

## **Invitation for Bid (IFB) No.: 2025-047**

**Submitted by:**

**ATLAS Door & Gate, Inc.**

3232 NW 72nd Ave  
Miami, FL 33122

Phone: 305-463-9218

**Contact Person:**

Ledyar Diaz  
President  
Email: atlasledyar@gmail.com

**Date of Submission:**

January 14, 2026

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# CITY OF CORAL GABLES, FL

2800 SW 72<sup>nd</sup> Avenue, Miami, FL 33155  
 Finance Department / Procurement Division  
 Tel: 305-460-5102/ Fax: 305-261-1601

## BIDDER ACKNOWLEDGEMENT

<p><b>IFB No.: 2025-047</b></p> <p><b>IFB Title: Dumpster Bay Renovations</b></p> <hr/> <p>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 2-1027 of the City of Coral Gables Procurement Code.</p>	<p>Electronic Bid response must be received prior to <b>2:00 p.m., on January 7, 2026</b>, via INFOR and may not be withdrawn for <b>90</b> calendar days. Submittals received after the specified date and time will not be accepted.</p> <p>Contact: Michael Angrand              Title: Procurement Specialist              Telephone: 305-460-5103              Facsimile: 305-261-1601              Email: <a href="mailto:mangrand@coralgables.com">mangrand@coralgables.com</a> / <a href="mailto:contracts@coralgables.com">contracts@coralgables.com</a></p>
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Bidder Name: <i>Atlas Door &amp; Gate</i>	FEIN or SS Number: <i>26-2699763</i>
Complete Mailing Address: <i>3232 NW 72nd Ave. Miami FL 33122</i>	Telephone No. <i>305-463-9218</i>
	Cellular No. <i>786-348-7180</i>
Indicate type of organization below: Corporation: <input checked="" type="checkbox"/> Partnership: <input type="checkbox"/> Individual: <input type="checkbox"/> Other: <input type="checkbox"/>	Fax No.: <i>305-463-9207</i>
Bid Bond / Security Bond <u>  5  </u> %	Email: <i>atlasledyar@gmail.com</i>

**ATTENTION: THIS FORM ALONG WITH ALL REQUIRED IFB FORMS MUST BE COMPLETED, SIGNED (PREFERABLY IN BLUE INK), AND SUBMITTED WITH THE BID PRIOR TO THE SUBMITTAL DEADLINE. FAILURE TO DO SO MAY RENDER YOUR BID 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 **PREFERABLY 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.

 <hr style="width: 80%; margin: 0 auto;"/> <p>Authorized Name Signature</p>	<p><i>President</i></p> <hr style="width: 80%; margin: 0 auto;"/> <p>Title</p>	<p><i>01/12/2026</i></p> <hr style="width: 80%; margin: 0 auto;"/> <p>Date</p>
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# SOLICITATION SUBMISSION CHECKLIST

## Invitation for Bids (IFB) No. 2025-047

COMPANY NAME: (Please Print): Atlas Door & Gate, Inc  
Phone: 305-463-9218 Email: atlasledgar@gmail.com

### -- NOTICE --

BEFORE SUBMITTING YOUR SOLICITATION, MAKE SURE YOU HAVE:

**A response package numbered by page must be submitted. Please provide the PAGE NUMBER of your solicitation response (PLEASE DO NOT SUBMIT AN ENTIRE COPY OF THE ORIGINAL SOLICITATION) in the blanks provided as to where compliance information is located in your Submittal for each of the required submittal items listed below:**

- 1) Title Page: Show the IFB number and title, the name of your firm, address, telephone number, name of contact person, e-mail address, and date. PAGE # 1
- 2) Provide a Table of Contents in accordance with the Bid Format, Section 6.2. Clearly identify the material by section and page number. PAGE # 2
- 3) Fill out, sign, and submit the Bidder's Acknowledgement Form. PAGE # 3
- 4) Fill out and submit this Solicitation Submission Checklist. PAGE # 4
- 5) Minimum Qualification Requirements: submit detailed verifiable information affirmatively documenting compliance with the Minimum Qualifications Requirements shown in Section 3. PAGE # 6
- 6) List all contracts which the Bidder has performed (past and present) for the City of Coral Gables. The City will review all contracts the Bidder has performed for the City in accordance with Section 4.8 Evaluation of Bids (c) (4) which states the City may consider "Bidder's unsatisfactory performance record, judged from the standpoint of conduct of work, workmanship, progress or standards of performance agreed upon in the Contract as substantiated by past or current work with the City". PAGE # 7 As such the Proposer must list and describe all work performed for Coral Gables and include for each project:
  - a. Name of the City Department for which the services are being performed,
  - b. Scope/description of work,
  - c. Awarded value of the contract/current value
  - d. Effective dates and term of the contract
  - e. City project manager's name and phone number,
  - f. Statement of whether the Proposer was the prime contractor or subcontractor, and
  - g. Results of the project.
- 7) Business Experience and References – Using the required Attachment E - Reference Form bidders must demonstrate the requirements as outlined in Section 3. *References submitted in any other format will not be accepted.* All references must outline the specific dates when the service(s) were provided and cover the full minimum number of years of experience as stated in Section 3. PAGE # 8  
*Note: Do not include work/services performed for the City of Coral Gables or City employees as references.*
- 8) Bid Pricing: Complete in INFOR on the Lines tab.
- 9) A Bid Bond, a certified check, cashier's check, Treasurer's check or bank draft of any State or National Bank, in accordance with Sections 1.13 and 1.15. AN ORIGINAL COPY OF THE BOND MUST BE RECEIVED PRIOR THE DEADLINE/CLOSING DATE & TIME OF THE SOLICITATION IN ORDER FOR YOUR SUBMITTAL TO BE CONSIDERED RESPONSIVE. **The bond must be delivered DIRECTLY to the Procurement Office**

located at 2800 SW 72<sup>nd</sup> Avenue, Miami, FL 33155. The office is open during normal business hours M-F, 8am-5pm (excluding City recognized Holidays). PAGE # 15

- 10) Fill out, sign, notarize, and submit the Bidder's Affidavit and Schedules A through I. PAGE # 10
- 11) Complete the Employer E-Verify Affidavit (Refer to Section 4.81) PAGE # 27
- 12) Complete the Lobbyist Registration Form (Attachment     ) PAGE # 29

**-- NOTICE --**

**BEFORE SUBMITTING YOUR BID MAKE SURE YOU...**

- 1. Carefully read and have a clear understanding of the IFB, including the Specifications/Scope of Work and enclosed Construction Agreement (*draft*).
- 2. Carefully follow the "Submittal Instructions" and "Bid Format" outlined in Section 6 of the IFB and provide an **electronic response package**. DO NOT INCLUDE A COPY OF THE ORIGINAL SOLICITATION.
- 3. **Prepare and submit your RESPONSE electronically via INFOR.**
- 4. Make sure your bid is submitted prior to the submittal deadline. **Late bids will not be accepted.**

**FAILURE TO SUBMIT THIS CHECKLIST AND THE REQUESTED DOCUMENTATION MAY RENDER YOUR BID NON-RESPONSIVE AND CONSTITUTE GROUNDS FOR REJECTION. THESE PAGES MUST BE RETURNED WITH YOUR BID PACKAGE. PLEASE NOTE THAT IT IS THE BIDDER'S RESPONSIBILITY TO MAKE SURE THE BID BOND IS RECEIVED BY THE PROCUREMENT OFFICE AND SHOULD NOT BE DELIVERED TO ANY OTHER SITE OR DEPARTMENT.**



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



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

**CONSTRUCTION INDUSTRY LICENSING BOARD**  
THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

**DIAZ, LEDYAR LAZARO**

QUALITY CONSTRUCTION  
32 SW 132ND COURT  
MIAMI FL 33184

**LICENSE NUMBER: CGC1536687**

**EXPIRATION DATE: AUGUST 31, 2026**

Always verify licenses online at [MyFloridaLicense.com](http://MyFloridaLicense.com)

ISSUED: 10/01/2024

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



**Company Name: Atlas Door & Gate, Inc**

**City of Coral Gables. Work Completed.**

Name of City Department: Miami-Dade County ISD – Coral Gables Courthouse

Project Address: 3100 Ponce de Leon Blvd, Coral Gables, FL 33134

Scope of Work: Fabrication and installation of two (2) sectional doors measuring 9' x 8' and one (1) sectional door measuring 16' x 8'. A motor was installed on each door, including four (4) remote controls per door.

Contract Value: \$13,897.00

Project Completion Date: June 12, 2023

Project Manager: Jorge Aneiros

Results of the project: The installation of the sectional doors and motorized systems was completed without issues. All equipment was tested for proper operation, and the project was finalized in accordance with project specifications and safety standards.



**CITY OF CORAL GABLES REFERENCE FORM**  
**IFB No. 2025-047 Dumpster Bay Renovations**

Complete the form as indicated below, to provide the required information as outlined in Section 3 of the solicitation. The City shall contact the companies listed below to verify the work performed on behalf of your company. All fields must be completed.

**Reference # 1 must cover the minimum three (3) year period from the issuance date of this solicitation.**

1. Project Name/Location Crandon Park and Marinas, 4000 Crandon Blvd.  
 Owner Name Miami Dade Parks and Recreation  
 Contact Person Frank Plasencia  
 Contact Telephone No. 305-333-3540.  
 Email Address: frank.plasencia@miamidade.gov.  
 Yearly Budget/Cost \$ 60,000.00  
 Dates of Contract From: \_\_\_\_\_ To: 8/2025  
 Project Description Crandon Park and Marinas, Gate modifications and new motors installed.

**Additional References must cover similar engagements satisfactorily performed in the last three (3) years.**

2. Project Name/Location Samari Lakes Apartments.  
 Owner Name Miami Property Management.  
 Contact Person Juliet  
 Contact Telephone No. 706-527-1564  
 Email Address: juliet@management.net  
 Yearly Budget/Cost \$ 3,594,600.00  
 Dates of Contract From: Aug-2024 To: March-2025.  
 Project Description Windows and doors replacement at Samari Lakes Apartments.



3. Project Name/Location Pedestrian Swing Gates, :  
Owner Name Miami Dade Internal Services  
Contact Person Ely Ruiz-Ramos  
Contact Telephone No. 305-310-3318  
Email Address: elyruizramos@yahoo.com.  
Yearly Budget/Cost \$ 17,340.00  
Dates of Contract From: 9/30/24 To: 11/22/24.  
Project Description Replacement for 4 pedestrian swing gates in the warehouse at Election Headquarters.

4. Project Name/Location Replacment of glass wall.  
Owner Name Miami Dade Parks and Recreation  
Contact Person Frank Plasencia  
Contact Telephone No. 305-333-3540.  
Email Address: frank.plasencia@miamidade.gov  
Yearly Budget/Cost \$ 79,000.00  
Dates of Contract From: 11/2024 To: 02/2025.  
Project Description Replacement of the glass wall in the Boxing Center and the Pavilion



5. Project Name/Location North Dade Middle School  
Owner Name Miami Dade School Board  
Contact Person Efrain Soto  
Contact Telephone No. 305-572-3775  
Email Address: 0251297@dadeschool.net  
Yearly Budget/Cost \$ 13,750.00  
Dates of Contract From: \_\_\_\_\_ To: 03/31/25  
Project Description Replacement of new doors at North Dade Middle School.

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**BIDDER INFORMATION:**

Company Name: Atlas Door & Gate, Inc  
Representative: Ledyar Dias  
Address: 3232 NW 72nd Ave, Miami FL 33122  
Telephone No.: 305-463-9218  
Fax No.: 305-463-9207  
Email Address: atlasledyar@gmail.com

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p><b>Atlas Door &amp; Gate, Inc</b></p>	
	<p><b>2</b> Business name/disregarded entity name, if different from above.</p> <p><b>Atlas Door &amp; Gate, Inc</b></p>	
	<p><b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor                    <input checked="" type="checkbox"/> C corporation                    <input type="checkbox"/> S corporation                    <input type="checkbox"/> Partnership                    <input type="checkbox"/> Trust/estate  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____                  Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) _____             </p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p><b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/></p>	
	<p><b>5</b> Address (number, street, and apt. or suite no.). See instructions.</p> <p><b>3232 N.W. 72ND AVE</b></p>	Requester's name and address (optional)
	<p><b>6</b> City, state, and ZIP code</p> <p><b>MIAMI FL, 33122</b></p>	
	<p><b>7</b> List account number(s) here (optional)</p>	

## Part I Taxpayer Identification Number (TIN)

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

<b>Social security number</b>									
-					-				
or									
<b>Employer identification number</b>									
2	6	-	2	6	9	9	7	6	3

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

## Part II Certification

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

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

<b>Sign Here</b>	Signature of U.S. person <i>Ledyar Diaz</i>	Date	01/09/2026
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## General Instructions

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

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

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/13/2026

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

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

<b>PRODUCER</b> Best Florida Insurance Services Inc 1634 SE 47th St Unit 1 Cape Coral FL 33904		<b>CONTACT NAME:</b> Maydeline Morales <b>PHONE (A/C, No. Ext):</b> (239) 257-2812 <b>E-MAIL ADDRESS:</b> maydeline@bestfloridainsure.com <b>FAX (A/C, No):</b> (941) 613-7159	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> BURLINGTON INS CO	<b>NAIC #</b> 23620
		<b>INSURER B:</b> PROGRESSIVE EXPRESS INS CO	10193
		<b>INSURER C:</b> Penn-America Insurance Company	32859
		<b>INSURER D:</b> Century Surety Company	36951
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	535B544929	06/07/2025	06/07/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	976972913	01/30/2025	01/30/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$			XPA1000001	10/23/2025	10/23/2026	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE      OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
D							Coverage Limit Deductible Wind/hail ded

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

**CERTIFICATE HOLDER**

CITY OF CORAL GABLES, FL  
 FINANCE DEPARTMENT / PROCUREMENT DIVISION  
 2800 SW 72nd Avenue  
 Miami FL 33155

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
 Maydeline Morales



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/12/2026

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

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

<b>PRODUCER</b> SUNZ Insurance Solutions LLC ID: (Impact Staff Leasing) c/o Impact Staff Leasing LLC 1315 W Indiantown Road, 2nd Floor Jupiter, FL 33458	<b>CONTACT NAME:</b> Joe Flaherty <b>PHONE (A/C, No, Ext):</b> 847-908-8719 <b>E-MAIL ADDRESS:</b> Joe.Flaherty@MarshMMA.com	<b>FAX (A/C, No):</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Impact Staff Leasing LLC 1315 W Indiantown Road, 2nd Floor Jupiter FL 33458	<b>INSURER A:</b> SUNZ Insurance Company		34762
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			


**COVERAGES** **CERTIFICATE NUMBER:** 88829655 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC111-00001-025	7/15/2025	7/15/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Coverage provided for all leased employees but not subcontractors of: Atlas Door & Gate Inc dba Quality Construction  
 Client Effective: 7/15/2025

<b>CERTIFICATE HOLDER</b> CITY OF CORAL GABLES, FL FINANCE DEPARTMENT / PROCUREMENT DIVISION 2800 SW 72nd Avenue MIAMI FL 33155	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Rick Leonard
---	---

005542

# Local Business Tax Receipt

Miami-Dade County, State of Florida

-THIS IS NOT A BILL - DO NOT PAY-



6672571

BUSINESS NAME/LOCATION  
ATLAS DOOR & GATE INC  
3232 NW 72 AVE  
MIAMI FL 33122-1217

RECEIPT NO.  
RENEWAL  
6944756



**EXPIRES**  
**SEPTEMBER 30, 2026**

Must be displayed at place of business  
Pursuant to County Code  
Chapter 8A - Art. 9 & 10

OWNER  
ATLAS DOOR & GATE INC  
C/O YACELYS DIAZ PRES

SEC. TYPE OF BUSINESS  
196 SPECIALTY BUILDING CONTRACTOR  
10BS00397

PAYMENT RECEIVED  
BY TAX COLLECTOR  
\$100.00 07/07/2025  
PTBTC-25-115576

Worker(s) 15



This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 8a-276.

For more information, visit [mcdtaxcollector.gov](http://mcdtaxcollector.gov)



BID BOND

IN WITNESS HEREOF, the above bounded parties have executed this instrument under their several seals this 13th day of January, A.D., 2026, 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) Signature

Name

(2) Signature

Name

WITNESS:

(1) Signature

Name

(2) Signature

Name

PRINCIPAL

Atlas Door & Gate Inc dba Quality Construction

Name of Firm

Signature of Authorized Officer

Ledyar L Diaz, President

Name and Title

3232 NW 72nd Ave

Business Address

Miami, FL

City, State

SURETY:

Old Republic Surety Company

Corporate Surety

Attorney-In-Fact

Marina M. Ramil, Attorney-In-Fact

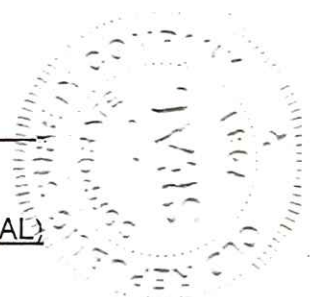
Business Address

10131 SW 40th Street

City, State

Security Bondex Associates, LLC

Name of Local Agency





**POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That OLD REPUBLIC SURETY COMPANY, a Wisconsin stock insurance corporation, does make, constitute and appoint:

MARINA MERCEDES RAMIL, LIONEL D. JORGE of MIAMI, FL

its true and lawful Attorney(s)-in-Fact, with full power and authority for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto (if a seal is required), bonds, undertakings, recognizances or other written obligations in the nature thereof, (other than bail bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds, self-insurance workers compensation bonds guaranteeing payment of benefits, or black lung bonds), as follows:

**ALL WRITTEN INSTRUMENTS**

and to bind OLD REPUBLIC SURETY COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This appointment is made under and by authority of the board of directors at a special meeting held on February 18, 1982.

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of the OLD REPUBLIC SURETY COMPANY on February 18, 1982.

RESOLVED that, the president, any vice-president or assistant vice president, in conjunction with the secretary or any assistant secretary, may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the company to execute and deliver and affix the seal of the company to bonds, undertakings, recognizances, and suretyship obligations of all kinds; and said officers may remove any such attorney-in-fact or agent and revoke any Power of Attorney previously granted to such person.

RESOLVED FURTHER, that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company

- (i) when signed by the president, any vice president or assistant vice president, and attested and sealed (if a seal be required) by any secretary or assistant secretary; or
- (ii) when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned and sealed (if a seal be required) by a duly authorized attorney-in-fact or agent; or
- (iii) when duly executed and sealed (if a seal be required) by one or more attorneys-in-fact or agents pursuant to and within the limits of the authority evidenced by the Power of Attorney issued by the company to such person or persons.

RESOLVED FURTHER that the signature of any authorized officer and the seal of the company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the company; and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, OLD REPUBLIC SURETY COMPANY has caused these presents to be signed by its proper officer, and its corporate seal to be affixed this 9th day of December, 2025.

Assistant Secretary



OLD REPUBLIC SURETY COMPANY

President

STATE OF WISCONSIN, COUNTY OF WAUKESHA - SS

On this 9th day of December, 2025, personally came before me, Alan Pavlic and Kevin J. Abitz, to me known to be the individuals and officers of the OLD REPUBLIC SURETY COMPANY who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say: that they are the said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said corporation.



Notary Public

My Commission Expires: September 28, 2026

(Expiration of notary's commission does not invalidate this instrument)

**CERTIFICATE**

I, the undersigned, assistant secretary of the OLD REPUBLIC SURETY COMPANY, a Wisconsin corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.



92-3637

Signed and sealed at the City of Brookfield, WI this 13th day of January, 2026.

Assistant Secretary

ORSC 22262 (3-06)

SECURITY BONDEX INS AGENCY

## BIDDER'S AFFIDAVIT

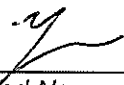
**SOLICITATION:** IFB 2025-047 Dumpster Bay Renovations

**SUBMITTED TO:** City of Coral Gables  
Procurement Division  
2800 SW 72 Avenue  
Miami, Florida 33155

The undersigned acknowledges and understands the information contained in response to this solicitation and the referenced Schedules A through I shall be relied upon by Owner awarding the contract and such information is warranted by the Bidder to be true and correct. The discovery of any omission or misstatements that materially affects the Bidder's ability to perform under the contract shall be cause for the City to reject the solicitation submittal, and if necessary, terminate the award and/or contract. I further certify that the undersigned name(s) and official signatures of those persons are authorized as (*Owner, Partner, Officer, Representative or Agent of the bidder that has submitted the attached response*). Schedules A through I are subject to Local, State and Federal laws (as applicable); both criminal and civil.

- SCHEDULE A – STATEMENT OF CERTIFICATION
- SCHEDULE B – NON-COLLUSION AND CONTINGENT FEE AFFIDAVIT
- SCHEDULE C – DRUG-FREE STATEMENT
- SCHEDULE D – BIDDER'S QUALIFICATION STATEMENT
- SCHEDULE E – CODE OF ETHICS, CONFLICT OF INTEREST, AND CODE OF SILENCE
- SCHEDULE F – AMERICANS WITH DISABILITIES ACT (ADA)
- SCHEDULE G – PUBLIC ENTITY CRIMES
- SCHEDULE H – ACKNOWLEDGEMENT OF ADDENDA
- SCHEDULE I – UNITED STATES PRODUCED IRON AND STEEL IN PUBLIC WORKS PROJECTS

This affidavit is to be furnished to the City of Coral Gables with its solicitation response. It is to be filled in, executed by the bidder and notarized. If the response is made by a Corporation, then it should be executed by its Chief Officer. This document MUST be submitted with the solicitation response.

  
\_\_\_\_\_  
Authorized Name and Signature

*President*  
\_\_\_\_\_  
Title

*01/12/2026*  
\_\_\_\_\_  
Date

STATE OF FLORIDA

COUNTY OF Miami-Dade

On this 12 day of January, 20 26, before me the undersigned Notary Public of the State of Florida, personally appeared Ledyar Diaz  
(Name(s) of individual(s) who appeared before Notary)

And whose name(s) is/are subscribes to within the instrument(s), and acknowledges it's execution.



NOTARY PUBLIC, STATE OF FLORIDA

MARIA RANGEL

(Name of notary Public; Print, Stamp or Type as Commissioned.)

NOTARY PUBLIC  
SEAL OF OFFICE:

Personally know to me, or Produced Identification:

\_\_\_\_\_  
(Type of Identification Produced)



**SCHEDULE "A" - CITY OF CORAL GABLES – STATEMENT OF CERTIFICATION**

Neither I, nor the company, hereby represented has:

- a. employed or retained for a commission, percentage brokerage, contingent fee, or other consideration, any company or person (other than a bona fide employee working solely for me or the company) to solicit or secure this contract.
- b. agreed, as an express or implied condition for obtaining this contract, to employ or retain the services of any company or person in connection with carrying out the contract, or
- c. paid, or agreed to pay, to any company, organization or person (other than a bona fide employee working solely for me or the company) any fee, contribution, donation or consideration of any kind for, or in connection with, procuring or carrying out the contract except as here expressly stated (if any):

**SCHEDULE "B" - CITY OF CORAL GABLES - NON-COLLUSION AND CONTINGENT FEE AFFIDAVIT**

1. He/she is the Ledyar Diaz  
(Owner, Partner, Officer, Representative or Agent)

of the bidder that has submitted the attached bid response.

- 2. He/she is fully informed with respect to the preparation and contents of the attached bid response and of all pertinent circumstances respecting such response;
- 3. Said response is made without any connection or common interest in the profits with any other persons making any response to this solicitation. Said response is on our part in all respects fair and without collusion or fraud. No head of any department, any employee or any officer of the City of Coral Gables is directly or indirectly interested therein. If any relatives of bidder's officers or employees are employed by the City, indicate name and relationship below.

Name: N/A Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

- 4. No lobbyist or other bidder is to be paid on a contingent or percentage fee basis in connection with the award of this Contract.

## **SCHEDULE "C" CITY OF CORAL GABLES – VENDOR DRUG-FREE STATEMENT**

Preference may be given to bidders submitting a certification with their bid/proposal certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under solicitation a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under solicitation, 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 form complies fully with the above requirements.

The company submitting this solicitation has established a Drug Free work place program in accordance with State Statute 287.087

**SCHEDULE "D" CITY OF CORAL GABLES – BIDDER'S QUALIFICATION STATEMENT**

The undersigned declares the truth and correctness of all statements and all answers to questions made hereinafter:

**GENERAL COMPANY INFORMATION:**

Company Name: Atlas Door & Gate, Inc

Address: 3232 NW 72nd Ave. Miami FL 33122.  
Street City State Zip Code

Telephone No: (305) 463-9218 Fax No: (305) 463-9207 Email: atlasledgar@gmail.com

How many years has your company been in business under its present name? 18 Years

If company is operating under Fictitious Name, submit evidence of compliance with Florida Fictitious Name Statute:

\_\_\_\_\_

Under what former names has your company operated? : \_\_\_\_\_

At what address was that company located? \_\_\_\_\_

Is your Company Certified? Yes \_\_\_\_\_ No \_\_\_ If Yes, **ATTACH COPY** of Certification.

Is your Company Licensed? Yes X No \_\_\_ If Yes, **ATTACH COPY** of License

Has your company or its senior officers ever declared bankruptcy?

Yes \_\_\_\_\_ No X If yes, explain: \_\_\_\_\_

**LEGAL INFORMATION:**

Please identify each incident *within the last five (5) years* where a civil, criminal, administrative, other similar proceeding was filed or is pending, if such proceeding arises from or is a dispute concerning the bidder's rights, remedies or duties under a contract for the same or similar type services to be provided under this solicitation **(A response is required. If applicable please indicate "none" or list specific information related to this question. Please be mindful that responses provided for this question will be independently verified):**

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your company ever been debarred or suspended from doing business with any government entity?

Yes \_\_\_ No X If Yes, explain \_\_\_\_\_

\_\_\_\_\_

**SCHEDULE "E" CITY OF CORAL GABLES – CODE OF ETHICS, CONFLICT OF INTEREST, AND CONE OF SILENCE**

THESE SECTIONS OF THE CITY CODE CAN BE FOUND ON THE CITY'S WEBSITE, UNDER GOVERNMENT, CITY DEPARTMENT, PROCUREMENT, PROCUREMENT CODE (CITY CODE CHAPTER 2 ARTICLE VIII); SEC 2-1023; SEC 2-606; AND SEC 2-1027, RESPECTIVELY.

IT IS HEREBY ACKNOWLEDGED THAT THE ABOVE NOTED SECTIONS OF THE CITY OF CORAL GABLES CITY CODE ARE TO BE ADHERED TO PURSUANT TO THIS SOLICITATION.

**SCHEDULE "F" CITY OF CORAL GABLES - AMERICANS WITH DISABILITIES ACT (ADA) DISABILITY NONDISCRIMINATION STATEMENT**

I understand 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 11, 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

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

**SCHEDULE "G" CITY OF CORAL GABLES - STATEMENT PURSUANT TO SECTION 287.133 (3) (a), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

1. I understand that a "public entity crime" as define 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.
2. 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.

3. 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.

4. 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 Proposal 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.

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

**SCHEDULE "H" CITY OF CORAL GABLES - ACKNOWLEDGEMENT OF ADDENDA**

1. The undersigned agrees, if this bid response is accepted, to enter in a Contract with the CITY to perform and furnish all work as specified or indicated in the solicitation, any associated addendum and Contract Documents within the contract time indicated in the solicitation and in accordance with the other terms and conditions of the solicitation and contract documents.
2. Acknowledgement is hereby made of the following Addenda, if any (identified by number) received since issuance of the applicable solicitation.

Addendum No. 1 Date 12/24/25      Addendum No. \_\_\_\_\_ Date \_\_\_\_\_

Addendum No. 2 Date 01/07/26      Addendum No. \_\_\_\_\_ Date \_\_\_\_\_

Addendum No. \_\_\_\_\_ Date \_\_\_\_\_      Addendum No. \_\_\_\_\_ Date \_\_\_\_\_

**Failure to adhere to changes communicated via any addendum may render your response non-responsive.**

**SCHEDULE "I" CITY OF CORAL GABLES - FLORIDA STATUTES SECTION 255.0993 USE OF US PRODUCED IRON AND STEEL IN PUBLIC WORKS PROJECTS.**

1. The US Produced Iron and Steel Products legislation requires that iron and steel products permanently incorporated in the product be produced in the United States. This requirement shall not apply if:
  - (a) The project is federal funded;
  - (b) Iron and steel products are not produced in the United States in sufficient and reasonably available quantities or of a satisfactory quality;
  - (c) The use of US produced Iron or Steel products will raise the total project cost by more than 20 percent;
  - (d) Complying with the requirements of the legislation is inconsistent with the public interest.
2. For projects that use iron and steel, minimal use of foreign iron and steel is permitted if:
  - (a) the materials are incidental or ancillary to the primary product and are not separately identified in the project specifications;
  - (b) The cost of the foreign materials does not exceed 0.1% of the total contract cost, or \$2,500, whichever is greater. The cost of the materials considered is the value of the materials when they are delivered to the project.
3. The following items are not considered iron or steel products and are exempt from the requirements of paragraph (a): Electrical components, equipment, systems and appurtenances, including supports, covers, shielding, and other appurtenances related to an electrical system, necessary for operation or concealment, **except transmission and distribution poles** (these are not exempt).

The City reserves the right to request any and all supporting documentation for proof of compliance with the requirements of the statutes.



City of Coral Gables  
Finance Department/Procurement Division

**Employer E-Verify Affidavit**

By executing this affidavit, the undersigned employer verifies its compliance with F.S. 448.095, stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in F.S. 448.095 which prohibits the employment, contracting or sub-contracting with an unauthorized alien. The undersigned employer further confirms that it has obtained all necessary affidavits from its subcontractors, if applicable, in compliance with F.S. 448.095, and that such affidavits shall be provided to the City upon request. Failure to comply with the requirements of F.S. 448.095 may result in termination of the employer's contract with the City of Coral Gables. Finally, the undersigned employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

26-2699763  
Federal Work Authorization User Identification Number  
1/12/2026  
Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on January 12<sup>th</sup> in Miami (city), FL (state).

[Signature]  
Signature of Authorized Officer or Agent

Ledyar Diaz  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE 12 DAY OF January, 2026

[Signature]  
NOTARY PUBLIC

My Commission Expires:  
January 18, 2027





Company ID Number: 2065745

### Information Required for the E-Verify Program

Information relating to your Company:

Company Name	Atlas Doors and Gate
Company Facility Address	276 w 24 st hialeah, FL 33010
Company Alternate Address	
County or Parish	MIAMI-DADE
Employer Identification Number	262699763
North American Industry Classification Systems Code	811
Parent Company	
Number of Employees	20 to 99
Number of Sites Verified for	1 site(s)

CITY OF CORAL GABLES  
FINANCE DEPARTMENT/PROCUREMENT DIVISION  
LOBBYIST REGISTRATION FORM

SOLICITATION NAME/NUMBER: Dumpster Bay Renovations IFB No. 2025-047

The Bidder/Proposer certifies that it understands if it has retained a lobbyist(s) to lobby in connection with this specific competitive solicitation that each lobbyist retained has timely filed the registration or amended registration required under the City of Coral Gables Lobbyist Registration requirement pursuant to Ordinance 2021-24 as outlined below:

*Lobbyist* means an individual, firm, corporation, partnership, or other legal entity employed or retained, whether paid or not, by a principal, or that contracts with a third-party for economic consideration to perform lobbying activities on behalf of a principal.

*Lobbying activity* means any attempt to influence or encourage the passage or defeat of, or modification to, governmental actions, including, but not limited to, ordinances, resolutions, rules, regulations, executive orders, and procurement actions or decisions of the city commission, the mayor, any city board or committee, or any city personnel. The term "lobbying activity" encompasses all forms of communication, whether oral, written, or electronic, during the entire decision-making process on actions, decisions, or recommendations which foreseeably will be heard or reviewed by city personnel. This definition shall be subject to the exceptions stated below.

*Procurement matter* means the city's processes for the purchase of goods and services, including, but not limited to, processes related to the acquisition of: technology; public works; design services; construction, professional architecture, engineering, landscape architecture, land surveying, and mapping services; the purchase, lease or sale of real property; and the acquisition, granting, or other interest in real property.

*City personnel* means those city officials, officers and employees who are entrusted with the day-to-day policy setting, operation, and management of certain defined city functions or areas of responsibility, even though ultimate responsibility for such functions or areas rests with the city commission, with the exception of the City Attorney, Deputy City Attorney, and Assistant City Attorneys, advisory personnel (members of city advisory boards and agencies whose sole or primary responsibility is to recommend legislation or give advice to the city commission); and any employee of a city department or division with the authority to participate in procurement matters, when the communication involves such procurement.

**Affidavit requirement.** The following provisions shall apply to certain individuals who, in procurement matters participate in oral presentations or recorded negotiation meetings and sessions:

- a. The principal shall list on an affidavit form, provided by the City, all technical experts or employees of the principal whose normal scope of employment does not include lobbying activities and whose sole participation in the city procurement matter involves an appearance and participation in a city procurement matter involves an appearance and participation in an oral presentation before a city certification, evaluation, selection, technical review or similar committee, or recorded negotiation meetings or sessions.
- b. No person shall appear before any procurement committee or at any procurement negotiation meeting or session on behalf of a principal unless he/she has been listed as part of the principal's presentation or negotiation team or has registered as a lobbyist. For purposes of this subsection only, the listed members of the oral presentation or negotiation team shall not be required to separately register as lobbyists or pay any registration fees. The affidavit will be filed by the city procurement staff with the city clerk at the after the proposal is submitted or prior to the recorded negotiation meeting or session. Notwithstanding the foregoing, any person who engages in lobbying activities in addition to appearing before a procurement committee to make an oral presentation, or at a recorded procurement negotiation meeting or session, shall comply with all lobbyist registration requirements.

The Bidder/Proposer hereby certifies that: (select one)

N/A It has not retained a lobbyist(s) to lobby in connection with this competitive solicitation; however, if one is retained anytime during the competitive process and prior to contract execution for this project, the lobbyist will properly register with the City Clerk's Office within two (2) business days of being retained with copy to the city procurement staff.

N/A It has retained a lobbyist(s) to lobby in connection with this competitive solicitation and certified that each lobbyist retained has timely filed the registration or amended registration required under the City of Coral Gables

CITY OF CORAL GABLES  
FINANCE DEPARTMENT/PROCUREMENT DIVISION  
LOBBYIST REGISTRATION FORM

Lobbyist Registration requirement pursuant to Ordinance 2021-24 Section and that the required affidavit has been properly filed

It is a requirement of this solicitation that the following information be provided for all lobbyists retained to lobby in connection with this solicitation be listed below:

Name of Lobbyist: N/A  
Lobbyist's Firm (if applicable): \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name of Lobbyist: \_\_\_\_\_  
Lobbyist's Firm (if applicable): \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name of Lobbyist: \_\_\_\_\_  
Lobbyist's Firm (if applicable): \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name of Lobbyist: \_\_\_\_\_  
Lobbyist's Firm (if applicable): \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Title: \_\_\_\_\_  
Bidder/Proposer Name: \_\_\_\_\_



**CITY OF CORAL GABLES REFERENCE FORM**  
**IFB No. 2025-047 Dumpster Bay Renovations**

Complete the form as indicated below, to provide the required information as outlined in Section 3 of the solicitation. The City shall contact the companies listed below to verify the work performed on behalf of your company. All fields must be completed.

Reference # 1 must cover the minimum three (3) year period from the issuance date of this solicitation.

1. Project Name/Location MD Elections Headquarters  
 Owner Name MD / ISD  
 Contact Person Ely Ruiz-Ramos  
 Contact Telephone No. 305-310-3318  
 Email Address: elyruizramos@yahoo.com  
 Yearly Budget/Cost 2022 - \$3097.50  
 Dates of Contract From: 3/28/2022 To: 6/2022  
 Project Description Sectional doors replacement and dock levelers maintenance at Elections Building

Additional References must cover similar engagements satisfactorily performed in the last three (3) years.

2. Project Name/Location Sea Vee - Boats, River Dr. Medley  
 Owner Name T & A Builders  
 Contact Person David Torres  
 Contact Telephone No. 305-970-0563  
 Email Address: \_\_\_\_\_  
 Yearly Budget/Cost 2020 \$21830.00  
 Dates of Contract From: 4/25/2019 To: 3/6/2020  
 Project Description Furnish and Install roll up doors, motorized. Installation of fire rated doors and hardware.



3. Project Name/Location MD Elections Head Quarters  
 Owner Name MD / ISD Internal Dep.  
 Contact Person Ely Ruiz Ramos  
 Contact Telephone No. 305-310-3318  
 Email Address: elyruizramos@yahoo.com  
 Yearly Budget/Cost 2022 \$ 2038.00  
 Dates of Contract From: 6/10/2022 To: 6/17/2022  
 Project Description Modified one side/section of the Gate to Sliding Gate.

4. Project Name/Location \_\_\_\_\_  
 Owner Name \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Contact Telephone No. \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Yearly Budget/Cost \_\_\_\_\_  
 Dates of Contract From: \_\_\_\_\_ To: \_\_\_\_\_  
 Project Description \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



City of Coral Gables  
Finance Department/Procurement Division

**Employer E-Verify Affidavit**

By executing this affidavit, the undersigned employer verifies its compliance with F.S. 448.095, stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in F.S. 448.095 which prohibits the employment, contracting or sub-contracting with an unauthorized alien. The undersigned employer further confirms that it has obtained all necessary affidavits from its subcontractors, if applicable, in compliance with F.S. 448.095, and that such affidavits shall be provided to the City upon request. Failure to comply with the requirements of F.S. 448.095 may result in termination of the employer's contract with the City of Coral Gables. Finally, the undersigned employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

2065745  
Federal Work Authorization User Identification Number  
06/01/13  
Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on January 29<sup>th</sup> in Miami (city), FL (state).

[Signature]  
Signature of Authorized Officer or Agent

Ledyar Diaz  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE 29 DAY OF JANUARY, 2026.

[Signature]  
NOTARY PUBLIC  
My Commission Expires:  
JANUARY 18, 2027

