTEE REPAIRS WITHIN A REASONABLE TIME AFTER WRITTEN NOTICE. ANY WORK DONE OR ATTEMPTED TO BE DONE ON THE ROOF OTHER THAN A PERFECT SEAL ROOFING SHALL VOID THE GUARANTEE.
12. A PERFECT SEAL ROOFING SHALL BE RELIEVED OF ITS OBLIGATIONS TO TIMELY PERFORM THIS CONTRACT IN THE EVENT MATERIAL SORTAGES, LABOR DISPUTES OR STRIKES BEYOND A PERFECT SEALS CONTROL.
13. A PERFECT SEAL ROOFING RESERVES THE RIGHT TO CEASE PERFORMING UNDER THIS CONTRACT IN THE EVENT THAT THE OWNER FAILS TO MAKE ANY INSTALLMENT PAYMENTS WITHIN 5 DAYS OF ITS DUE DATE.
14. IN THE EVENT OF ASBESTOS TYPE MATERIAL ARE FOUND DURING THE REMOVAL OF THE ROOF, A PERFECT SEAL ROOFING IS RELIEVED OF ANY LIABILITY OR EXPENSE AND FEES ASSOCIATED BY ACQUIRING A CERTIFIED ASBESTOS ABATEMENT FIRM FOR THE REMOVAL OF ANY ASBESTOS MATERIALS FOUND.
15. GUARANTEE IS TRANSFERABLE; NEW OWNER IS SUBJECT TO TERMS AND CONDITIONS OF THIS ENTIRE INSTRUMENT.
16. A PERFECT SEAL ROOFING IS NOT RESPONSIBLE FOR GAS VENT SYSTEMS. THIS IS THE RESPONSIBILITY OF THE PROPERTY OWNER.
17. ALL PAYMENTS DUE UNDER THIS CONTRACT UNLESS TIMELY MADE SHALL BEAR INTREST AT THE MAXIMUM LEAGAL RATE.
18. EXTRA CHARGE TO DISHONORED CHECKS WILL BE A \$15.00 SERVICE CHARGE OR 5% OF CHECK AMOUNT (WHICHEVER IS GREATER) WILL BE CHARGE TO OWNER AS PER FLORIDA LAW.
19. THERE IS NO REPRESENTATION EITHER ORAL OR WRITTEN THAN THOSE SET FORTH ON THIS CONTRACT.
20. THIS INFORMATION IS CONFIDENTIAL, PRIVILEGED OR EXEMPT FROM DISCLOSURE UNDER APPLICATBLE FEDERAL OR STATE LAW.

Acceptance of Proposal/Contract-The above prices, specifications and conditions. Are satisfactory and are hereby accepted. You are authorized to do work as specified. Payments will be made as outlined in the front.



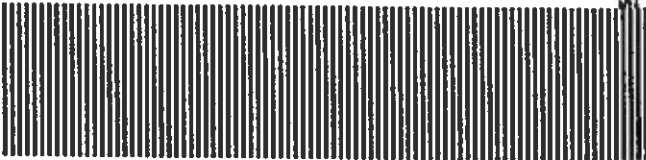
Signature \_\_\_\_\_

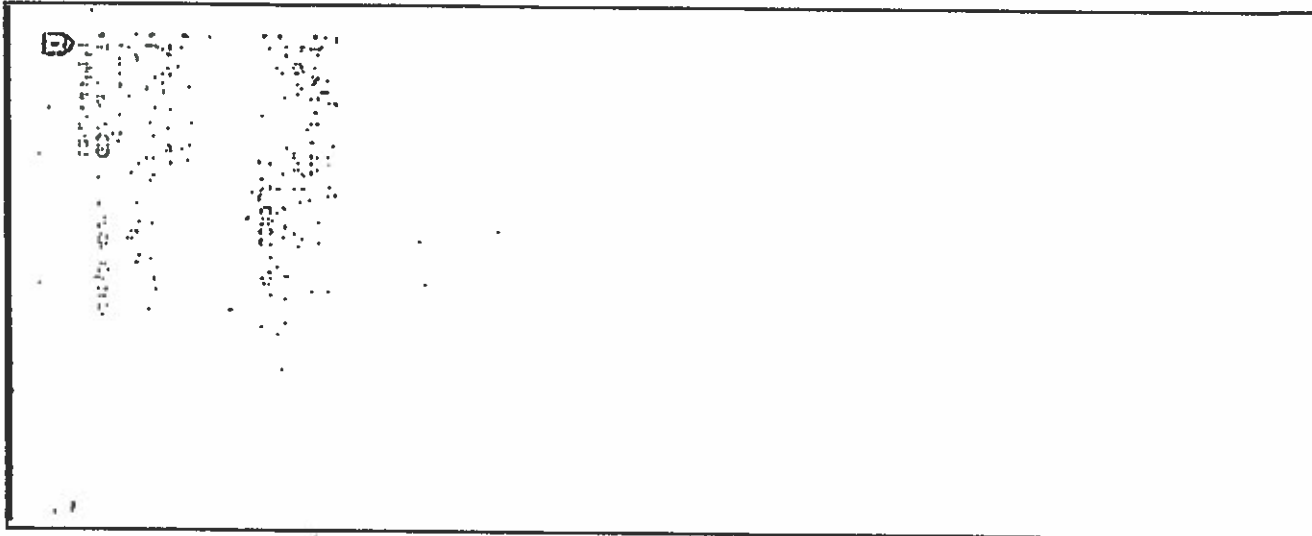
Date of Acceptance \_\_\_\_\_

WELLS FARGO

### Check Details

Check Number 8276  
Date Posted 06/19/17  
Check Amount \$6,750.00

EDWARD N. MOYLAN LENA H. MOYLAN 1345 ALEGRIANO AVE CORAL GABLES, FL 33148		8276 63-781/631 10815
		<u>6/19/17</u> Date
Pay to the Order of	<u>A Perfect Seal Roofing</u>	\$ <u>6750.00</u>
<u>Six Thousand Seven Hundred Fifty &amp; <sup>00</sup>/<sub>100</sub> Dollars</u>		
		
1345 For <u>2020 Deposit</u>		



#### \*Note

The account number, signature, and endorsement are removed from the image(s) for security reasons.

To obtain a full copy of the image, please call us at 1-800-TO-WELLS (1-800-869-3557), 24 hours, 7 days a week.



Warranty

[Privacy, Cookies, Security & Legal](#)  
[Skip to main content](#)  
[Ad Choices](#)



[Contact Us](#)

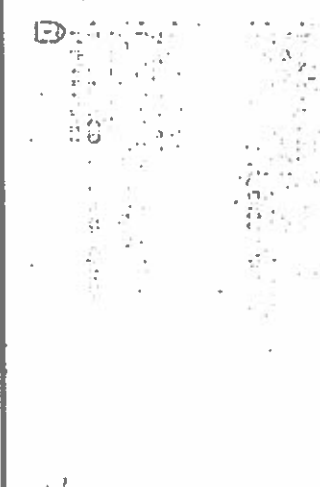
[Locations](#)

[Sign Off](#)

## Check Details

Check Number	8276
Date Posted	06/19/17
Check Amount	\$6,750.00

<b>EDWARD N. MOYLAN</b> <b>LENA H. MOYLAN</b> 1345 ALEGRIANO AVE. CORAL GABLES, FL 33148		<b>8276</b> <small>83-781/621 10815</small>
		<u>6/19/17</u> <small>Date</small>
Pay to the Order of	<u>A Perfect Seal Roofing</u>	<b>\$ 6750.00</b>
<u>Six Thousand Seven Hundred Fifty &amp; <sup>00</sup>/<sub>100</sub> Dollars</u>		<small>Quantity          Deposits          Made</small>
		
<u>1345</u> For <u>2000 Deposit</u>		

	Deposit only 719578917
---	---------------------------

For your security, information like account numbers, signatures, and the ability to view the backs of checks have been removed from the images.

WELLS FARGO

### Check Details

Check Number 8307  
Date Posted 07/18/17  
Check Amount \$6,750.00

EDWARD N. MOYLAN  
LENA H. MOYLAN  
1345 ALEGRIANO AVE.  
CORAL GABLES, FL 33148

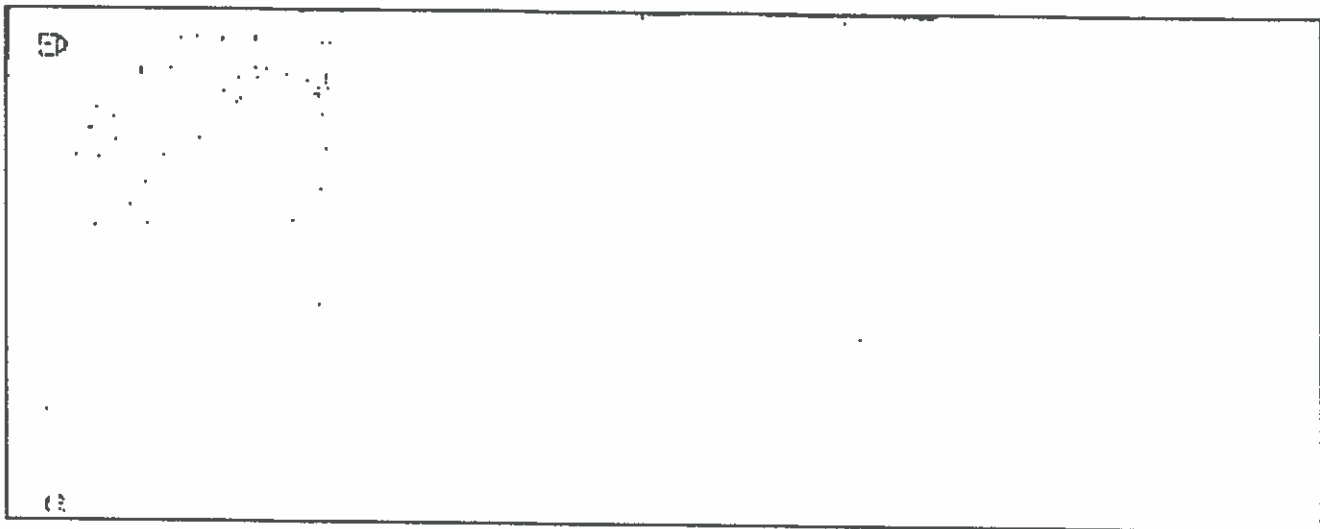
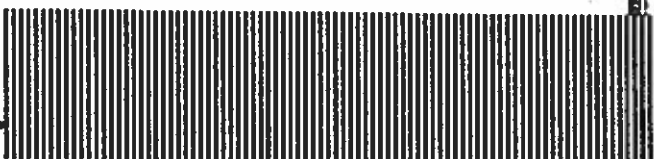
8307  
63-751/031 10813

7/18/17 Date

Pay to the Order of A Perfect Seal Roofing \$ 6750.00  
Six Thousand Seven Hundred Fifty & <sup>00</sup>/<sub>100</sub> Dollars

WELLS FARGO  
WELLS FARGO BANK, N.A.  
Florida  
wellsfargo.com

For 2nd (1345) 30% Fast Payment



#### \*Note

The account number, signature, and endorsement are removed from the image(s) for security reasons.

To obtain a full copy of the image, please call us at 1-800-TO-WELLS (1-800-869-3557), 24 hours, 7 days a week.

 Equal Housing Lender



Warranty, Cookies, Security & Legal

[Skip to main content](#)

- [Contact Us](#)
- [Locations](#)
- [Sign Off](#)

## Check Details

Check Number 8307  
 Date Posted 07/18/17  
 Check Amount \$6,750.00

EDWARD N. MOYLAN LENA H. MOYLAN 1345 ALEGRIANO AVE. CORAL GABLES, FL 33148		8307 60-751/031-10813
		<u>7/18/17</u> Date
Pay to the Order of	<u>A Perfect Seal Roofing</u>	\$ <u>6750.00</u>
	<u>Six Thousand Seven Hundred Fifty, &amp; <sup>00</sup>/<sub>100</sub> Dollars</u>	
	Wells Fargo Bank, N.A. Florida wellsfargo.com	
For	<u>2nd (1345)</u> <u>30% Fast Track</u>	

Deposit only

For your security, information like account numbers, signatures, and the ability to view the backs of checks have been removed from the images.





antee

Privacy, Cookies, Security & Legal  
Skip to main content  
Ad Choices

- Contact Us
- Locations
- Sign Off

# Check Details

Check Number 8309  
 Date Posted 07/21/17  
 Check Amount \$7,773.75

EDWARD N. MOYLAN  
 LENA H. MOYLAN  
 1345 ALEGRIANO AVE.  
 CORAL GABLES, FL 33146

8309  
 63-751/631 10915

Date 7/21/17

Pay to the Order of A Perfect Seal Roofing \$ 7773.75  
Seven Thousand Seven Hundred Seventy Three & <sup>75</sup>/<sub>100</sub> Dollars

Wells Fargo Bank, N.A.  
 Florida  
 wells Fargo.com

For \_\_\_\_\_ [Signature] 10

Deposit Only  
 #: 719578911

MICR Line



Development Services Department  
 405 Biltmore Way, Third Floor  
 Coral Gables, Florida 33134  
 Tel: 305-460-5235  
 Fax: 305-460-5261  
 www.coralgables.com



**CITY OF CORAL GABLES  
 DEVELOPMENT SERVICES DEPARTMENT**

**Permit Application**

Please provide contact information

Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

AB-17-06-2257

ALL OF THE FOLLOWING MUST BE COMPLETED BY APPLICANT ACCORDING TO FS 713.35

Date: \_\_\_\_\_  
 Permit Change:   
 Change of Contractor:   
 Permit Extension:   
 Permit Renewal:   
 Permit Revision:   
 Permit Supplement:

Permit Type:   
 Building:   
 Electrical:   
 Mechanical:   
 Plumbing:   
 Misc.:   
 App.  Date: 11/24/17

Master Permit #: BL17062676  
 Sub Permit #: \_\_\_\_\_  
 Project Information:   
 Commercial:  Residential:   
 Linear Feet: 3160'   
 Square Feet: 31,605.9   
 Cost of Work: 22,500.00

DESCRIPTION OF WORK (PRINT):  
No roof to  
EAGLE BELAIR (FLIGHTLINE)  
in charcoal.

Job Address: 1345 ALEGRIANO AVE  
 Folio #: 03-4119-001-3390  
 Lot: \_\_\_\_\_ Block: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_  
 Plat book: \_\_\_\_\_ Page: \_\_\_\_\_

PROPERTY OWNER:  
 Name: LENA MOYLAN  
 Address: 1345 ALEGRIANO AVE  
 City/State/Zip: Coral Gables, FL 33146-1101  
 Telephone No.: \_\_\_\_\_

CONTRACTOR COMPANY NAME: A-1 perfect Seal  
 Qualifier Name: Arlyn Hernandez  
 Address: 4806 SW 75 Ave  
 City/State/Zip: Miami, FL 33155  
 License No.: CCC1326433 Telephone No.: 305-488-1554

ARCHITECT:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

ENGINEER:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

BONDING:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

MORTGAGE LENDER:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES BOILERS, HEATERS TANKS, AND AIR CONDITIONERS, etc. OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK, OR RECORDING YOUR NOTICE OF COMMENCEMENT.

The Historical Resources Department's approval is required prior to the issuance of a demolition permit.

Signature of Owner: [Signature]  
 Print Name: Lena Moylan

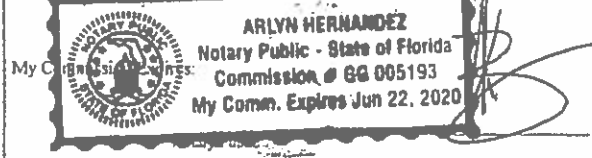
Signature of Qualifier: [Signature]  
 Print Name: Arlyn Hernandez

STATE OF FLORIDA )  
 SS )  
 COUNTY OF MIAMI-DADE )

STATE OF FLORIDA )  
 SS )  
 COUNTY OF MIAMI-DADE )

Sworn to or affirmed and subscribed before me this 19 day of June in the year 2017  
 by Lena Moylan who has taken an oath and is personally known to me or has produced \_\_\_\_\_ as identification.

Sworn to or affirmed and subscribed before me this 19 day of June in the year 2017  
 by Arlyn Hernandez who has taken an oath and is personally known to me or has produced Personally Known as identification.



# NOTICE OF COMMENCEMENT

A RECORDED COPY MUST BE POSTED ON THE JOB SITE AT TIME OF FIRST INSPECTION

PERMIT NO. \_\_\_\_\_ TAX FOLIO NO. 03-4119-001-3399

STATE OF FLORIDA  
COUNTY OF DADE

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement:

1. Legal description of property and street address: 1345 ALEGRIANO AVE Coral Gables, FL 33146-1101

2. Description of improvement: Reroof

3. Owner (s) name and address: Lena Movian 1345 ALEGRIANO AVE Coral Gables, FL 33146-1101

Interest in property: Owner

Name and address of fee simple titleholder: \_\_\_\_\_

4. Contractor's name and address: A-1 Perfect Seal Roof  
4806 SW 75 Ave, Miami, Fl 33155

5. Surety: (Payment bond required by owner from contractor, if any)  
Name and address: \_\_\_\_\_

Amount of bond: \$ \_\_\_\_\_

6. Lender's name and address: \_\_\_\_\_

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13 (1) (a) 7., Florida Statutes: \_\_\_\_\_

Name and address: \_\_\_\_\_

8. In addition to himself, Owner designates the following person (s) to receive a copy of the Lienor's Notice as provided in Section 713. 13 (1) (b) 7., Florida Statutes: \_\_\_\_\_

Name and address: \_\_\_\_\_

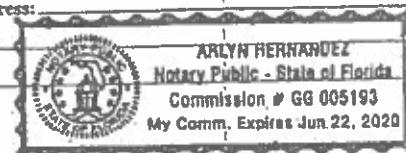
9. Expiration date of this Notice of Commencement (the expiration date is 1 year from the date of recording unless a different date is specified)

Lena Movian  
Signature of Owner

STATE OF FLORIDA	)
ss	)
COUNTY OF MIAMI-DADE	)
I, <u>Lena Movian</u> , do hereby certify that on this <u>19</u> day of <u>June</u> , in the year 20 <u>17</u>	
by <u>Lena Movian</u> , who has taken an oath and is personally known to me or has produced _____ as identification.	
My Commission Expires: _____	
Notary Public	

Prepared by: Luis Garcia  
4806 SW 75 Ave Miami, Fl 33155

Address: \_\_\_\_\_



Permits

File Edit Record Navigate Form Reports Format Tab Help



Main Contractors Custom Fields Fees Actions Fee Summary Sub Permits Routing History Parcels Routing Status

Tab Groups  
Toolbox

Permit type: b1272 ROOF / LIGHT WEIGHT CONC Permit #: BL-17-06-2676  
Address: 1345 ALEGRIANO AVE Parcel #: 03-4119-001-3390  
Apt/Suite:   
City: CORAL GABLES State: FL Zip: 33146-1101

Permit Information  
Master permit: Project: Description: RE-ROOF-2 TYPES SLOPED- EAGLE BELAIR SLATE ROOF TILE COLOR CHARCOAL, FLAT-GAF ROOFING SYSTEM W/ GAF MINERAL SURFACE CAPSHEET \$22500  
Routing queue: b1200 Status: stop work Applied: 06/29/2017 Approved: 07/24/2017 Issued: 08/23/2017 Closed/Final:   
Submitted: Clock: Stopped Days: 236 Expires: 02/19/2018  
Submitted via:

Owner  
Last name: LENA MOYLAN First name: Address: 1345 ALEGRIANO AVE CORAL GABLES FL 33146-1101  
Phone: ( ) - Email:

Applicant  
 Owner is applicant?  Contractor is applicant?  
Last name: A-1 PERFECT SEAL First name: Address: 4806 SW 75 AVE CORAL GABLES FL 33155  
Phone: (305) 477-1554 Cust #: 043055 Email inspection results:

Lender  
Last name: First name: Address:   
Phone: ( ) - Email:

e Permits

File Edit Record Navigate Form Reports Format Tab Help

Navigation icons: Home, Back, Forward, Print, Refresh, etc. Jump 1

Main Contractors Custom Fields Fees Actions Fee Summary Sub Permits Routing History Parcels Routing Status

Tab Groups  
Toolbox

Permit type: b1272 ROOF / LIGHT WEIGHT CONC Permit #: BL-17-06-2676  
Address: 1345 ALEGRIANO AVE Parcel #: 03-4119-001-3390  
Apt/Suite:   
City: CORAL GABLES State: FL Zip: 33146-1101

Permit Information  
Master permit:   
Project:   
Description: RE-ROOF-2 TYPES SLOPED- EAGLE BELAIR SLATE ROOF TILE COLOR: CHARCOAL, FLAT-GAF ROOFING SYSTEM W/ GAF MINERAL SURFACE CAPSHEET \$22500  
Submitted:   
Submitted via:   
Routing queue: b200 Status: issued Applied: 06/29/2017 Approved: 07/24/2017 Issued: 08/23/2017 Closed/Final:   
Clock: Running Days: 312 Expires: 10/30/2018

Owner  
Last name: LENA MOYLAN First name:   
Phone: ( ) - Email:   
Address: 1345 ALEGRIANO AVE CORAL GABLES FL 33146-1101

Applicant  
 Owner is applicant?  Contractor is applicant?  
Last name: A-1 PERFECT SEAL First name:   
Phone: (305) 477-1554 Cust #: 043055 Address: 4806 SW 75 AVE CORAL GABLES FL 33155  
Email:   
 Email inspection results

Lender  
Last name: First name:   
Phone: ( ) - Email: Address:



Permit #  Address   
Permit type

Contractors Name / Address

Primary  
Phone  Business #   Contractor or applicant  
License type  License #  License status   
Contact  Phone  Work type   
Contact email  Fee   
 Mail hard copy  Send email  Send tax

Tab Groups  
Toolbox

Permits

File Edit Record Navigate Form Reports Format Tab Grid Help

Navigation icons: Home, Back, Forward, Print, Refresh, etc. Jump 1

Main | Contractors | Custom Fields | Fees | **Actions** | Fee Summary | Sub Permits | Routing History | Parcels | Routing Status

Permit #  Address   
 Permit type

Group	Action Code	Action Description	Completion Date	Complete Code
1	PLAN REVIEW	Routed		
2	PLAN PROCESSING	Routed		
3	CASHIER	Routed		
4	NOTICE OF COMMENCEMENT	Routed		
-	INSPECTION	Working		
5	pw837	FINAL PUBLIC WORKS (BLDG PERMIT)		<input type="checkbox"/>
5	b1083	FINAL ROOF		<input type="checkbox"/>
5	b1189	MOPPING		<input type="checkbox"/>
5	b1352	TILE PLACING		<input type="checkbox"/>
5	b1412	TIN CAP - SLOPED RE-ROOF	05/03/2018 12:00:00 AM	<input checked="" type="checkbox"/> apvd
5	b1356	UPLIFT TEST		<input type="checkbox"/>

Building & Zoning Department  
 405 Biltmore Way, Third Floor  
 Coral Gables, Florida 33134  
 Tel: 305-460-5235  
 Fax: 305-460-5261  
 www.coralgables.com



**CITY OF CORAL GABLES**  
**BUILDING AND ZONING DEPARTMENT**

*Permit Application*

MCOL #

ALL OF THE FOLLOWING MUST BE COMPLETED BY APPLICANT ACCORDING TO FS 713.35

Date: 2/28/18  
 Application #:

Permit Type:	<input checked="" type="checkbox"/>
Building	
Electrical	
Mechanical	
Plumbing	
Roofing	<input checked="" type="checkbox"/>
Misc.	
App.	<u>up</u>
Date	<u>2/27/18</u>

Master Permit #: BL-17-06-2074  
 Control #: EX-18-02-2000

Permit Change:	<input checked="" type="checkbox"/>
Change of Contractor	
Permit Extension	
Permit Renewal	<input checked="" type="checkbox"/>
Permit Revision	
Permit Supplement	

Project Information:	<input checked="" type="checkbox"/>
Commercial:	
Residential:	<input checked="" type="checkbox"/>
Linear Feet:	<input checked="" type="checkbox"/>
Square Feet:	<input checked="" type="checkbox"/>
Value of Work:	<input checked="" type="checkbox"/>

DESCRIPTION OF WORK (PRINT):  
renewal

PROPERTY LOCATION:  
 Address: 1345 ALEGRIANO AVE  
Coral Gables FL 33146  
 Folio #: 03-4119-001-3390  
 Lot: 30-33 Block: 91  
 Subdivision: Coral Gables COUNTRY CLUB SEC 5  
 Plat book: 10 Page: 52

PROPERTY OWNER:  
 Name: LENA MOYLAN  
 Address: 1345 ALEGRIANO AVE  
 City/State/Zip: Coral Gables, FL 33146  
 Telephone No.:

CONTRACTOR: A1 Perfect Seal Roofing  
 Address: 4806 SW 75 AVE  
 City/State/Zip: Miami FL 33155  
 License No.: CCC1326433 Telephone No.: 305-477-1554

ARCHITECT:  
 Name:  
 Address:  
 City/State/Zip: Tel.:

ENGINEER:  
 Name:  
 Address:  
 City/State/Zip: Tel.:

BONDING:  
 Name:  
 Address:  
 Telephone No.:

MORTGAGE LENDER:  
 Name:  
 Address:  
 Telephone No.:

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating the construction in the City of Coral Gables. I understand that a separate permit must be secured for ELECTRICAL, PLUMBING, MECHANICAL, WELLS, POOLS, BOILERS, TANKS, AIR CONDITIONERS, ROOFING, AWNINGS, ETC. The Historical Resources Department's approval is required prior to the issuance of a demolition permit.  
 NOTICE TO OWNER: Failure to record a notice of commencement may result in you paying twice for improvements to your property. If you intend to obtain financing, contact your lender or an attorney before recording your notice of commencement.  
 OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

Signature of Owner [Signature]  
 The foregoing instrument was acknowledged before me this 26 day of FEBRUARY 2018 by [Name]  
 ( ) is personally known to me,  
 ( ) has produced a [Signature] as identification,  
 NOTARY PUBLIC (SEAL)

Signature of Qualifier [Signature]  
 The foregoing instrument was acknowledged before me this 26 day of FEBRUARY 2018 by [Name]  
 ( ) is personally known to me,  
 ( ) has produced a [Signature] as identification,  
 NOTARY PUBLIC (SEAL)

DESRÉE DEL CASTILLO  
 MY COMMISSION # GG 165911  
 EXPIRES: April 6, 2022  
 Notary Public (Seal)

DESRÉE DEL CASTILLO  
 MY COMMISSION # GG 165911  
 EXPIRES: April 6, 2022  
 Notary Public (Seal)

1345 Alegriano Avenue

May 23, 2018









**CITY OF CORAL GABLES  
CONSTRUCTION REGULATION BOARD  
CONTRACTOR COMPLAINT FORM**

1. Name of Complainant(s) Client C. Moylan with Power of Attorney for property owner Lena Moylan (89 years old)  
Affiant
2. Current address 1345 Alegriano, Coral Gables, FL 33146
3. Address of location where the job was performed 521 San Servando, Coral Gables, FL 33143
4. Contact telephone no. 305-975-4805 carterent@comcast.net
5. What is the name and address of the company(s) or individual(s) you contracted with? A Perfect Seal Roofing/Arlyn Hernandez (Owner), 4806 SW 75 Ave, Miami, FL 33155
6. What is the name(s) of the person(s) you deal with from that company?  
Arlyn Hernandez (Owner) 786-426-9500 & Jenny (Office personnel) 305-477-1554
7. Did the company or individual represent they were licensed?  Yes or  No. If yes, what license number did he/she/they use? CCC#1326433
8. What else was said, done, written or shown to you to cause you to believe the individual company was licensed?  
Their proposal and contract have their license # on them.
9. Did you enter into a written agreement/contract with that company or person?  Yes or  No.  
**If yes, please provide a copy of all written agreements/contracts entered into.**
10. What was the date the agreement/contract was entered into? June 13, 2017
11. What date (or approximate) did the work begin? July 6, 2017
12. What work was supposed to be done under the terms of the contract?  
A complete re-roof including tearing off and disposing of old roof, See contract.
  
13. What was the total amount to be paid under the contract? \$18,500.00
14. What were the terms of payment (draws) to be paid under the contract?
  1. 30% down when contract was signed.
  2. 30% when 30# felt is being installed.
  3. 20% when 90# is being installed
  4. 20% when job is completed
15. Did you make any payments? If so, please list the date and amount of each payment and to whom the payment was given. If payments were different from the terms of the contract, please explain why they were different. **If checks were given, please provide copies of the front and back of all checks. Important! Please fill this portion out completely.**

<b>Date of Payment</b>	<b>Amount</b>	<b>Reason for Payment</b>
<u>June 13, 2017</u>	<u>\$5550.00</u>	<u>Per contract (30% down on signing contract)</u>
<u>July 6, 2017</u>	<u>5550.00</u>	<u>Per contract (30% when 30# felt installed)</u>
<u>July 25, 2017</u>	<u>3850.00</u>	<u>Per contract (20% when 90# installed plus some rotted wood was replaced)</u>

16. To your knowledge, was a permit obtained?  Yes or  No.  
 By whom? Arlyn hernandez

**CITY'S** composite  
**EXHIBIT** 2

17. Please provide a brief summary of the nature of your complaint.  
A Perfect Seal Roofing has not furnished and installed the concrete roof tiles per their responsibility in the contract.

18. Describe the extent of work done by the contractor. And if you know, what is the estimated value of the work done? Removed and hauled away old roof, installed 30# felt, installed 90#, hot mopped

19. When or what date was the last time the contractor performed work? July 25, 2017

20. Did he/she work steadily from the date he/she started work?  Yes or  No

21. Have you had conversations with the contractor regarding your complaint since he/she stopped or finished work?  Yes or  No

If yes, explain. Called and stopped by their office many times but never get any answers

22. To your knowledge, have any inspections been performed by the Development Services Department?  Yes or  No

23. Have you had any independent sources inspect the work, such as an architect, engineer or another contractor? If so, what was their determination? If a report was made, please attach a copy of their report  Yes or  No

24. Have any liens been filed against you property by the contractor, subcontractor or suppliers?  Yes or  No

25. Have you filed a civil suit against the contractor?  Yes or  No

X *[Signature]*  
Affiant (property owner or authorized representative)

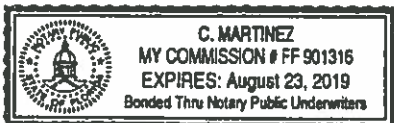
STATE OF FLORIDA )

ss

COUNTY OF MIAMI-DADE )

Sworn to or affirmed and subscribed before me this 23 day of Jul, 2018 by  
\_\_\_\_\_ who has taken an oath and is personally known to me or has  
produced \_\_\_\_\_ as identification. \_\_\_\_\_

My Commission Expires:



*[Signature]*  
Notary Public

**FLORIDA GENERAL DURABLE POWER OF ATTORNEY**

**THE POWERS YOU GRANT BELOW ARE EFFECTIVE  
EVEN IF YOU BECOME DISABLED OR INCOMPETENT**

**This durable power of attorney is not affected by subsequent incapacity of the principal  
except as provided in §709.08, Florida Statutes.**

I, LENA HARRIS MOYLAN (DOB: 6/7/1928) of 1345 ALEGRIANO, CORAL GABLES, FL 33146 in MIAMI-DADE COUNTY appoint my son, CLINT CARTER MOYLAN (DOB: 2/26/1959), of 521 SAN SERVANDO, CORAL GABLES, FL 33143 in MIAMI-DADE COUNTY as my Agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

**Note: If you initial Item A or Item B, which follow, a notarized signature will be required on behalf of the Principal.**

INITIAL

\_\_\_\_\_ (A) **Real property transactions.** To lease, sell, mortgage, purchase, exchange, and acquire, and to agree, bargain, and contract for the lease, sale, purchase, exchange, and acquisition of, and to accept, take, receive, and possess any interest in real property whatsoever, on such terms and conditions, and under such covenants, as my Agent shall deem proper; and to maintain, repair, tear down, alter, rebuild, improve manage, insure, move, rent, lease, sell, convey, subject to liens, mortgages, and security deeds, and in any way or manner deal with all or any part of any interest in real property whatsoever, including specifically, but without limitation, real property lying and being situated in the State of Florida, under such terms and conditions, and under such covenants, as my Agent shall deem proper and may for all deferred payments accept purchase money notes payable to me and secured by mortgages or deeds to secure debt, and may from time to time collect and cancel any of said notes, mortgages, security interests, or deeds to secure debt.

\_\_\_\_\_ (B) **Tangible personal property transactions.** To lease, sell, mortgage, purchase, exchange, and acquire, and to agree, bargain, and contract for the lease, sale, purchase, exchange, and acquisition of, and to accept, take, receive, and possess any personal property whatsoever, tangible or intangible, or interest thereto, on such terms and conditions, and under such covenants, as my Agent shall deem proper; and to maintain, repair, improve, manage, insure, rent, lease, sell, convey, subject to liens or mortgages, or to take any other security interests in said property which are recognized under the Uniform Commercial Code as adopted at that time under the laws of the State of Florida or any applicable state, or otherwise hypothecate (pledge), and in any way or manner deal with all or any part of any real or personal property whatsoever, tangible

or intangible, or any interest therein, that I own at the time of execution or may thereafter acquire, under such terms and conditions, and under such covenants, as my Agent shall deem proper.

\_\_\_\_\_ **(C) Stock and bond transactions.** To purchase, sell, exchange, surrender, assign, redeem, vote at any meeting, or otherwise transfer any and all shares of stock, bonds, or other securities in any business, association, corporation, partnership, or other legal entity, whether private or public, now or hereafter belonging to me.

\_\_\_\_\_ **(D) Commodity and option transactions.** To buy, sell, exchange, assign, convey, settle and exercise commodities futures contracts and call and put options on stocks and stock indices traded on a regulated options exchange and collect and receipt for all proceeds of any such transactions; establish or continue option accounts for the principal with any securities or futures broker; and, in general, exercise all powers with respect to commodities and options which the principal could if present and under no disability.

\_\_\_\_\_ **(E) Banking and other financial institution transactions.** To make, receive, sign, endorse, execute, acknowledge, deliver and possess checks, drafts, bills of exchange, letters of credit, notes, stock certificates, withdrawal receipts and deposit instruments relating to accounts or deposits in, or certificates of deposit of banks, savings and loans, credit unions, or other institutions or associations. To pay all sums of money, at any time or times, that may hereafter be owing by me upon any account, bill of exchange, check, draft, purchase, contract, note, or trade acceptance made, executed, endorsed, accepted, and delivered by me or for me in my name, by my Agent. To borrow from time to time such sums of money as my Agent may deem proper and execute promissory notes, security deeds or agreements, financing statements, or other security instruments in such form as the lender may request and renew said notes and security instruments from time to time in whole or in part. To have free access at any time or times to any safe deposit box or vault to which I might have access.

\_\_\_\_\_ **(F) Business operating transactions.** To conduct, engage in, and otherwise transact the affairs of any and all lawful business ventures of whatever nature or kind that I may now or hereafter be involved in. To organize or continue and conduct any business which term includes, without limitation, any farming, manufacturing, service, mining, retailing or other type of business operation in any form, whether as a proprietorship, joint venture, partnership, corporation, trust or other legal entity; operate, buy, sell, expand, contract, terminate or liquidate any business; direct, control, supervise, manage or participate in the operation of any business and engage, compensate and discharge business managers, employees, agents, attorneys, accountants and consultants; and, in general, exercise all powers with respect to business interests and operations which the principal could if present and under no disability.

\_\_\_\_\_ **(G) Insurance and annuity transactions.** To exercise or perform any act, power, duty, right, or obligation, in regard to any contract of life, accident, health, disability, liability, or other type of insurance or any combination of insurance; and to procure new or additional contracts of insurance for me and to designate the beneficiary of same; provided, however, that my Agent cannot designate himself or herself as beneficiary of any such insurance contracts.

\_\_\_\_\_ **(H) Estate, trust, and other beneficiary transactions.** To accept, receipt for, exercise, release, reject, renounce, assign, disclaim, demand, sue for, claim and recover any legacy, bequest, devise, gift or other property interest or payment due or payable to or for the principal; assert any interest in and exercise any power over any trust, estate or property subject to fiduciary control; establish a revocable trust solely for the benefit of the principal that terminates at the death of the principal and is then distributable to the legal representative of the estate of the

principal; and, in general, exercise all powers with respect to estates and trusts which the principal could exercise if present and under no disability; provided, however, that the Agent may not make or change a will and may not revoke or amend a trust revocable or amendable by the principal or require the trustee of any trust for the benefit of the principal to pay income or principal to the Agent unless specific authority to that end is given.

\_\_\_\_\_ **(I) Claims and litigation.** To commence, prosecute, discontinue, or defend all actions or other legal proceedings touching my property, real or personal, or any part thereof, or touching any matter in which I or my property, real or personal, may be in any way concerned. To defend, settle, adjust, make allowances, compound, submit to arbitration, and compromise all accounts, reckonings, claims, and demands whatsoever that now are, or hereafter shall be, pending between me and any person, firm, corporation, or other legal entity, in such manner and in all respects as my Agent shall deem proper.

\_\_\_\_\_ **(J) Personal and family maintenance.** To hire accountants, attorneys at law, consultants, clerks, physicians, nurses, agents, servants, workmen, and others and to remove them, and to appoint others in their place, and to pay and allow the persons so employed such salaries, wages, or other remunerations, as my Agent shall deem proper.

\_\_\_\_\_ **(K) Benefits from Social Security, Medicare, Medicaid, or other governmental programs, or military service.** To prepare, sign and file any claim or application for Social Security, unemployment or military service benefits; sue for, settle or abandon any claims to any benefit or assistance under any federal, state, local or foreign statute or regulation; control, deposit to any account, collect, receipt for, and take title to and hold all benefits under any Social Security, unemployment, military service or other state, federal, local or foreign statute or regulation; and, in general, exercise all powers with respect to Social Security, unemployment, military service, and governmental benefits, including but not limited to Medicare and Medicaid, which the principal could exercise if present and under no disability.

\_\_\_\_\_ **(L) Retirement plan transactions.** To contribute to, withdraw from and deposit funds in any type of retirement plan (which term includes, without limitation, any tax qualified or nonqualified pension, profit sharing, stock bonus, employee savings and other retirement plan, individual retirement account, deferred compensation plan and any other type of employee benefit plan); select and change payment options for the principal under any retirement plan; make rollover contributions from any retirement plan to other retirement plans or individual retirement accounts; exercise all investment powers available under any type of self-directed retirement plan; and, in general, exercise all powers with respect to retirement plans and retirement plan account balances which the principal could if present and under no disability.

\_\_\_\_\_ **(M) Tax matters.** To prepare, to make elections, to execute and to file all tax, social security, unemployment insurance, and informational returns required by the laws of the United States, or of any state or subdivision thereof, or of any foreign government; to prepare, to execute, and to file all other papers and instruments which the Agent shall think to be desirable or necessary for safeguarding of me against excess or illegal taxation or against penalties imposed for claimed violation of any law or other governmental regulation; and to pay, to compromise, or to contest or to apply for refunds in connection with any taxes or assessments for which I am or may be liable.

 **(N) ALL OF THE POWERS LISTED ABOVE. YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).**

**SPECIAL INSTRUCTIONS:**

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

---

---

---

---

---

---

---

---

THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

THIS POWER OF ATTORNEY SHALL BE CONSTRUED AS A GENERAL DURABLE POWER OF ATTORNEY AND SHALL CONTINUE TO BE EFFECTIVE EVEN IF I BECOME DISABLED, INCAPACITATED, OR INCOMPETENT.

**Choice of Law.** THIS POWER OF ATTORNEY WILL BE GOVERNED BY THE LAWS OF THE STATE OF FLORIDA WITHOUT REGARD FOR CONFLICTS OF LAWS PRINCIPLES. IT WAS EXECUTED IN THE STATE OF FLORIDA AND IS INTENDED TO BE VALID IN ALL JURISDICTIONS OF THE UNITED STATES OF AMERICA AND ALL FOREIGN NATIONS.

I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my Agent.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party learns of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this 21 day of February 2018.

  
\_\_\_\_\_  
LENA HARRIS MOYLAN



STATEMENT OF WITNESS

On the date written above, the principal declared to me in my presence that this instrument is his general durable power of attorney and that he or she had willingly signed or directed another to sign for him or her, and that he or she executed it as his or her free and voluntary act for the purposes therein expressed.

Gail Murphy [Signature of Witness #1]  
Gail Murphy [Printed or typed name of Witness #1]  
200 E Washington St. [Address of Witness #1]  
Monticello, Fla 32344

Brandi Matthews [Signature of Witness #2]  
Brandi Matthews [Printed or typed name of Witness #2]  
200 E Washington St. [Address of Witness #2]  
Monticello, FL 32344

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF FLORIDA  
COUNTY OF Jefferson

Sworn to (or affirmed) and subscribed before me this 21 day of February [month], 2018 [year] by LENA HARRIS MOYLAN. The affiant is [choose one:]        personally known to me, or Y produced the following identification: FDL M450-528-28-767-0.

[Notary Seal, if any]:



Brandi Matthews  
(Signature of Notarial Officer)

Notary Public for the State of Florida

My commission expires June 23, 2020

**ACKNOWLEDGMENT OF AGENT**

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

Signature of Agent:   
\_\_\_\_\_

**CLINT CARTER MOYLAN, AGENT**

This document was prepared by:

Name: WILLIAM G. HERSMAN, Esq.  
The Law Office of William G. Hersman, P.A.  
Address: 10631 North Kendall Dr., Suite 210  
Miami, FL 33176



A-1 PERFECT SEAL ROOF  
 COMMERCIAL & RESIDENTIAL ROOFING  
 CCC#1326433  
 PHONE NO.: (305) 477-1554 FAX: (786)953-4265  
 4806 SW 75 Ave Miami, FL 33155

**CONTRACT**  
 Date: June 13, 2017

To: Lena Moylan

Job Address: 521 San Servando Ave Coral Gables, FL 33143

**We hereby submit specifications for: New Tile Roof System with Foam Application**

- Obtain roofing permit and register a Notice of Commencement with the Clerk of Courts.
- Remove existing roof down to the wood deck.
- When rotted plywood exceeds 200 square feet of 5/8" CDX Plywood or 200 lineal feet V-Joint, additional wood will be charged at \$45.00 per plywood and at \$4.50 per linear feet of V-Joint. When rotted fascia exceeds 120 lineal feet, additional wood will be charge at \$4.50 per lineal feet. Prices include labor and materials.
- Re-nail existing wood deck with 8D (2.5") Ring Shank Coil Nails.
- Furnish and install one ply of 30# ASTM felt paper mechanically fastened with 3/4" or 1-1/4" Ring Shank Coil Nails and 1-5/8" galvanized round Tin Caps.
- Furnish and install new 3" Painted Eave Drip in select colors, \_\_\_\_\_ along roof edge mechanically fastened with 1-1/4" Ring Shank Coil Nails.
- Furnish and install new 16" valley and counter flashing wherever necessary seal with asphalt membrane and flashing cement.
- Prime all metals with ASTM D 41 asphalt primer to promote adhesion of roof system.
- Furnish and install new lead flashings and GRV Roof Vents as per manufacturer's application instructions.
- Furnish and install one ply of 90# ASTM tile underlayment adhered with approved mopping asphalt applied within the EVT range of 20-40 lbs/sq.
- Furnish and install pre-formed Hip & Ridge (Channel) metal 26ga galvanized steel with 1.25" ring shank nails 6" o.c. along both deck flanges.
- Furnish and install Eagle or Boral concrete tile Standard Concrete Roof Tile, \_\_\_\_\_ set in Polyfoam polyurethane foam adhesive. Furnish and install Ridges with cement and eave closure metal matching roof tile color chosen.
- Obtain Roof Up-Lift Test from licensed and authorized engineer firm.
- Haul away all roof debris, leaving premises in clean condition.
- Contract price includes roofing permit, inspections, labor and materials.

**NEW ROOF SYSTEM IS GUARANTEED AGAINST LEAKS FOR 12 YEARS FROM DATE OF COMPLETION ON WORKMANSHIP.**

**We propose hereby to furnish materials and labor-complete in accordance with the above specification, for the sum of Total \$18,500.00**

**Payment to be made as follows: 30% when contract is signed, 30% when 30# felt is being installed, 20% when 90# is being installed is being installed; and 20% upon job completion.**

Authorized Signature \_\_\_\_\_

Note: This proposal may be withdrawn by us if not accepted within 30 days.

Signature \_\_\_\_\_

Date of Acceptance \_\_\_\_\_

## TERMS & CONDITIONS OF CONTRACT

1. ALL WORKMANSHIP AND MATERIALS SHALL BE GUARANTEED AGAINST LEAKS FOR PERIOD TIME SPECIFIED OF FIRST PAGE FROM THE COMPLETION DATE OF WORK. THIS GUARANTEE DOES NOT APPLY IN THE EVENT OF FIRE, TERMITES, WINDSTORM OR DAMAGE CAUSED BY ACTS OF GOD. THIS WARRANTY DOES NOT APPLY TO LEAKAGE CAUSED BY: FOOTWEAR, IMPROPER BUILDING OR ROOF DECK CONSTRUCTION, IMPROPER ROOF OR BUILDING DESIGN: NOR PUNCTURE OR PENETRATION OF THE ROOF'S INTEGRITY FOR THE INSTALLATION OF GUTTERS, AIR CONDITIONING UNITS, SATELITES, SOLAR SYSTEMS, FIXTURES, SIGNS, HATCHWAY, PIPES, OR OTHER STRUCTURES, SUPPORTS OR BRACES, UNLESS INSTALL AS PART OF THE CONTRACT BY A PERFECT SEAL ROOFING.
2. NO GUARRANTEES SHALL APPLY UNTIL THE CONTRACT IS PAID IN FULL. IN THE EVENT THAT THERE IS A LAPSE OF TIME BETWEEN COMPLETION OF THE WORK AND FINAL PAYMENT, THE GUARANTEE WHEN ISSUED SHALL BE DATED AS OF THE DATE OF THE WORK WAS COMPLETED.
3. WHEN UNFORESEEN CONDITIONS MY ARISE, THE FIRST OPTION IS AT OUR JUDGMENT TO RESOLVE IT BEFORE TAKING ANY ACTION.
4. THIS CONTRACT PRICE INCLUDES TEARING OFF 1 ROOF SYSTEM ONLY. IF THERE IS MORE THAN 1 ROOF SYSTEM UNDERNEATH AN ADDITIONAL CHARGE WILL APPLY. THIS COST WILL BE AT OWNER'S/AGENT AND/OR CONTRACTOR'S EXPENSE AND WILL BE SETTLE WHILE THE ROOFING PROCESS IS TAKING PLACE AND MUST BE COMPLETED AND SIGNED IN WRITING BY BOTH PARTIES.
5. WHEN PHYSICAL MEASUREMENTS AND BUILDING SHAPES DIFFER IN SIZE FROM THOSE TAKEN FROM PLANS AT TIME OF ESTIMATE; A PERFECT SEAL ROOFING, LLC., SHALL BE RELEASED OF ITS OBLIGATIONS TO FUL FILL THIS CONTRACT IN THE EVENT THAT BUILDER/GENERAL CONTRACTOR DOES NOT ACCEPTS AND SIGNS NEW WORK ORDER IN ADDITION TO EXISTING CONTRACT PRICE.
6. A PERFECT SEAL ROOFING LLC SHALL NOT BE HELD RESPONSIBLE IN ANY WAY FOR ANY ACCIDENTS TO OWNERS, CONTRACTORS, TRADESMEN OR PERSONS NOT EMPLOYED BY US DUE TO FALLING FROM ROOF OR FALLING OBJECTS, OR ANY INJURY OF ANY KIND RELATED TO THE ROOFING WORK BEEN DONE AS NO ONE IS ALLOWED UNDER ANY CIRCUMSTANCES ON ROOF TOP, AROUND WORKING PERIMETER OR WITH IN OUR WORKING AREA. IN CASE THAT OWNER OR ANY OTHER PERSONS WILL LIKE TO INSPECT OUR WORK IN PROGRESS IT WILL BE AT THERE OWN RISK AND COMPLETE RESPONSIBILITY.
7. A PERFECT SEAL ROOFING SHALL BE RELIEVED OF ANY LIABILITY FOR ANY DAMAGES DONE TO ANY PLASTER DUE TO RE-ROOFING OR REMOVING LUMBER OR ANY OTHER DEFECTS IN THE CEILINGS, WALLS, SIDEWALKS, DRIVEWAYS, SEPTIC TANKS, SHRUBBERY, PATIOS, SOLAR HEATERS, FURNITURE, OR OTHER PERSONAL PROPERTY.
8. IF UPON REMOVAL OF EXISITING ROOF A DEFECT IS FOUND IN THE STRUCTURE OR DECKING BY AN INSPECTOR OR OTHERS, A PERFECT SEAL ROOFING IS NOT RESPONSIBLE FOR THESE TYPES OF HIDDEN CONDITIONS. THE OWNER WILL INCUR ANY AND ALL COSTS ASSOCIATED WITH ITS REPAIR, OR THE CONTRACTING OF A CONTRACTOR FOR STRUCTUAL REPAIRS.
9. A PERFECT SEAL ROOFING LLC RESERVES THE RIGHT TO SUB-CONTRACT ANY PART OF LABOR HEREIN PROPOSED ON FRONT PAGE.
10. ANY LEGAL EXPENSES INCURRED BY A PERFECT SEAL ROOFING FOR THE COLLECTION OF THE CONTRACT PRICE OR ANY INSTALLMENTS DUE THERE UNDER SHALL BE PAID BY THE OWNER.
11. ALL NOTICES FOR GUARANTEE WORK SHALL BE MADE UPON A PERFECT SEAL ROOFING IN WRITING, BY CERTIFIED MAIL; A PERFECT SEAL ROFFING SHALL UNDERTAKE ANY GUARANTEE REPAIRS WITHIN A REASONABLE TIME AFTER WRITTEN NOTICE. ANY WORK DONE OR ATTEMPTED TO BE DONE ON THE ROOF OTHER THAN A PERFECT SEAL ROOFING SHALL VOID THE GUARANTEE.
12. A PERFECT SEAL ROOFING SHALL BE RELIEVED OF ITS OBLIGATIONS TO TIMELY PERFORM THIS CONTRACT IN THE EVENT MATERIAL SORTAGES, LABOR DISPUTES OR STRIKES BEYOND A PERFECT SEALS CONTROL.
13. A PERFECT SEAL ROOFING RESERVES THE RIGHT TO CEASE PERFORMING UNDER THIS CONTRACT IN THE EVENT THAT THE OWNER FAILS TO MAKE ANY INSTALLMENT PAYMENTS WITHIN 5 DAYS OF ITS DUE DATE.
14. IN THE EVENT OF ASBESTOS TYPE MATERIAL ARE FOUND DURING THE REMOVAL OF THE ROOF, A PERFECT SEAL ROOFING IS RELIEVED OF ANY LIABILITY OR EXPENSE AND FEES ASSOCIATED BY ACQUIRING A CERTIFIED ASBESTOS ABATEMENT FIRM FOR THE REMOVAL OF ANY ASBESTOS MATERIALS FOUND.
15. GUARANTEE IS TRANSFERABLE; NEW OWNER IS SUBJECT TO TERMS AND CONDITIONS OF THIS ENTIRE INSTRUMENT.
16. A PERFECT SEAL ROOFING IS NOT RESPONSIBLE FOR GAS VENT SYSTEMS. THIS IS THE RESPONSIBILITY OF THE PROPERTY OWNER.
17. ALL PAYMENTS DUE UNDER THIS CONTRACT UNLESS TIMELY MADE SHALL BEAR INTREST AT THE MAXIMUM LEAGAL RATE.
18. EXTRA CHARGE TO DISHONORED CHECKS WILL BE A \$15.00 SERVICE CHARGE OR 5% OF CHECK AMOUNT (WHICHEVER IS GREATER) WILL BE CHARGE TO OWNER AS PER FLORIDA LAW.
19. THERE IS NO REPRESENTATION EITHER ORAL OR WRITTEN THAN THOSE SET FORTH ON THIS CONTRACT.
20. THIS INFORMATION IS CONFIDENTIAL, PRIVILEGED OR EXEMPT FROM DISCLOSURE UNDER APPLICATBLE FEDERAL OR STATE LAW.

Acceptance of Proposal/Contract-The above prices, specifications and conditions. Are satisfactory and are hereby accepted. You are authorized to do work as specified. Payments will be made as outlined in the front.

Signature \_\_\_\_\_

Date of Acceptance \_\_\_\_\_

WELLS FARGO

### Check Details

Check Number 8250  
Date Posted 06/13/17  
Check Amount \$5,550.00

EDWARD N. MOYLAN  
LENA H. MOYLAN  
1346 ALEGRIANO AVE.  
CORAL GABLES, FL 33146

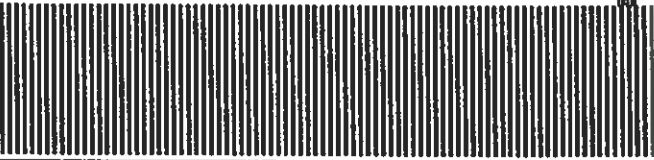
8250  
03-751/831 10815  
1878708981848

6/13/17 Date

Pay to the  
Order of A Perfect Seal Roof \$ 5550.00  
Five Thousand Five Hundred Fifty & <sup>00</sup>/<sub>100</sub> Dollars

WELLS FARGO  
Wells Fargo Bank, N.A.  
Florida  
wellsfargo.com

For 30% New Roof @ .521



#### \*Note

The account number, signature, and endorsement are removed from the image(s) for security reasons.

To obtain a full copy of the image, please call us at 1-800-TO-WELLS (1-800-869-3557), 24 hours, 7 days a week.

 Equal Housing Lender



[Warranty](#)  
[Privacy, Cookies, Security & Legal](#)  
[Skip to main content](#)  
[All Choices](#)

[Contact Us](#)  
[Locations](#)  
[Sign Off](#)

## Check Details

**Check Number** 8250  
**Date Posted** 06/13/17  
**Check Amount** \$5,550.00

EDWARD N. MOYLAN LENA H. MOYLAN 1345 ALEGRIANO AVE. CORAL GABLES, FL 33146		8250 63-751/831 10815 1676706981646
		<u>6/13/17</u> Date
Pay to the Order of	<u>A Perfect Seal Roof</u>	\$ 5550.00
<u>Five Thousand Five Hundred Fifty &amp; <sup>00</sup>/<sub>100</sub></u>		Dollars
	Wells Fargo Bank, N.A. Florida wfbank.com	
For <u>30% New Roof @ 2.521</u>		NY

719578911  
 Dupes Hanky

For your security, information like account numbers, signatures, and the ability to view the backs of checks have been removed from the images.

WELLS FARGO

### Check Details

Check Number 8279  
Date Posted 07/06/17  
Check Amount \$5,550.00

EDWARD N. MOYLAN  
LENA H. MOYLAN  
1845 ALEGRIANO AVE.  
CORAL GABLES, FL 33146

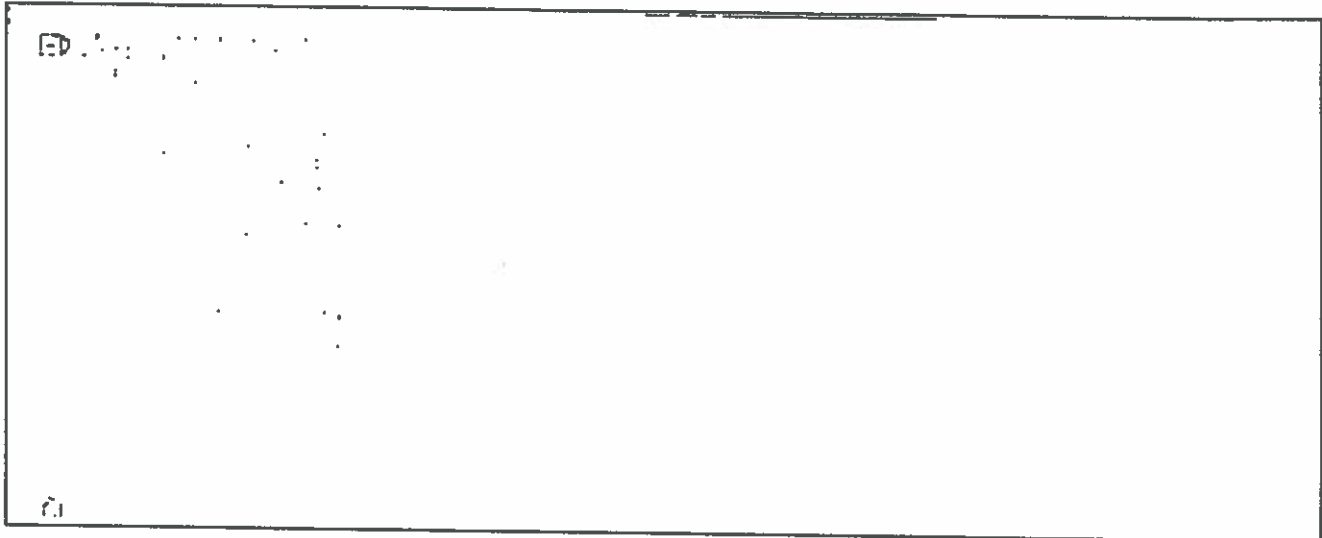
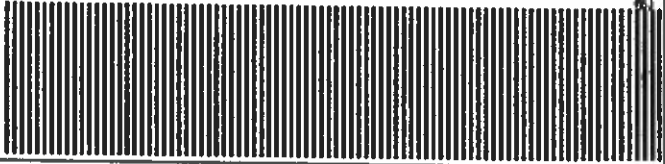
8279  
88-7517831 10813

7/6/17 Date

Pay to the Order of A Perfect Leak Roofing \$ 5550.00  
Five Thousand Five Hundred Fifty & <sup>00</sup>/<sub>100</sub> Dollars

WELLS FARGO Wells Fargo Bank, N.A. Florida wells.fargo.com

For 521 2nd 3090 installer



#### \*Note

The account number, signature, and endorsement are removed from the image(s) for security reasons.  
To obtain a full copy of the image, please call us at 1-800-TO-WELLS (1-800-869-3557), 24 hours, 7 days a week.

 Equal Housing Lender





antee  
Privacy, Security & Legal  
Skip to main content  
All Choices

[Contact Us](#)  
[Locations](#)  
[Sign Off](#)

## Check Details

Check Number 8279  
Date Posted 07/06/17  
Check Amount \$5,550.00

EDWARD N. MOYLAN LENA H. MOYLAN 1345 ALEGRIANO AVE. CORAL GABLES, FL 33146		8279 09-751/631 (CB)S
		<u>7/6/17</u> Date
Pay to the Order of	<u>A Perfect Lead Roofing</u>	<u>\$5550.00</u>
<u>Five Thousand Five Hundred Fifty &amp; <sup>00</sup>/<sub>100</sub></u>		Dollars
 Wells Fargo Bank, N.A. Florida wellsfargo.com		
For	<u>521 2<sup>nd</sup> 30% installment</u>	<u>[Signature]</u>

FD

Deposition NY  
719578911

For your security, information like account numbers, signatures, and the ability to view the backs of checks have been removed from the images.

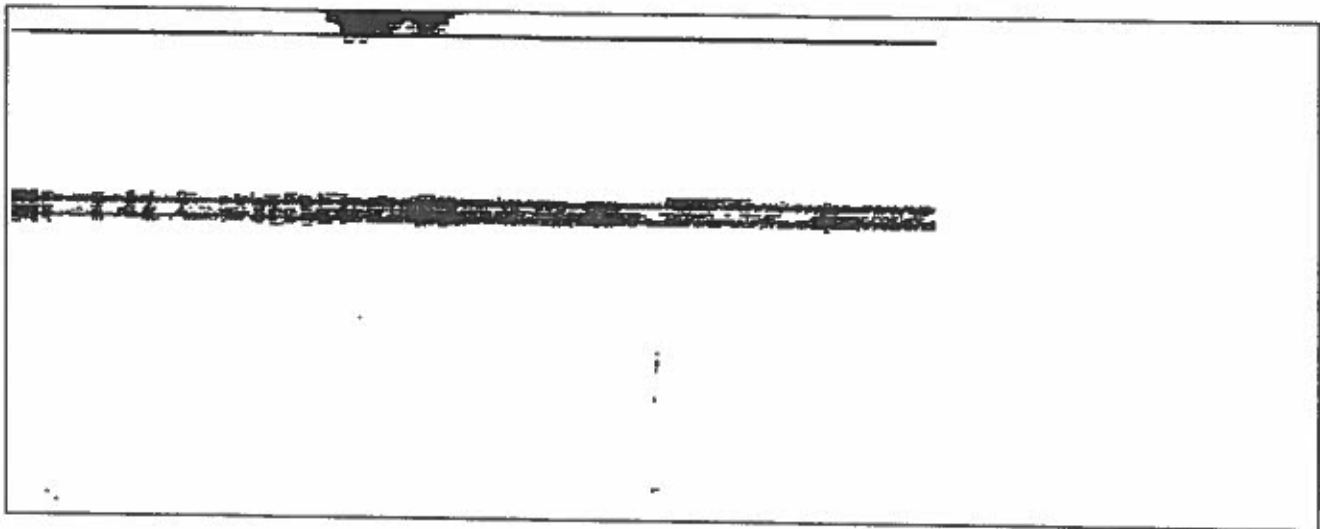


WELLS FARGO

## Check Details

Check Number 8312  
Date Posted 07/28/17  
Check Amount \$3,850.00

EDWARD N. MOYLAN LENA H. MOYLAN 1345 ALEGRIANO AVE. CORAL GABLES, FL 33148		8312 66-751/831 10818
		<u>7/25/17</u> Date
Pay to the Order of	<u>Perfect Seal Roofing</u>	\$ <u>3850.00</u>
<u>Three Thousand Eight Hundred Fifty &amp; 00/100</u>		DOLLARS
WELLS FARGO Wells Fargo Bank, N.A. Florida wellsfargo.com		
For	<u>(521) 3rd Installment</u>	



### \*Note

The account number, signature, and endorsement are removed from the image(s) for security reasons.  
To obtain a full copy of the image, please call us at 1-800-TO-WELLS (1-800-869-3557), 24 hours, 7 days a week.

Equal Housing Lender



ante  
rit  
nu

Sign Off

Sign Off

### Check Details

Check Number

Date Posted

Check Amount

8312

7/25/17

\$3850.00

EDWARD N. MOYLAN  
LENA H. MOYLAN  
1345 ALEGRIANO AVE.  
CORAL GABLES, FL 33148

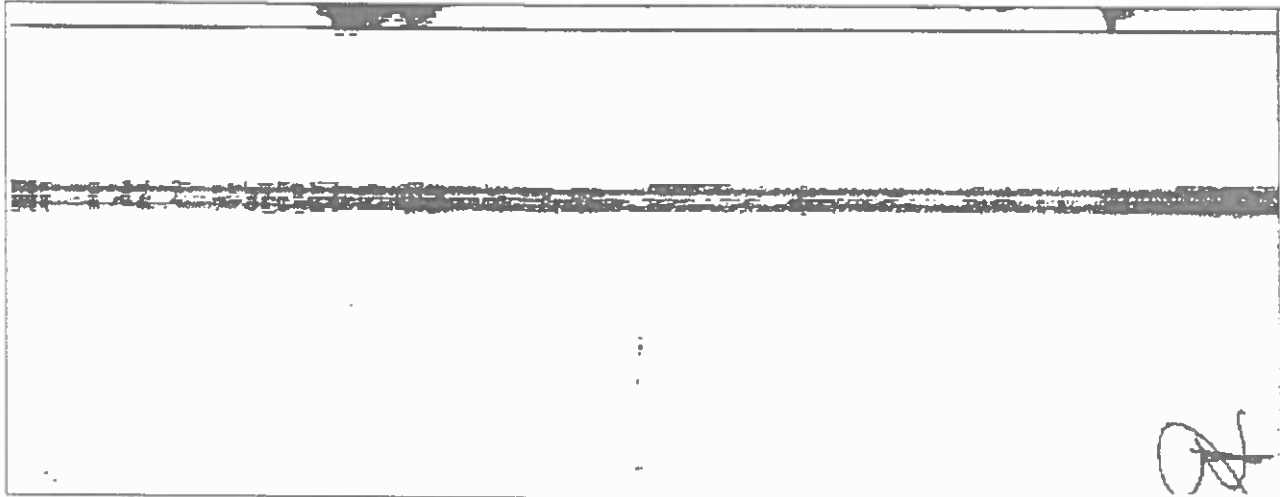
8312  
66-751/831 10810

7/25/17 Date

Pay to the Order of All Perfect Seal Roofing \$ 3850.00  
Three Thousand Eight Hundred Fifty & 00/100 Dollars

WELLS FARGO  
WELLS FARGO  
WELLS FARGO  
Wells Fargo Bank, N.A.  
Wells Fargo  
wellsfargo.com

For (521) 316 T. Astudillo INL #472 2090 [Signature]



Wells Fargo Bank, N.A. All rights reserved. The actual numbers, signatures, and the ability to view this image of checks have been removed from the image.

29 pgs

Development Services Department  
405 Biltmore Way, Third Floor  
Coral Gables, Florida 33134  
Tel: 305-460-5235  
Fax: 305-460-5261  
www.coralgables.com



**CITY OF CORAL GABLES  
DEVELOPMENT SERVICES DEPARTMENT**

**Permit Application**

Please provide contact information

Phone: 305-477-1554  
Email:

AB17-06-2025

ALL OF THE FOLLOWING MUST BE COMPLETED BY APPLICANT ACCORDING TO FS 713.35

Date:	Permit Type: <input checked="" type="checkbox"/>	Master Permit #: BH17062058
Permit Change: <input checked="" type="checkbox"/>	Building <input checked="" type="checkbox"/>	Sub Permit #:
Change of Contractor	Electrical <input type="checkbox"/>	Project Information: <input checked="" type="checkbox"/>
Permit Extension	Mechanical <input type="checkbox"/>	Commercial: <input type="checkbox"/> Residential: <input checked="" type="checkbox"/>
Permit Renewal	Plumbing <input type="checkbox"/>	Linear Feet: 2526 <input checked="" type="checkbox"/>
Permit Revision	Misc. <input type="checkbox"/>	Square Feet: 25,254 <input checked="" type="checkbox"/>
Permit Supplement	App. <i>MF 4/20/17</i>	Cost of Work: \$18,500 <input checked="" type="checkbox"/>

**DESCRIPTION OF WORK (PRINT):**

*Re roof to Eagle  
Belair Hillsborough Blend.*

**Job Address:** 521 SAN SERVANDO AVE

**Folio #:** 03-4132-005-0270

**Lot:** **Block:**

**Subdivision:**

**Plat book:** **Page:**

**PROPERTY OWNER:**

**Name:** Lena Moyland

**Address:** 521 SAN SERVANDO AVE

**City/State/Zip:** Coral Gables, FL

**Telephone No.:**

**CONTRACTOR COMPANY NAME:** A-1 Perfect Seal

**Qualifier Name:** Arlyn Hernandez

**Address:** 4806 SW 75 Ave

**City/State/Zip:** Miami, FL 33155

**License No.:** CCC1326433 **Telephone No.:** 305-477-1554

**ARCHITECT:**

**Name:**

**Address:**

**ENGINEER:**

**Name:**

**Address:**

**BONDING:**

**Name:**

**Address:**

**MORTGAGE LENDER:**

**Name:**

**Address:**

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES BOILERS, HEATERS TANKS, AND AIR CONDITIONERS, etc.

**OWNER'S AFFIDAVIT:** I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

**WARNING TO OWNER:** YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

The Historical Resources Department's approval is required prior to the issuance of a demolition permit.

Signature of Owner: *[Signature]*  
Print Name: Lena Moyland

Signature of Qualifier: *[Signature]*  
Print Name: Arlyn Hernandez

STATE OF FLORIDA )  
SS )  
COUNTY OF MIAMI-DADE )

Sworn to or affirmed and subscribed before me this 13 day of June in the year 2017  
by Lena Moyland who has taken an oath and is personally known to me or has produced as identification.

**ARLYN HERNANDEZ**  
Notary Public - State of Florida  
Commission # GG 005193  
My Comm. Expires Jun 22, 2020

My Commission Expires: \_\_\_\_\_  
Notary Public

STATE OF FLORIDA )  
SS )  
COUNTY OF MIAMI-DADE )

Sworn to or affirmed and subscribed before me this 13 day of June in the year 2017  
by Arlyn Hernandez who has taken an oath and is personally known to me or has produced as identification.

**ALINA H. ALFONSO**  
MY COMMISSION # GG36577  
EXPIRES: October 05, 2020

My Commission Expires: \_\_\_\_\_  
Notary Public

OK

OK

OK

OK

OK

**NOTICE OF COMMENCEMENT**  
A RECORDED COPY MUST BE POSTED ON THE JOB SITE AT TIME OF FIRST INSPECTION

PERMIT NO. \_\_\_\_\_ TAX FOLIO NO. 03-4137-005-0270

STATE OF FLORIDA:  
COUNTY OF MIAMI-DADE:

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

Space above reserved for use of recording office

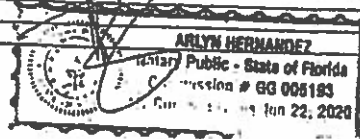
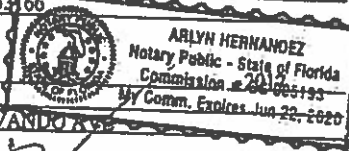
1. Legal description of property and street/address: 521 SAN SERVANDO AVE CORAL GABLE FL 33143-1101
2. Description of improvement: Re-Roof
3. Owner(s) name and address: EDW N MOYLAN &/W LENA H  
Interest in property: owner  
Name and address of fee simple titleholder: \_\_\_\_\_
4. Contractor's name, address and phone number: Al Perfect Seal Roof (305) 477-1554  
4806 SW 75 Ave Miami, FL 33155
5. Surety: (Payment bond required by owner from contractor, if any)  
Name, address and phone number: \_\_\_\_\_  
Amount of bond \$ \_\_\_\_\_
6. Lender's name and address: \_\_\_\_\_
7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes,  
Name, address and phone number: \_\_\_\_\_
8. In addition to himself, Owners designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.  
Name, address and phone number: \_\_\_\_\_
9. Expiration date of this Notice of Commencement: \_\_\_\_\_  
(the expiration date is 1 year from the date of recording unless a different date is specified)

**WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

Signature(s) of Owner(s) or Owner(s)' Authorized Officer/Director/Partner/Manager  
Prepared By \_\_\_\_\_  
Print Name EDW N MOYLAN &/W LENA H  
Title/Office Owner  
STATE OF FLORIDA  
COUNTY OF MIAMI-DADE  
Prepared By Jennifer Artigas  
Print Name 4806 SW 75 Ave  
Title/Office Miami FL 33166

The foregoing instrument was acknowledged before me this 13 day of \_\_\_\_\_  
By EDW N MOYLAN &/W LENA H  
 Individually, or  as Owner for 521 SAN SERVANDO AVE  
 Personally known, or  produced the following type of identification:

Signature of Notary Public: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
(SEAL)



**VERIFICATION PURSUANT TO SECTION 92.525, FLORIDA STATUTES**  
Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true, to the best of my knowledge and belief.

Signature(s) of Owner(s) or Owner(s)'s Authorized Officer/Director/Partner/Manager who signed above:  
By: [Signature] By: \_\_\_\_\_

Permit type: **a272** ROOF / LIGHT WEIGHT CONC Permit #: BL-17-06-2058  
Address: 521 SAN SERVANDO AVE Parcel #: 03-4132-005-0270  
Apt/Suite:   
City: CORAL GABLES State: FL Zip: 33143-6322

Permit Information

Master permit	<input type="text"/>	Routing queue	b1200	Applied	06/20/2017
Project	<input type="text"/>	Status	stop work	Approved	06/20/2017
Description	RE-ROOF EAGLE ROOFING BELAIR SLATE ROOF TILE- COLOR: HILLSBOROUGH BLEND ( GREY ANTIQUE) \$18500			Issued	07/07/2017
Submitted	<input type="text"/>	Clock	Stopped	Days	227
Submitted via	<input type="text"/>	Expires	01/21/2018		

Owner

Last name	EDW N MOYLAN & W LENA	First name	<input type="text"/>	Address	1345 ALEGRIANO AVE CORAL GABLES FL 33146-1101
Phone	( ) -	Email	<input type="text"/>		

Applicant

Owner is applicant?  Contractor is applicant?

Last name	A-1 PERFECT SEAL	First name	<input type="text"/>	Address	4806 SW 75 AVE CORAL GABLES FL 33155
Phone	(305) 477-1554	Cust #	043055		
Email	<input type="text"/>	<input checked="" type="checkbox"/> Email inspection results			

Lender

Last name	<input type="text"/>	First name	<input type="text"/>	Address	<input type="text"/>
Phone	( ) -	Email	<input type="text"/>		



Permit type:  ROOF / LIGHT WEIGHT CONC Permit #:   
Address:  Parcel #:   
Apt/Suite:   
City:  State:  Zip:

Permit Information

Master permit:  Routing queue:  Applied:   
Project:  Status:  Approved:   
Description:  Issued:   
Submitted:  Clock:  Days:  Expires:   
Submitted via:

Owner

Last name:  First name:  Address:   
Phone:  Email:

Applicant

Owner is applicant?  Contractor is applicant?

Last name:  First name:  Address:   
Phone:  Cust #:  Email inspection results:

Lender

Last name:  First name:  Address:   
Phone:  Email:



Permit #  Address   
Permit type

Contractors Name / Address

Primary  
Phone  Bus. license #   Contractor is applicant  
License type  License #  License status   
Contact  Phone  Work type   
Contact email  Fax   
 Mail hard copy  Send email  Send fax

Permits

File Edit Record Navigate Form Reports Format Tab Help



Main Contractors Custom Fields Fees **Actions** Fee Summary Sub Permits Routing History Parcels Routing Status

Permit #	BL-17-06-2058		Address	521 SAN SERVANDO AVE CORAL GABLES FL 33143-6322	
Permit type	ROOF / LIGHT WEIGHT CONC				
Group	Action Code	Action Description	Completion Date	Complete Code	
1	PLAN REVIEW	Routed			
2	PLAN PROCESSING	Routed			
3	CASHER	Routed			
4	NOTICE OF COMMENCEMENT	Routed			
-	5	INSPECTION	Working		
5	pw837	FINAL PUBLIC WORKS (BLDG PERMIT)		<input type="checkbox"/>	
5	bl083	FINAL ROOF		<input type="checkbox"/>	
5	bl189	MOPPING	07/11/2017 07:41:07 AM	<input checked="" type="checkbox"/>	cancel
5	bl189	MOPPING	07/12/2017 12:00:00 AM	<input checked="" type="checkbox"/>	reject
5	bl189	MOPPING	07/25/2017 02:07:54 PM	<input checked="" type="checkbox"/>	apvd
5	bl352	TILE PLACING		<input type="checkbox"/>	
5	bl412	TIN CAP - SLOPED RE-ROOF	07/11/2017 07:40:07 AM	<input checked="" type="checkbox"/>	cancel
5	bl412	TIN CAP - SLOPED RE-ROOF	07/12/2017 12:00:00 AM	<input checked="" type="checkbox"/>	apvd
5	bl356	UPLIFT TEST		<input type="checkbox"/>	



Building & Zoning Department  
 405 Biltmore Way, Third Floor  
 Coral Gables, Florida 33134  
 Tel: 305-460-5235  
 Fax: 305-460-5261  
 www.coralgables.com



**CITY OF CORAL GABLES**  
**BUILDING AND ZONING DEPARTMENT**

*Permit Application*

**BL17-06-2058**

MCOL #

ALL OF THE FOLLOWING MUST BE COMPLETED BY APPLICANT ACCORDING TO FS 713.35

Date: 2/28/18  
 Application #:

Permit Type:	<input checked="" type="checkbox"/>
Building	
Electrical	
Mechanical	
Plumbing	
Roofing	<input checked="" type="checkbox"/>
Misc.	
App.	

Master Permit #:  
 Control #: EX-18-02-3001

Permit Change:	<input checked="" type="checkbox"/>
Change of Contractor	
Permit Extension	
Permit Renewal	<input checked="" type="checkbox"/>
Permit Revision	
Permit Supplement	

Project Information:	<input checked="" type="checkbox"/>
Commercial:	
Residential:	<input checked="" type="checkbox"/>
Linear Feet:	<input checked="" type="checkbox"/>
Square Feet:	<input checked="" type="checkbox"/>
Value of Work:	<input checked="" type="checkbox"/>

DESCRIPTION OF WORK (PRINT):  
Renewal

PROPERTY LOCATION:  
 Address: 521 SAN SERVANDO AVE  
 Coral Gables FL 33143  
 Folio #: 03-41432-005-0270  
 Lot: 20-23 Block: 90  
 Subdivision: Coral Gables BIC BAY SEC 1  
 Plat book: 10 Page: 52

PROPERTY OWNER:  
 Name: EDW N MOYLAN & W LENA H.  
 Address: 521 SAN SERVANDO AVE  
 City/State/Zip: Coral Gables, FL 33143  
 Telephone No.:

CONTRACTOR: A1 Perfect Seal Roofing  
 Address: 4806 SW 75 AVE  
 City/State/Zip: Miami FL 33155  
 License No.: CCC1326433 Telephone No.: 305-477-1554

ARCHITECT:  
 Name:  
 Address:  
 City/State/Zip: Tel.:

ENGINEER:  
 Name:  
 Address:  
 City/State/Zip: Tel.:

BONDING:  
 Name:  
 Address:  
 Telephone No.:

MORTGAGE LENDER:  
 Name:  
 Address:  
 Telephone No.:

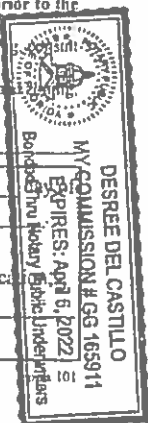
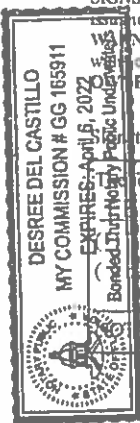
Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating the construction in the City of Coral Gables. I understand that a separate permit must be secured for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, BOILERS, TANKS, AIR CONDITIONERS, ROOFING, AWNINGS, ETC. The Historical Resources Department's approval is required prior to the issuance of a demolition permit.

NOTICE TO OWNER: Failure to record a notice of commencement may result in you paying twice for improvements to your property. If you intend to obtain financing for your project, you must obtain approval from your lender or an attorney before recording your notice of commencement.

NOTARY'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction in the City of Coral Gables.

Signature of Owner [Signature]  
 The foregoing instrument was acknowledged before me this 26 day of FEBRUARY 20 18 by [Signature] personally known to me, as produced a [Signature] as identification, NOTARY PUBLIC (SEAL)

Signature of Qualifier [Signature]  
 The foregoing instrument was acknowledged before me this 26 day of FEBRUARY 20 18 by [Signature] personally known to me, as produced a [Signature] as identification, NOTARY PUBLIC (SEAL)



521 San Servando Avenue

May 23, 2018







**Data Contained In Search Results Is Current As Of 02/26/2018 09:15 AM.**

**Search Results**

Please see our [glossary of terms](#) for an explanation of the license status shown in these search results.

For additional information, including any complaints or discipline, click on the name.

License Type	Name	Name Type	License Number/ Rank	Status/Expires
Certified Roofing Contractor	<u><a href="#">A-1 PERFECT SEAL ROOF LLC</a></u>	DBA	CCC1326433 Cert Roofing	Current, Active 08/31/2018
	License Location Address*: 7905 NW 66 STREET MIAMI, FL 33166			
	Main Address*: 5060 SW 94TH AVENUE MIAMI, FL 33165			
Certified Roofing Contractor	<u><a href="#">HERNANDEZ, ARLYN MICHELLE</a></u>	Primary	CCC1326433 Cert Roofing	Current, Active 08/31/2018
	License Location Address*: 7905 NW 66 STREET MIAMI, FL 33166			
	Main Address*: 5060 SW 94TH AVENUE MIAMI, FL 33165			

[Back](#) [New Search](#)

**\* denotes**

- Main Address - This address is the Primary Address on file.
- Mailing Address - This is the address where the mail associated with a particular license will be sent (if different from the Main or License Location addresses).
- License Location Address - This is the address where the place of business is physically located.

[2601 Blair Stone Road, Tallahassee FL 32399](#) :: Email: [Customer Contact Center](#) :: Customer Contact Center: 850.487.1395

The State of Florida is an AA/EEO employer. [Copyright 2007-2010 State of Florida. Privacy Statement](#)

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. \*Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public.

CITY'S

EXHIBIT 3

## Licensee Details

### Licensee Information

Name: **HERNANDEZ, ARLYN MICHELLE (Primary Name)**  
**A-1 PERFECT SEAL ROOF LLC (DBA Name)**

Main Address: **5060 SW 94TH AVENUE**  
**MIAMI Florida 33165**

County: **DADE**

License Mailing:

License Location: **7905 NW 66 STREET**  
**MIAMI FL 33166**

County: **DADE**

### License Information

License Type: **Certified Roofing Contractor**

Rank: **Cert Roofing**

License Number: **CCC1326433**

Status: **Current,Active**

Licensure Date: **04/07/2005**

Expires: **08/31/2018**

**Special Qualifications**      **Qualification Effective**  
**Construction Business**      **04/07/2005**

### Alternate Names

### [View Related License Information](#)

### [View License Complaint](#)

**2601 Blair Stone Road, Tallahassee FL 32399** :: Email: **Customer Contact Center** :: Customer Contact Center: 850.487.1395

The State of Florida is an AA/EEO employer. **Copyright 2007-2010 State of Florida. Privacy Statement**

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. \*Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public.

2 37 52 PM 5/22/2018

Data Contained In Search Results Is Current As Of 05/22/2018 02:27 PM.

## Search Results

Please see our [glossary of terms](#) for an explanation of the license status shown in these search results.

For additional information, including any complaints or discipline, click on the name.

License Type	Name	Name Type	License Number/ Rank	Status/Expires
Registered Roofing Contractor	<a href="#"><u>A PERFECT SEAL ROOFING INC</u></a>	DBA	RC0023619 Reg Roofing	Null and Void, 08/31/2011
	License Location Address*: 5060 SW 94 AVE MIAMI, FL 33165			
	Main Address*: 7905 NW 66 ST MIAMI 33166			
Construction Business Information	<a href="#"><u>A PERFECT SEAL ROOFING INC</u></a>	Primary	Business Info	Current
	License Location Address*: 7905 NW 66TH STREET MIAMI, FL 33166			
	Main Address*: 7905 NW 66TH STREET MIAMI, FL 33166			
Certified Roofing Contractor	<a href="#"><u>A-1 PERFECT SEAL ROOF LLC</u></a>	DBA	CCC1326433 Cert Roofing	Current, Active 08/31/2020
	License Location Address*: 7905 NW 66 STREET MIAMI, FL 33166			
	Main Address*: 5060 SW 94TH AVENUE MIAMI, FL 33165			
Construction Financial Officer	<a href="#"><u>A-1 PERFECT SEAL ROOF LLC</u></a>	DBA	FRO6700 Fin Officer	Current
	Main Address*: 6701 SW 116TH COURT SUITE 408 MIAMI, FL 33173			
Construction Business Information	<a href="#"><u>A-1 PERFECT SEAL ROOF LLC</u></a>	Primary	Business Info	Current
	Main Address*: 6701 SW 116TH COURT #408 MIAMI, FL 33173			

[Back](#)
[New Search](#)

**\* denotes**

Main Address - This address is the Primary Address on file.

Mailing Address - This is the address where the mail associated with a particular license will be sent (if different from the Main or License Location addresses).

License Location Address - This is the address where the place of business is physically located.

[2601 Blair Stone Road, Tallahassee FL 32399](#) :: Email: [Customer Contact Center](#) :: Customer Contact Center: 850.487.1395

The State of Florida is an AA/EEO employer. [Copyright 2007-2010 State of Florida](#). [Privacy Statement](#)

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any

questions, please contact 850.487.1395. \*Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public.





[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

### Detail by Entity Name

Florida Limited Liability Company

A-1 PERFECT SEAL ROOF LLC

#### Filing Information

**Document Number** L15000077152  
**FEI/EIN Number** 47-4022767  
**Date Filed** 05/01/2015  
**Effective Date** 04/24/2015  
**State** FL  
**Status** ACTIVE

#### Principal Address

4806 SW 75 AVE  
MIAMI, FL 33155

Changed 02/23/2018

#### Mailing Address

P O BOX 651569  
MIAMI, FL 33265

Changed 04/25/2016

#### Registered Agent Name & Address

BETANCOURT, RUBEN  
4806 SW 75 AVE  
MIAMI, FL 33155

Address Changed 02/23/2018

#### Authorized Person(s) Detail

##### **Name & Address**

Title MGR

BETANCOURT, RUBEN  
4806 SW 75 AVE  
MIAMI, FL 33155

#### Annual Reports

Report Year	Filed Date
2016	04/25/2016
2017	04/25/2017

2018                    02/23/2018

**Document Images**

<a href="#">02/23/2018 - ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/25/2017 - ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/25/2016 - ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/01/2015 - Florida Limited Liability</a>	<a href="#">View image in PDF format</a>

Florida Department of State - Bureau of Corporations



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

## Detail by Entity Name

Florida Limited Liability Company  
A PERFECT SEAL ROOFING, LLC

### Filing Information

Document Number	L07000052044
FEI/EIN Number	26-0250444
Date Filed	05/16/2007
State	FL
Status	ACTIVE
Last Event	LC AMENDMENT
Event Date Filed	05/05/2008
Event Effective Date	NONE

### Principal Address

7905 NW 66TH STREET  
MIAMI, FL 33166

### Mailing Address

5060 SW 94 AVE  
MIAMI, FL 33165

Changed: 04/25/2017

### Registered Agent Name & Address

HERNANDEZ, PABLO  
7905 NW 66 ST  
MIAMI, FL 33166

Name Changed: 05/17/2015

Address Changed: 03/23/2012

### Authorized Person(s) Detail

#### **Name & Address**

Title MGRM

HERNANDEZ, PABLO W  
4525 SW 94TH CT  
MIAMI, FL 33165

Title MGR

HERNANDEZ, ARLYN  
5060 SW 94 AVE  
MIAMI, FL 33165

**Annual Reports**

Report Year	Filed Date
2016	04/25/2016
2017	04/25/2017
2018	02/23/2018

**Document Images**

<a href="#">02/23/2018 - ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/25/2017 - ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/25/2016 - ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">06/17/2015 - AMENDED ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/24/2015 - ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/11/2014 - ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/25/2013 - ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/23/2012 - ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/26/2011 - ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">06/14/2010 - ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">08/31/2009 - ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/14/2009 - ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">06/19/2008 - ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/05/2008 - LC Amendment</a>	<a href="#">View image in PDF format</a>
<a href="#">10/03/2007 - LC Amendment</a>	<a href="#">View image in PDF format</a>
<a href="#">09/27/2007 - LC Amendment</a>	<a href="#">View image in PDF format</a>
<a href="#">05/16/2007 - Florida Limited Liability</a>	<a href="#">View image in PDF format</a>

Print of Document PDF Suite - Download to your desktop



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

## Detail by Entity Name

Florida Profit Corporation  
A PERFECT SEAL ROOFING, INC.

### Filing Information

Document Number	P04000109317
FEI/EIN Number	38-3705128
Date Filed	07/23/2004
Effective Date	07/23/2004
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	02/24/2011

### Principal Address

7905 NW 66TH STREET  
MIAMI, FL 33166

Changed: 04/30/2007

### Mailing Address

5060 SW 94 AVE  
MIAMI, FL 33165

Changed: 04/24/2017

### Registered Agent Name & Address

HERNANDEZ, ARLYN  
7905 NW 66TH STREET  
MIAMI, FL 33166

Name Changed: 01/10/2006

Address Changed: 04/30/2007

### Officer/Director Detail

#### **Name & Address**

Title VPS

HERNANDEZ, PABLO W  
4525 SW 94 CT  
MIAMI, FL 33165

Title P

HERNANDEZ, ARLYN M  
 7905 NW 66 ST  
 MIAMI, FL 33166

**Annual Reports**

Report Year	Filed Date
2016	04/25/2016
2017	04/24/2017
2018	04/10/2018

**Document Images**

<a href="#">04/10/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/24/2017 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/25/2016 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/24/2015 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/11/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/25/2013 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/23/2012 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/24/2011 -- REINSTATEMENT</a>	<a href="#">View image in PDF format</a>
<a href="#">08/31/2009 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/15/2008 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/30/2007 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/10/2006 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/09/2005 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">07/23/2004 -- Domestic Profit</a>	<a href="#">View image in PDF format</a>

Florida Department of State - Division of Corporations



Department of State / Division of Corporations / Search Records / Detail By Document Number /

### Detail by Entity Name

Florida Profit Corporation  
A1 PERFECT SEAL ROOF CORP

**Filing Information**

<b>Document Number</b>	P18000038963
<b>FEI/EIN Number</b>	NONE
<b>Date Filed</b>	04/24/2018
<b>Effective Date</b>	04/23/2018
<b>State</b>	FL
<b>Status</b>	ACTIVE

**Principal Address**

4806 SW 75 AVE  
MIAMI, FL 33155

**Mailing Address**

4806 SW 75 AVE  
MIAMI, FL 33155

**Registered Agent Name & Address**

HERNANDEZ, ARLYN  
4806 SW 75 AVE  
MIAMI, FL 33155

**Officer/Director Detail**

**Name & Address**

Title P

HERNANDEZ, ARLYN  
4806 SW 75 AVE  
MIAMI, FL 33155

**Annual Reports**

**No Annual Reports Filed**

**Document Images**

04/24/2018 -- Domestic Profit

Florida Department of State, Division of Corporations



**Electronic Articles of Incorporation  
For**

P18000038963  
FILED  
April 24, 2018  
Sec. Of State  
kbrumbley

AI PERFECT SEAL ROOF CORP

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

**Article I**

The name of the corporation is:

AI PERFECT SEAL ROOF CORP

**Article II**

The principal place of business address:

4806 SW 75 AVE  
MIAMI, FL, US 33155

The mailing address of the corporation is:

4806 SW 75 AVE  
MIAMI, FL, US 33155

**Article III**

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The number of shares the corporation is authorized to issue is:

100

**Article V**

The name and Florida street address of the registered agent is:

ARLYN HERNANDEZ  
4806 SW 75 AVE  
MIAMI, FL. 33155

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: ARLYN HERNANDEZ

P18000038963  
FILED  
April 24, 2018  
Sec. Of State  
kbrumbley

### **Article VI**

The name and address of the incorporator is:

ARLYN HERNANDEZ  
4806 SW 75 AVE

MIAMI, FL 33155

Electronic Signature of Incorporator: ARLYN HERNANDEZ

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

### **Article VII**

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P  
ARLYN HERNANDEZ  
4806 SW 75 AVE  
MIAMI, FL. 33155

### **Article VIII**

The effective date for this corporation shall be:

04/23/2018

P18000038963

A-1 PERFECT SEAL ROOF LLC

PHONE NO.: (305)

477-1554

4806 SW 75 Ave Miami, FL 33155

Date: May 1, 2018

To: Sunbiz/State of Florida

Attn: Kyle

RE: Corporate filing - 060311852590

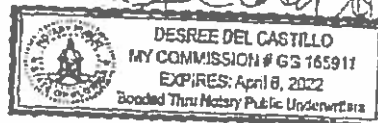
To whom it may concern,

Please be advised that we are allowing the use of name (A1 Perfect Seal Roof Corp). We are A-1 Perfect Seal Roof LLC /Document L15000077152.

Please feel free to contact me direct if you should have any questions. (786)920-8903

Sincerely,

Ruben Betancourt  
Maanger





# Perfect Seal Roofing

[Directions](#)

3.9 ★★★★★ 7 Google reviews

Roofing contractor in Miami-Dade County, Florida

**Address:** 7905 NW 66th St, Miami, FL 33166

**Hours:** Open · Closes 4PM ▾

**Phone:** (305) 477-1554

[Suggest an edit](#)

[Add missing information](#)

[Add website](#)

[Questions & answers](#)

[Be the first to ask a question](#)

[Ask a question](#)

**This Business Is Not BBB Accredited**

## **A Perfect Seal Roofing, Inc.**

### **Business Information**

(305) 477-1554

**12 years in business**

7905 NW 66th St  
Miami, FL 33166

BBB File Opened: 06/02/2006

Business Started: 04/07/2005

Business Incorporated: 07/23/2004 in FL

### **Contact Information**

- Principal: Ms. Arlyn Hernandez, President
- Mr. Pablo Hernandez, Vice President

### **Business Category**

- Roofing Contractors

### **Licensing, Bonding or Registration**

This business is in an industry that may require professional licensing, bonding or registration. BBB encourages you to check with the appropriate agency to be certain any requirements are currently being met.

### **BBB Reason for Ratings**

BBB rating is based on 13 factors: [Get the details about the factors considered.](https://www.bbb.org/council/overview-of-bbb-grade)  
(<https://www.bbb.org/council/overview-of-bbb-grade>)

Factors that affect the rating for A Perfect Seal Roofing, Inc. include:

- Failure to respond to one complaint filed against business.
- One complaint filed against business that was not resolved.

### **BBB Reports On**

#### **Licensing**

Licensing information is provided in the BBB Business Profiles to inform the public about industries that may require professional licensing, bonding, or registration. Better Business Bureau encourages you to check with the appropriate agency to be certain any requirements are currently being met.

#### **Advertising Review**

BBB promotes truth in advertising by contacting advertisers whose claims conflict with the BBB Code of Advertising. These claims come to our attention from our internal review of advertising, consumer complaints and competitor challenges. BBB asks advertisers to substantiate their claims, change ads to make offers more clear to consumers, and remove misleading or deceptive statements.

**Government Actions**

BBB reports on known significant government actions involving the business's marketplace conduct.

**Out of Business**

BBB reports on a company that is out of business for one year from the date the company closes its doors or ceases to do business.

**Misuse of Better Business Bureau Name/Logo**

BBB reports on unauthorized use of the Better Business Bureau's name and/or logo for as long as the business continues to use it in any advertising, or for one year after the business ceases any repeated unauthorized uses.

**Bankruptcy**

BBB reports on a business's bankruptcy as long as the business remains in bankruptcy.

**Mail Returned**

BBB reports when mail sent to the business was returned by the Postal Service.

**BBB Rating Scorecard****This Business Is Not BBB Accredited**

A Perfect Seal Roofing, Inc.

# D+

**BBB Rating System Overview** (<https://www.bbb.org/council/overview-of-bbb-grade>)

**Customer Review Rating:**

The BBB Customer Review Rating represents the customer's opinion of the business. The Customer Review Rating percentages are based on the total number of positive, neutral, and negative reviews posted.

50%

50%

**[1] Positive Reviews** (<https://www.bbb.org/south-east-florida/business-reviews/roofing-contractors/a-perfect-seal-roofing-in-miami-fl-9002110/reviews-and-complaints?section=reviews&reviewtype=positive>)

**[0] Neutral Reviews** (<https://www.bbb.org/south-east-florida/business-reviews/roofing-contractors/a-perfect-seal-roofing-in-miami-fl-9002110/reviews-and-complaints?section=reviews&reviewtype=neutral>)

**[1] Negative Reviews** (<https://www.bbb.org/south-east-florida/business-reviews/roofing-contractors/a-perfect-seal-roofing-in-miami-fl-9002110/reviews-and-complaints?section=reviews&reviewtype=negative>)

**[2] Total Customer Reviews** (<https://www.bbb.org/south-east-florida/business-reviews/roofing-contractors/a-perfect-seal-roofing-in-miami-fl-9002110/reviews-and-complaints?section=reviews>)

**[2] Total Customer Complaints** (<https://www.bbb.org/south-east-florida/business-reviews/roofing-contractors/a-perfect-seal-roofing-in-miami-fl-9002110/reviews-and-complaints?section=complaints>)

### Composite Score:

A Perfect Seal Roofing, Inc. has received 2.33 out of 5 stars based on 2 Customer Reviews and a BBB Rating of D+. Comprised of 67% BBB Rating and 33% Customer Review Rating.

The BBB Customer Review Rating represents the customer's opinion of the business. The Customer Review Rating percentages are based on the total number of positive, neutral, and negative reviews posted.

The BBB letter grade represents the BBB's opinion of how the business is likely to interact with its customers. The BBB grade is based on BBB file information about the business. In some cases, a business' grade may be lowered if the BBB does not have sufficient information about the business despite BBB's requests for that information from the business.

The BBB Customer Review Rating plus the BBB Rating is not a guarantee of a business' reliability or performance. BBB recommends that consumers consider a business' BBB Rating and Customer Review Rating in addition to all other available information about the business.

BBB Business Profiles may not be reproduced for sales or promotional purposes

BBB Business Profiles are provided solely to assist you in exercising your own best judgment. Information in this BBB Business Profile is believed reliable, but not guaranteed as to accuracy.

When considering complaint information, please take into account the company's size and volume of transactions, and understand that the nature of complaints and a firm's responses to them are often more important than the number of complaints.

BBB Business Profiles generally cover a three-year reporting period. BBB Business Profiles are subject to change at any time. If you choose to do business with this business, please let the business know that you contacted BBB for a BBB Business Profile.

As a matter of policy, BBB does not endorse any product, service or business.

#### For Consumers

**File a Complaint** ([/consumer-complaints/file-a-complaint/get-started](https://www.bbb.org/consumer-complaints/file-a-complaint/get-started))

**BBB Scam Tracker**  
([//www.bbb.org/scamtracker/us](https://www.bbb.org/scamtracker/us))

**File an Auto Warranty Complaint**

([//www.bbb.org/autoline](https://www.bbb.org/autoline))

#### For Businesses

**Become Accredited**  
([//whybbb.org](https://www.bbb.org/whybbb))

**BBB EU Privacy Shield**  
([//www.bbb.org/EU-privacy-shield](https://www.bbb.org/EU-privacy-shield))

#### About BBB

**Our Mission**  
(<https://www.bbb.org/en/us/mission-and-vision>)

**Contact Your Local BBB**  
(<https://www.bbb.org/en/us/bbb-directory>)

**BBB Programs**  
([//bbbprograms.org](https://www.bbb.org/bbbprograms))

**BBB Wise Giving Alliance**  
([//give.org](https://www.bbb.org/give))

**BBB Institute for Marketplace Trust**  
([http://www.bbbmarketplacetrust.org](https://www.bbbmarketplacetrust.org))

**Advertising Self-Regulatory Council**  
([http://www.asrcreviews.org](https://www.asrcreviews.org))

(<https://www.bbb.org/en/us/partner-code-of-conduct>)



(<https://www.facebook.com>)



([https://twitter.com/bbb\\_us](https://twitter.com/bbb_us))



(<https://www.linkedin.com/company/better-business-bureau>)



(<http://www.youtube.com/user/BBBconsumerTips>)

© 2018, Council of Better Business Bureaus, Inc., separately incorporated Better Business Bureau organizations in the US, Canada and Mexico, and BBB Institute for Marketplace Trust. All Rights Reserved.



**BEFORE THE CONSTRUCTION REGULATION BOARD**  
**FOR THE CITY OF CORAL GABLES**

CITY OF CORAL GABLES,

Case No. 18-7388

Petitioner,

vs.

A-1 PERFECT SEAL ROOF LLC and  
ARLYN MICHELLE HERNANDEZ,

Respondents.

**NOTICE OF CONTRACTOR VIOLATION  
AND NOTICE OF HEARING**

Date of Issuance: May 23, 2018

Name of Official Requesting Hearing: Manuel Z. Lopez, P.E.

Re: See names and addresses of all parties involved in complaint of contractor violations on the attached List of Respondents. All Respondents are collectively referred to as "You".

An investigation conducted by the City of Coral Gables ("City") revealed that you are in violation of the following section(s) of the City Code:

Section 101-23 of the City Code, entitled "Violations", which provides, in pertinent part, that it shall be a violation for any contractor or subcontractor, operating within the City:

- (2) Abandon without legal excuse a construction project or operation in which the contractor is engaged under contract as a contractor;
- (7) Fail to fulfill contractual obligations in connection with any contract or construction project, including, but not limited to, payment for material furnished or work or services performed; and
- (9) Do any fraudulent act as a certificate holder by which another is injured.

To wit, you committed the following acts:

1. A-1 Perfect Seal Roof LLC and Arlyn Michelle Hernandez (collectively, State Certified Roofing Contractor license number: CCC1326433) entered into a contract on June 13, 2017 with the owner of the single-family home located at 521 San Servando Ave, Coral Gables, FL 33143 to replace the roof for \$18,500. After beginning work on July 6, 2017 and accepting payments of \$14,950.00, you abandoned the project and ceased work prior to completion, by failing to furnish and install concrete roof tiles. You also allowed the permits for the roof work (permit #BL-17-06-2058) to expire on January 21, 2018 and only renewed them on February 28, 2018, when the City called you to inform you that the permit had expired and that there had been a complaint against you. Nevertheless, you have not performed any additional work or called in any required inspection since renewing the permit.

2. A-1 Perfect Seal Roof LLC and Arlyn Michelle Hernandez (collectively, State Certified Roofing Contractor license number: CCC1326433) entered into a contract on June 19, 2017 with the owner of the single-family home located at 1345 Alegriano Ave, Coral Gables, FL 33146 to replace the roof for \$22,500. After beginning work on July 17, 2017 and accepting payments of \$23,273.75, you abandoned the project and ceased work prior to completion, by failing to furnish and install concrete roof tiles. You also allowed the permits for the roof work (permit #BL-17-06-2676) to expire on February 19, 2018 and only renewed

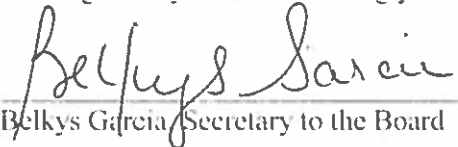
them on February 28, 2018, when the City called you to inform you that the permit had expired and that there had been a complaint against you.

**Therefore, pursuant to Chapter 101, Article II of the City Code, this matter is set for hearing before the City's Construction Regulation Board ("Board") in the Commission Chambers, City Hall, 405 Biltmore Way, Coral Gables, Florida 33134, on June 11, 2018, at 2:00 p.m.**

You have the right to be represented by an attorney and may present and question witnesses and evidence; however, formal rules of evidence shall not apply. Failure to appear at the hearing will result in the matter being heard in your absence. Please be advised that anyone, other than an attorney, attending the hearing on your behalf, must provide a power of attorney from you at the time of the hearing. Requests for continuance must be made in writing to Belkys Garcia, Secretary to the Board, at City of Coral Gables, Development Services Department, 405 Biltmore Way, 3rd Floor, Coral Gables, FL 33134, [bgarcia@coralgables.com](mailto:bgarcia@coralgables.com), tel: (305) 460-5229. The Development Services Department's hours are Monday through Friday, 7:30 a.m. to 3:30 p.m., tel: (305) 460-5235.

If you do not prevail at the hearing, the Board may enter an order, as provided in Sections 101-22 and 101-28 of the City Code, including, but not limited to, assessing all legal and investigative costs of the proceedings, for which the City shall have a lien as provided in Section 101-29 of the City Code.

Please govern yourself accordingly.

  
Belkys Garcia, Secretary to the Board

#### NOTICES

Any person who acts as a lobbyist pursuant to the City of Coral Gables Ordinance No. 2006-11, must register with the City Clerk, prior to engaging in lobbying activities before the city staff, boards, committees and or the City Commission. A copy of the Ordinance is available in the Office of the City Clerk, City Hall.

Pursuant to Section 286.0105, Florida Statutes, if a person decides to appeal any decision made by the Board, with respect to any matter considered at such hearing or meeting, he or she will need a record of the proceedings, and that, for such purpose, he or she may need to ensure that a verbatim record of the proceedings is made; which record includes the testimony and evidence upon which the appeal is to be based. Although a court reporter usually attends the hearing at the City's cost, the City is not required to provide a transcript of the hearing, which the Respondent may request at the Respondent's cost.

Any person who needs assistance in another language in order to speak during the public hearing or public comment portion of the meeting should contact the City's ADA Coordinator, Raquel Elejabarrieta, Esq., Director of Labor Relations and Risk Management (E-mail: [relejabarrieta@coralgables.com](mailto:relejabarrieta@coralgables.com), Telephone: 305-722-8686, TTY/TDD: 305-442-1600), at least three (3) business days before the meeting.

Any person with a disability requiring communication assistance (such as a sign language interpreter or other auxiliary aide or service) in order to attend or participate in the meeting should contact the City's ADA Coordinator, Raquel Elejabarrieta, Esq., Director of Labor Relations and Risk Management (E-mail: [relejabarrieta@coralgables.com](mailto:relejabarrieta@coralgables.com), Telephone: 305-722-8686, TTY/TDD: 305-442-1600), at least three (3) business days before the meeting.

List of Respondents

<p>A-1 Perfect Seal Roof LLC  c/o Ruben Betancourt  Registered Agent  4806 SW 75 Ave  Miami, FL 33155-4437</p> <p>Return receipt number:  <b>7017 3040 0000 8660 2967</b></p>	<p>Arlyn Hernandez  5060 SW 94 Ave  Miami, FL 33165-6542</p> <p>Return receipt number:  <b>7017 3040 0000 8660 2998</b></p>
<p>Arlyn Hernandez  7905 NW 66 St  Miami, FL 33166-2727</p> <p>Return receipt number:  <b>7017 3040 0000 8660 3001</b></p>	<p>Arlyn Hernandez  4806 SW 75 Ave  Miami, FL 33155-4437</p> <p>Return receipt number:  <b>7017 3040 0000 8660 3018</b></p>



# LUMBERMEN'S

CORPORATE HEADQUARTERS  
701 East Commercial Blvd  
Fort Lauderdale FL 33334-3261  
(954) 771-2100 Fax (954) 771-1777

## NOTICE TO OWNER / NOTICE TO CONTRACTOR

**WARNING!** FLORIDA'S CONSTRUCTION LIEN LAW ALLOWS SOME UNPAID CONTRACTORS, SUBCONTRACTORS, AND MATERIAL SUPPLIERS TO FILE LIENS AGAINST YOUR PROPERTY EVEN IF YOU HAVE MADE PAYMENT IN FULL. UNDER FLORIDA LAW, YOUR FAILURE TO MAKE SURE THAT WE ARE PAID MAY RESULT IN A LIEN AGAINST YOUR PROPERTY AND YOUR PAYING TWICE. TO AVOID A LIEN AND PAYING TWICE, YOU MUST OBTAIN A WRITTEN RELEASE FROM US EVERY TIME YOU PAY YOUR CONTRACTOR.

LCA Request #: 802470-005 Certified Mail Number(s) 7108734718300403076-403077

To Owner: Certified Mail # 403076 Date: 05/11/2018  
MOYLAN, EDW & LENA  
1345 ALEGRIANO AVE  
CORAL GABLES FL 33146

The undersigned hereby informs you that he has furnished or is furnishing services or materials as follows:  
VARIOUS ROOFING MATERIALS for the improvement of the real property identified as:  
NOC:30591-3191 in MIAMI-DADE County, FL Recd:06/28/17  
Street: 521 SAN SERVANDO AVE, CORAL GABLES  
Lot:20-23 Block:90 Subdiv:CORAL GABLES BISCAYNE BAY SEC 1A PB 25 PG 63

under an order given by: AMAYA ROOFING 198633

Florida law prescribes the serving of this notice and restricts your right to make payments under your contract in accordance with Section 713.06, Florida Statutes. IN THE EVENT THAT THE CONTRACT FOR IMPROVEMENTS IS BONDED, PURSUANT TO SECTION 713.23, FLORIDA STATUTES, SECTION 255.05, FLORIDA STATUTES, TITLE 40 U.S.C, SECTION 270, OR ANY OTHER FORM OF BOND, THE UNDERSIGNED INTENDS TO LOOK TO THAT BOND FOR PROTECTION AND PAYMENT. THIS NOTICE IS NOT A LIEN, CLOUD NOR ENCUMBRANCE UPON TITLE TO YOUR PROPERTY, NOR IS IT A MATTER OF PUBLIC RECORD.

### IMPORTANT INFORMATION FOR YOUR PROTECTION

Under Florida's laws, those who work on your property or provide materials and are not paid, have a right to enforce their claim for payment against your property. This claim is known as a construction lien. If your contractor fails to pay subcontractors or material suppliers or neglects to make other legally required payments, the people who are owed money may look to your property for payment, EVEN IF YOU HAVE PAID YOUR CONTRACTOR IN FULL.

### PROTECT YOURSELF!

RECOGNIZE that this Notice to Owner may result in a lien against your property unless all those supplying a Notice to Owner have been paid. LEARN more about the Construction Lien Law, Chapter 713, Part I, Florida Statutes, and the meaning of this notice by contacting an attorney or the Florida Department of Professional Regulation.

All demands pursuant to Chapter 713 Florida Statutes are to be directed to: MEDITERRANEAN ROOF TILE

By: van Saliba Agent For:

MEDITERRANEAN ROOF TILE  
(305) 887-7055  
9060 NW 97 TERR  
MEDLEY, FL 33178  
ATTN: LIANETTE ACOSTA, CREDIT MGR

General Contractor:403077  
A-1 PERFECT SEAL ROOF  
4806 SW 75 AVE  
MIAMI FL 33155

CITY'S

EXHIBIT

5