



CORAL GABLES, FL

City of Coral Gables, 2800 SW 72nd Avenue, Miami, FL 33155

FINANCE DEPARTMENT / PROCUREMENT DIVISION
Tel: 305-460-5103 / Fax: 305-261-1601

BIDDER ACKNOWLEDGEMENT

IFB Title: CITY 3 PUMP STATION REHABILITATION	Bids must be received prior to 2:00 p.m. Wednesday, October 6, 2010 and may not be withdrawn for a period of up to 180 days after bid opening. Bids received by the date and time specified will be opened in the Procurement Office located at 2800 SW 72 nd Avenue, Miami, FL 33155. All Bids received after the specified date and time will be returned unopened.
IFB No. 2010.09.02 A cone of silence is in effect with respect to this IFB. The Cone of Silence prohibits certain communication between potential vendors and the City. For further information, please refer to the City Code Section 2-1059 of the City of Coral Gables Procurement Code.	Contact: Margie Gomez Telephone: 305-460-5103 Facsimile: 305-261-1601 mgomez@coralgables.com contracts@coralgables.com

BIDDERS ACKNOWLEDGEMENT

THIS FORM MUST BE COMPLETED AND SUBMITTED ALONG WITH THE COMPLETE BID PRIOR TO THE DATE AND THE TIME OF BID OPENING. THE BID SUMMARY SHEET PAGES ON WHICH THE BIDS ACTUALLY SUBMITS A BID AND ANY PAGES UPON WHICH INFORMATION IS REQUIRED MUST BE COMPLETED AND ATTACHED WITH ALL PAGES OF THE BID DOCUMENT.

Bidders Name: GOUVERNOR CONSTRUCTION		Fed. ID No. or SS Number: 204039438
Complete Mailing Address: 3211 NW 74th AVE HOLLYWOOD FL 33024		Telephone No.: 954 987 6344
		Fax No.: 954 987 6434
Indicate type of organization below: Corporation: <input checked="" type="checkbox"/> Partnership: <input type="checkbox"/> Individual: <input type="checkbox"/> Other: <input type="checkbox"/>		Bond (If Applicable) <input checked="" type="checkbox"/> Bid Bond/Security Bond [] Cashier/Certified Check [] Other _____
Reason for no Response:		No. _____ Amount 5%

ATTENTION: FAILURE TO SIGN (PREFERABLY IN BLUE INK) OR COMPLETE ALL IFB SUBMITTAL FORMS, INSURANCE, ADDENDUM(S) ACKNOWLEDGEMENT AND ALL PAGES OF THE IFB DOCUMENT MAY RENDER YOUR IFB NON-RESPONSIVE.

THE BIDDER CERTIFIES THAT THIS BID IS BASED UPON ALL CONDITIONS AS LISTED IN THE BID DOCUMENTS AND THAT THE BIDDER HAS MADE NO CHANGES IN THE BID DOCUMENT AS RECEIVED. THE BIDDER FURTHER AGREES IF THE BID IS ACCEPTED, THE BIDDER WILL EXECUTE AN APPROPRIATE AGREEMENT FOR THE PURPOSE OF ESTABLISHING A FORMAL CONTRACTUAL RELATIONSHIP BETWEEN THE BIDDER AND THE CITY OF CORAL GABLES FOR THE PERFORMANCE OF ALL REQUIREMENTS TO WHICH THIS BID PERTAINS. FURTHER, BY CHECKING THE AGREE BOX LISTED BELOW AND BY SIGNING BELOW **IN BLUE INK** ALL IFB PAGES ARE ACKNOWLEDGED AND ACCEPTED AS WELL AS ANY SPECIAL INSTRUCTION SHEET(S) IF APPLICABLE. I AM AUTHORIZED TO BIND PERFORMANCE OF THIS IFB FOR THE ABOVE BIDDER.

Agree (Please check box to acknowledge this bid)

CHRISTOPHER FALEY
Authorized Name and Signature

PRESIDENT

Title

10/5/10

Date



CORAL GABLES, FL

City of Coral Gables, 2800 SW 72nd Avenue, Miami, FL 33155

FINANCE DEPARTMENT / PROCUREMENT DIVISION
Tel: 305-460-5121, Fax: 305-460-5116

SECTION 5

Invitation for Bid (IFB) No 2010.09.02

5.0: IFB ADDENDUM AND RESPONSE FORMS

SUBMITTED TO:

City of Coral Gables
Office of the Chief Procurement Officer
2800 SW 72 Avenue
Miami, Florida 33155

1. The undersigned Bidder proposes and agrees, if this Bid is accepted, to enter in a Contract with the CITY to perform and furnish all work as specified or indicated in the Bid and Contract Documents for the Contract price and within the Contract time indicated in the Bid and in accordance with the Other terms and conditions of the bid and Contract Documents.
2. Bidder accepts and hereby incorporates by reference in this Bid Response Form all of the terms and conditions of the Invitation for Bid.
3. Bidder proposes to furnish all labor, services and supervision for the work described in this Invitation for Bid.
4. Acknowledgement is hereby made of the following Addenda, if any (identified by number) received since issuance of the Invitation for Bid. ***It is the Bidder's responsibility to assure receipt of all addenda (Refer to section 1.4).***

Addendum No. 1 Date 9/29/10 Initials CF

Addendum No. 2 Date 10/5/10 Initials CF

Addendum No. _____ Date _____ Initials _____

No addendum was received _____ Date _____ Initials _____

5. Bidder accepts the provisions of the Contract as to penalties in the event of failure to provide services as indicated.

6. Bidders correct legal name: GOVERNOR CONSTRUCTION INC.

Address: 3211 NW 74th AVE

City/State/Zip: HOLLYWOOD FL 33024

Telephone No./Fax No.: 954 987 6344 | Fx. 954 987 6434

Social Security or Federal I.D. No.: 204039438

Officer signing Bids: CHRISTOPHER FACEY Title: PRESIDENT

Bidder's Information

The City reserves the right to award or reject any and/or all bids.

Name:

GOUVERNOR CONSTRUCTION INC.

Contact Name:

CHRISTOPHER FACEY

Address:

3011 NW 74th AVE, HOLLYWOOD, FL 33024

Phone:

954 987 6344Fax: 954 987 6434

Email:

CHRIS@APS2000.COM

Signature:



STATEMENT OF NO BID

NOTE: If you do not intend to submit a Response on this commodity or service, please return this form in the bid envelope on or before bid opening. Failure to submit a response after three (3) times without a sufficient justification of "No Bid" will be cause for removal from the vendor/bidder's list.

City of Coral Gables
Procurement Division
2800 S.W. 72nd Avenue
Miami, FL 33155

We, the undersigned, have declined to submit a bid on your IFB No _____ -

Specifications too "tight", i.e., geared toward one brand or manufacturer only (explain below).

Insufficient time to respond to the Invitation for Bid.

We do not offer this product or service.

Our schedule would not permit us to perform.

We are unable to meet specifications.

We are unable to meet bond requirements.

Specifications are unclear (explain below).

We are unable to meet insurance requirements.

Remove us from your bidders' list for this commodity or service.

Other (specify below).

Remarks: _____

We understand that if this statement is not completed and returned, our company may be deleted from the City of Coral Gables bidders' list for this commodity or service.

Company Name: _____

Signature: _____

Title: _____

Telephone: _____

Date: _____



CORAL GABLES, FL

City of Coral Gables, 2800 SW 72nd Avenue, Miami, FL 33155

FINANCE DEPARTMENT / PROCUREMENT DIVISION
Tel: 305-460-5121, Fax: 305-460-5116

SECTION 6

Invitation for Bid (IFB) No 2010.09.02

6.0: BID PRICING SCHEDULE

6.1 BID PRICING SCHEDULE FORM

Bidder should carefully follow the instructions outlined below, particularly with respect to the format and number of pages allotted to each topic, if applicable. Failure to follow these instructions may be considered grounds for excluding a bid from further consideration.

Bidder shall submit a Bid expressing its interest in providing the services described herein. To receive consideration, this Invitation for Bid must be submitted in its entirety, with all forms executed. Bids must be typed or printed in blue ink. Use of erasable ink is not permitted. All corrections to prices made by the Bidder must be initialed. Any additional information to be submitted as part of the Bid may be attached behind the Bid Pricing Schedule Form. Additional information shall be attached behind this form, carefully cross-referencing each item number and/or letter.

BIDDERS NAME: GOVERNOR CONSTRUCTION INC.

CONTACT NAME / TITLE: CHRISTOPHER FACEY, PRESIDENT

SIGNATURE: DATE: 10/5/10

ADDRESS: 3211 NW 74th AVE

TELEPHONE 954 981 6344 FACSIMILE 954 981 6434 EMAIL: CHRIS@APS2000.COM

BID PRICING SCHEDULE

The work to be performed under this Contract shall consist of furnishing all equipment, materials, supplies, and manufactured articles, for furnishing all transportation and services, including fuel, power, water, and essential communications, and for the performance of all labor, work, or other operations required for the fulfillment of the Contract in strict accordance with the Contract Documents.

Item No.	Estimated Quantity	Description	Total
1	Aggregate Sum	<p>For performing site preparation, mobilization, and demolition work at City 3 Pump Station as shown on the Contract Documents, including all labor and materials required as well as all bonds, permit, fees, and insurance, the aggregate sum of:</p> <p><i>FIFTY NINE Thousand</i> <u>59</u> Dollars and <u>00</u> Cents</p>	\$ <u>59,000</u>
2	Aggregate Sum	<p>For furnishing, installing, operating (manned 24 hours per day, 7 days per week), and all maintenance, including fuel and power costs and dismantling and removal costs for a by-pass pump system during the process of constructing and installing one (1) new triplex submersible lift, which includes the personnel, equipment installation, testing, start-up of the new pump station, and two (2) weeks operational test period to ensure that the pump station is satisfactory to the ENGINEER and OWNER, the aggregate sum of:</p> <p><i>Thirty Thousand</i> <u>30</u> Dollars and <u>00</u> Cents</p>	\$ <u>30,000</u>
3	Aggregate Sum	<p>For furnishing all labor, materials, supplies, appurtenances, equipment, for the construction and installation of one (1) triplex submersible pump station, including, but not limited to, a precast wet well, new gravity sewer and manhole, valve vaults, discharge forcemain, tie-ins to existing sewer system and forcemain, electrical service, underground fuel tank and emergency generator, exterior lighting, access road, and SCADA interface and controls, as shown on the Contract Documents, including all labor, bonds, permit, fees, insurance, miscellaneous costs, and overhead and profit, the aggregate sum of:</p> <p><i>FIVE HUNDRED EIGHTY Thousand</i> <u>580</u> Dollars and <u>00</u> Cents</p>	\$ <u>580,000</u>

Item No.	Estimated Quantity	Description	Total
4	Aggregate Sum	For performing and coordinating start-up services, including performance test for the pumps, electrical control panel, SCADA interface and controls, instrumentation, and telemetry system, the aggregate sum of: <u>FIVE Thousand</u> Dollars and <u>No</u> Cents	\$ <u>500</u>
5	Aggregate Sum	For performing site restoration and clean-up, including, but not limited to, asphalt paving, grading, driveways, sodding, landscaping, painting, and any other miscellaneous restoration work including all labor, materials, and equipment required, the aggregate sum of: <u>FIVE Thousand</u> Dollars and <u>No</u> Cents	\$ <u>500</u>
6	As Approved	Construction contingency allowance, the sum of: <u>Eighty-Five Thousand</u> Dollars and <u>Zero</u> Cents	\$ <u>85,000</u>
7	TOTAL BID	The sum of total items 1 through 6, inclusive: <u>SEVEN HUNDRED SIXTY FOUR Thousand</u> Dollars and <u>No</u> Cents	\$ <u>764,000</u>

The low bidder will be determined on the basis of the Total Bid Amount on Item 7.

The quantities shown are an estimate and are only for the purpose of facilitating the uniform comparison of the bids submitted. The City does not guarantee that any specific quantities or item(s) will be utilized. The quantities of any item may be increased, decreased, or any item deleted as need occurs. Payment of work performed will be based on the actual quantities completed at each site the Contractor works on.

The Contractor will be awarded based on the Total Bid Amount. The City reserves the right to award or reject any or all bids.

The bidder understands and agrees that the above Total Bid Amount is inclusive of all work materials necessary to complete the Project as described in the Invitation for Bids.

AWARD OF CONTRACT AND TIME OF COMPLETION

The Contract, if awarded, shall be to the lowest responsible bidder, and most responsible bidder whose bid conforming to the specifications is the most advantageous to the City, considering prices bid, the experience, the qualifications of the bidder, and the bidder's current and immediately available resources. Bid must comply with the requirements necessary to render it formal.

The WORK will be substantially completed within 240 consecutive days from commencement date stated in the Notice to Proceed.

The contract will be awarded based on the Total Bid Amount.

The City reserves the right to select any of the bid alternates to determine the total bid amount.



The City Beautiful™

CITY OF CORAL GABLES REQUIRED COVER SHEET & CHECK LIST WHEN EVIDENCING INSURANCE

This check list was developed to identify the documents required when an entity and/or an individual is evidencing insurance to the City. All applicable boxes must be checked. This form, and other related insurance documents are available @ www.coralgables.com. Under City Departments tab, click on Human Resources, then the Risk Management Division Page.

◀◀◀ THIS FORM MUST BE SUBMITTED WHEN EVIDENCING INSURANCE TO THE CITY ▶▶▶▶

Full Legal Name (as shown on the agreement or permit with the City):
City Department (that you are working with or that is issuing a permit):
City Employee (contract manager or employee issuing permit):
The name & phone # of the individual who completed this check list:
The date this check list was completed in its entirety:

A Certificate of Insurance is attached and the following information is contained therein:

- The named insured listed on the Certificate of Insurance exactly matches the name of the individual and/or entity that is required to evidence insurance to the City.
- The Certificate Holder section of the Certificate of Insurance reads as follows:
City of Coral Gables • Risk Management Division
2801 Salzedo Street, 2nd Floor • Coral Gables, FL 33134
- The special provisions section of the Certificate of Insurance contains language affirming that:
 - 1) Endorsements have been issued to all required insurance policies naming the City of Coral Gables as an additional insured on a primary and non-contributory basis (except workers compensation & professional liability insurance) and;
 - 2) That all policies evidenced to the City contain a waiver of subrogation endorsement and;
 - 3) That all policies have been endorsed to ensure that the City receives the same Florida statutorily required notice of cancellation that an insurance company provides the first named insured of the policy.

IF COVERAGE IS REQUIRED FOR THE LINES OF INSURANCE BELOW, THEN THE DOCUMENTS LISTED MUST ALSO BE ATTACHED TO THE CERTIFICATE OF INSURANCE EVIDENCED TO THE CITY

Copies of the following Commercial General Liability Endorsements (or a copy of the section of the insurance policy that provides this coverage) are attached to this check list:

- Endorsement (or a copy of the policy) naming the City of Coral Gables as an Additional Insured on a Primary and Non-Contributory Basis.
- Waiver of Subrogation Endorsement (or a copy of the policy) in favor of the City.
- Endorsement providing the City with the same Florida statutorily required notice of cancellation that an insurance company provides the first named insured of the policy.

Copies of the following Automobile Liability Endorsements (or a copy of the section of the insurance policy that provides this coverage) are attached to this check list:

- Endorsement (or a copy of the policy) naming the City of Coral Gables as an Additional Insured on a Primary and Non-Contributory Basis.
- Waiver of Subrogation Endorsement (or a copy of the policy) in favor of the City.
- Endorsement providing the City with the same Florida statutorily required notice of cancellation that an insurance company provides the first named insured of the policy.

Copies of the following Workers Compensation Endorsements (or a copy of the section of the insurance policy that provides this coverage) are attached to this check list:

- Waiver of Subrogation Endorsement (or a copy of the policy) in favor of the City.
- Endorsement providing the City with the same Florida statutorily required notice of cancellation that an insurance company provides the first named insured of the policy.



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FINANCE DEPARTMENT / PROCUREMENT DIVISION
Tel: 305-460-5121, Fax: 305-460-5116

ATTACHMENT "A"

Invitation for Bid (IFB) No 2010.09.02

PROCUREMENT FORMS

Bidder shall prepare and submit (1) original of these forms signed in blue ink as part of its response.

CITY OF CORAL GABLES

BIDDER QUALIFICATIONS STATEMENT

This questionnaire is to be submitted to the City of Coral Gables Procurement Division by the Bidder, along with the Bid being submitted for the goods, services and/or construction required by the City of Coral Gables. Do not leave any questions unanswered. When the question does not apply, write the word(s) "None" or "Not Applicable", as appropriate. Failure to complete this form, when applicable, may disqualify Bid.

The undersigned certifies under oath the truth and correctness of all statements and of all answers to questions made hereinafter.

BIDDERS NAME: GOVERNOR CONSTRUCTION INC.

CONTACT NAME: CHRISTOPHER FACEY

TITLE: PRESIDENT

ADDRESS: 3211 NW 74th AVE

HOLLYWOOD FL 33024

TELEPHONE 954 987 6344 FACSIMILE 954 987 6434

EMAIL: CHRIS@APS2000.COM

FEDERAL EMPLOYER ID NO: 204039438

MARK ONE: CORPORATION PARTNERSHIP INDIVIDUAL OTHER

List all current licenses held and provide copies **(SEE ATTACHED)**

(a) STATE OF FLORIDA _____

(b) MIAMI DADE COUNTY _____

(c) CITY OF CORAL GABLES MUNICIPAL LICENSE _____

(d) OTHERS _____

1. State the true, exact, correct and complete name of the partnership, corporation, and trade or fictitious name in which business is transacted and the address of the place of business.

Bidders Name: GOVERNOR CONSTRUCTION, INC.

The address of the principal place of business is: 3211 NW 74th AVE

HOLLYWOOD FL 33024

2. If Bidder is a corporation, answer the following:

- a. Date of Incorporation: 1/06/2006
- b. State of Incorporation: FLORIDA
- c. President's: CHRISTOPHER FACEY
- d. Vice President's: N/A
- e. Secretary: N/A
- f. Treasurer: N/A
- g. Name and address of Resident Agent: CHRISTOPHER FACEY
2240 NW 72nd way Hollywood FL 33024

Telephone: 954 987 6344 Facsimile: 954 987 6434

Email: CHRIS@APB2000.COM

3. If Bidder is an individual or a partnership, answer the following:

- a. Date of organization: _____
- b. Name, address and ownership units of all partners:

- c. State whether general or limited partnership: _____

4. If Bidder is other than an individual, corporation or partnership, describe the organization and give the name and address of principals and their titles:

N/A

5. Are any of the principals of this company employed by the City of Coral Gables? If so, please disclose their names below:

NO

6. If Bidder is operating under a fictitious name, submit evidence of compliance with Florida Fictitious Name Statute.

7. How many years has organization been in business under present business name?

4 + years

a. Under what other former names has organization operated?

N/A

8. Indicate registration, license numbers or certificate numbers for the business or professions which are the subject of this Bid. Please attach certificate of competency and/or state registration.

PLEASE SEE ATTACHED

9. Have you personally inspected the site of the proposed work?
(Y) (N)

10. Do you have a complete set of documents, including drawings and addenda?
(Y) (N)

11. Did you attend the Pre-Bid Meeting if any such conference was held?
(Y) (N) X

12. Have you ever failed to complete any work awarded to you? If so, state when, where and why?
(Please provide the name and contact information of the entity which was involved)

NO

a Has any other entity held you in default of a contract? If so, which entity? Please provide the name and number of the contact.

NO

13. State the names, telephone numbers and last known addresses of three (3) owners, individuals or representatives of owners with the most knowledge of work which you have performed or goods you have provided. (Governments are preferred as references.)

<u>ALEX VADEZ</u> (name)	<u>3071 SW 38 AVE</u> (address)	<u>786 299 9008</u> (phone number)
<u>ALEEM GHANY</u> (name)	<u>776 N.E. 125 ST</u> (address)	<u>305 895 9838</u> (phone number)
<u>WESLEY GREAUES</u> (name)	<u>6591 ORANGE DRIVE</u> (address)	<u>954 869 8943</u> (phone number)

14. State the name of individual who will have personal supervision of the work:

Project Manager Name: BRIAN LAW

Title: SUPERVISOR

Telephone: 954 981 6344 Facsimile: 954 981 6434

Email address: GOVERNOR2000@GOVERNORCONSTRUCTION.COM

Provide the following information regarding your Insurance Requirements: (SEE ATTACHED)

- a. Name of Insurance Carrier: SOUTH EAGLE INSURANCE
- b. Type of Coverage: WORKERS COMPENSATION AND EMPLOYERS' LIABILITY
- c. Limits of Liability: 1,000
- d. Coverage/Policy Dates: 8/22/10 - 8/22/2011
- e. Name of Insurance Agent(s): AUTOMATIC DATA PROCESSING INSURANCE AGENCY
- f. Agent(s) telephone including area code: (973)-974-7695

15. Has your insurance coverage ever been cancelled for non-payment of insurance premiums?

NO

16. Has your insurance coverage ever been cancelled for any other reason? NO

If so, what was the reason? _____

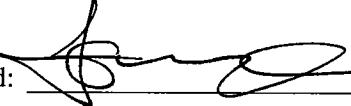
16. **Experience Record:** List past and/or present contracts, work, and jobs, that BIDDER has (SEE ATTACHED) performed of a type similar to what is required by specifications of the City's Bid:

FIRM NAME/ADDRESS	DATE OF JOB	DESCRIPTION OF JOB
<u>CITY OF NORTH MIAMI</u>	<u>9/2/09</u>	<u>OLETA STATE RIVER LIFT STATION</u>
<u>MIAMI DADE WATER + SEWER</u>	<u>12/8/07</u>	<u>PUMP STATION NO. 399 REHAB</u>
<u>MDWSD</u>	<u>6/11/09</u>	<u>LIFT STATION NO. 743 REHAB</u>
<u>TOWN OF DAUIZ</u>	<u>3/9/09</u>	<u>LIFT STATION 11 UPGRADES</u>

17. **References:** List references that may be contacted to ascertain experience and ability of Bidder. (SEE ATTACHED)
Provide a minimum of three (3) references including **COMPANY NAME, ADDRESS, CONTACT PERSON, TELEPHONE, FACSIMILE AND EMAIL ADDRESS:**

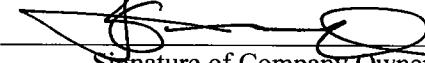
CITY OF NORTH MIAMI ; 776 N.E. 125
STREET NORTH MIAMI FL 33161 ; ALEEM CHANY
305 - 895 - 9838 ; MIAMI DADE WATER AND
SEWER DEPARTMENT ; 3071 SW 38th AVE, MIAMI, FL ;
ALEX WADEX 786 - 299 - 9008 ; TOWN OF DAVIE, WESLEY
CREAVES 954 868 8943

18. Provide any additional information as to qualifications and/or experience, attach documentation to this form.

Signed:  Title: PRESIDENT

Type Name: CHRISTOPHER FACEY

Company: GOVERNOR CONSTRUCTION, INC. Date: 10/05/10


Signature of Company Owner

STATE OF FLORIDA

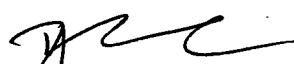
COUNTY OF BROWARD

PERSONALLY APPEARED BEFORE ME, the undersigned authority CHRISTOPHER FACEY
(Name of individual signing)

Who, after being sworn by me, affixed signature in the space provided above on this

5 date of OCTOBER, 20 10

Commission expires:


DEANDRE FACEY
NOTARY PUBLIC
#NCOMMISSION# DD 940455
EXPIRES: November 16, 2013
Bonded Thru Budget Notary Services

**SWORN STATEMENT PURSUANT TO SECTION 287.133 (3) (a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

**THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR
OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.**

1. This sworn statement is submitted to CITY OF CORAL GABLES
[print name of the public entity]

by CHRISTOPHER FACEY, PRESIDENT
[print individual's name and title]

for GOVERNOR CONSTRUCTION, INC.
[print name of entity submitting sworn statement]

Whose business address is:

3211 NW 74th AVE

HOLLYWOOD FL 33024

and (if applicable) its Federal Employer Identification Number (FEIN) is 204039438

If the entity has no FEIN, include the Social Security Number of the individual signing this
sworn statement: NIA.)

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any proposal or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
 1. A predecessor or successor of a person convicted of a public entity crime; or
 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a *prima facie* case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which Proposals or applies to Proposals on contracts for the provision of goods or

services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. [indicate which statement applies.]

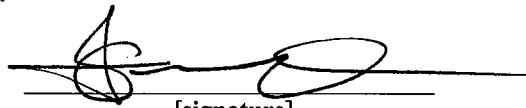
Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list.

[attach a copy of the final order]

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.



[signature]

Sworn to and subscribed before me this 5 day of OCTOBER, 2010.

Personally known ✓

OR Produced identification _____

Notary Public - State of FLORIDA

(Type of identification)

My commission expires _____


DEANDRE FACEY
MY COMMISSION # DD 940455
EXPIRES: November 16, 2013
Bonded Thru Budget Notary Services
(Printed, typed, or stamped commissioned name of
notary public)



10/5/10

CONE OF SILENCE

The requirements of section 2-11.1(t) ("Cone of Silence Ordinances") of the Code of Miami-Dade County, Florida, as amended, shall not be applicable to the City of Coral Gables.

(1) *Purpose and intent.* It is the intent of this article to prevent city commissioners ~~or the city manager and the city manager's office~~, potential vendors, bidders, offerors or service providers from communicating with city department directors, their staff or selection and evaluation committee members during the period of time in which the cone of silence is imposed on the request for proposals (RFP), request for qualifications (RFQ), or invitations for bids (IFB).

(2) *Cone of silence* is defined to mean a prohibition on:

- a. Any communication regarding a particular request for proposals (RFP), request for qualifications (RFQ), invitation for bids (IFB) or any other advertised solicitation between a potential offeror, vendor, service provider, bidder, lobbyist, or consultant and city department directors, their staff, selection committee or evaluation committee members;
- b. Any communication regarding a particular request for proposals (RFP), request for qualifications (RFQ), invitation for bids (IFB) or any other advertised solicitation between the city commissioners ~~and/or the city manager's office, with~~ and city department directors, the city departments' staff, selection committee or evaluation committee members.

(3) *Applicability.*

- a. The cone of silence shall be applicable only to contracts for the provision of supplies, services and construction for amounts greater than \$25,000.00.
- b. The cone of silence shall not apply to:
 1. Informal bids as defined in the procurement code;
 2. Emergency purchases of supplies, services or construction;
 3. Duly noticed pre-bid or pre-proposal conferences;
 4. Duly noticed site visits;
 5. Sole source procurements;
 6. Bid waivers;
 7. Oral presentations during duly noticed meetings;
 8. Competitive negotiations;
 9. Public presentations made to the city commission during any duly noticed public meeting;
 10. Contract negotiations and electronic commerce;
 11. Inquiries by the city commissioners or third parties to the city manager or assistant city managers to determine responsibility or responsiveness of bidders/offerors regarding a particular solicitation, or with regard to the process;
 12. Written communications with the chief procurement officer or staff responsible for administering the procurement process for a particular solicitation, provided the communication is limited strictly to matters of process or procedure already contained in the corresponding solicitation;
 13. Communications with the city attorney, city manager or chief procurement officer;
 14. Communications between a city commissioner, the city manager, assistant city managers, the city clerk and the city attorney;
 15. Communications between a city commissioner, the city manager, assistant city managers, the city clerk, the city attorney and potential offerors, vendors, service providers, lobbyists or consultants;
 16. ~~Communications between the city manager or assistant city managers and the chairperson of the selection committee after the selection committee has submitted its written recommendations to the city manager on any and all matters relating to the recommendations. Should any change occur in the committee recommendation as a result of such communication, the content of the communication and of the corresponding change shall be described in writing and filed by the city manager with the city clerk, and be included in any recommendation submitted by the city manager to the city commission.~~

(4) *Procedure.*

a. *Imposition.* A cone of silence shall be imposed upon each request for proposals (RFP), request for qualifications (RFQ), invitation for bids (IFB) and any other solicitation when advertised. At the time of imposition of the cone of silence, the city manager shall provide public notice of the cone of silence and shall advise the affected department(s) in writing. The affected departments includes, but is not limited to, selection committee members, user departments, department directors, city attorney, city manager, assistant city manager(s), and the city commission.

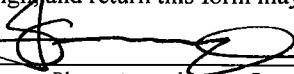
b. *Termination.* Except as otherwise provided herein, the cone of silence shall terminate at the time of the city manager's approval of the award, or the city manager's written recommendation to the city commission, as may be applicable, is received by the city clerk, or at such time that bids or proposals are rejected by the city commission or the city manager; provided, however, that if the commission refers the city manager's recommendation back to the

city manager or staff for further review, the cone of silence shall be re-imposed until such time as the city manager's subsequent written recommendation is received by the city clerk.

(5) *Penalties.* Violation of the cone of silence by a particular bidder or offeror shall render any award to said person voidable by the city commission. In addition to any other penalty provided by law, violation of any provision of this ordinance by a city employee shall subject said employee to disciplinary action up to and including dismissal. Any person who violates a provision of this ordinance shall be prohibited from serving on a city competitive selection or evaluation committee unless such appointment is approved by a four-fifths vote of the city commission. A violation of this section by a particular bidder, offeror, lobbyist or consultant shall subject such person or persons to potential debarment pursuant to the provisions of this chapter.

(Ord. No. O-2003-6, § 2(2-462), 2-11-2003; Ord. No. O-2003-14, § 1(2-462), 4-22-2003; Ord. No. 2003-23, § 2(462), 7-23-2003; Ord. No. 2005-14, § 2(2-462), 7-12-2005; Ord. No. 2005-17, § 2(2-462), 8-23-2005; Ord. No. 2005-20, § 2(2-462), 9-13-2005; Ord. No. 2008-27, § 2, 10-28-2008)

Bidder must complete, sign, and enclose Cone of Silence document, to ensure the proper intent to comply. Failures to complete, sign and return this form may disqualify your response.

SIGNED:  - CHRISTOPHER TITLE: ^{FACEY} PRESIDENT
Please sign and type or Print Name:

COMPANY: GOVERNOR CONSTRUCTION, INC. DATE: 10/5/10

CODE OF ETHICS AND CONFLICT OF INTEREST

Sec. 2-1055. Ethics

Any attempt by city employees to realize personal gain by conduct inconsistent with proper discharge of their duties is a breach of public trust. Any effort to influence any public employee to breach the standards of ethical conduct set forth in this division is also a breach of ethical standards. The provisions of city ordinances, county ordinances, and state statutes shall be strictly enforced to preserve the public trust.

Sec. 2-1056. Prohibition on transacting business with the city

No commissioner, appointed official, member of an advisory board or committee, member of a quasi-judicial board or committee, or employee shall enter into any contract or transact any business in which that person or a member of the immediate family has a financial interest, direct or indirect with the board or committee of the City of Coral Gables on which that person serves, and any such contract, agreement or business engagement entered in violation of this subsection shall render the transaction voidable. Willful violations of this subsection shall constitute malfeasance in office and shall affect forfeiture of office or position. Nothing in this subsection shall prohibit or make illegal (1) the payment of taxes, special assessments or fees for services provided by the city government; (2) the purchase of bonds, anticipation notes or other securities that may be issued by the city through underwriters or directly from time to time. This provision shall not apply to boards and committees which have been exempted by the city commission from the requirement of the city's ethic code.

(1) *Waiver of prohibition.* The requirements of this subsection may be waived for a particular transaction only by four affirmative votes of the city commission after public hearing upon finding that:

- a. An open-to-all sealed competitive proposal has been submitted by the offeror; or
- b. The proposal has been submitted by a person or firm offering services within the scope of the practice of architecture, professional engineering, or registered land surveying, as defined by the laws of the State of Florida and pursuant to the provisions of the Consultants' Competitive Negotiation Act, and when the proposal has been submitted by an offeror defined above; or
- c. The property or services to be involved in the proposed transaction are unique and the city cannot avail itself of such property or services without entering a transaction which would violate this subsection but for waiver of its requirements; or
- d. That the property or services to be involved in the proposed transaction are being offered to the city at a cost of no more than 80 percent of fair market value based on a certified appraisal paid for by the offeror; and
- e. That the proposed transaction will be in the best interest of the city. Such findings shall be spread on the minutes of the commission. This subsection shall be applicable only to prospective transactions, and the city commission may in no case ratify a transaction entered in violation of this subsection.

(2) *Provisions cumulative.* This subsection shall be taken to be cumulative and shall not be construed to amend or repeal any other law pertaining to the same subject matter.

Sec. 2-1057. Further prohibition on transacting business with the city

No commissioner, appointed official, member of an advisory board or committee, member of a quasi-judicial board or committee, or employee shall enter into any contract or transact any business through a firm, corporation, partnership or business entity in which that person or any member of the immediate family has a controlling financial interest, direct or indirect, with the city board or committee on which they serve, or with any person or agency acting for the city board or committee, and any such contract, agreement or business engagement entered in violation of this subsection shall render the transaction voidable. Waiver of this section may only be obtained by following the provisions of section 2-1056.

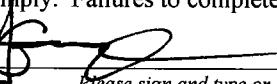
Additionally, no commission member shall vote on or participate in any way in any matter presented to the city commission if that person has any of the following relationships with any persons or entities which would be or might be directly or indirectly affected by any action of the city commission: (i) officer, director, partner, of counsel, consultant, employee, fiduciary or beneficiary; or (ii) stockholder, bondholder, debtor, or creditor, if in any instance the transaction or matter would affect the commission member in a manner distinct from the manner in which it would affect the public generally. Any commission member

who has any of the specified relationships or who would or might, directly or indirectly, realize a profit by the action of the city commission shall not vote on or participate in any way in the matter.

Sec. 2-1058. Compulsory disclosure by employees of firms doing business with the city

Should any commissioner, appointed official, member of an advisory board or committee, member of a quasi-judicial board or committee, or employee be employed, by a corporation, firm, partnership or business entity in which that person or the immediate family does not have a controlling financial interest, and should the corporation, firm, partnership or business entity have substantial business commitments to or from the city or any city agency, or be subject to direct regulation by the city or a city agency, then the person shall file a sworn statement disclosing such employment and interest with the clerk of the City within 15 days after the person has actual or constructive notice of the relationship.

Bidder must complete, sign, and enclose Conflict of Interest and Code of Ethics documents, to ensure the proper intent to comply. Failures to complete, sign, and return this form may disqualify your response.

SIGNED:  **CHRISTOPHER FACEY** TITLE: **PRESIDENT**
Please sign and type or Print Name:

COMPANY: **GOVERNOR CONSTRUCTION, INC.** DATE: **10/5/10**

FORMAL SOLICITATIONS PROTEST PROCEDURES

Sec. 2-950. Resolution of protested solicitations and awards—Formal

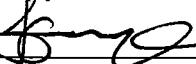
- (a) *Right to protest on solicitations.* The following procedures shall be used for resolution of protested solicitations.
- (b) *Protest of solicitation.* Any actual or prospective bidder or offeror who perceives itself aggrieved in connection with the formal solicitation of a contract or who intends to contest bid specifications or a bid solicitation may file a written notice of intent to file a protest with the city clerk's office within three calendar days prior to the date set for opening of bids or receipt of proposals. A notice of intent to file a protest is considered filed when received by the city clerk's office.
- (c) *Protest of award.* Any actual responsive and responsible bidder whose bid is lower than that of the recommended bidder or an offeror who perceives itself aggrieved in connection with the recommended award of contract may file a written notice of intent to file a protest with the city clerk's office within three calendar days after notice of the city manager's written recommendation to the city commission for award of contract. A notice of intent to file a protest is considered filed when received by the city clerk's office.
- (d) *Contents of protest.* A written protest based on any of the foregoing must be submitted to the city clerk's office within five calendar days after the date the notice of protest was filed. A written protest is considered filed when received by the city clerk's office. The written protest shall state with particularity the specific facts and law upon which the protest of the solicitation or the award is based, and shall include all pertinent documents and evidence and shall be accompanied by the required filing fee as provided in subsection (h) below. This shall form the basis for review of the written protest and no facts, grounds, documentation or evidence not contained in the protester's submission at the time of filing the protest shall be permitted in the consideration of the written protest.
- (e) *Computation of time.* No time will be added to the above time limits for service by mail. The last day of the period so computed shall be included unless it is a Saturday, Sunday, or legal holiday in which event the period shall run until the next day which is not a Saturday, Sunday or legal holiday.
- (f) *Challenges.* The written protest may not challenge the relative weight of the evaluation criteria or the formula for assigning points in making an award determination.
- (g) *Authority to resolve protests.* The chief procurement officer, after consultation with the city attorney, shall issue a written recommendation within ten calendar days after receipt of the written protest. Said recommendation shall be sent to the city manager with a copy to the protesting party. The city manager may then either resolve the protest or reject all proposals. **On any protest on a contract for supplies and services not exceeding \$100,000.00 or a contract for construction not exceeding \$25,000.00 the city manager as authorized in Section 2-651 shall have sole authority to resolve in the best interests of the City. Otherwise, the city manager shall submit a recommendation to the city commission for approval or disapproval thereof.** A protest of an award of a contract by the city commission may be filed with the circuit court pursuant to the Florida Rules of Appellate Procedure.
- (h) *Stay of procurement during protests.* Upon receipt of a written protest filed pursuant to the requirements of this section, the city shall not proceed further with the solicitation or with the award of the contract until the protest is resolved by the city manager or the city commission as provided in subsection (f) above, unless the city manager, after consultation with the head of the user department, the chief procurement officer, and the city attorney, makes a written determination that the solicitation process or the contract award must be continued without delay in order to avoid an immediate and serious danger to the public health, safety or welfare and protect substantial interests of the city.
- (i) *Costs.* All costs accruing from a protest shall be assumed by the protestor.
- (j) *Filing fee.* The written protest must be accompanied by a filing fee in the form of a money order or cashier's check payable to the city in an amount equal to one percent of the amount of the bid or proposed contract, or \$2,500.00, whichever is less. The filing fee shall guarantee the payment of all costs which may be adjudged against the protestor in any administrative or court proceeding. If the protest is denied, the filing fee shall be forfeited to the

city in lieu of payment of costs for the administrative proceedings. If the protest is upheld by the city, the filing fee shall be refunded to the protestor less any costs assessed under subsection (i) above.

(k) *Compliance with filing requirements.* Failure of a party to timely file either the notice of intent to file a protest or the written protest, or submit the filing fee, with the city clerk's office within the time provided in subsections (a), (b) and/or (c), above, shall constitute a forfeiture of such party's right to file a protest pursuant to this section. The protesting party shall not be entitled to seek redress before the city commission or seek judicial relief without first having followed the procedure set forth in this section.

(Ord. No. O-2003-6, § 2(2-447), 2-11-2003; Ord. No. O-2003-14, § 1(2-447), 4-22-2003; Ord. No. 2003-23, § 2(447), 7-23-2003; Ord. No. 2005-17, § 2(2-447), 8-23-2005; Ord. No. 2005-20, § 2(2-447), 9-13-2005; Ord. No. 2008-27, § 2, 10-28-2008)

Bidder must complete, sign, and enclose Formal Solicitations Protest Procedures documents, to ensure the proper intent to comply. Failures to complete, sign, and return this form may disqualify your response.

SIGNED:  CHRISTOPHER FACEY TITLE: PRESIDENT
Please sign and type or Print Name:

COMPANY: GOVERNOR CONSTRUCTION, INC. DATE: 10/5/10

**CITY OF CORAL GABLES
AMERICANS WITH DISABILITIES ACT (ADA)
DISABILITY NONDISCRIMINATION STATEMENT**

**THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A
NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.**

This sworn statement is submitted to CITY OF CORAL GABLES
(print name of public entity)

by CHRISTOPHER FACEY, PRESIDENT
(print individual's name and title)

for GOVERNOR CONSTRUCTION, INC.
(print name of entity submitting sworn statement)

whose business address is: 3211 NW 74th AVE

HOLLYWOOD FL 33024

and (if applicable) its Federal Employer Identification Number (FEIN) is 204039438
(If the entity has not FEIN, include Social Security Number of the individual signing this sworn statement:

NIA .)

I, being duly first sworn state:

That the above named firm, corporation or organization is in compliance with and agreed to continue to comply with, and assure that any sub-contractor, or third party contractor under this project complies with all applicable requirements of the laws listed below including, but not limited to, those provisions pertaining to employment, provision of programs and service, transportation, communications, access to facilities, renovations, and new construction.

The American with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104 Stat 327, 42 U.S.C. 12101,12213 and 47 U.S.C. Sections 225 and 661 including Title I, Employment; Title II, Public Services; Title III, Public Accommodations and Services Operated by Private Entities; Title IV, Telecommunications; and Title V, Miscellaneous Provisions.

The Florida Americans with Disabilities Accessibility Implementation Act of 1993, Sections 5553.501-553.513, Florida Statutes

**CITY OF CORAL GABLES
AMERICANS WITH DISABILITIES ACT (ADA)
DISABILITY NONDISCRIMINATION STATEMENT**

The Rehabilitation Act of 1973, 229 U.S.C. Section 794

The Federal Transit Act, as amended, 49 U.S.C. Section 1612

The Fair Housing Act as amended, 42 U.S.C. Section 3601-3631



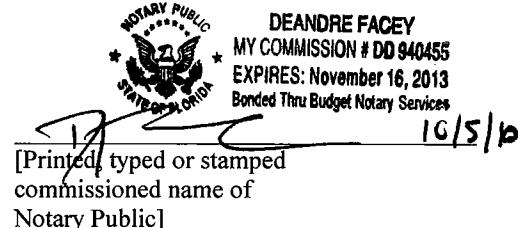
[Signature]

Sworn to and subscribed before me this 5 day of OCTOBER, 20 10

Personally known ✓

or produced identification: Notary Public, State of FLORIDA

[Type of Identification] My Commission Expires _____



CERTIFIED RESOLUTION

I, CHRISTOPHER FACEY, duly elected Secretary of GOVERNOR CONSTRUCTION INC, a corporation organized and existing under the laws of the State of FLORIDA, do hereby certify that the following Resolution was unanimously adopted and passed by a quorum of the Board of Directors of said corporation at a meeting held in accordance with law and the by-laws of said corporation.

IT IS HEREBY RESOLVED that CHRISTOPHER FACEY (insert name), the duly elected PRESIDENT (insert title of officer) of GOVERNOR CONSTRUCTION INC. submit a Proposal and Bid Bond, if such bond is required, to the City of Coral Gables and such other instruments in writing as may be necessary on behalf of the said corporation; and that the Proposal, Bid Bond and other such instruments signed shall be binding upon the said corporation as its own acts and deeds. The secretary shall certify the names and signatures of those authorized to act by the foregoing resolution.

The City of Coral Gables shall be fully protected in relying on such certification of the secretary and shall be indemnified and saved harmless from any and all claims, demands, expenses, loss or damage resulting from or growing out of honoring the signature of any person so certified or for refusing to honor any signature not so certified.

I further certify that the above resolution is in force and effect and has not been revised, revoked or rescinded.

I further certify that the following are the names, titles and official signatures of those persons authorized to act by the foregoing resolution.

<u>NAME</u>	<u>TITLE</u>	<u>SIGNATURE</u>
<u>CHRISTOPHER FACEY</u>	<u>PRESIDENT</u>	

Given under my hand and the Seal of said corporation this 5 day of OCTOBER, 20 10

(SEAL)

By: CHRISTOPHER FACEY, Secretary

GOVERNOR CONSTRUCTION, INC.

Name of Corporation

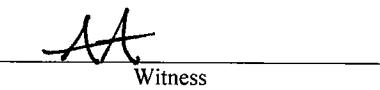
NOTE:

The above is a suggested form of the type of Corporate Resolution desired. Such form need not be followed explicitly, but the Certified Resolution submitted must clearly show to the satisfaction of the City of Coral Gables that the person signing the Proposal and Bid Bond for the corporation has been properly empowered by the corporation to do so in its behalf.

Signed, sealed and deliver in the presence of:


Witness

By: 
(Signature)


Witness

CHRISTOPHER FACEY
(Print Name)

N/A

FOREIGN (NON-FLORIDA) CORPORATIONS MUST COMPLETE THIS FORM

DEPARTMENT OF STATE CORPORATE CHARTER NO. _____

If your corporation is exempt from the requirements Section 607.1501, Florida Statutes, **YOU MUST CHECK BELOW** the reason(s) for the exemption. Please contact the Department of State, Division of Corporations at (904) 488-9000 for assistance with corporate registration or exemptions.

607.1501 Authority of foreign corporation to transact business required.

- (1) A foreign corporation may not transact business in this state until it obtains a certificate of authority from the Department of State.
- (2) The following activities, among others, do not constitute transacting business within the meaning of subsection (1):
 - (a) Maintaining, defending, or settling any proceeding.
 - (b) Holding meetings of the board of directors or shareholders or carrying on other activities concerning internal corporate affairs.
 - (c) Maintaining bank accounts.
 - (d) Maintaining officers or agencies for the transfer, exchange, and registration of the corporation's own securities or maintaining trustees or depositories with respect to those securities.
 - (e) Selling through independent contractors.
 - (f) Soliciting or obtaining orders, whether by mail or through employees, agents, or otherwise, if the orders require acceptance outside this state before they become contracts.
 - (g) Creating or acquiring indebtedness, mortgages, and security interests in real or personal property.
 - (h) Securing or collecting debts or enforcing mortgages and security interests in property securing the debts.
 - (i) Transacting business in interstate commerce.
 - (j) Conducting an isolated transaction that is completed within 30 days and that is not one in the course of repeated transactions of a like nature.
 - (k) Owning and controlling a subsidiary corporation incorporated in or transacting business within this state or voting the stock of any corporation which it has lawfully acquired.
 - (l) Owning a limited partnership interest in a limited partnership that is doing business within this state, unless such limited partner manages or controls the partnership or exercises the powers and duties of a general partner.
 - (m) Owning, without more, real or personal property.
- (3) The list of activities in subsection (2) is not exhaustive.
- (4) This section has no application to the question of whether any foreign corporation is subject to service of process and suit in this state under any law of this state.

Please check one of the following if your firm is **NOT** a corporation:

- (I) Partnership, Joint Venture, Estate or Trust
- (II) Sole Proprietorship or Self Employed

NOTE: This sheet **MUST** be enclosed with your Proposal if you claim an exemption or have checked I or II above. If you do not check I or II above, your firm will be considered a corporation and subject to all requirements listed herein.

GOVERNOR CONSTRUCTION INC.
BIDDER'S CORRECT LEGAL NAME

SIGNATURE OF AUTHORIZED AGENT OR BIDDER

Offeror's Certification

WHEN OFFERER IS A PARTNERSHIP

IN WITNESS WHEREOF, the Offeror hereto has executed this Proposal Form this _____ day of _____, 20 ____.

Print Name of Partnership _____

By: _____
Signature of General or Managing Partner

Witness _____

Print Name of Partner _____

Witness _____

Business Address _____

City/State/Zip _____

Business Telephone Number _____

State of Registration _____

State of Florida
County of _____

On this _____ day of _____, 20 __, before me, the undersigned Notary Public of the State of Florida,
personally appeared _____ as whose name(s) is/are Subscribe
(Name(s) of individual(s) who appeared before notary)
to the within instrument, and he/she/they acknowledged that he/she/they executed it.

WITNESS my hand
and official seal

**NOTARY PUBLIC
SEAL OF OFFICE:**

NOTARY PUBLIC, STATE OF FLORIDA

(Name of Notary Public: Print, Stamp or Type
as Commissioned.)

Personally known to me or
Produced identification:

(Type of Identification Produced)

DID take an oath, or **DID NOT** take an oath

Offeror's Certification

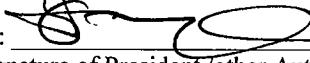
WHEN OFFERER IS A CORPORATION

IN WITNESS WHEREOF, the Offeror hereto has executed this Proposal Form this 5 day of OCT., 2010.

GOVERNOR CONSTRUCTION INC.
Print Name of Corporation

FLORIDA
Print State of Incorporation

(CORPORATE SEAL)

By: 
Signature of President/other Authorized Officer

CHRISTOPHER FACEY

Print Name of President/other Authorized Officer

3211 NW 74th AVE

Address of Corporation

HOLLYWOOD FL 33024

City/State/Zip

By: Secretary

954 987 6344
Business Telephone Number

On this 5 day of OCTOBER, 2010, before me, the undersigned Notary Public of the State of Florida, the foregoing instrument was acknowledged by

CHRISTOPHER FACEY PRESIDENT
(Name of Corporate Officer(s) and Title(s))

of GOVERNOR CONSTRUCTION, INC. on behalf of the Corporation.
(Name of Corporation and State of Place of Incorporation)

WITNESS my hand
and official seal

NOTARY PUBLIC, STATE OF FLORIDA

**NOTARY PUBLIC
SEAL OF OFFICE:**

(Name of Notary Public: Print, Stamp or Type
as Commissioned.)

Personally known to me, or
Produced identification:



DEANDRE FACEY
MY COMMISSION # DD 940455
EXPIRES: November 16, 2013
Bonded Thru Budget Notary Services

10/5/10

(Type of Identification Produced)

DID take an oath, or DID NOT did not take an oath

Offeror's Certification

**WHEN OFFERER IS A SOLE PROPRIETORSHIP OR
OPERATES UNDER A FICTITIOUS OR TRADE NAME**

IN WITNESS WHEREOF, the Offeror here to has executed this Proposal Form this _____ day of _____, 20 ____.

Print Name of Firm

By: _____
Signature of Owner

Witness

Print Name of Individual

Witness

Business Address

City/State/Zip

Business Telephone Number

State of Florida

County of _____

On this _____ day of _____, 20 ___, before me, the undersigned Notary Public of the
State of Florida, personally appeared _____
(Name(s) of individual(s) who appeared before notary)
and whose name(s) is/are Subscribed to the within instrument, and he/she/they acknowledged that
he/she/they executed it.

WITNESS my hand
and official seal

NOTARY PUBLIC, STATE OF FLORIDA

**NOTARY PUBLIC
SEAL OF OFFICE:**

(Name of Notary Public: Print, Stamp or Type
as Commissioned.)

Personally known to me, or
Produced identification:

(Type of Identification Produced)

DID take an oath, or **DID NOT** did not take an oath

NON-COLLUSION AFFIDAVIT

State of FLORIDA)

)ss.

County of BROWARD)

CHRISTOPHER FACEY being first duly sworn,
deposes
and says that:

- (1) Affiant is the OWNER, (Owner, Partner, Officer, Representative or Agent) of GOVERNOR CONSTRUCTION, INC. the Bidder that has submitted the attached Invitation to Bid;
- (2) Affiant is fully informed respecting the preparation and contents of the attached Proposal and of all pertinent circumstances respecting such Proposal;
- (3) Such Proposal is genuine and is not a collusive or sham Proposal;
- (4) Neither the said Bidder nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Bidder or firm, or person to submit a collusive or sham Proposal in connection with the work for which the attached Proposal has been submitted; or to refrain from bidding in connection with such work; or have in any manner, directly or indirectly, sought by agreement or collusion, or communication, or conference with any Bidder, firm, or person to fix any overhead, profit, or cost elements of the Proposal price or the Proposal price of any other Bidder, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed work;
- (5) The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Bidder or any other of its agents, representatives, owners, employees or parties in interest, including this affiant.

DRUG-FREE WORK PLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that GOVERNOR CONSTRUCTION
(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the work place, the business's policy of maintaining a drug-free workplace, any available drug counseling, Employee Assistance Programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee a copy of the statement specified in subsection (1) that are engaged in providing the commodities or contractual services that are proposed.
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are proposed, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

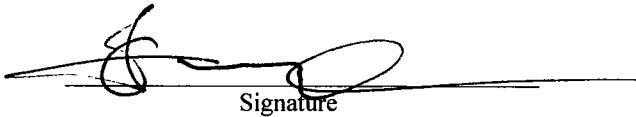


Bidder's Signature

10/5/10

Date

I CERTIFY THAT I AM AUTHORIZED TO EXECUTE THIS QUALIFICATION STATEMENT ON BEHALF OF THE APPLICANT. THE BIDDER ACKNOWLEDGES AND UNDERSTANDS THAT THE INFORMATION CONTAINED IN RESPONSE TO THIS QUALIFICATION STATEMENT SHALL BE RELIED UPON BY OWNER IN AWARDING THE CONTRACT AND SUCH INFORMATION IS WARRANTED BY BIDDER TO BE TRUE. THE DISCOVERY OF ANY OMISSION OR MISSTATEMENT THAT MATERIALLY AFFECTS THE BIDDER'S QUALIFICATIONS TO PERFORM UNDER THE CONTRACT SHALL CAUSE THE CITY TO REJECT THE PROPOSAL, AND IF, AFTER TERMINATE THE AWARD AND/OR CONTRACT.



Signature

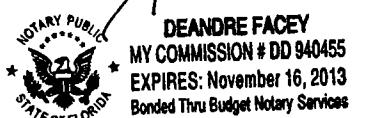
State of Florida

County of BROWARD

On this the 5 day of OCT, 2010, before me, the undersigned Notary Public of the State of Florida, personally appeared CHRISTOPHER FACEY and whose name(s) is/are subscribes to (Name(s) of individual(s) who appeared before notary) the within instrument, and acknowledge it's execution.

NOTARY PUBLIC, STATE OF FLORIDA

NOTARY PUBLIC
SEAL OF OFFICE:



10/5/10

(Name of Notary Public: Print, Stamp or Type as Commissioned.)

Personally known to me, or
Produced identification:

(Type of Identification Produced)

N/A

**CITY OF CORAL GABLES
LOBBYIST – ISSUE APPLICATION**

HAVE YOU BEEN RETAINED TO LOBBY ANY OF THE FOLLOWING FOR STATE PURPOSE? *NO*

CITY OFFICIALS:

Mayor, City Commissioners, City Attorney, City Manager, Assistant City Manager, Heads or Directors of Departments, and their Assistant or Deputy, Police Major or Chief, Building and Zoning Inspectors, Board, or Committee Members.

FOR THIS PURPOSE:

To encourage the passage, defeat or modification of any ordinance, resolution, action, or decision of the City Commission; or any action, decision or recommendation of any Board, Committee or City Official.

TIME PERIOD:

During the time period of the entire decision-making process on an action, decision or recommendation which foreseeable will be heard or reviewed by the Commission, or a board or Committee.

IF THE FOREGOING APPLIES TO YOU, YOU ARE REQUIRED TO REGISTER AS A LOBBYIST AND TO FILE THE FOLLOWING INFORMATION, UNDER OATH, WITH THE CITY CLERK FOR EACH ISSUE ADDRESSED.

Your Name: (Print)

CHRISTOPHER FACEY
LOBBYIST

OTZ

Your Business Name: (Print)

GOVERNOR CONSTRUCTION, INC.

Business Telephone Number:

954 987 6344

N/A

Business Address:

3211 NW 7th AVE

Hollywood FL 33024

Client you are representing on this issue:

Name of Client: (Print)

Client's Address:

Name of Corporation, Partnership, or Trust: (Print)

Names of all persons holding, directly or indirectly, a 5% or more ownership interest in the corporation, partnership, or trust: (Print)

ISSUE: Describe specific issue on which you will lobby: (Separate Application and Fee is required for each specific issue)

ISSUE FEE: You are required to pay a \$125.00 Issue Fee to the City Clerk prior to lobbying on a specific issue.

ADDITIONAL CLIENTS: You are required to fill out an additional Application for each additional Client represented on this issue, and attach to this Application.

I _____ hereby swear or affirm under penalty of
perjury that all the facts contained in this Application are true and that I am aware that these
requirements are in compliance with the provisions of Dade
County Code Sec, 2-11.1(s) governing Lobbying.

Date: _____

Signature of Lobbyist

\$125.00 Appearance Fee Paid: _____ Received by _____

Fees Waived for Not for Profit Organization (documentary proof attached) _____

Additional Client Application Attached: _____

**CITY OF CORAL GABLES
LOBBYIST
BIENNIAL REGISTRATION APPLICATION**

HAVE YOU BEEN RETAINED TO LOBBY ANY OF THE FOLLOWING FOR STATE PURPOSE?

CITY OFFICIALS: Mayor, City Commissioners, City Attorney, City Manager, Assistant City Manager, Heads or Directors of Departments, and their Assistant or Deputy, Police Major or Chief, Building and Zoning Inspectors, Board, or Committee Members.

FOR THIS PURPOSE: To encourage the passage, defeat or modification of any ordinance, resolution, action, or decision of the City Commission; or any action, decision or recommendation of any Board, Committee or City Official.

TIME PERIOD: During the time period of the entire decision-making process on an action, decision or recommendation which will be heard or reviewed by the Commission, or a board or Committee.

IF THE FOREGOING APPLIES TO YOU, YOU ARE REQUIRED TO REGISTER AS A LOBBYIST AND TO FILE THE FOLLOWING INFORMATION, UNDER OATH, WITH THE CITY CLERK FOR EACH ISSUE ADDRESSED.

Name: (Print) _____ **LOBBYIST**

Business Name: (Print)

Business Telephone Number: _____

Business Address: _____

State the extent of any business or professional relationship with any current member of the City Commission.

PRINCIPALS REPRESENTED: List here all principals currently represented by you, including address and telephone number:

ANNUAL REPORT: On July 1st of each year, you are required to submit to the City Clerk a signed statement under oath listing all lobbying expenditures in excess of \$25.00 for the preceding calendar year. A statement is required to be filed without expenditures.

ISSUE FEE: You are required to pay a \$125.00 Issue Fee to the City Clerk prior to lobbying on behalf of a specific issue and to fill out an Application stating under oath, your name, business address, the name of each principal employed by you to lobby, and the specific issue of which you wish to lobby.

NOTICE OF WITHDRAWAL: If you discontinue representing a particular client, a notice of withdrawal is required to be filed with the City Clerk.

BIENNIAL LOBBYIST REGISTRATION FEE: This Registration must be on file in the Office of the City Clerk prior to the filing of an Issue Application to lobby on a specific issue and the \$500.00 Biennial Lobbyist Registration Fee must be paid on or before October 1, 2000.

I _____ hereby swear or affirm under penalty of
(Print Name of Lobbyist)
perjury that I have read the provisions of Dade County Code Sec, 2-11.1(s)
governing Lobbying and that all of the facts contained in this Registration
Application are true and that I agree to pay the \$500.00 Biennial Lobbyist
Registration Fee on or before October 1, 2000 and on or before October 1,
of each even-numbered year thereafter, if I continue as an active Lobbyist in
the City of Coral Gables.

Signature of Lobbyist

STATE OF FLORIDA)
 }
COUNTY OF DADE)

BEFORE ME personally appeared _____ to me well known and known to me to be the
person described in and who executed the foregoing instrument, and acknowledged to and before me that _____
executed said instrument for the purposes therein expressed.

WITNESS my Hand and Official Seal this _____.

_____ Personally Known

_____ Produced ID

Notary Public
State of Florida

\$500.00 Fee Paid _____

Received By _____

\$500.00 Fee Waived for Not-for-Profit Organizations (documentary proof attached) _____



CORAL GABLES, FL

City of Coral Gables, 2800 SW 72nd Avenue, Miami, FL 33155

FINANCE DEPARTMENT / PROCUREMENT DIVISION
Tel: 305-460-5121, Fax: 305-460-5116

ATTACHMENT "B"

Invitation for Bid (IFB) No 2010.09.02

CONSTRUCTION FORMS

BID BOND

STATE OF FLORIDA }
COUNTY OF MIAMI DADE }SS.
CITY OF CORAL GABLES }

KNOWN ALL MEN BY THESE PRESENTS, That we as Principal, and _____, as Surety, are held and firmly bonded unto the City of Coral Gables as Owner in the penal sum of Dollars (\$_____), lawful money of the United States, for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas the Principal has submitted to the City of Coral Gables the accompanying Bid, signed _____, and dated _____, 20_____, for

CITY 3 PUMP STATION REHABILITATION IFB 2010.09.02 CORAL GABLES, FLORIDA

in accordance with the ~~Plans and Specifications~~ therefore, the call for Bids or Proposals, and the Instructions to Bidders, all of which are made a part hereof by reference as if fully set forth herein.

~~NOW, THEREFORE,~~

- ~~(a) If the Principal shall not withdraw said bid within thirty (30) days after date of opening of the same, and shall within ten (10) days after written notice being given by the City Manager or his designee, of the award of the contract, enter into a written contract with the City, in accordance with the bid as accepted, and give bond with good and sufficient surety or sureties, as may be required for the faithful performance and proper fulfillment of such contract,~~
- ~~(b) in the event of the withdrawal of said bid or proposal within the period specified, or the failure to enter into such contract and give such bond within the time specified, if the Principal shall pay the City the difference between the amount specified in said bid or proposal and the amount for which the City may procure the required work and/or supplies, if the latter amount be in excess of the former, the above obligation shall be void and of no effect, otherwise to remain in full force and effect.~~

BID BOND

IN WITNESS HEREOF, the above bounded parties have executed this instrument under their several seals this _____ day of _____, A.D., 20_____, the name and corporate seal of each corporate party being hereto affixed and these presents duly signed by its undersigned representative, pursuant to authority of its governing body.

WITNESS

(If Sole Ownership or Partnership,
Two (2) Witnesses Required.
If Corporation, Secretary Only
will attest and affix seal).

(1) _____

(2) _____

PRINCIPAL

Name of Firm

Signature of Authorized Officer

(SEAL)

Title

Business Address

City, _____ State

WITNESS:

(1) _____

Corporate Surety

(2) _____

(SEAL)
Attorney-In-Fact

Business Address

City, _____ State

Name of Local Agency

BROWN & BROWN BONDS

CONSTRUCTION BONDS AND INSURANCE

5900 North Andrews Avenue

Suite 300 & 400

Fort Lauderdale, FL 33309-2366

Broward: (954) 776-2222

Fax Number: (954) 772-7542

Statewide: (800) 339-0259

Member: National Association of Surety Bond Producers

www.bbftlaud.com

Bid Bond

KNOW ALL MEN BY THESE PRESENTS, that we **Governor Construction, Inc.**
3211 N. 74 Ave., Hollywood, FL 33024

as Principal, hereinafter called the Principal, and **First Sealord Surety, Inc.**
4901 17th Way #304, Fort Lauderdale, FL 33309

a corporation duly organized under the laws of the State of Pennsylvania

as Surety, hereinafter called the Surety, are held and firmly bound unto **City of Coral Gables, 2800 SW 72 Avenue, Miami, FL 33155**

as Obligee, hereinafter call the Obligee, in the sum of **Five Percent of Amount Bid (5%)**

for the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the said Principal has submitted a bid for **City 3 Pump Station Rehabilitation**

NOW, THEREFORE, if the Obligee shall accept the bid of the principal and the Principal shall enter into a Contract with the Obligee in accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or Contract Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the event of the failure of the Principal to enter such Contract and give such bond or bonds, if the Principal shall pay to the Obligee the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Obligee may in good faith contract with another party to perform the Work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect.

Signed and sealed October 6, 2010.

Witnesses:

Governor Construction, Inc.

(Seal)




By: Christopher Facey

First Sealord Surety, Inc.

(Seal)


Akenna Noothasan


By: Shawn A. Burton
Shawn A. Burton Attorney-In-Fact

First Sealord Surety, Inc.

Power of Attorney

Power No: MIA-0036-10-15206

KNOW ALL MEN BY THESE PRESENTS: That First Sealord Surety, Inc., a corporation of the Commonwealth of Pennsylvania, (hereinafter the "Company") has made, constituted and appointed, and by these presents does make, constitute and appoint

Gerald J. Arch, Shawn A. Burton, Michael A. Holmes, James F. Murphy and/or Joanne M. Mursell all of Ft. Lauderdale, Florida
its true and lawful Attorney-in-Fact, to make, execute and deliver on its behalf insurance policies, surety bonds, undertakings and other instruments of a similar nature as follows:

***** Not To Exceed Five Million Dollars-----(\$5,000,000.00) *****

Such insurance policies, surety bonds, undertakings and instruments for said purposes, when duly executed by the aforesaid Attorney-in-Fact, shall be binding upon the said Corporation as fully and to the same extent as if signed by the duly authorized officers of the Corporation and sealed with its corporate seal; and all the acts of said Attorney-in-Fact, pursuant to the authority hereby given, are hereby ratified and confirmed.

This appointment is made pursuant to the following By-Laws which were duly adopted by the Board of Directors of the said Corporation on April 7, 2003 with all Amendments thereto and are still in full force and effect:

"Article XII: Policies, Bonds, Recognitions, Stipulations, Consents of Surety, Underwriting Undertakings, and Instruments Relating Thereto.

Section 12-1. Insurance policies, bonds, recognitions, stipulations, consents of surety and underwriting undertakings of the Corporation, and releases, agreements and other writings relating in any way thereto or to any claim or loss thereunder, shall be signed in the name and on behalf of the Corporation: a) by the Chairman of the Board, the President or a Vice President, and by the Secretary or an Assistant Secretary; or b) by an Attorney-in-Fact for the Corporation appointed and authorized by the Chairman of the Board, the President, or a Vice President to make such signature; or c) by such other officers or representatives as the Board may from time to time determine. The seal of the Corporation shall if appropriate be affixed thereto by any such officer, Attorney-in-Fact or representative. The authority of such Attorney-in-Fact and Agents shall be as prescribed in the instrument evidencing their appointment. Any such appointment and all authority granted thereby may be revoked at any time by the Board of Directors or by any person empowered to make such appointment."

IN WITNESS WHEREOF, First Sealord Surety, Inc. has caused these presents to be duly signed and its corporate seal to be hereunto affixed and duly attested this 20th day of January, 2004.



(Seal) Attest: 
Gary L. Bragg, Secretary

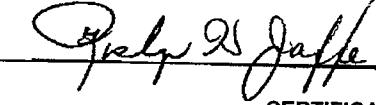
Commonwealth of Pennsylvania
County of Montgomery

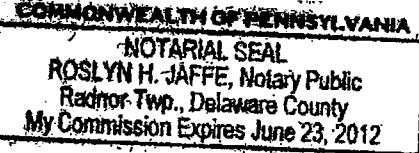
First Sealord Surety, Inc.

By: 
Joel D. Cooperman, Vice President

On this 22nd day of April, 2010, before me personally appeared Joel D. Cooperman, Vice President of First Sealord Surety, Inc., satisfactorily proven to be the person whose name is subscribed to this instrument (driver's license), who, being by me duly sworn, said that he resides in the Commonwealth of Pennsylvania, that he is Vice President of First Sealord Surety, Inc., the corporation described in and which executed the foregoing instrument; that he knows the corporate seal of the said Corporation; that the seal affixed to said instrument is such corporate seal that it was so affixed by order of the Board of Directors of said Corporation; and that he signed his name thereto as Vice President of said

State of Pennsylvania
County of Delaware

 - Notary Public



I, the undersigned Secretary of First Sealord Surety, Inc. do hereby certify that the original Power of Attorney of which the foregoing is a full, true and correct copy, is in full force and effect on the date of this Certificate and I do further certify that the Officer who executed the said Power of Attorney was one of the Officers authorized by the Board of Directors to appoint an Attorney-in-Fact as provided in Section 12-1 of the By-Laws of First Sealord Surety, Inc. This Certificate may be signed and sealed by facsimile under and by authority of the following provisions of the By-Laws of First Sealord Surety, Inc.:

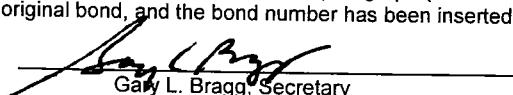
"Section 12-2. The use of a printed facsimile of the corporate seal of the Corporation and of the signature of the Secretary or an Assistant Secretary on any certification of the correctness of a copy of an instrument executed by an authorized person pursuant to Article XII; Section 12-1 of the By-Laws appointing and authorizing an Attorney-in-Fact to sign in the name and on behalf of the Corporation surety bonds, underwriting undertakings, or other instruments described in said Section 12-1, with like effect as if such seal and such signature had been manually affixed and made."

In Witness Whereof, I have hereunto set my hand and affixed the corporate seal of the Corporation to these presents

this 6th day of October, 20 10.

This power of attorney is void unless the Bond number is inserted in this paragraph (insert Bond # here 10-10221), the bond number is the same number as on the original bond, and the bond number has been inserted by an officer or employee of the Company or by the agent.

(seal)


Gary L. Bragg, Secretary

**STATE OF FLORIDA****DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

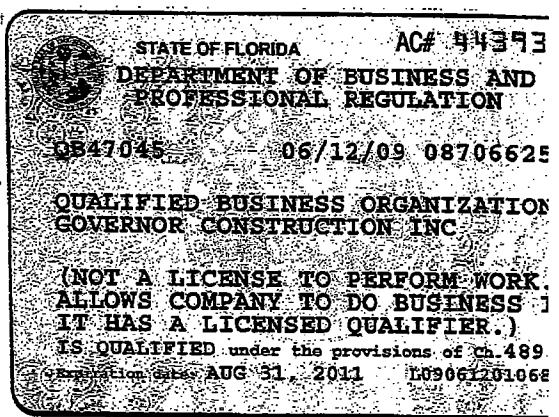
(850) 487-1395

GOVERNOR CONSTRUCTION INC
2240 NW 72ND WAY
PEMBROKE PINES FL 33024

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbecue restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

AC# 4439345

STATE OF FLORIDA**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD**

SEQ#1090612010

DATE	BATCH NUMBER	LICENSE NBR
06/12/2009	087066250	QBE47045
The BUSINESS ORGANIZATION Named below IS QUALIFIED Under the provisions of Chapter 489 FS Expiration date: AUG 31, 2011 (THIS IS NOT A LICENSE TO PERFORM WORK. THIS ALLOWS COMPANY TO DO BUSINESS ONLY IF IT HAS A QUALIFIER.)		
GOVERNOR CONSTRUCTION INC 2240 NW 72ND WAY PEMBROKE PINES FL 33024		

CHARLIE CRIST
GOVERNOR

CHARLES W. DRAGO
SECRETARY

**STATE OF FLORIDA****DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

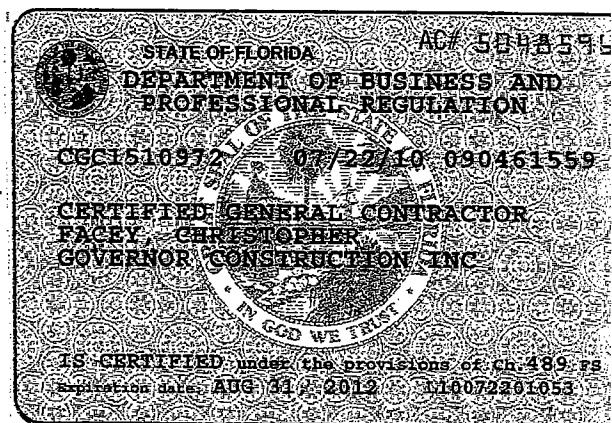
(850) 487-1395

FACEY, CHRISTOPHER
GOVERNOR CONSTRUCTION INC
2240 NW 72ND WAY
PEMBROKE PINES FL 33024-1047

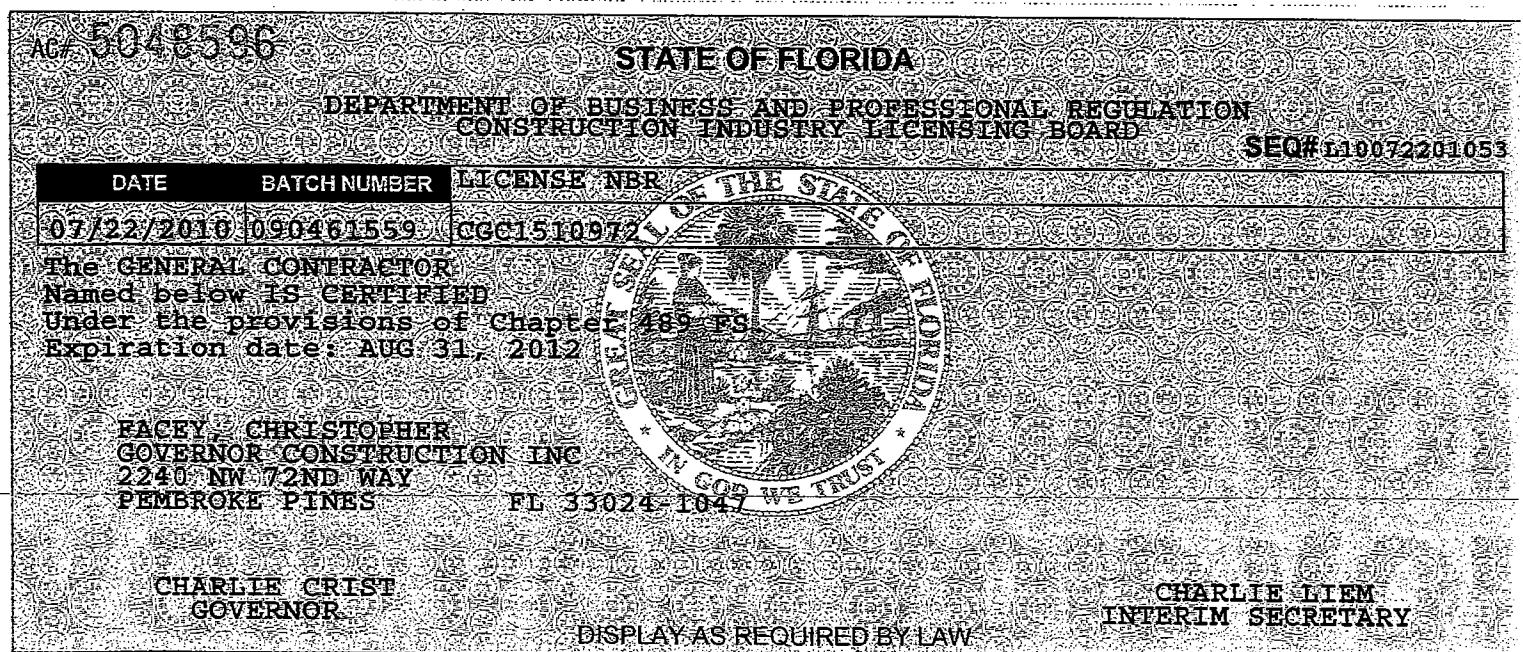
Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbecue restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE



Sub: **Corporate Filing - 500062546555**
Date: **01/03/06 4:17:30 PM Eastern Standard Time**
From: **coronline@dos.state.fl.us**
To: **ROTMANCPA@AOL.COM**

The Articles of Incorporation for GOVERNOR CONSTRUCTION, INC.
were filed electronically on January 03, 2006, as verified by
the letter and authentication number shown below and were assigned
document number P06000000506. Please refer to this number whenever
corresponding with this office.

Electronic filing and certification is provided for in section
15.16, Florida Statutes, and has the same legal effect as any
other filing or certificate.

A corporation annual report/uniform business report will be due
this office between January 1 and May 1 of the year following
the calendar year of the file/effective date. A Federal Employer
Identification (FEI) number will be required before this report
can be filed. Please apply NOW with the Internal Revenue Service
by calling 1-800-829-3676 and requesting form SS-4 or by going
to their website at www.irs.ustreas.gov.

Please be aware if the corporate address changes, it is the responsibility
of the corporation to notify this office.

Should you have any questions regarding corporations, please
contact this office at the address given below.

Sincerely,
Tim Burch
Document Specialist
New Filings Section

~~~Division of Corporations - P.O. Box 6327 - Tallahassee, FL  
32314~~~~~

Letter Number: 060103161313-500062546555

**Electronic Articles of Incorporation  
For**

**GOVERNOR CONSTRUCTION, INC.**

P06006000506  
FILED  
January 03, 2006  
Sec. Of State  
tburch

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:

**GOVERNOR CONSTRUCTION, INC.**

**Article II**

The principal place of business address:

**2911 NW COMMERCE PARK  
SUITE 4  
BOYNTON BEACH, FL. 33426**

The mailing address of the corporation is:

**2911 NW COMMERCE PARK  
SUITE 4  
BOYNTON BEACH, FL. 33426**

**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:

**1000**

**Article V**

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

**CHRISTOPHER FACEY  
2240 NW 72 WAY  
PEMBROKE PINES, FL. 33024**

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

Registered Agent Signature: **CHRISTOPHER FACEY**

P05000000506  
FILED  
January 03, 2006  
Sec. Of State  
burch

### **Article VI**

The name and address of the incorporator is:

**CHRISTOPHER FACEY  
2240 NW 72 WAY  
PEMBROKE PINES, FL 33024**

Incorporator Signature: **CHRISTOPHER FACEY**

### **Article VII**

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

**Title: P  
CHRISTOPHER FACEY  
2240 NW 72 WAY  
PEMBROKE PINES, FL. 33024**

GOVECON-01 ALKA

**ACORD™ CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
9/9/2010

## PRODUCER

Automatic Data Processing Insurance Agency, Inc  
1 ADP Boulevard  
Roseland, NJ 07068

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## INSURED

Governor Construction Inc  
6600 NW 27 Ave  
Suite 9  
Miami, FL 33147

## INSURERS AFFORDING COVERAGE

## NAIC#

INSURER A: Southern Eagle Insurance

INSURER B:

INSURER C:

INSURER D:

INSURER E:

## COVERAGE(S)

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

| INSR ADD'L<br>LTR | INSR'D<br>TYPE OF INSURANCE                                                                                                                                            | POLICY NUMBER       | POLICY EFFECTIVE<br>DATE (MM/DD/YY) | POLICY EXPIRATION<br>DATE (MM/DD/YY) | LIMITS                                                                                                                                                                                                                                                                                                       |   |           |      |  |                    |              |  |                            |              |  |                             |              |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----------|------|--|--------------------|--------------|--|----------------------------|--------------|--|-----------------------------|--------------|
|                   | GENERAL LIABILITY                                                                                                                                                      |                     |                                     |                                      | EACH OCCURRENCE \$                                                                                                                                                                                                                                                                                           |   |           |      |  |                    |              |  |                            |              |  |                             |              |
|                   | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                                                                                                  |                     |                                     |                                      | DAMAGE TO RENTED PREMISES (EA occurrence) \$                                                                                                                                                                                                                                                                 |   |           |      |  |                    |              |  |                            |              |  |                             |              |
|                   | <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR                                                                                                    |                     |                                     |                                      | MED EXP (Any one person) \$                                                                                                                                                                                                                                                                                  |   |           |      |  |                    |              |  |                            |              |  |                             |              |
|                   |                                                                                                                                                                        |                     |                                     |                                      | PERSONAL & ADV INJURY \$                                                                                                                                                                                                                                                                                     |   |           |      |  |                    |              |  |                            |              |  |                             |              |
|                   |                                                                                                                                                                        |                     |                                     |                                      | GENERAL AGGREGATE \$                                                                                                                                                                                                                                                                                         |   |           |      |  |                    |              |  |                            |              |  |                             |              |
|                   |                                                                                                                                                                        |                     |                                     |                                      | PRODUCTS - COMP/OP AGG \$                                                                                                                                                                                                                                                                                    |   |           |      |  |                    |              |  |                            |              |  |                             |              |
|                   | GENL AGGREGATE LIMIT APPLIES PER:                                                                                                                                      |                     |                                     |                                      |                                                                                                                                                                                                                                                                                                              |   |           |      |  |                    |              |  |                            |              |  |                             |              |
|                   | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-<br>JECT <input type="checkbox"/> LOC                                                                     |                     |                                     |                                      |                                                                                                                                                                                                                                                                                                              |   |           |      |  |                    |              |  |                            |              |  |                             |              |
|                   | AUTOMOBILE LIABILITY                                                                                                                                                   |                     |                                     |                                      | COMBINED SINGLE LIMIT (EA accident) \$                                                                                                                                                                                                                                                                       |   |           |      |  |                    |              |  |                            |              |  |                             |              |
|                   | <input type="checkbox"/> ANY AUTO                                                                                                                                      |                     |                                     |                                      | BODILY INJURY (Per person) \$                                                                                                                                                                                                                                                                                |   |           |      |  |                    |              |  |                            |              |  |                             |              |
|                   | <input type="checkbox"/> ALL OWNED AUTOS                                                                                                                               |                     |                                     |                                      | BODILY INJURY (Per accident) \$                                                                                                                                                                                                                                                                              |   |           |      |  |                    |              |  |                            |              |  |                             |              |
|                   | <input type="checkbox"/> SCHEDULED AUTOS                                                                                                                               |                     |                                     |                                      | PROPERTY DAMAGE (Per accident) \$                                                                                                                                                                                                                                                                            |   |           |      |  |                    |              |  |                            |              |  |                             |              |
|                   | <input type="checkbox"/> HIRED AUTOS                                                                                                                                   |                     |                                     |                                      |                                                                                                                                                                                                                                                                                                              |   |           |      |  |                    |              |  |                            |              |  |                             |              |
|                   | <input type="checkbox"/> NON-OWNED AUTOS                                                                                                                               |                     |                                     |                                      |                                                                                                                                                                                                                                                                                                              |   |           |      |  |                    |              |  |                            |              |  |                             |              |
|                   | GARAGE LIABILITY                                                                                                                                                       |                     |                                     |                                      | AUTO ONLY - EA ACCIDENT \$                                                                                                                                                                                                                                                                                   |   |           |      |  |                    |              |  |                            |              |  |                             |              |
|                   | <input type="checkbox"/> ANY AUTO                                                                                                                                      |                     |                                     |                                      | OTHER THAN EA ACC \$                                                                                                                                                                                                                                                                                         |   |           |      |  |                    |              |  |                            |              |  |                             |              |
|                   |                                                                                                                                                                        |                     |                                     |                                      | AUTO ONLY: AGG \$                                                                                                                                                                                                                                                                                            |   |           |      |  |                    |              |  |                            |              |  |                             |              |
|                   | EXCESS/UMBRELLA LIABILITY                                                                                                                                              |                     |                                     |                                      | EACH OCCURRENCE \$                                                                                                                                                                                                                                                                                           |   |           |      |  |                    |              |  |                            |              |  |                             |              |
|                   | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE                                                                                                    |                     |                                     |                                      | AGGREGATE \$                                                                                                                                                                                                                                                                                                 |   |           |      |  |                    |              |  |                            |              |  |                             |              |
|                   |                                                                                                                                                                        |                     |                                     |                                      | \$                                                                                                                                                                                                                                                                                                           |   |           |      |  |                    |              |  |                            |              |  |                             |              |
|                   | <input type="checkbox"/> DEDUCTIBLE                                                                                                                                    |                     |                                     |                                      | \$                                                                                                                                                                                                                                                                                                           |   |           |      |  |                    |              |  |                            |              |  |                             |              |
|                   | <input type="checkbox"/> RETENTION \$                                                                                                                                  |                     |                                     |                                      | \$                                                                                                                                                                                                                                                                                                           |   |           |      |  |                    |              |  |                            |              |  |                             |              |
| A                 | WORKERS COMPENSATION AND<br>EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE<br>OFFICER MEMBER EXCLUDED?<br>If yes, describe under<br>SPECIAL PROVISIONS below | WC250-2500023-2010A | 8/22/2010                           | 8/22/2011                            | <table border="1"> <tr> <td>X</td><td>WC STATUS</td><td>OTHR</td></tr> <tr> <td></td><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr> <tr> <td></td><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr> <tr> <td></td><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr> </table> | X | WC STATUS | OTHR |  | E.L. EACH ACCIDENT | \$ 1,000,000 |  | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 |  | E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 |
| X                 | WC STATUS                                                                                                                                                              | OTHR                |                                     |                                      |                                                                                                                                                                                                                                                                                                              |   |           |      |  |                    |              |  |                            |              |  |                             |              |
|                   | E.L. EACH ACCIDENT                                                                                                                                                     | \$ 1,000,000        |                                     |                                      |                                                                                                                                                                                                                                                                                                              |   |           |      |  |                    |              |  |                            |              |  |                             |              |
|                   | E.L. DISEASE - EA EMPLOYEE                                                                                                                                             | \$ 1,000,000        |                                     |                                      |                                                                                                                                                                                                                                                                                                              |   |           |      |  |                    |              |  |                            |              |  |                             |              |
|                   | E.L. DISEASE - POLICY LIMIT                                                                                                                                            | \$ 1,000,000        |                                     |                                      |                                                                                                                                                                                                                                                                                                              |   |           |      |  |                    |              |  |                            |              |  |                             |              |
|                   | OTHER                                                                                                                                                                  |                     |                                     |                                      |                                                                                                                                                                                                                                                                                                              |   |           |      |  |                    |              |  |                            |              |  |                             |              |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

## CERTIFICATE HOLDER

## CANCELLATION

Insured's Copy

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



# CERTIFICATE OF LIABILITY INSURANCE

OPID MR.  
GOVER-1DATE (MM/DD/YYYY)  
03/19/10

|                                                                                                                                |  |                                                                                                                                                                                                              |  |
|--------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| PRODUCER                                                                                                                       |  | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. |  |
| <b>Behnke &amp; Associates, Inc.</b><br>6565 Taft St., Ste. 104<br>Hollywood FL 33024<br>Phone: 954-962-8014 Fax: 954-964-3422 |  | INSURERS AFFORDING COVERAGE                                                                                                                                                                                  |  |
|                                                                                                                                |  | NAIC #                                                                                                                                                                                                       |  |
| INSURED                                                                                                                        |  | INSURER A: <b>Atlantic Casualty Ins Co</b>                                                                                                                                                                   |  |
|                                                                                                                                |  | INSURER B: <b>Progressive Express</b>                                                                                                                                                                        |  |
|                                                                                                                                |  | INSURER C:                                                                                                                                                                                                   |  |
|                                                                                                                                |  | INSURER D:                                                                                                                                                                                                   |  |
|                                                                                                                                |  | INSURER E:                                                                                                                                                                                                   |  |

## COVERS

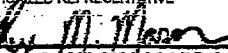
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES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

| INSURER/LTR | INSR'D                                                                                                                                             | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS                                             |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------|------------------------------------|-------------------------------------|----------------------------------------------------|
| A           | GENERAL LIABILITY                                                                                                                                  |                   | L144000549    | 08/21/09                           | 08/21/10                            | EACH OCCURRENCE \$ 1000000                         |
|             | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR |                   |               |                                    |                                     | DAMAGE TO RENTED PREMISES (EA occurrence) \$ 50000 |
|             |                                                                                                                                                    |                   |               |                                    |                                     | MED EXP (Any one person) \$ 5000                   |
|             |                                                                                                                                                    |                   |               |                                    |                                     | PERSONAL & ADV INJURY \$ 1000000                   |
|             |                                                                                                                                                    |                   |               |                                    |                                     | GENERAL AGGREGATE \$ 2000000                       |
|             |                                                                                                                                                    |                   |               |                                    |                                     | PRODUCTS - COMP/OP AGG \$ 1000000                  |
| B           | AUTOMOBILE LIABILITY                                                                                                                               |                   | 04575604-0    | 02/27/10                           | 02/27/11                            | COMBINED SINGLE LIMIT (EA accident) \$ 1000000     |
|             | <input type="checkbox"/> ANY AUTO<br><input checked="" type="checkbox"/> ALL OWNED AUTOS                                                           |                   |               |                                    |                                     | BODILY INJURY (Per person) \$ 1000000              |
|             | <input checked="" type="checkbox"/> SCHEDULED AUTOS                                                                                                |                   |               |                                    |                                     | BODILY INJURY (Per accident) \$ 1000000            |
|             | <input checked="" type="checkbox"/> HIRED AUTOS                                                                                                    |                   |               |                                    |                                     | PROPERTY DAMAGE (Per accident) \$ 1000000          |
|             | <input checked="" type="checkbox"/> NON-OWNED AUTOS                                                                                                |                   |               |                                    |                                     |                                                    |
|             | GARAGE LIABILITY                                                                                                                                   |                   |               |                                    |                                     | AUTO ONLY - EA ACCIDENT \$                         |
|             | <input type="checkbox"/> ANY AUTO                                                                                                                  |                   |               |                                    |                                     | OTHER THAN EA ACC \$                               |
|             |                                                                                                                                                    |                   |               |                                    |                                     | AGG \$                                             |
|             |                                                                                                                                                    |                   |               |                                    |                                     |                                                    |
|             |                                                                                                                                                    |                   |               |                                    |                                     |                                                    |
|             | EXCESS / UMBRELLA LIABILITY                                                                                                                        |                   |               |                                    |                                     | EACH OCCURRENCE \$                                 |
|             | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE                                                                                |                   |               |                                    |                                     | AGGREGATE \$                                       |
|             | <input type="checkbox"/> DEDUCTIBLE                                                                                                                |                   |               |                                    |                                     | \$                                                 |
|             | <input type="checkbox"/> RETENTION \$                                                                                                              |                   |               |                                    |                                     | \$                                                 |
|             |                                                                                                                                                    |                   |               |                                    |                                     | \$                                                 |
|             |                                                                                                                                                    |                   |               |                                    |                                     | \$                                                 |
|             | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                                                                      |                   |               |                                    |                                     | WC STATUTORY LIMITS OTHER                          |
|             | <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N                                    |                   |               |                                    |                                     | EL. EACH ACCIDENT \$                               |
|             | If yes, describe under SPECIAL PROVISIONS below                                                                                                    |                   |               |                                    |                                     | EL. DISEASE - EA EMPLOYEE \$                       |
|             |                                                                                                                                                    |                   |               |                                    |                                     | EL. DISEASE - POLICY LIMIT \$                      |
| A           | OTHER                                                                                                                                              |                   |               |                                    |                                     |                                                    |
| A           | Equipment                                                                                                                                          | L144000549        | 08/21/09      | 08/21/10                           | Backhoe 45000<br>Trailer 8500       |                                                    |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                                                                                                                                                                                                                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. |  |
| AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                           |  |
|                                                                                                                                                                                                                                                 |  |

**BROWARD  
COUNTY  
FLORIDA**

Certificate Number:

**Small Business  
Development Division**

Government Center Annex  
115 S. Andrews Avenue, Room A640 • Fort Lauderdale, Florida 33301 • 954-357-6400 • FAX 954-357-6010

*This Certificate is Granted to:  
Governor Construction, Inc.*

The requirements have been met for certification for:

**Community Disadvantaged Business Enterprise  
Small Business Enterprise**

As set forth in the Business Opportunity Act of 2004 and/or The Community Disadvantaged Business Enterprise Act of 2007.  
The Small Business Development Division must be notified within 30 days of any material changes in the business which may affect  
ownership and control. Failure to do so may result in the revocation of this certificate and/or imposition of other sanctions.

BC-SBE CDBE Certificate Expires: 9/26/2010

Broward County Board of County Commissioners  
Josephus Eggelletion, Jr. • Sue Gunzburger • Kristin D. Jacobs • Ken Keech • Ilene Lieberman • Diana Wasserman-Rubin • Stacy Ritter • John E. Rodstrom, Jr.  
Diana Wasserman-Rubin • Lois Wexler  
www.broward.org/smallbusiness. EO200738812

*John E. Rodstrom, Jr.*  
Small Business Development Division



## RELEVANT PROJECT REFERENCES (2006 to 2010)

### **1. Oleta State River Park Cabin Lift Station.**

**Period:** 150 days (4/2/2009)  
**Amount:** 100,000  
**Owner:** City of North Miami  
**Engineer:** City of North Miami  
**Contact:** Aleem Ghany, P.E.  
**Phone:** 305-895-9838  
**Contractor:** Governor Construction, Inc.  
**Superintendent:** Ivory Tilman

#### Relevant scope of work:

- Mechanical pumping Equipment, Electrical & Control/Instrumentation
- Excavation along water way including sheeting and shoring requirements per Trench Safety Act and OSHA.
- Construction of cast-in-place reinforced concrete structural modification
- Site work
- Installation of 4" ductile iron pipeline
- Installation of 4" pipe valves and fittings

### **2. Rehabilitation of Pump Station No. 399**

**Period:** 120 days (12/8/2007)  
**Capacity:** 3.45 mil gals per day  
**Amount:** 350,000  
**Owner:** Miami Dade Water and Sewer Department  
**Engineer:** Miami Dade Water and Sewer Department  
**Contact:** Alex Vadez, Project Inspector  
**Phone:** 786-299-9008

**Contractor:** Governor Construction, Inc.

**Superintendent:** James Bender

#### Relevant scope of work:

- Mechanical pumping Equipment, Electrical & Control/Instrumentation
- Demolition of above and below grade concrete structure involving heavy equipment (crane/excavator etc.), concrete cutting and coring above and below water table.
- Demolition of elevated reinforced concrete slab requiring support blocking for safety and control demolition.
- Construction of cast-in-place reinforced concrete elevated slab over existing wet well structure including installation, by casting, of 2 large access hatches.
- Installation of 10" discharge piping and force main

### **3. Rehabilitation of Lift Station No. 743**

**Period:** 150 days (6/11/2009)  
**Amount:** 470,000  
**Capacity:** 4.32 mil gal per day  
**Owner:** Miami Dade Water and Sewer Department  
**Engineer:** Miami Dade Water and Sewer Department  
**Contact:** Iden Edwards, Project Manager  
**Phone:** 305-205-4666  
**Contractor:** Governor Construction

**Relevant scope of work:**

- Mechanical pumping Equipment, Electrical & Control/Instrumentation
- Demolition of large reinforced concrete structure in approximately 15 feet of water.
- Saw cutting / core-drilling below water table
- Installation of 12" ductile iron pipe line and connecting to concrete structures.
- Installation of 8" Restrained Ductile Iron discharge piping and force main
- Site work

### **4. Access Meter Vault P-22, P-37, P-39 & P-44**

**Period:** 90 days (2/8/2010)  
**Amount:** 68,000  
**Owner:** Miami Dade County  
**Engineer:** Miami Dade Water and Sewer Department  
**Contact:** Raul Caballero, Water & Sewer Construction Supervisor 1  
**Phone:** (786) 402-1449  
**Superintendent:** James bender

**Relevant Scope of Work:**

- Maintenance of Traffic Plan
- Excavation of existing roadway
- Installation of Precast Concrete Structures
- Preparation sub-grade
- Installation of lime rock base

- Asphalt Paving and site restoration

## 5. Lift Station 11 Upgrade & 12" Force Main

**Period:** 120 days (3/9/2009)  
**Amount:** 224,000  
**Capacity:** 3.88 mil gals per day  
**Owner:** Town of Davie  
**Engineer:** Calvin Giordano & Assoc.  
**Contact:** Wesley Greaves, Field Engineer & Inspector  
**Phone:** (954) 868-8943

**Relevant Scope of work:**

- Mechanical pumping Equipment, Electrical & Control/Instrumentation
- Installation of 12" DIP force main crossing existing roadway
- Installation of 16"x 12" Tapping Sleeve & Valve
- Exposing and abandonment of existing yard piping including 24", 10", 6" & 6" ductile iron mains.
- Installation of water service and Backflow preventer
- Installation of 16", 12", 8" & 6" DIP, Valves and fittings
- Pressure testing
- Asphalt paving restoration
- Landscaping and site restoration.

## 6. CR 214 High Service pumping system

**Period:** 150 days (8/2/2009)  
**Amount:** 220,000  
**Owner:** St. Johns County  
**Engineer:** Calvin Giordano & Assoc.  
**Contact:** Scott Trigg  
**Phone:** (904) 209-2622

**Relevant scope of work:**

- Installation of Mechanical Pumping Equipment, Electrical & Control/Instrumentation
- Installation of restrained ductile iron piping and fittings 8"- 16" in diameter.
- Concrete pads and misc supports

## **7. Taylors Subdivision Utilities**

**Period:** 90 days  
**Amount:** 110,000  
**Owner:** Taylor Subdivision, Miami FL  
**Contact:** Dewitt Tayloy, Project Manager  
**Phone:** 786-237-5800  
**Subcontractor:** Governor Construction, Inc.  
**Superintendent:** Randy Whiley

**Relevant scope of work:**

- Site work
- Installation of foundation pad
- Installation of 6", 8" & 10" ductile iron water main
- Water services
- Sewer laterals
- Roadway and driveway paving and drainage
- Sidewalk construction

## **8. Main Wastewater Pumping Station**

**Period:** 120 days (99%)  
**Amount:** 380,000  
**Owner:** City of North Bay Village  
**Engineer:** Kimley-Horn & Assoc.  
**Contact:** Bob Pushkin  
**Phone:** (305) 756-7171  
**Superintendent:** James Bender

**Relevant scope of work:**

- Installation of Triplex 130 HP pumps
- Mechanical pumping Equipment, Electrical & Control/Instrumentation
- Installation of restrained ductile iron piping and fittings 6" - 12" in diameter.
- Concrete pads and misc supports

## **9. City of Weston Indian Trace Pump station 1 & 2**

**Period:** 120 days (60%)  
**Amount:** 370,000  
**Capacity:** 60 mil gal per day  
**Owner:** City of Weston  
**Engineer:** Calvin Giordano & Assoc.  
**Contact:** Sabrina Baglieri, Project Manager  
**Phone:** 954-921-7781  
**Contractor:** Governor Construction, Inc.  
**Superintendent:** Chris Facey

- Mechanical pumping Equipment, Electrical & Control/Instrumentation
- Installation of Cat engine driving units
- Emergency power generation system
- Exhaust piping system installation
- Keel Cooler piping system installation.



Public Works Division  
Water & Sewer Department  
Utility Operations Center

1815 N.E. 151 Street • North Miami, FL 33181 • T: (305) 935-9838 • F: (305) 787-1012

July 29, 2009

Governor Construction  
2451 N. 59 Terrace  
Hollywood, Florida 33021

**Re: City of North Miami – 60 Cabins Lift Station  
OLETA STATE PARK**

Gentlemen:

Governor Construction is under contract with the City of North Miami for the installation of a sanitary sewer lift station in the Oleta State Recreational Park and along the Oleta River. As part of this installation all Trench Safety Act/ OSHA regulations were followed. The installation was completed as per approved plans and specifications and there were no problems in working with the contractors.

Sincerely,



Aleem A. Ghany, R.E.  
Assistant Public Works Director  
AAG:ms



## CRAIG A. SMITH & ASSOCIATES

7777 Glades Road • Suite 410 • Boca Raton, Florida 33434

CONSULTING ENGINEERS • SURVEYORS • UTILITY LOCATORS • GRANT SPECIALISTS

WWW.CRAIGASMITH.COM

July 29, 2009

To Whom It May Concern:

This letter is to provide a recommendation on behalf of Governor Construction, Inc. I am pleased to recommend this firm without any reservations.

I have known and worked with Governor Construction, Inc. for about two years. Our professional association occurred during the construction of the City of Margate Lift Station No. 24 Renovation Project, designed by Craig A. Smith & Associates. I was especially impressed by their focused and results-oriented approach, and their attention to detail during this difficult construction project. Their project organization and approach were well prepared, thorough, and thoughtful. They often initiated discussions for clarification of design details, which shows a desire above and beyond the requirements for a satisfactory project completion. I was also very impressed with their enthusiasm and focused approach.

Therefore, I do not have any hesitations in recommending Governor Construction, Inc. for your project. I can be contacted at (561) 791-9280 should you have any questions or require additional information.

Sincerely,

Craig A. Smith & Associates



Peter A. Kunen, P.E., Project Manager  
No. 60730

THE CITY OF HOLLYWOOD  
ZONING DIVISION  
**CERTIFICATE OF USE**

This "Certificate of Use" verifies that the use described below is an allowable use for the identified property. Said verification of use is based upon the list of allowable uses per the applicable Zoning District as identified in the Zoning and Land Development Regulations and, the uses allowed per the Land Use Element of the City's Comprehensive Plan. Certification of use in no way waives or guarantees compliance with other applicable Zoning and Land Development Regulations. This property must fully comply with all applicable Codes and Ordinances prior to the commencement of the approved use.

**CERTIFICATE OF USE NO.: 2009-CU-0669**

Street Address: 3211 N 74th Ave Bay/Suite # 1  
City: Hollywood State: FL Zip:33024  
Folio Number: 5141-03-05-0630  
Business Name: Governor Construction, Inc.  
Use/Business Type: General Contractors  
Square Footage: 1500  
Zoning District: C-3 GOLD COAST  
Land Use Designation: General Business  
Conditions: Office use only, no outdoor display or storage of materials

**CERTIFICATE APPROVED BY**

DATE 7/10/01

Darby P. Delsalle, AICP  
Principal Planner

## **MUST BE POSTED AT BUSINESS LOCATION**

# BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000  
VALID OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011

**DBA:**

**Business Name:** GOVERNOR CONSTRUCTION INC

**Owner Name:** CHRISTOPHER FACEY

**Business Location:** 3211 N 74TH AVE  
HOLLYWOOD

**Business Phone:** 954-303-5259

**Receipt #:** 180-7866

**Business Type:** GENERAL CONTRACTOR (GENERAL  
CONTRACTOR)

**Business Opened:** 04/13/2006

**State/County/Cert/Reg:** CGC1510972

**Exemption Code:** NONEXEMPT

**Rooms**

**Seats**

**Employees**

**Machines**

**Professionals**

2

| For Vending Business Only |      |              |         |         |             | Vending Type:   |            |
|---------------------------|------|--------------|---------|---------|-------------|-----------------|------------|
| Number of Machines:       |      | Transfer Fee | NSF Fee | Penalty | Prior Years | Collection Cost | Total Paid |
| 27.00                     | 0.00 | 0.00         | 0.00    | 0.00    | 0.00        | 0.00            | 27.00      |

**THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS**

**THIS BECOMES A TAX RECEIPT  
WHEN VALIDATED**

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

**Mailing Address:**

CHRISTOPHER FACEY  
3211 N 74TH AVE  
HOLLYWOOD, FL 33024

Receipt #49A-09-00000732  
Paid 07/09/2010 27.00

**2010 - 2011**



CITY OF HOLLYWOOD  
TREASURY SERVICES DIVISION  
LOCAL BUSINESS TAX RECEIPT  
2600 HOLLYWOOD BLVD, ROOM 103  
HOLLYWOOD, FL 33020

GOVERNOR CONSTRUCTION, INC.  
3211 N 74 AVE  
HOLLYWOOD FL 33024

202 38210



### CITY OF HOLLYWOOD LOCAL BUSINESS TAX RECEIPT

PRINT DATE: 10/09/09

THIS IS YOUR LOCAL BUSINESS TAX RECEIPT. PLEASE DETACH AND POST IN A CONSPICUOUS PLACE AT THE BUSINESS LOCATION. PLEASE DO NOT REMIT ANY PAYMENT. **THIS IS NOT A BILL.**

|                           |                             |
|---------------------------|-----------------------------|
| <b>Business Name:</b>     | GOVERNOR CONSTRUCTION, INC. |
| <b>Business Location:</b> | 3211 N 74 AVE               |
| Business Class:           | CONTRACTOR/GENERAL          |
| Tax Basis:                | 5 - 25 WORKERS              |
| Receipt Number:           | 10 00046950                 |
| Receipt Year:             | 10/01/09                    |
| Expiration Date:          | 09/30/10                    |

|                                      |        |
|--------------------------------------|--------|
| <b>NEW CHARGES:</b> (Itemized Below) | 301.00 |
| Base Fee                             | 301.00 |
| Additional Charges:                  |        |

#### Comments:

|                           |        |
|---------------------------|--------|
| <b>TOTAL NEW CHARGES:</b> | 301.00 |
| Penalty Amount:           | .00    |
| Previous Balance Due:     | .00    |
| <b>TOTAL AMOUNT PAID:</b> | 301.00 |

PURSUANT TO STATE LAW, THE LOCAL BUSINESS TAX IS LEVIED ON THE PRIVILEGE OF DOING BUSINESS WITHIN A CITY'S LIMITS, AND IS NON-REGULATORY IN NATURE. ISSUANCE OF A LOCAL BUSINESS TAX RECEIPT BY THE CITY OF HOLLYWOOD DOES NOT MEAN THAT THE CITY HAS DETERMINED THAT THE EXISTING OR PROPOSED USE OF A LOCATION IS LAWFUL. ISSUANCE OF A LOCAL BUSINESS TAX RECEIPT DOES NOT LEGALIZE OR CONDONE THE NATURE OF THE BUSINESS BEING CONDUCTED IF CONTRARY TO ANY LOCAL, STATE OR FEDERAL LAWS OR REGULATIONS.

CHRISTOPHER FACEY  
2240 NW 72<sup>nd</sup> Way Pembroke Pines, Florida 33024  
Home (954) 961-3047 Cel (954) 303-5259

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**Career Objective:**

To secure a long- term position with a growth-oriented company, where my education, as well as professional experience will be utilized to improve productivity and profitability.

**Professional Experience:**

**Astaldi Construction Corporation. (Heavy Highway and Utility Construction)  
Project Engineer (2003 to 2006)**

- Preparation of competitive bids for FDOT and Municipal / Private Utility Projects.
- Quantitative analysis for multiple disciplines.
- Estimating and Value Engineering.
- Budget preparation including monthly cost/revenue projection and analysis.
- Contract Administration and Project Management.
- Preparation, review and execution of Sub-Contracts and Purchase Orders.
- Negotiating and Buyout of Proposals.
- Submittal review and execution.
- Preparation, review and update of Schedule.
- Prepare monthly Pay Requests including processing of Change Order and Claims.

**The Acutec Group of Companies. (Mechanical and Underground Construction)  
Project Manager**

Provide timely cost effective Project Management and Engineering from bidding phase through contract completion Including; Estimating and Bidding, Value Engineering, Contract Administration, Negotiation and Buyout of contract, Review and interpret Blue Prints and Technical Specification, Identify, analyze and process Change Orders, Execute RFIs and correspondences, Interpret and apply relevant legislation, Formulate and execute Sequence of Construction, Develop and implement bypass operation, Conceptualize and layout sheeting and dewatering plan, Construction Scheduling and Schedule of Values, Direct supervision and coordination of Sub-contractors, Project Documentation and Safety Management, Field Supervision and Quality Control, Provide leadership presence and productive/profitable relationship building.

**The Metropolitan District Commission (MDC)  
Project Engineer**

- Execute Developer Permit Agreement Application including; review and approval of Engineering design, hydraulic calculations, and general adherence to governing (MDC) standards;
- Coordinate and schedule Pre-construction meeting; Perform project management, Execute public sewer-service petitions including; acknowledgement letter, preliminary engineering report, feasibility study, layout and assessment, Facility planning study; pumping station design; sewer design; construction management
- Prepare and execute RFP and RFQ

**Kovacs Construction Corporation**  
**General Contractor (Water Pollution Facilities & Pump Stations)**  
**Estimator & Project Manager**

Prepare construction estimates for competitive bidding including; value engineering; cost proposals; design-build drawing; quantity survey; site work requirement and man power requirement. Review, analyze and execute contract including; construction documents, submittals process, schedules, layout and as-built drawing. Organize and coordinate sub-trades, negotiation of contracts, buyout and purchasing. Pre-bid/pre-construction conferences. Developed and Implemented spreadsheet estimating program

**Acutech Incorporated.**  
**General Contractor (Water and Wastewater Management)**  
**Estimator/Project engineer**

Perform estimating for competitive bids; value engineering; cost proposals; take-off for proposed projects including; mechanical, electrical and instrumentation take-offs; interpret blue prints and written specification; prepare bid documents; construction administration and field supervision; construction layout

**Professional Attributes:**

Extensive knowledge of Water & Wastewater Collection and Distribution design and construction.

- Extensive project management and field supervision experience
- Construction administration and Contract supervision
- Sound technical knowledge of sewer design and rehabilitation process
- Leadership and relationship building skills
- Outstanding negotiation and written/verbal communication skills
- Construction estimating including, competitive bidding and cost/ budget proposals
- Pumping station design; pump sizing/selection
- Construction and design value engineering
- Mechanical design; odor control and HVAC systems
- Familiar with Electrical, Control systems and Instrumentation

**Computer Skills:** Microsoft Excel, P3 Primavera Project Planner, Construction Link Estimating Software.

**Education:** Bachelor of Science, Mechanical Engineering Technology.  
Cleveland State University Cleveland, Ohio. (1995)

**Professional Affiliation:** State of Florida Qualified Certified General Contractor (CGC 1510972)  
Storm-water Management Inspector (Inspector # 7290)  
American Society of Professional Estimators (Nutmeg Chapter)

**References:** Available upon request