

CITY OF CORAL GABLES
CONSTRUCTION REGULATION BOARD
CONTRACTOR COMPLAINT FORM

1. Name of Complainant(s) CARMEN LIZAMA & FRANCISCO GASPA (OWNERS)
2. Current address 930 MILAN AVE ^{Affiant} Coral Gables
3. Address of location where the job was performed 930 MILAN AVE Coral Gables
4. Contact telephone no. 305 720-4213
5. What is the name and address of the company(s) or individual(s) you contracted with? A-1 Perfect Seal Roof 4806 SW 75 AVE MIAMI FL 33155
6. What is the name(s) of the person(s) you deal with from that company?
Arlyn (owner)
7. Did the company or individual represent they were licensed? Yes or No. If yes, what license number did he/she/they use? She is working under the umbrella of
8. What else was said, done, written or shown to you to cause you to believe the individual company was licensed? Her business card with lic # ^{CMC FIA Investment}
9. Did you enter into a written agreement/contract with that company or person? Yes or No. (786) 295-443, Carlos
10. What was the date the agreement/contract was entered into? August 30/17 attached Exhibit (A)
11. What date (or approximate) did the work begin?
12. What work was supposed to be done under the terms of the contract?
See contract (Remove existing roof & Replace tile (A))

13. What was the total amount to be paid under the contract? see terms of contract
14. What were the terms of payment (draws) to be paid under the contract? checks
- \$23,000.00
- 25% when contract signed
- 35% when feet
- 30% when 90ft feet mopped
15. Did you make any payments? If so, please list the date and amount of each payment and to whom the payment was given. If payments were different from the terms of the contract, please explain why they were different. If checks were given, please provide copies of the front and back of all checks. Important! Please fill this portion out completely.

	Date of Payment	Amount	Reason for Payment
1)	<u>8/30/17</u>	<u>\$</u>	<u>as per contract 25%</u>
2)	<u>11/20/17</u>	<u>8,050.00</u>	<u>(B) 35%</u>
3)	<u>12/15/17</u>	<u>7,352.00</u>	<u>(C) 30%</u>

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

working under the umbrella of my contractor ² CMC FIA Investment
(Carlos Hernandez owner) 786 ^{CITY'S} 295-4437
* I hired A-1 Perfect Roofers Aside ¹ CMC FIA

I also called Better Business Bureau
Complaint ID # 904 42490

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

A) Signed Contract Aug 30, 2017
B) My Roof Caved in (my contract repaired
the damages see attached) (1) (2) (3)
pictures

C) A-1 never paid for tiles so I am getting a lien
against my property from COMA CAST CORP 4883 SW
70th Court
MIAMI FL
Damaris
305 465-3665

18. Describe the extent of work done by the contractor. And if you know, what is the estimated value of the work done?

19. When or what date was the last time the contractor performed work?

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

21. Have you had conversations with the contractor regarding your complaint since he/she stopped or finished work? Yes or No NO answer my calls
If yes, explain.

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

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

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

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

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

STATE OF FLORIDA)

ss

COUNTY OF MIAMI-DADE)

Sworn to or affirmed and subscribed before me this 21st day of June, 2018 by
Armen Lizama who has taken an oath and is personally known to me or has
produced _____ as identification.

My Commission Expires:



[Signature]
Notary Public



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

CONTRACT
 Date: August 30, 2017

To: Carmen Lizama Gaspa

Job Address: 930 Milan Ave Coral Gables, FL 33134

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

- Obtain roofing permit and register a Notice of Commencement with the Clerk of Courts.
- Remove existing roof down to the wood deck.
- When rotted plywood exceeds 200 square feet of 5/8" CDX Plywood or 200 lineal feet V-Joint, additional wood will be charged at \$45.00 per plywood and at \$4.50 per linear feet of V-Joint. When rotted fascia exceeds 120 lineal feet, additional wood will be charge at \$4.00 per lineal feet. Prices include labor and materials.
- Furnish and install one ply of 30# ASTM felt paper mechanically fastened with 3/4" or 1-1/4" Ring Shank Coil Nails and 1-5/8" galvanized round Tin Caps.
- Furnish and install new 3" Painted Eave Drip in _____, along roof edge mechanically fastened with 1-1/4" Ring Shank Coil Nails.
- Furnish and install new 16" valley and counter flashing wherever necessary seal with asphalt membrane and flashing cement.
- Prime all metals with ASTM D 41 asphalt primer to promote adhesion of roof system.
- Furnish and install new lead flashings and GRV Roof Vents as per manufacturer's application instructions.
- Furnish and install one ply of 90# ASTM tile underlayment adhered with approved mopping asphalt applied within the EVT range of 20-40 lbs/sq.
- Furnish and install pre-formed Hip & Ridge (Channel) metal 26ga galvanized steel with 1.25" ring shank nails 6" o.c. along both deck flanges.
- Furnish and install Eagle Belair in Charcoal Concrete Roof Tile, set in Polyfoam polyurethane foam adhesive.
- Furnish and install Ridges with cement and eave closure metal matching roof tile color chosen.
- Obtain Roof Up-Lift Test from licensed and authorized engineer firm.
- Haul away all roof debris, leaving premises in clean condition.
- Contract price includes roofing permit, inspections, labor and materials.

NEW ROOF SYSTEM IS GUARANTEED AGAINST LEAKS FOR 10 YEARS FROM DATE OF COMPLETION ON WORKMANSHIP.

We propose hereby to furnish materials and labor-complete in accordance with the above specification, for the sum of Total \$23,000.00

Payment to be made as follows: 25% when contract is signed, 35% when 30# felt is being installed, 30% when 90# felt is mopped; and 10% upon final inspection approved.


Authorized Signature _____

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

Signature _____

Date of Acceptance 8/30/17

(A)


CARMEN L. LIZAMA
FRANCISCO R. GASPA
 8645 SW 47TH TER.
 MIAMI, FL 33155-5454

63-8413/2670 1195
 DATE Aug 30/17

CHASE PRIVATE CLIENT
 PAY TO THE ORDER OF Abigail Reef Roofing \$ 6,000.00
Alex Hernandez 10/10

MEMO Abigail Reef 930 N. Laurene

JP Morgan Chase Bank, N.A.

#1

Posting Date: 20170901

Sequence Number: 5770943115

Amount: \$6,000.00

Account: [REDACTED]

Routing Transit Number: [REDACTED]

Check/Serial Number: 000000001195

Bank Number: 21

IRD Indicator: 0

BOFD: 000000000

Capture Source: PV

Entry Number: 0000006633

UDK: 21170901005770943115

Cost Center:

Teller Number:

Teller Sequence Number:

Missing Image: 5

PE Indicator: N

Application Code: 1


Trancode: 001195

DB/CR: DB

Item Type: P

Processing Date:

PAY TO THE ORDER OF
 WASHINGTON BANK, N.A.
 NEW YORK, NY


CARMEN L. LIZAMA
FRANCISCO R. GASPA
 8645 SW 47TH TER.
 MIAMI, FL 33155-5454

63-8413/2670 1219

CHASE
 PRIVATE
 CLIENT

PAY TO THE ORDER OF Perfect Seal

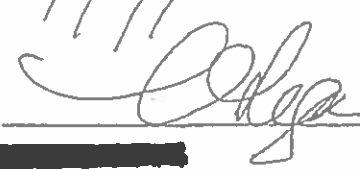
DATE Nov 20/17

Eight thousand & fifty 00/100 \$ 8,050.00

DOLLARS

JPMorgan Chase Bank, N.A.

MEMO 930 Milan



#1

Posting Date: 20171121

Sequence Number: 7370251995

Amount: \$8,050.00

Account: [REDACTED]

Routing Transit Number: [REDACTED]

Check/Serial Number: 000000001219

Bank Number: 21

IRD Indicator: 0

BOFD: 074909962

Capture Source: VP

Entry Number: 0000002612

UDK: 21171121007370251995

Cost Center:

Teller Number:

Teller Sequence Number:

Missing Image: 5

PE Indicator: N

Application Code: 1

Trancode: 001219

DB/CR: DB

Item Type: P

Processing Date:

DEPOSIT HERE
 Deposit only
 7/9578911

DO NOT WRITE STAMP OR SIGN BELOW THIS LINE

FEDERAL RESERVE BOARD OF GOVERNORS REG CC
 Security Features:
 • Watermark
 • Microprint
 • Color
 • Security Thread
 • Ultraviolet
 • Magnetic Ink
 • Security Features

CARMEN L. LIZAMA
FRANCISCO R. GASPA
8045 SW 47TH TER.
MIAMI, FL 33155-5454

63-8113
2670 41734

1245

DATE

Feb 14 / 18

PAY TO THE
ORDER OF

A-1 Perfect Seal Book \$ 7193.⁰⁰
Seven thousand one hundred & sixty three ⁰⁰/₁₀₀

CHASE

JPMorgan Chase Bank, N.A.
www.Chase.com

MIMO

Rod Milan [Signature]

1245

#1

Posting Date 20180214

Sequence Number 6080567598

Amount \$7,193.00

Account [REDACTED]

Routing Transit Number [REDACTED]

Check/Serial Number 000000001245

Bank Number 21

IRD Indicator 0

BOFD 074909962

Capture Source VP

Entry Number 0000003162

UDK 21180214006080567598

Cost Center

Teller Number

Teller Sequence Number

Missing Image 5

PE Indicator N

Application Code 1

Trancode 001245

DB/CR DB

Item Type P

Processing Date

ENDORSE HERE

Deposit only
719578911

CHECK HERE AFTER MOBILE OR REMOTE DEPOSIT

DATE

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE *

The security features listed below, as well as those not listed, exceed industry guidelines.
Security Features:
- MicroPrint
- Chemically Sensitive Paper
- Security Screen
Results of document alteration:
- MP Smudges in line appears
- No dotted lines when photocopied
- All numbers may appear with
- Absence of "Original Document"
- Message on back of check
* FEDERAL RESERVE BOARD OF GOVERNORS REG. CC

INVOICE



CARMEN GASPA
930 MILAN AVE
CORAL GABLES, FL 33134

A1 Perfect Seal Roof CCC#1326433

4806 SW 75 AVE
Miami, FL 33155

Phone: (305) 477-1554
Email: jartigas@perfectsealroof.com
Fax: (786) 953-4265

Payment Terms Due upon receipt
Invoice # 000652
Date 11/20/2017

Description	Quantity	Rate	Total
2nd payment installment (30%) Roof tear off	1.0	\$8,050.00	\$8,050.00

Subtotal \$8,050.00
Total \$8,050.00

Payments Summary

Paid Total \$0.00
Amount Due \$8,050.00

Exhibit
B

INVOICE



CARMEN GASPA
930 MILAN AVE
CORAL GABLES, FL 33134

A1 Perfect Seal Roof CCC#1326433

4806 SW 75 AVE
Miami, FL 33155

Payment Terms Due upon receipt
Invoice # 000679
Date 12/15/2017

Phone: (305) 477-1554
Email: jartigas@perfectsealroof.com
Fax: (786) 953-4265

Description

Total

30% When 90# felt is installed

11/29/17

\$6,900.00

Cost Of Tile Increase

\$452.00

Subtotal

\$7,352.00

Total

\$7,352.00

Payments Summary

Paid Total

\$0.00

Amount Due

\$7,352.00

check #1245
\$7,193.00
2/14/18

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



CITY OF CORAL GABLES
BUILDING AND ZONING DEPARTMENT
Permit Application

ROOF P# BL-17-09-1226

AB 17-09-105 J

MCOL # BL-15-05-4278

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

Date: 08/30/2017

Application #: _____

Permit Type:	<input checked="" type="checkbox"/>
Building	
Electrical	
Mechanical	
Plumbing	
Roofing	<input checked="" type="checkbox"/>
Misc.	
App.	<u>self</u> Date <u>9/5/17</u>

Master Permit #: BL17091606
 Control #: _____

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

Project Information:	<input checked="" type="checkbox"/>
Commercial:	
Residential:	<input checked="" type="checkbox"/>
Linear Feet: <u>3618.50'</u>	<input checked="" type="checkbox"/>
Square Feet: <u>360185.7</u>	<input checked="" type="checkbox"/>
Value of Work: <u>\$29,000</u>	<input checked="" type="checkbox"/>

DESCRIPTION OF WORK (PRINT): APPROVED!

RE-ROOF & new roof
TO Eagle Belair (Plat)
Charcoal

PROPERTY LOCATION:

Address: 930 MILAN AVE
Coral Gables FL 33134

Folio #: 03-4107-018-1460
 Lot: 1 & 2 Block: 10
 Subdivision: C GABLES GRANADA

Plat book: 10 Page: 52

PROPERTY OWNER:

Name: CARMEN LIZAMA GASPA
 Address: 930 MILAN AVE
 City/State/Zip: Coral Gables, FL 33134
 Telephone No.: _____

CONTRACTOR: A1 Perfect Seal Roofing

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

ARCHITECT:

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

ENGINEER:

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

BONDING:

Name: _____
 Address: _____
 Telephone No.: _____

MORTGAGE LENDER:

Name: _____
 Address: _____
 Telephone No.: _____

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

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

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

Signature of Owner: _____

Signature of Qualifier: _____

The foregoing instrument was acknowledged before me this 30 day of AUGUST 20 17 by DESREE DEL CASTILLO.

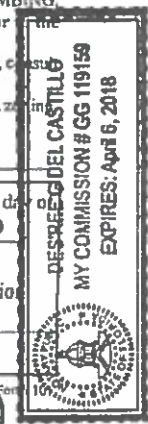
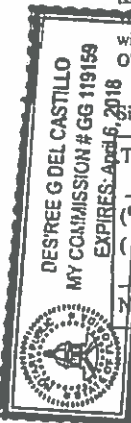
The foregoing instrument was acknowledged before me this 30 day of AUGUST 20 17 by DESREE DEL CASTILLO.

() is personally known to me,
 () has produced a _____ as identification,

() is personally known to me,
 () has produced a _____ as identification,

Desree Del Castillo
 NOTARY PUBLIC (SEAL)

Desree Del Castillo
 NOTARY PUBLIC (SEAL)



CITY'S

EXHIBIT 2

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



CITY OF CORAL GABLES
BUILDING AND ZONING DEPARTMENT

Permit Application

00
 1017

RV17121565

MCOL # BL-15-05-4278

Roof Permit BL17091226

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

Date: _____
 Application #: _____

Permit Type:	<input checked="" type="checkbox"/>
Building	
Electrical	
Mechanical	
Plumbing	
Roofing	<input checked="" type="checkbox"/>
Misc.	
App.	<i>ML</i>
Date	<i>12/19/17</i>

Master Permit #: BL17041006
 Control #: _____

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

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

DESCRIPTION OF WORK (PRINT):
Revision to add flat roof w/ INSULATION

PROPERTY LOCATION:
 Address: 930 MILAN
 Coral Gables FL 33134
 Folio #: 03-4107-018-1460
 Lot: 1&2 Block: 10
 Subdivision: Coral Gables GRANADA SEC REV
 Plat book: 10 Page: 52

PROPERTY OWNER:
 Name: CARMEN L. GASPA
 Address: 930 MILAN AVE
 City/State/Zip: Coral Gables, FL 33134
 Telephone No.: _____

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

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

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

BONDING:
 Name: _____
 Address: _____
 Telephone No.: _____

MORTGAGE LENDER:
 Name: _____
 Address: _____
 Telephone No.: _____

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

Signature of Owner *Carmen Gaspa*

Signature of Qualifier *Arlun Hernandez*

The foregoing instrument was acknowledged before me this 05 day of DECEMBER 20 17 by CARMEN GASPA

The foregoing instrument was acknowledged before me this 05 day of DECEMBER 20 17 by Arlun Hernandez

Notary Public State of Florida
 Ashley Rodriguez
 My Commission # F 18032
 Expires: 12/22/18

Notary Public State of Florida
 DOREE G DEL CASTILLO
 My Commission # GG 119169
 Expires: April 8, 2018

Notary Public Seal (partially obscured)

Notary Public Seal (partially obscured)

Permits

File Edit Record Navigate Form Reports Format Tab Help



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

Tab Groups
Toolbox

Permit type: b1272 ROOF / LIGHT WEIGHT CONC Permit #: BL-17-09-1226
Address: 930 MILAN AVE Parcel #: 03-4107-018-1460
Apt/Suite:
City: CORAL GABLES State: FL Zip: 33134-3614

Permit Information

Master permit: BL-17-04-1606 Routing queue: b1200 Applied: 09/14/2017
Project: Status: issued Approved: 09/15/2017
Description: NON-INCLUSIVE NEW & REROOF EAGLE BEL AIR FLAT ROOF TILE COLOR. CHARCOAL REVISION RV17121565 ADDING FLAT ROOF GAF ROOFING SYSTEM W/ MINERAL SURFACE CAPSHEET TO SCOPE OF WORK *** INSPECTIONS ADDED TO THIS
Submitted: Clock: Running Days: 328 Expires: 01/09/2019
Submitted via:

Owner

Last name: CARMEN LIZAMA GASPA FR... First name: 8645 SW 47 TER
Phone: () - Email: Address: MIAMI FL 33155

Applicant

Owner is applicant?

Contractor is applicant?

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

Lender

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

Permits

File Edit Record Navigate Form Reports Format Tab Help



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

Tab Groups

Toolbox

Permit #	BL-17-09-1226	Address	930 MILAN AVE CORAL GABLES FL 33134-3614
Permit type	ROOF / LIGHT WEIGHT CONC		

Contractors Name / Address

A-1 PERFECT SEAL ROOFING	Address	7905 NW 66 ST MIAMI FL 33166	<input type="checkbox"/> Primary		
Phone	(786) 426-9500	Bus license #	CCC1326433	<input type="checkbox"/> Contractor is applicant	
License type		License #		License status	
Contact	ARLYN M HERNANDEZ	Phone	(786) 426-9500	Work type	
Contact email		Fax	() -		
<input type="checkbox"/> Mail hard copy		<input type="checkbox"/> Send email		<input type="checkbox"/> Send fax	

Permits

File Edit Record Navigate Form Reports Format Tab Grid Help

Navigation icons: Home, Refresh, Undo, Redo, Print, Copy, Paste, Find, Jump 1, Help, etc.

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

Permit # Address
 Permit type

Group	Action Code	Action Description	Completion Date	Complete Code
1	PLAN REVIEW	Routed		
2	PLAN PROCESSING	Routed		
3	CASHER	Routed		
4	NOTICE OF COMMENCEMENT	Routed		
-	INSPECTION	Working		
5	pw837	FINAL PUBLIC WORKS (BLDG PERMIT)		<input type="checkbox"/>
5	b1083	FINAL ROOF		<input type="checkbox"/>
5	b1189	MOPPING	11/29/2017 07:19:01 AM	<input checked="" type="checkbox"/> apvd
5	b1352	TILE PLACING	07/13/2018 07:17:01 AM	<input checked="" type="checkbox"/> apvd
5	b1354	TIN CAP - FLAT & INSTALLATION	12/29/2017 07:18:30 AM	<input checked="" type="checkbox"/> apvd
5	b1353	TIN CAP - SLOPED NEW	11/29/2017 07:19:01 AM	<input checked="" type="checkbox"/> apvd
5	b1412	TIN CAP - SLOPED RE-ROOF	11/29/2017 07:19:01 AM	<input checked="" type="checkbox"/> apvd
5	b1356	UPLIFT TEST		<input type="checkbox"/>



Tab Groups
Toolbox

Permit type: REVISION TO PERMIT Permit #:

Address: Parcel #:

Apt/Suite:

City: State: Zip:

Permit Information

Master permit: Routing queue: Applied:

Project: Status: Approved:

Description: Issued:

Submitted: Clock: Days: Expires:

Submitted via:

Owner

Last name: First name: Address:

Phone: Email:

Applicant

Owner is applicant? Contractor is applicant?

Last name: First name: Address:

Phone: Cust #: Email inspection results:

Email:

Lender

Last name: First name: Address:

Phone: Email:

Data Contained In Search Results Is Current As Of 08/08/2018 12:47 PM.

Search Results

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

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

License Type	Name	Name Type	License Number/Rank	Status/Expires
Certified Roofing Contractor	<u>A-1 PERFECT SEAL ROOF LLC</u>	DBA	CCC1326433 Cert Roofing	Current, Active 08/31/2020
<p>License Location Address*: 4806 SW 75 AVE MIAMI, FL 33155 Main Address*: 5060 SW 94TH AVENUE MIAMI, FL 33165</p>				
Construction Business Information	<u>A-1 PERFECT SEAL ROOF LLC</u>	Primary	Business Info	Current
<p>Main Address*: 6701 SW 116TH COURT #408 MIAMI, FL 33173</p>				
Construction Financial Officer	<u>A-1 PERFECT SEAL ROOF LLC</u>	DBA	FRO6700 Fin Officer	Current
<p>Main Address*: 6701 SW 116TH COURT SUITE 408 MIAMI, FL 33173</p>				

[Back](#)

[New Search](#)

* denotes

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

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

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

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

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

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

CITY'S

EXHIBIT

3

12:50:28 PM 8/8/2018

Licensee Details

Licensee Information

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

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

County: **DADE**

License Mailing:

LicenseLocation: **4806 SW 75 AVE**
MIAMI FL 33155

County: **DADE**

License Information

License Type: **Certified Roofing Contractor**

Rank: **Cert Roofing**

License Number: **CCC1326433**

Status: **Current,Active**

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

Expires: **08/31/2020**

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

Alternate Names

[View Related License Information](#)

[View License Complaint](#)

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

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Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850 487.1395. *Pursuant to Section 455 275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public.

12 52 09 PM 8/8/2018

Licensee Details**This is a business tracking record only.****[Click here for information on how to verify that this business is properly licensed.](#)****Licensee Information**

Name: **A-1 PERFECT SEAL ROOF LLC (Primary Name)**
Main Address: **6701 SW 116TH COURT #408
MIAMI Florida 33173**
County: **DADE**

License Mailing:

LicenseLocation:

License Information

License Type: **Construction Business Information**
Rank: **Business Info**
License Number:
Status: **Current**
Licensure Date: **06/22/2015**
Expires:

Special Qualifications Qualification Effective**Alternate Names****[View Related License Information](#)****[View License Complaint](#)****[2601 Blair Stone Road, Tallahassee FL 32399](#) :: Email: **[Customer Contact Center](#)** :: Customer Contact Center: 850.487.1395**The State of Florida is an AA/EEO employer. **[Copyright 2007-2010 State of Florida. Privacy Statement](#)**

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Licensee Details

Licensee Information

Name: **BETANCOURT, RUBEN (Primary Name)**
A-1 PERFECT SEAL ROOF LLC (DBA Name)

Main Address: **6701 SW 116TH COURT SUITE 408**
MIAMI Florida 33173

County: **DADE**

License Mailing:

LicenseLocation:

License Information

License Type: **Construction Financial Officer**

Rank: **Fin Officer**

License Number: **FRO6700**

Status: **Current**

Licensure Date: **06/22/2015**

Expires:

Special Qualifications **Qualification Effective**

Alternate Names

[View Related License Information](#)

[View License Complaint](#)

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

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

Detail by Entity Name

Florida Limited Liability Company
A-1 PERFECT SEAL ROOF LLC

Filing Information

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

Principal Address

4806 SW 75 AVE
MIAMI, FL 33155

Changed 02/23/2018

Mailing Address

P O BOX 651569
MIAMI, FL 33265

Changed 04/25/2016

Registered Agent Name & Address

BETANCOURT, RUBEN
4806 SW 75 AVE
MIAMI, FL 33155

Address Changed 02/23/2018

Authorized Person(s) Detail

Name & Address

Title MGR

BETANCOURT, RUBEN
4806 SW 75 AVE
MIAMI, FL 33155

Annual Reports

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

CITY'S

EXHIBIT

4

2018 02/23/2018

Document Images

02/23/2018 -- ANNUAL REPORT	View image in PDF format
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04/25/2016 -- ANNUAL REPORT	View image in PDF format
05/01/2015 -- Florida Limited Liability	View image in PDF format

Florida Department of State - Division of Corporations



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

Detail by Entity Name

Florida Profit Corporation

A1 PERFECT SEAL ROOF CORP

Filing Information

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

Principal Address

4806 SW 75 AVE
MIAMI, FL 33155

Mailing Address

4806 SW 75 AVE
MIAMI, FL 33155

Registered Agent Name & Address

HERNANDEZ, ARLYN
4806 SW 75 AVE
MIAMI, FL 33155

Officer/Director Detail

Name & Address

Title P

HERNANDEZ, ARLYN
4806 SW 75 AVE
MIAMI, FL 33155

Annual Reports

No Annual Reports Filed

Document Images

04/24/2018 -- Domestic Profit [View image in PDF format](#)

THE STATE DEPARTMENT OF REVENUE, DIVISION OF CORPORATIONS



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

Detail by Entity Name

Florida Limited Liability Company
A PERFECT SEAL ROOFING, LLC

Filing Information

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

Principal Address

7905 NW 66TH STREET
MIAMI, FL 33166

Mailing Address

5060 SW 94 AVE
MIAMI, FL 33165

Changed: 04/25/2017

Registered Agent Name & Address

HERNANDEZ, PABLO
7905 NW 66 ST
MIAMI, FL 33166

Name Changed 06/17/2015

Address Changed 03/23/2012

Authorized Person(s) Detail

Name & Address

Title MGRM

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

Title MGR

HERNANDEZ, ARLYN
 5060 SW 94 AVE
 MIAMI, FL 33165

Annual Reports

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

Document Images

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



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Detail by Entity Name

Florida Profit Corporation
A PERFECT SEAL ROOFING, INC.

Filing Information

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

Principal Address

7905 NW 66TH STREET
MIAMI, FL 33166

Changed: 04/30/2007

Mailing Address

5060 SW 94 AVE
MIAMI, FL 33165

Changed: 04/24/2017

Registered Agent Name & Address

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

Name Changed: 01/10/2006

Address Changed: 04/30/2007

Officer/Director Detail

Name & Address

Title VPS

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

Title P

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

Annual Reports

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

Document Images

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

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

CITY OF CORAL GABLES,

Case No. 18-7741

Petitioner,

vs.

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

Respondents.

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

Date of Issuance: August 29, 2018

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

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

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

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

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

To wit, you committed the following acts:


1. A-1 Perfect Seal Roof LLC and Arlyn Michelle Hernandez (collectively, State Certified Roofing Contractor license number: CCC1326433) entered into a contract on August 30, 2017 with the owner of the single-family home located at 930 Milan Ave, Coral Gables, FL 33134 to replace the roof for \$23,000. After beginning work on or about November 22, 2017 and accepting payments of \$21,243, you abandoned the project and ceased work prior to completion, by failing to provide an uplift test and pass final inspections on the roof.

Therefore, pursuant to Chapter 101, Article II of the City Code, this matter is set for hearing before the City's Construction Regulation Board ("Board") in the Commission Chambers, City Hall, 405 Biltmore Way, Coral Gables, Florida 33134, on September 17, 2018, at 2:00 p.m.

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

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

Please govern yourself accordingly.


Belkys Garcia, Secretary to the Board

NOTICES

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

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

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

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

List of Respondents

<p>A-1 Perfect Seal Roof LLC c/o Ruben Betancourt Registered Agent 4806 SW 75 Ave Miami, FL 33155-4437</p> <p>Return receipt number: 7018 0680 0001 3977 2708</p>	<p>Arlyn Hernandez 5060 SW 94 Ave Miami, FL 33165-6542</p> <p>Return receipt number: 7017 3040 0000 8658 6885</p>
<p>Arlyn Hernandez 7905 NW 66 St Miami, FL 33166-2727</p> <p>Return receipt number: 7017 3040 0000 8658 6892</p>	<p>Arlyn Hernandez 4806 SW 75 Ave Miami, FL 33155-4437</p> <p>Return receipt number: 7017 3040 0000 8658 6908</p>

BENDER BENDER & CHANDLER, P.A.

ATTORNEYS AT LAW

980 N.W. N. River Drive
Suite 128
Miami, Florida 33136
(305) 648-1133
(305) 648-4462 (fax)

323 10th Avenue West
Suite 301
Palmetto, Florida 34221
(941) 723-3425
(941) 723-3571 (fax)

HARRY K. BENDER
JAMES R. CHANDLER, III
GEORGE C. BENDER (retired)

Reply to Miami
Reply to harry@bbc.palaw.com

June 26, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

A-1 Perfect Seal Roof
4806 SW 75 Avenue
Miami, Florida 33155

**Re: Contract between Carmen Lizama Gaspa and A-1 Perfect Seal Roof dated
August 30, 2017 for roofing work on 930 Milan Avenue, Coral Gables, Florida**

Gentlemen:

Please be advised that the owners of the above-referenced property have retained me to proceed and take any action necessary regarding your failure to complete the roof project at the above-referenced property pursuant to a contract to do so, your collection of \$20,000.00 of \$23,000.00 pursuant to a contract but failing to pay for the roof tiles to the subcontractor providing that to the job site and failure to respond to inquiries and communications from my client which appear to be an abandonment of the project leaving my client with a damaged roof and interior from rains while you did not complete the project and are subjecting my client to further possible damages from rain intrusion and/or a hurricane because your continued failure to comply with the terms and conditions of the contract between you and the owners.

Further, as is permitted by Florida Statutes, demand for copies of all contract and change orders is made pursuant to the enclosed form as well as a request for sworn statement of account providing information required as to the labor and services performed, the labor and services to be performed, materials furnished, materials to be furnished and amounts paid to date and amounts to become due as required by that statute. If you have any comments or questions regarding this transmittal, please contact the undersigned immediately but otherwise govern yourself accordingly in accordance with and pursuant to Florida Statutes. By contacting the undersigned immediately it may be possible to resolve this matter without the possibility of litigation by you immediately refunding my client \$10,000.00 so that she can repair the damage caused by the roof not being completed, pay for the roof tiles and have some funds available to pay for the completion of the roof with a new roofer.

Very truly yours,

Harry K. Bender

HARRY K. BENDER

HKB:jl
Enclosure



CFN 2018R0427366
 OR BK 31061 Pa 1363 (1Pas)
 RECORDED 07/17/2018 11:14:00
 HARVEY RUVIN, CLERK OF COURT
 MIAMI-DADE COUNTY, FLORIDA

Coma Cast Corporation
 4383 SW 70th CT
 Miami, Florida 33155

Telephone (305) 665-3661
 Fax (305) 665-9626
 Toll Free (800) 273-1034

WARNING!

THIS LEGAL DOCUMENT REFLECTS THAT A CONSTRUCTION LIEN HAS BEEN PLACED ON THE REAL PROPERTY LISTED HEREIN UNLESS THE OWNER OF SUCH PROPERTY TAKES ACTION TO SHORTEN THE TIME PERIOD. THIS LIEN MAY REMAIN VALID FOR ONE YEAR FROM THE DATE OF RECORDING, AND SHALL EXPIRE AND BECOME NULL AND VOID THEREAFTER UNLESS LEGAL PROCEEDINGS HAVE BEEN COMMENCED TO FORECLOSE OR TO DISCHARGE THIS LIEN.

CLAIM OF LIEN

STATE OF FLORIDA
 MIAMI DADE COUNTY

BEFORE ME, the undersigned notary public, personally appeared Manuel J. Menendez II, who was duly sworn and says that he is President of Coma Cast Corp., whose address is 4383 SW 70th Ct. Miami, Florida 33155, and that in accordance with a contract with AI Perfect Seal Roofing Inc. (CONTRACT 18-2044), the lienor furnished labor, services, or materials consisting of

Roofing Tiles & Materials

on the following described real property in Miami Dade County, Florida:

930 MILAN AVENUE, CORAL GABLES, FL
 LOT 1 BLOCK 10 PB ORB 8 PAGE 113 SUB. CORAL GABLES GRANADA SECTION REVISED
 NOC 30763-2612 MIAMI-DADE COUNTY FL.

Owned by FRANCISCO AND CARMEN GASP4 930 MILAN AVENUE CORAL GABLES, FL, 33134 of a total value of \$5,956.69 which there remains unpaid \$5,956.69 furnished the first of the items on April 27, 2018 and the last of the items on April 27, 2018 and that the lienor served his notice to owner by Hand Posted on June 8, 2018.

Coma Cast Corporation

By:
 Print Name: Manuel J. Menendez II

SWORN TO AND SUBSCRIBED before me by Manuel J. Menendez II as President of Coma Cast Corporation who is personally known to me this 16th day of July 2018

This Instrument was prepared by:
 Manuel J. Menendez II
 Coma Cast Corporation
 4383 SW 70th Court
 Miami, Florida 33155

ME 04
 4/2/18
 ComaCast.com

STATE OF FLORIDA, COUNTY OF DADE
 JUL 17 2018
 HARVEY RUVIN, Clerk of Court
 Deputy Clerk
 GIRLYNE PIERRE-THOR 4004670

Notary Public, State of Florida

My Commission expires

ERICK M. VALLE
 Notary Public - State of Florida
 Commission # FF 962654
 My Comm. Expires Mar 27, 2020
 Bonded through National Notary Assn

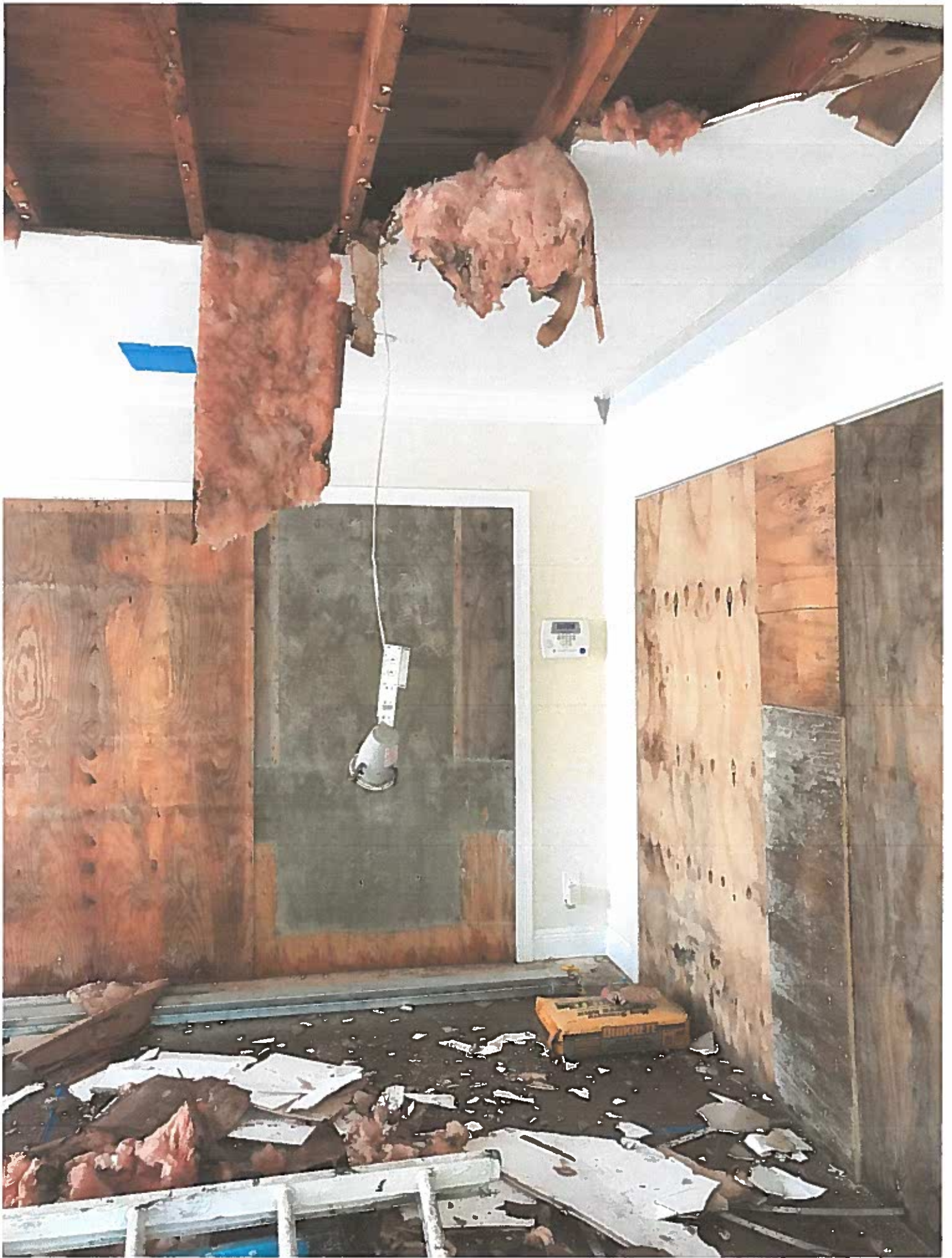
(no subject)

Carmen Lizama-Gaspa <lizama.gaspa@gmail.com>
To: lizama.gaspa@gmail.com

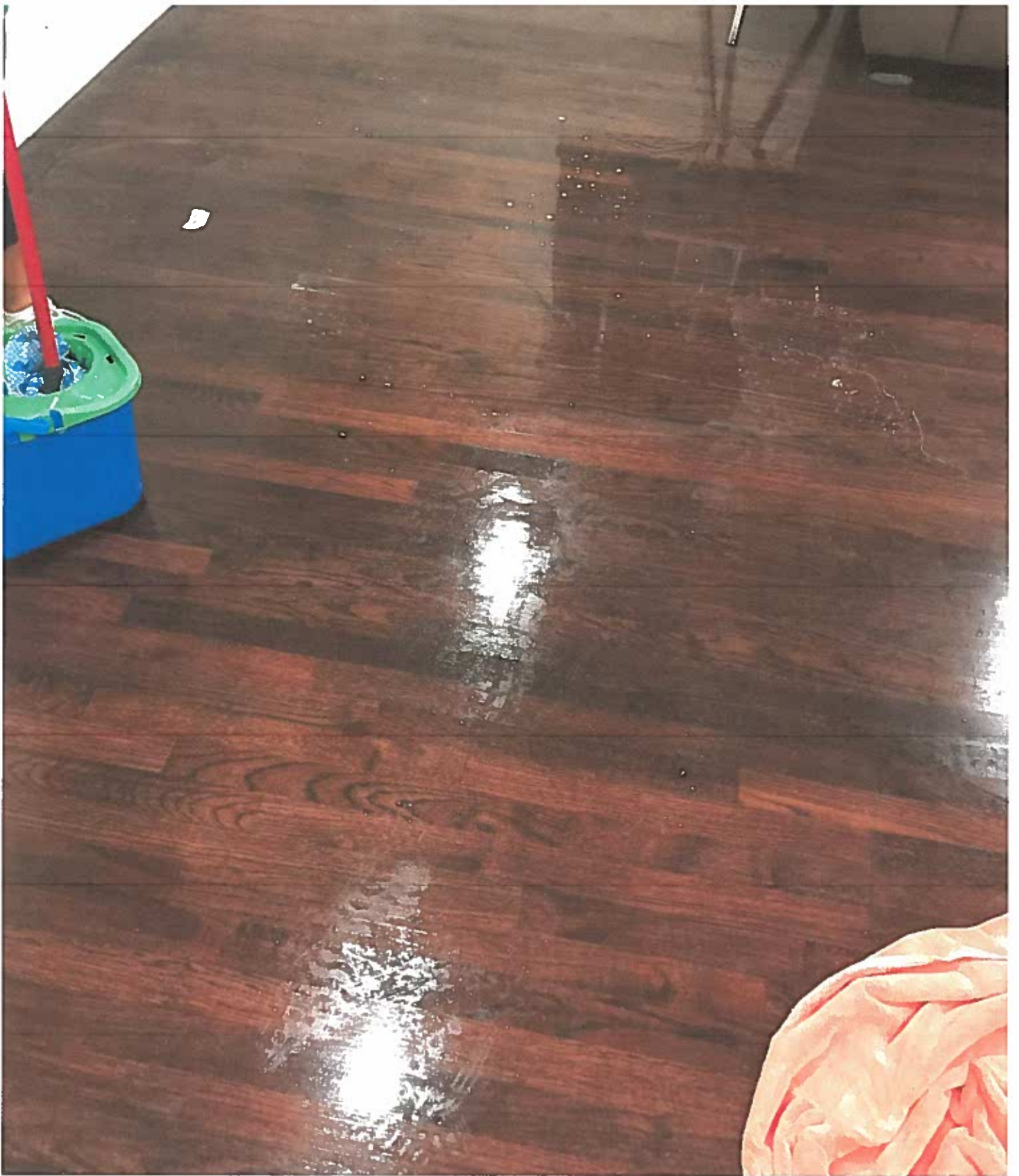
Tue, Mar 6, 2018 at 12:08 AM



①



(2)



3



















809 FERDINAND STREET







07/31/2018 09:39





08/13/2018 09:23



08/13/2018 09:23





930 Milan Ave

Carmen Lizama-Gaspa <lizama.gaspa@gmail.com> Thu, Dec 21, 2017 at 3:04 PM
To: "A1 Perfect Seal Roof LLC." <a1psroof@perfectsealroof.com>

go ahead and bill me for what you have done, I understand my responsibilities. You changed the wood but the plaster electrical and others are not finished. I also pay for things that

are part of this mess. I had to remove the ADT panel \$159.00 now I have to pay another \$159.00 to put it back. At the end, the panel may be damaged for all the water. and I will have to pay for that to.

. My home is without security. and you are concerned about the fascia and the electrical work. I don't think you realized the magnitude of this mess.

My house was in perfect living condition before you started working on the roof, I can not move in and my bills are adding up

I will pay for the tiles as soon as the damaged are is repair.

[Quoted text hidden]

930 milan

Carmen Lizama-Gaspa <lizama.gaspa@gmail.com> Tue, Mar 20, 2018 at 9:38 AM
To: "A1 Perfect Seal Roof LLC." <a1psroof@perfectsealroof.com>

Good morning according to your e-mail from March 16, 2018 you were going to send us

a sample of the tiles you are going to use.

I also sent you an e-mail on March 18 which I have received no answer. The longer you

take the longer this roof will get done. I signed this contract August 30 2017. and we still have

not even a new sample of the roof tile. Can you please at least let me know what is going on

Carmen

305 720-4213

[Quoted text hidden]

Re: 930 Milan Ave

A1 Perfect Seal Roof LLC.

<a1psroof@perfectsealroof.com>

To: Carmen Lizama-Gaspa <lizama.gaspa@gmail.com>

Mon, Jan 29, 2018 at 5:14

PM

Please be advise that we will not be placing your tile order till payment is received.

Note that it takes 2 weeks to manufacture tile orders.

[Quoted text hidden]

STATE OF FLORIDA, DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION – BUREAU OF COMPLIANCE

EMPLOYER NAME: ADVANCED CONTRACTOR ROOFING & AIR CONDITIONERS CORP.	
FEIN: 650964787	Stop-Work Order #: 18-303-D5 Issuance Date: 7/25/2018
BUSINESS ADDRESS: 326 SW 96 CT.	
CITY: MIAMI	COUNTY: Miami-Dade STATE: FL ZIP: 33134
WORKSITE POSTING ADDRESS: 930 MILAN AV.	
CITY: CORAL GABLES	COUNTY: STATE: FL ZIP: 33134
INDUSTRY OF EMPLOYER: <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-construction <input type="checkbox"/> Agriculture	

STOP-WORK ORDER

Pursuant to Section 440.107, F.S., the above-referenced Employer is hereby ORDERED TO CEASE ALL BUSINESS OPERATIONS FOR ALL WORKSITES IN THE STATE based on the following violation(s):

Failure to secure the payment of workers' compensation in violation of sections 440.10(1), 440.38(1), and 440.107(2) F. S., by:

- failing to obtain coverage that meets the requirements of section 440, F. S., and the Insurance Code;
- materially understating or concealing payroll;
- materially misrepresenting or concealing employee duties so as to avoid proper classification for premium calculations;
- materially misrepresenting or concealing information pertinent to the computation and application of an experience rating modification factor.

Failure to produce required business records within 10 business days in violation of section 440.107(7)(a), F.S.

THIS STOP-WORK ORDER MAY BE AMENDED TO INCLUDE ADDITIONAL VIOLATIONS AND SHALL REMAIN IN EFFECT UNTIL THE DIVISION ISSUES AN ORDER RELEASING THE STOP-WORK ORDER FOR ALL WORKSITES.

CONDUCTING ANY BUSINESS OPERATIONS IN VIOLATION OF THIS STOP-WORK ORDER CONSTITUTES A FELONY OF THE THIRD DEGREE AND A PENALTY OF \$1,000.00 PER DAY FOR EACH DAY OF VIOLATION SHALL BE ASSESSED.

ORDER OF PENALTY ASSESSMENT:

A penalty against the Employer is hereby ORDERED in an amount:

- Equal to 2 times the amount the employer would have paid in premium when applying approved manual rates to the employer's payroll during periods for which it has failed to secure the payment of compensation within the preceding 2-year period. Employers who have not been previously issued a Stop-Work Order will receive a credit to be applied towards the penalty for: 1) the initial payment of the estimated annual workers' compensation policy premium for coverage obtained subsequent to issuance of the Stop-Work Order, or 2) if coverage is secured through an employee leasing contract with a licensed employee leasing company, the dollar or percentage amount attributable to the initial payment of the estimated workers' compensation expense for coverage obtained subsequent to issuance of the Stop-Work Order. In all cases a minimum penalty of \$1,000 is assessed against the employer. Section 440.107(7)(d), F.S.
- Up to \$5,000 for each employee who the Employer misclassified as an independent contractor. Sections 440.10(1)(f) and 440.107(7)(f), F. S.

The Stop-Work Order in this case shall remain in effect until the Division either (a), issues an order releasing the Stop-Work Order upon finding the employer has come into compliance with the coverage requirements of the Workers' Compensation law and paid the total penalty in full, or (b), issues an Agreed Order of Conditional Release from Stop-Work Order pursuant to the employer coming into compliance with the coverage requirements of the Workers' Compensation law and agreeing to enter into a Payment Agreement Schedule For Periodic Payment of Penalty.

Please see the Notice of Rights on the reverse side that pertains to your rights regarding this action.

CERTIFICATE OF SERVICE

Pursuant to section 440.107(4), F.S., Investigator Humberto Rivero served a true copy of this Stop-Work Order:

By posting at the Worksite: Date: 7/25/2018 Time: 3:10 PM; Server: Humberto Rivero

By hand delivery: Date: _____; Time: _____; Server: Humberto Rivero

By certified mail: Date: _____; Time: _____; Server: Humberto Rivero

930 MILAN AVENUE



