



**City of Coral Gables
Development Services Department**

**CONSTRUCTION REGULATION BOARD
CASE RESUME**

HEARING DATE: October 15, 2018

CASE NO.: 18-7935

CONTRACTOR: A-1 PERFECT SEAL ROOF LLC
ARLYN MICHELLE HERNANDEZ

DESCRIPTION OF VIOLATION: An investigation conducted by the City of Coral Gables revealed the violations 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.

DATES AND ACTIVITIES:

12/11/17	Contract signed (2612 San Domingo Street)
12/11/17	Payment of \$6,900 paid to contractor
02/28/18	Permit No. BL-18-02-1986 issued
02/28/18	Second payment of \$6,900 paid to contractor
03/05/18	Third payment of \$6,900 paid to contractor
07/12/18	Tin Cap Inspections approved
07/13/18	Mopping Inspection approved
08/31/18	Contractor Complaint submitted by property owner
09/12/18	Tile Placing Inspection approved
09/10/18	Pictures show roof tiles loaded on roof
09/12/18	Uplift Report, and the Final inspections pending
09/27/18	Notice of Contractor Violation and Notice of Hearing mailed with return receipt
09/27/18	Change of Contractor Permit No. BL-18-09-3178 issued
09/28/18	Pictures show roof tiles loaded on roof
10/15/18	Board Hearing

DEPUTY BUILDING OFFICIAL'S COMMENTS AND RECOMMENDATION:

The property owner paid the contractor \$21,243 and they did not fulfill their contractual obligations. The roofing permit was issued February 28, 2018 and did not progress on a timely manner. The property owner had to hire a new contractor and apply for a Change of Contractor permit in order to proceed with the roofing work.

There are no Articles of Incorporation filed with the State for A-1 Perfect Seal Roof LLC, which is the name the contractor's license is issued by the Department of Business and Professional Regulation. The only Articles of

Incorporation is for A1 Perfect Seal Roof Corp. which was electronically filed April 24, 2018. There are four active entities registered with Sunbiz: A-1 Perfect Seal Roof LLC, A Perfect Seal Roofing, LLC, A Perfect Seal Roofing, Inc., A1 Perfect Seal Roof Corp. Why are there different entity names registered with Sunbiz?

I recommend this case be referred to the Miami-Dade County Board of Rules and Appeals and to the State of Florida Construction Industry Licensing Board for prosecution.

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

1. Name of Complainant(s) Guillermo A. Paris-Casanova
Affiant
2. Current address 2612 San Domingo Street Coral Gables Florida 33134
3. Address of location where the job was performed 2612 San Domingo Street Coral Gables Florida 33134
4. Contact telephone no. (954) 415 6810
5. What is the name and address of the company(s) or individual(s) you contracted with? A-1 Perfect Seal Roof, Inc, 4806 SW 75 Ave, Miami, Florida 33155
6. What is the name(s) of the person(s) you deal with from that company?
Ariyn Michelle Hernandez
7. Did the company or individual represent they were licensed? Yes or No. If yes, what license number did he/she/they use? CCC1326433
8. What else was said, done, written or shown to you to cause you to believe the individual company was licensed?
We asked for the license number and check the records related to this license.
9. Did you enter into a written agreement/contract with that company or person? Yes or No.
If yes, please provide a copy of all written agreements/contracts entered into.
10. What was the date the agreement/contract was entered into? 12/11/2017
11. What date (or approximate) did the work begin? 02/28/2018
12. What work was supposed to be done under the terms of the contract?
Contract for New Tile Roof System for 2612 San Domingo St. Coral Gables.

13. What was the total amount to be paid under the contract? \$ 23,400.00
14. What were the terms of payment (draws) to be paid under the contract?
\$6900 at the moment of execution of the contract; \$6900 when works started; \$6900 once the removal and installation of the sealing was completed; and \$2,700 once the works were completed.
15. Did you make any payments? If so, please list the date and amount of each payment and to whom the payment was given. If payments were different from the terms of the contract, please explain why they were different. **If checks were given, please provide copies of the front and back of all checks. Important! Please fill this portion out completely.**

Date of Payment	Amount	Reason for Payment
<u>12/11/17</u>	<u>\$ 6,900.00</u>	<u>Initial Payment</u>
<u>02/28/18</u>	<u>\$ 6,900.00</u>	<u>Started Work</u>
<u>03/05/18</u>	<u>\$ 6,900.00</u>	<u>Completed removal of old material and installation of new sealing</u>

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

CITY'S
EXHIBIT 1

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

A- Failure to Perform within a Reasonable Time: At the moment (8-23-18), the tiles and material have remain abandoned in the roof of my property, waiting for installation since May 4, 2018 (these material were also delivered with an unreasonable delay, considering that the works started the first week of March). By not completing the job within a reasonable time, the subject of this complaint is also creating an extremely dangerous situation by leaving tiles and material loose an unattended for months.

B- Failure to Provide the Material Free from any Lien: A Claim of Lien notice recorded on July 7 2018 by Coma Cast Corporation was placed in my property. This lien is the result of A Perfect Seal Roofing failing to pay the "Roofing Tiles and Materials" that are supposed to be used for the completion of the works (amount owned at the moment \$6900)

18. Describe the extent of work done by the contractor. And if you know, what is the estimated value of the work done? Tiles were not installed and were not paid: Tiles installation \$6500; Amount owed to supplier \$5,943

19. When or what date was the last time the contractor performed work? 03/05/18

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

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

If yes, explain. Owner disappeared.


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

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

Tiles are not installed and it will costs at least \$6500 to complete (with no warranty)

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

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

X 

Affiant (property owner or authorized representative)

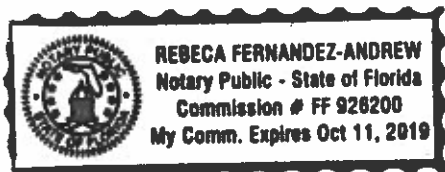
STATE OF FLORIDA)


ss

COUNTY OF MIAMI-DADE)

Sworn to or affirmed and subscribed before me this 31st day of August, 20 18 by Guillermo Paris who has taken an oath and is personally known to me or has produced _____ as identification.

My Commission Expires:





Notary Public



PERFECT SEAL ROOF
 COMMERCIAL & RESIDENTIAL ROOFING
 #1126433
 PHONE NO.: (305) 477-1554 FAX: (786) 953-4265
 1 SW 75 Ave Miami, FL 33155

CONTRACT

Date: December 11, 2017

to: Carolina Marturet De Paris

Job Address: 2612 San Domingo ST Coral Gables, FL 33134

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.
- Re-nail existing wood deck with 8D (2.5") Ring Shank Coil Nails.
- Furnish and install one ply of 30# ASTM felt paper mechanically fastened with 3/4" or 1-1/4" Ring Shank Coil Nails and 1-5/8" galvanized round Tin Caps.
- Furnish and install new 3" Painted Eave Drip in Black colors, along roof edge mechanically fastened with 1-1/4" Ring Shank Coil Nails.
- Furnish and install new 16" valley and counter flashing wherever necessary seal with asphalt membrane and flashing cement.
- Prime all metals with ASTM D 41 asphalt primer to promote adhesion of roof system.
- Furnish and install new lead flashings and GRV Roof Vents as per manufacturer's application instructions.
- Furnish and install one ply of 90# ASTM tile underlayment adhered with approved mopping asphalt applied within the EVT range of 20-40 lbs/sq.
- Furnish and install pre-formed Hip & Ridge (Channel) metal 26ga galvanized steel with 1.25" ring shank nails 6" o.c. along both deck flanges.
- Furnish and install Eagle or Borat concrete roof tile in Belair charcoal colors, 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.

We hereby submit specifications for: New Built-Up Roof System over Wood Decks

- Furnish and install one (1) ply of GAFGLAS #75 Base sheets mechanically fastened with 3/4" Ring Shank Coil Nails and 1-5/8" galvanized round Tin Caps.
- Furnish and install new 3" Painted Eave Drip in selected color, along roof edge mechanically fastened with 1-1/4" Ring Shank Coil Nails. Prime all metals with ASTM D 41 asphalt primer to promote adhesion of roof system.
- Furnish and install (2) plies of GAFGLAS Ply IV adhered in full mopping of approved asphalt applied within the EVT range of 20-40 lbs/sq.
- Furnish and install one (1) ply of GAFGLAS Mineral Surface Cap Sheet adhered in full mopping of approved asphalt applied within the EVT range of 20-40 lbs/sq.
- Furnish and install White Granules on laps over asphalt bleeds for complete white finish roof.
- Haul away all roof debris, leaving premises in clean condition.
- Contract price includes roofing permit, inspections, labor and materials.

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

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

on: Install ~~Turno Awaplan Modified paper~~ instead of 90# ASTM tile underlayment. Add (2) more years of warranty 500.00

ment to be made as follows: 30% when contract is signed, 30% when 30# felt is being installed, 30% when 90# is being tilled is being installed; and 10% upon job completion.

Authorized Signature

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

Signature

Date of Acceptance

TERMS & CONDITIONS OF CONTRACT

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

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

Signature _____

Date of Acceptance _____

Reverso

GUILLERMO A PARIS CASANOVA 04-99
CAROLINA ANTONIA MARTURET MEDINA
2612 SAN DOMINGO ST.
CORAL GABLES, FL 33134

63-1050/670

930

DATE 12/11/2017
MP

PAY TO THE
ORDER OF

PERFECT SEA REPAIRS

\$ 6,900.00

SIX THOUSAND NINE HUNDRED DOLLARS

Heat
Reactive
Ink
←



Mercantil
Bank

220 Alhambra Circle
Coral Gables, Florida 33134

MEMO

CAROLINA MARTURET

MP

06 0930

LOOK FOR HAND-DEIGNED FEATURES INCLUDING THE SECURITY SQUARE AND HEAT-REACTIVE INK DETAILS ON BACK

ARRIVED REVERSED

959

63-1050/670

04-99

GUILLERMO A PARIS CASANOVA

CAROLINA ANTONIA MARTURET MEDINA

2612 SAN DOMINGO ST.
CORAL GABLES, FL 33134

DATE 02-28-2018



\$ 6900.00

PAY TO THE ORDER OF AL PARIBET S&M ROOF

SIX THOUSAND NINE HUNDRED DOLLARS

Heat Reactive Ink ←



Mercantil Bank

220 Alhambra Circle
Coral Gables, Flor. 33134
30

CAROLINA MARTURET

MEMO

0959

LOOK FOR FRAUD-DETERMINING FEATURES INCLUDING THE SECURITY SQUARE AND HEAT REACTIVE INK DETAILS ON BACK

Reverso

GUILLERMO A PARIS CASANOVA 04-99
CAROLINA ANTONIA MARTURET MEDINA
2612 SAN DOMINGO ST.
CORAL GABLES, FL 33134

63-1050/670

954

DATE 03-05-2018
MP



PAY TO THE ORDER OF

AL PERFECT SEAL ROOF

\$ 6900,00

SIX THOUSAND NINE HUNDRED DOLLARS

Heat Reactive Ink ←



Mercantil Bank

220 Alhambra Circle
Coral Gables, Florida 33134

CAROLINA MARTURET

MEMO

0954

MP

Contractor has 1 expired permit

43 pgs

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

AB18-01-2222

MCOL # BL-15-05-4278

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

Date: _____
Application #: _____

Permit Type:	<input checked="" type="checkbox"/>
Building	<input type="checkbox"/>
Electrical	<input type="checkbox"/>
Mechanical	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>
Roofing	<input checked="" type="checkbox"/>
Misc.	<input type="checkbox"/>
App. <i>CR</i>	Date <i>2-8-18</i>

Master Permit #: **BL18021986**
Control #: _____

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

Project Information:	<input checked="" type="checkbox"/>
Commercial:	<input type="checkbox"/>
Residential:	<input checked="" type="checkbox"/>
Linear Feet:	<input checked="" type="checkbox"/>
Square Feet: <i>2396.50</i>	<input checked="" type="checkbox"/>
Value of Work: <i>\$ 23,000</i>	<input checked="" type="checkbox"/>

DESCRIPTION OF WORK (PRINT): *APPROVED*
Reroof w/ eagle bel air
charcoal
EAGLE/SLATE/CHARCOAL

PROPERTY LOCATION:
Address: 2612 SAN DOMINGO ST
Coral Gables FL 33134
Folio #: 03-4118-002-1670
Lot: 3&4 Block: 19
Subdivision: Coral Gables SEC D
Plat book: 10 Page: 52

PROPERTY OWNER:
Name: CAROLINA M DE LA PARIS
Address: 2612 SAN DOMINGO ST
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, MECHANICAL, WELLS, POOLS, BOILERS, TANKS, AIR CONDITIONERS, ROOFING, AWNINGS, ETC. The Historical Resources Department's approval is required prior to the issuance of a demolition permit.

NOTARY AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. The foregoing instrument was acknowledged before me this 08 day of DECEMBER 20 17 by CAROLINA M. DE LA PARIS personally known to me, _____ produced a _____ as identification, _____ NOTARY PUBLIC (SEAL) *Desree Del Castillo* DESREE DEL CASTILLO

Signature of Qualifier _____
The foregoing instrument was acknowledged before me this 08 day of DECEMBER 20 17 by ARLYN HERNANDEZ () is personally known to me, () has produced a _____ as identification, _____ NOTARY PUBLIC (SEAL) *Desree Del Castillo* DESREE DEL CASTILLO

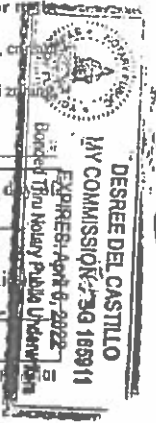
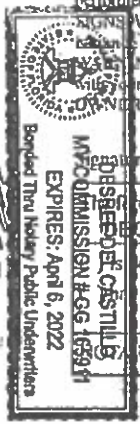


EXHIBIT 2



Permit type: b272 ROOF / LIGHT WEIGHT CONC Permit #: BL-18-02-1966
Address: 2512 SAN DOMINGO ST Parcel #: 03-4118-002-1670
Apt/Suite:
City: CORAL GABLES State: FL Zip: 33134-5535

Permit Information
Master permit: Routing queue: b200 Applied: 02/08/2018
Project: Status: canceled Approved: 02/08/2018
Description: "CHANGE OF CONT TO BL-18-09-3175" RE-ROOF 2 TYPES SLOPED- EAGLE ROOFING SLATE LOW PROFILE FLAT CONCRETE TILE- COLOR: CHARCOAL , FLAT-GAF ROOFING SYSTEM W/ MINERAL SURFACE CAPSHHET \$23,000 Issued: 02/28/2018
Submitted: Clock: Stopped Days: 231 Expires: 03/11/2019
Submitted via: Closed/Final: 09/27/2018



Owner
Last name: GULLERMO PARIS CASANO First name: 2512 SAN DOMINGO ST
Phone: () - Email: Address: CORAL GABLES FL 33134

Applicant
 Owner is applicant? Contractor is applicant?
Last name: AL PERFECT SEAL ROOFING First name: 4806 SW 75 AVE
Phone: (305) 477-1554 Cust #: 044712 Address: CORAL GABLES FL 33155
Email: Email inspection results

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



Tab Groups

Permit #: BL-18-02-1986 Address: 2612 SAX DOMINGO ST
CORAL GABLES FL 33134-5535

Permit type: ROOF / LIGHT WEIGHT CONC

Toolbox

Contractors Name / Address

A-1 PERFECT SEAL ROOFING Address: 7905 NW 66 ST
MIAMI FL 33165 Primary

Phone: (786) 426-9500 Bus. license #: CCC1326433 Contractor is applicant

License type: [dropdown] License #: [input] License status: [dropdown]

Contact: ARLYN W HERNANDEZ Phone: (766) 426-9500 Work type: [dropdown]

Contact email: [input] Fax: () -

Mail hardcopy Send email Send fax

Permits

File Edit Record Navigate Form Reports Format Tab Grid Help

Navigation icons: Home, Back, Forward, Print, Refresh, Save, Undo, Redo, Zoom, Jump 1, Help, Search.

Man 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	Canceled		
5	pw837	FINAL PUBLIC WORKS (BLDG PERMIT)		<input type="checkbox"/>
5	b083	FINAL ROOF		<input type="checkbox"/>
5	b189	WOPPING	07/13/2018 07:17:01 AM	<input checked="" type="checkbox"/> spvd
5	b352	TILE PLACING	09/12/2018 07:24:30 AM	<input checked="" type="checkbox"/> spvd
5	b354	TIN CAP - FLAT & INSTALLATION	07/11/2018 07:18:06 AM	<input checked="" type="checkbox"/> cancel
5	b354	TIN CAP - FLAT & INSTALLATION	07/12/2018 07:22:05 AM	<input checked="" type="checkbox"/> spvd
5	b412	TIN CAP - SLOPED RE-ROOF	07/11/2018 07:18:06 AM	<input checked="" type="checkbox"/> cancel
5	b412	TIN CAP - SLOPED RE-ROOF	07/12/2018 07:22:05 AM	<input checked="" type="checkbox"/> spvd
5	b356	UPLIFT TEST		<input type="checkbox"/>



CITY OF CORAL GABLES
DEVELOPMENT SERVICE DEPARTMENT
Permit Application

ALL OF THE FOLLOWING MUST BE COMPLETED BY APPLICANT ACCORDING TO FS 713.135

Date:	Permit Type: <input checked="" type="checkbox"/>	Master Permit #: <u>BC-1809.3178</u>
Permit Change: <input checked="" type="checkbox"/>	Building <input type="checkbox"/>	Sub Permit #:
Change of Contractor <input checked="" type="checkbox"/>	Electrical <input type="checkbox"/>	Project Information: <input checked="" type="checkbox"/>
Permit Extension <input type="checkbox"/>	Mechanical <input type="checkbox"/>	Commercial: <input type="checkbox"/> Residential: <input checked="" type="checkbox"/>
Permit Renewal <input type="checkbox"/>	Plumbing <input type="checkbox"/>	Linear Feet: <input checked="" type="checkbox"/>
Permit Revision <input type="checkbox"/>	Misc. <input type="checkbox"/>	Square Feet: <input checked="" type="checkbox"/>
Permit Supplement <input type="checkbox"/>	App. <input type="checkbox"/>	Cost of Work: <input checked="" type="checkbox"/>

DESCRIPTION OF WORK (PRINT):
Change of Contractor

PROPERTY OWNER:
Name: GUELBERNO PARIS
Address: 2612 SAN DOMINGO ST.
City/State/Zip: CORAL GABLES
Telephone No.: 305-5889453
Email: PARISEASANOVA@GMAIL.COM

ARCHITECT:
Name:
Address:

BONDING:
Name:
Address:

Job Address: 2612 San Domingo
Folio #:
Lot: Block:
Subdivision:
Plat book: Page:

CONTRACTOR COMPANY NAME: ALL FL CONSTRUCTION
Qualifier Name: JOSEPH CHARLES COMPANY
Address: 3701 W MONAR RD UNIT E-365
City/State/Zip: POMMYARD BEACH FL
License No.: CFC 075798 Telephone No.: 786/234/6529
Email: FORTIZ024@HOTMAIL.COM

ENGINEER:
Name:
Address:

MORTGAGE LENDER:
Name:
Address:

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES BOILERS, HEATERS TANKS, AND AIR CONDITIONERS, etc. **AFFIDAVIT OF OWNER/LESSEE/AUTHORIZED AGENT:** Under penalties of perjury and the City of Coral Gables False Claims and Presentations Ordinance, City Code Chapter 39, I certify that I am the owner or that I have the owner's full consent and authorization to sign this application to obtain a permit to perform the above-mentioned work; that all the foregoing information is accurate; and that all work will be done in compliance with all applicable laws regulating construction and zoning. **WARNING TO OWNER:** YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. The Historical Resources & Cultural Arts Department's approval is required prior to the issuance of a demolition permit. The Qualifier cannot sign below as Owner/Lessee/Authorized Agent.

Signature of Owner/Lessee/Authorized Agent: [Signature]

Owner/Lessee/Authorized Agent Name (Print): Guelberno Paris

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

Sworn to or affirmed and subscribed before me this 5th day of Sept. in the year 2018 by Guelberno Paris who has taken an oath and is personally known to me or has produced _____ as identification.

My Commission Expires: [Signature]
Notary Public: REBECA FERNANDEZ-ANDREW
My Comm. Expires Oct 11, 2018
Commission # FE 926200
Notary Public - State of Florida

Signature of Qualifier: Charles Joseph

Qualifier Name (Print): Charles E Joseph

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

Sworn to or affirmed and subscribed before me this 4 day of sept. in the year 2018 by ANAMARIA SEVILLA who has taken an oath and is personally known to me or has produced D-121045 as identification.

My Commission Expires: May 8, 2022
Notary Public: ANA MARIA SEVILLA
Commission # GG 196378
Expires May 8, 2022
Bonded Thru Troy Pain Insurance 800-365-701

Sept 20, 2018

Important Reminders: Signature that is retained by the Postal Service for a specified period. This form must be purchased Certified Mail service with postage at retail. Adult signature service, which requires it signed to be at least 21 years of age (no delivery to the addressee's authorized agent, to the addressee's authorized agent, which provides restricted delivery service, which provides delivery to the addressee specified by name).



City of Coral Gables Development Services Department

CHANGE OF CONTRACTOR, ARCHITECT OR ENGINEER FORM

As the legal owner of property located at: 2612 SAN DOMINGO ST. Coral Gables 33134
I request a change of Architect, Contractor or Engineer for permit #: BL-18-02-1986
issued to (name of previous Architect, Contractor or Engineer) Al Perfect Seal Roof, Inc.
with a mailing address of: 4806 SW 75 Ave, Miami Florida 33155 on
date 02-08-2018 for the proposed work:

Status of permit: in process Active Expired

I no longer authorize the previous Architect, Contractor or Engineer to proceed with the work covered by the plans/permit. I hereby as owner-builder, or authorized new Architect, Contractor or Engineer :
All Florida Construction Company to apply for such permits or complete the construction on subject property.
License # 005798
Note: for change of Architect and/or Engineer provide a release from the previous Architect or Engineer to this form.

If permit is issued and active

I agree to hold City of Coral Gables, its agents and authorized personnel harmless and relieve them from any responsibility or liability for any legal action or damage, cost or expense (including attorney's fee) resulting from the cancellation of the existing permit and/or the issuance of a new permit. I furthermore assume responsibility for the correction, if required, of work performed under the permit for which I am requesting cancellation. In the event there has been a change of ownership of the property, the new owner assumes the responsibility for notifying the previous owner of his or her intent to transfer the permit.

Owner:

Signature: [Signature]

Print name: Guillermo Paris

STATE OF FLORIDA)
ss
COUNTY OF MIAMI-DADE)

sworn to or affirmed and subscribed before me
this 31th day of August, in the year 20 18
by Guillermo Paris who has taken an
oath and is personally known to me or has
produced _____ as
identification.

My Commission Expires:
[Signature]
Notary Public

Prime Contractor (if change of Sub-Contractor or change of qualifier)

Signature: _____

Print name: _____

STATE OF FLORIDA)
ss
COUNTY OF MIAMI-DADE)

sworn to or affirmed and subscribed before me
this _____ day of _____, in the year 20 _____
by _____ who has taken an
oath and is personally known to me or has
produced _____ as
identification.

My Commission Expires:

Notary Public



2 10 17 PM 9/28/2018

Data Contained In Search Results Is Current As Of 09/28/2018 02:09 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
License Location Address*: 4806 SW 75 AVE MIAMI, FL 33155 Main Address*: 5060 SW 94TH AVENUE MIAMI, FL 33165				
Construction Business Information	<u>A-1 PERFECT SEAL ROOF LLC</u>	Primary	Business Info	Current
Main Address*: 6701 SW 116TH COURT #408 MIAMI, FL 33173				
Construction Financial Officer	<u>A-1 PERFECT SEAL ROOF LLC</u>	DBA	FRO6700 Fin Officer	Current
Main Address*: 6701 SW 116TH COURT SUITE 408 MIAMI, FL 33173				

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

*** denotes**

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

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

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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.

CITY'S

EXHIBIT

3

Licensee Details

Licensee Information

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

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

County: **DADE**

License Mailing:

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.

2 11 34 PM 9/28/2018

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

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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.

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:

License Location:

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](#)

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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](#)

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[04/25/2017 - ANNUAL REPORT](#)

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[04/25/2016 -- ANNUAL REPORT](#)

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[05/01/2015 -- Florida Limited Liability](#)

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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](#)

Florida Department of State, Division of Corporations

4



[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
04/25/2017 -- ANNUAL REPORT	View image in PDF format
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



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

Detail by Entity Name

Florida Profit Corporation
A PERFECT SEAL ROOFING, INC.

Filing Information

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

Principal Address

7905 NW 66TH STREET
MIAMI, FL 33166

Changed: 04/30/2007

Mailing Address

5060 SW 94 AVE
MIAMI, FL 33165

Changed: 04/24/2017

Registered Agent Name & Address

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

Name Changed: 01/10/2006

Address Changed: 04/30/2007

Officer/Director Detail

Name & Address

Title VPS

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

Title P

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

Annual Reports

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

Document Images

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. 18-7935

Petitioner,

vs.

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

Respondents.

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

Date of Issuance: September 27, 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 December 11, 2017 with the owner of the single-family home located at 2612 San Domingo Street, Coral Gables, FL 33134 to replace the roof for \$23,000. After beginning work on or about February 28, 2018 and accepting payments of \$20,700, 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 October 15, 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-I Perfect Seal Roof LLC c/o Ruben Betancourt Registered Agent 4806 SW 75th Avenue Miami, FL 33155-4437</p> <p>Return receipt number: 7018 0680 0001 3977 2821</p>	<p>Arlyn Hernandez 5060 SW 94th Avenue Miami, FL 33165-6542</p> <p>Return receipt number: 7018 0680 0001 3977 2838</p>
<p>Arlyn Hernandez 7905 NW 66th Street Miami, FL 33166-2727</p> <p>Return receipt number: 7018 0680 0001 3977 2739</p>	<p>Arlyn Hernandez 4806 SW 75th Avenue Miami, FL 33155-4437</p> <p>Return receipt number: 7018 0680 0001 3977 2746</p>

2612 San Domingo Street

September 28, 2018





09/28/2018 07:36



2612 SAN DOMINGO STREET

