



RFP No. 11-09-22-11
Allstate Resource Management
Supplier Response

Event Information

Number: RFP No. 11-09-22-11
Title: Maintenance of Preserve Areas & Aquatic Vegetation Control Services
Type: Request for Proposals
Issue Date: 10/9/2022
Deadline: 11/9/2022 11:00 AM (ET)
Notes: The City of Coconut Creek is actively seeking proposals from qualified Proposers to provide Maintenance of Preserve Areas & Aquatic Vegetation Control Services to the City in full accordance with the scope of services, terms, and conditions contained in this Request for Proposals (RFP).

Contact Information

Contact: Lorie Messer Purchasing Analyst
Address: Purchasing Division
Government Center
City of Coconut Creek
4800 West Copans Road
Coconut Creek, FL 33063
Phone: 1 (954) 956-1584
Fax: 1 (954) 973-6754
Email: lmesser@coconutcreek.net

Allstate Resource Management Information

Address: 6900 sw 21 court
building 9
davie, FL 33317

Phone: (954) 382-9766

Fax: (954) 382-9770

Email: myaco@allstatemanagement.com

By submitting your response, you certify that you are authorized to represent and bind your company.

Matt Yaco

Signature

Submitted at 10/26/2022 01:04:36 PM (ET)

myaco@allstatemanagement.com

Email

Response Attachments

2022 References Form.pdf

References

Allstate business tax receipt.pdf

Business Tax Receipt

Allstate company info sheet.pdf

Company Info

Allstate operational plan.pdf

Operation plan

Allstate pertinent experience of key individuals.pdf

Pertinent Employees

Allstate Sun Biz.pdf

SunBiz

Allstate valid licenses.pdf

Licenses

Coconut Creek Bid Info.pdf

Coconut Creek bid documents

COI City of Coconut Creek 2022.pdf

COI

Bid Attributes

1 Section I - General Terms and Conditions

I acknowledge reading and understanding the General Terms and Conditions.

Yes (Yes)

2 Section II - Special Terms and Conditions

I acknowledge reading and understanding the Special Terms and Conditions.

Yes (Yes)

3	Section III - Detailed Requirements - Scope of Services I acknowledge reading and understanding the Detailed Requirements - Scope of Services. <input checked="" type="checkbox"/> Yes (Yes)
4	Section IV - Required Documents I acknowledge and understand that all forms shall be completed and notarized (if applicable) and submitted as a requirement of this solicitation. <input checked="" type="checkbox"/> Yes (Yes)
5	Insurance Requirements I acknowledge reading and understanding the Insurance Requirements and shall upload with my response a copy of a current Certificate of Insurance as a requirement of this solicitation. <input checked="" type="checkbox"/> Yes (Yes)
6	Purchase by other Governmental Agencies Please indicate if you will permit other governmental entities to purchase from your agreement with the City of Coconut Creek. <input type="text" value="Yes"/>
7	Visa Credit Card - Preferred Method of Payment The City of Coconut Creek has implemented a Visa Procurement Card (P-Card) Program through SunTrust Bank. The City's preference is to pay for goods/services with the P-Card. This program allows the City to expedite payment to our vendors. Some of the benefits of the P-Card Program to the vendor are: payment received within 72 hours of receipt and acceptance of goods, reduced paperwork, issue receipts instead of generating invoices, resulting in fewer invoice problems, deal directly with the cardholder (in most cases). Vendors accepting payment by the P-Card may not require the City (Cardholder) to pay a separate or additional convenience fee, surcharge or any part of any contemporaneous finance charge in connection with a transaction. Such charges are allowable, however must be included in the total cost of their response. Vendors are not to add notations such as "+3% service fee" in their response. All responses shall be inclusive of any and all fees associated with the acceptance of the P-Card. Vendors agreeing to accept payment by P-Card must presently have the capability to accept Visa or take whatever steps necessary to implement the ability before the start of the agreement term. <input type="text" value="No"/>

Bid Lines

1	Package Header <hr/> Maintenance of Preserve Areas Quantity: <u> 1 </u> UOM: <u> PKG </u> Total: <input type="text" value="\$34,422.00"/> Item Notes: Maintenance of each preserve area shall be performed every other month (6 times per year)		
	Package Items <hr/> 1.1 Copans Road Preserve Quantity: <u> 6 </u> UOM: <u> EA </u> Unit Price: <input type="text" value="\$265.00"/> Total: <input type="text" value="\$1,590.00"/>		
	1.2 Cypress Park Preserve Quantity: <u> 6 </u> UOM: <u> EA </u> Unit Price: <input type="text" value="\$403.00"/> Total: <input type="text" value="\$2,418.00"/>		
	1.3 Cypress Walk Preserve Quantity: <u> 6 </u> UOM: <u> EA </u> Unit Price: <input type="text" value="\$66.00"/> Total: <input type="text" value="\$396.00"/>		

1.4 Recreation Complex PreserveQuantity: 6 UOM: EA Unit Price: Total: **1.5 Sabal Pines Preserve**Quantity: 6 UOM: EA Unit Price: Total: **1.6 Township Estates Preserve**Quantity: 6 UOM: EA Unit Price: Total: **1.7 Veterans Park Preserve**Quantity: 6 UOM: EA Unit Price: Total: **1.8 Windmill Park Preserve**Quantity: 6 UOM: EA Unit Price: Total: **1.9 Winston Park Preserve**Quantity: 6 UOM: EA Unit Price: Total: **1.10 74th Street Preserve**Quantity: 6 UOM: EA Unit Price: Total: **1.11 Wiles Road Cypress Dome**Quantity: 6 UOM: EA Unit Price: Total: **1.12 Banyan Trails Parcel "F"**Quantity: 6 UOM: EA Unit Price: Total: **1.13 Cypress Lake Preserve**Quantity: 6 UOM: EA Unit Price: Total: **1.14 Lauren's Turn Preserve**Quantity: 6 UOM: EA Unit Price: Total: **1.15 Whispering Trail Greenway**Quantity: 6 UOM: EA Unit Price: Total: **1.16 Lake Julie Island**Quantity: 6 UOM: EA Unit Price: Total: **1.17 Future Equestrian Park**Quantity: 6 UOM: EA Unit Price: Total: **1.18 Goldenraintree Park**Quantity: 6 UOM: EA Unit Price: Total: **1.19 Pond Apple Park**Quantity: 6 UOM: EA Unit Price: Total: **2 Package Header****Maintenance of Aquatic Areas**Quantity: 1 UOM: PKG Total:

Item Notes: The service consists of furnishing all supplies, materials, labor, equipment, and supervision necessary for performing all operations in connection with the mechanical removal of chemical/pesticide application of aquatic weeds.

Package Items

2.1 Coral Tree Canal

Quantity: 12 UOM: Mo. Unit Price: Total:

2.2 Donaldson Park (2) Finger Inlets

Quantity: 12 UOM: Mo. Unit Price: Total:

2.3 City Hall (2) Govt. Center Lakes

Quantity: 12 UOM: Mo. Unit Price: Total:

2.4 Hammocks Canal System

Quantity: 12 UOM: Mo. Unit Price: Total:

2.5 Home Depot Retention Area

Quantity: 12 UOM: Mo. Unit Price: Total:

2.6 Pond Apple Canal

Quantity: 12 UOM: Mo. Unit Price: Total:

2.7 Sabal Pines Park

Quantity: 12 UOM: Mo. Unit Price: Total:

2.8 Windmill Park Lake

Quantity: 12 UOM: Mo. Unit Price: Total:

2.9 Veteran's Park Canal

Quantity: 12 UOM: Mo. Unit Price: Total:

2.10 Utilities & Engineering Retention

Quantity: 12 UOM: Mo. Unit Price: Total:

2.11 Tamarind Village Canal

Quantity: 12 UOM: Mo. Unit Price: Total:

2.12 Community Center Canal

Quantity: 12 UOM: Mo. Unit Price: Total:

2.13 Windmill Park Retention Area

Quantity: 12 UOM: Mo. Unit Price: Total:

3 Package Header

Storm / Natural Disaster Clean-Up

Quantity: 1 UOM: PKG Total:

Item Notes: Alternate Pricing

Correction Total **\$7,575.00**

Package Items

3.1 Boardwalk 20 ft. wide *** They entered .125 however the eBid system picked up 1.25 instead of .125 **2,825.00**

Quantity: 22600 UOM: Sq.Ft. Unit Price: Total:

3.2 Natural Area Access Trails *** **4,750.00**

Quantity: 38000 UOM: Sq.Ft. Unit Price: Total:

4 Package Header

Future Add-Ons

Quantity: 1 UOM: PKG Total:

Item Notes: Pursuant to the specifications, the City may add-on or delete canals, canal banks, lakes, mitigation areas, and preserve areas included under the contract without invalidating the contract. These areas shall be priced assuming no more than fifty percent (50%) coverage with exotic vegetation. In the event that areas are added or deleted, the following per acre price shall remain firm for the initial contract period.

Package Items

4.1 Preserve Area, Future Add-ons

Quantity: 1 UOM: Acre Unit Price: Total:

4.2 Aquatic Area, Future Add-ons

Quantity: 1 UOM: Acre Unit Price: Total:

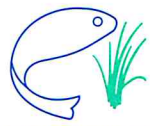
Response Total: ~~\$128,020.00~~

Corrected Response Total \$59,845.00

eBid system picked up 1.25 when Vendor entered .125 as in 12.5 cents

Company Info

- Allstate Resource Management has been in business since 1998
- Our lake technicians are licensed by the Department of Agriculture and receive quarterly continuing education
- Our treatments will be performed by our professional, licensed applicators.
- Our lake technicians perform a water test prior to every treatment, insuring the safety of aquatic life.
- Our herbicides used are approved by the EPA, labeled specifically for use in the water and will be applied at the specified label rates.
- The care of your waterways will be assigned to specific professional & licensed applicators with a minimum of 5 years' experience.
- Any large infestations of undesirable, aquatic weeds will be treated in portions on successive visits. This prevents a rapid drop in dissolved oxygen from the degradation of aquatic weeds.
- Management reports following each visit will be provided to keep the association up to date and aware of ongoing maintenance efforts and will include the results of the water test.
- We will continually evaluate the needs of your waterways and use the herbicides that will best suit the changing conditions. The health and quality of your lakes is our top priority and any questions concerning your waterways can always be directed to our office for quick response.




Operational Plan

Waterway Maintenance

- Inspect each waterway under our care at least once per month
- Determine what vegetation requires treatment
- Perform water test consisting of dissolved oxygen, pH, clarity and temperature
- Perform treatment using plant specific EPA approved herbicides
- All herbicide treatments will be performed by an applicator licensed by the State of Florida
- Treatment will be performed from either 14' service boat equipped with dual tank spray system, 4-wheel drive service buggy equipped with single tank spray system or by pack back sprayer, depending on the needs of the waterway to be treated
- Complete post treatment report indicating what plants were treated & results of the water test along with anything notable
- Provide copy of post treatment report to the City assigned supervisor

Preserve Maintenance

- Inspect each preserve area under our care at least once per month
 - Determine what vegetation require treatment and/or manual removal
 - Perform treatment using plant specific EPA approved herbicides
 - All herbicide treatments will be performed by an applicator licensed by the State of Florida
 - Treatment will be performed by back pack sprayer or 4-wheel buggy equipped with single tank spray system
 - Perform required manual removal / hand-pulling of exotic and nuisance species
 - Complete post treatment report indicating what plants were treated along with anything notable
 - Provide copy of post treatment report to the City assigned supervisor
- 

Pertinent Experience of Key Individuals

Steven Weinsier is currently the President of Allstate Resource Management, a company he started in 1998. Allstate Resource Management is an environmental science and service organization with focus on surface water management. His duties include coordination of Allstate Resource Management's full line of environmental services including but not limited to lake maintenance, upland and wetland preserve maintenance, erosion control, stormwater system maintenance and fish stocking.

Experience:

- Reservist with the Florida Fish and Wildlife Conservation Commission
- President of the Florida Aquatic Plant Management Society
- Member of the Advisory Board for the Broward Cooperative Extension Service
- President of Florida Fishing & Boating Buddies
- Member of the Advisory Stakeholder's Council at the University of Florida, Fort Lauderdale Research & Education Center
- Consultant for the Broward Executive Alliance
- Vice-Chair of the Florida Farm Bureau's Aquaculture Committee

Steven received his Bachelor of Science degree from Long Island University. He served in the U.S. Naval Air Corps and is a graduate of the U.S. Naval Air Technical Training Center. As an instructor, Steven is approved by the Florida Department of Business and Professional Regulation to issue Continuing Education Units for licensed property managers and commercial applicators.

Stephen "Monty" Montgomery has been with Allstate Resource Management for the last 17 years working as a licensed applicator, and wetland mitigation department supervisor. He currently works as their senior biologist and applicator training supervisor. His work includes testing of new products, preparing site specific herbicide prescriptions, evaluation of new project sites, creation of site specific work plans, and publishing educational and outreach materials for clients. Monty is also in charge of applicator education and development at Allstate. His training helps technicians to incorporate new products and methodology, expanding their existing knowledge of waterway and natural area management.

Monty has earned a B.S. in marine biology from Stockton University in Pomona, NJ. He has worked with the National Oceanic and Atmospheric Administration's Sanctuaries and Reserves Division, and Rutgers University's marine field lab.

He is currently on the Board of directors for F.L.M.S. and has sat on the board for F.A.P.M.S. and S.F.A.P.M.S. He is also an S.F.A.P.M.S. past president.

PROPOSER INFORMATION

Communications concerning this proposal shall be addressed to:

Company Name: ALLSTATE RESOURCE MANAGEMENT
 Social Security/Federal Tax I.D. No.: 65-0826233
 Proposer's Name (Print): ANDREW FUHRMAN Title: V.P.
 Address: 6900 SW 21 COURT
BLDG 9
 City/State/Zip: DAVIE FL. 33317
 Phone: 954.382.9766 Fax: 954.382.9770
 Email: AFUHRMAN@ALLSTATEMANAGEMENT.COM

ACKNOWLEDGEMENT OF ADDENDA

Instructions: Complete Part I or Part II, Whichever Applies

Part I:

Proposer has examined copies of all the Contract Documents and of the following Addenda (receipt of all which is hereby acknowledged).

Addendum No: _____ Dated: _____
 Addendum No: _____ Dated: _____
 Addendum No: _____ Dated: _____
 Addendum No: _____ Dated: _____
 Addendum No: _____ Dated: _____

Part II:

No Addendum was received in connection with this RFP.

It is understood and agreed by Proposer that the City reserves the right to reject any and all proposals, to make awards on all items or any items according to the best interest of the City, and to waive any irregularities in the proposal or in the proposals received as a result of the RFP. It is also understood and agreed by the Proposer that by submitting a proposal, Proposer shall be deemed to understand and agree that no property interest or legal right of any kind shall be created at any point during the aforesaid evaluation/selection process until and unless a contract has been agreed to and signed by both parties.

Proposer's Authorized Signature

10/26/2022
Date

ANDREW FUHRMAN
Proposer's Printed Name

PROPOSAL CONFIRMATION

In accordance with the requirements to provide Maintenance of Preserve Areas & Aquatic Vegetation Control Services pursuant to RFP 11-09-22-11, the undersigned submits the attached proposal.

Proposer accepts and hereby incorporates by reference in this proposal all of the terms and conditions of the scope of work, including EPA Standards, Motor Vehicle Safety Standards and required warranty and guarantee certificates.

Proposer is fully aware of the scope of work based on these requirements, the legal requirements (federal, state, county and local laws, ordinances, rules and regulations) and the conditions affecting cost, progress or performance of the work and has made such independent investigation as Proposer deems necessary.

This proposal is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; Proposer has not directly or indirectly induced or solicited any other Proposer to submit a false or sham proposal; Proposer has not solicited or induced any person; firm or a corporation to refrain from proposing and Proposer has not sought by collusion to obtain for himself any advantage over any other Proposer or over City.

The Proposer shall acknowledge this Proposal by signing and completing the spaces provided. I hereby submit this Proposal Package for Maintenance of Preserve Areas & Aquatic Vegetation Control Services, RFP No. 11-09-22-11 to the City of Coconut Creek with the full understanding of the Request for Proposal, General Terms and Conditions, Special Terms and Conditions, Detailed Requirements, and the entire Proposal Package.

ANDREW FUHRMAN
Proposer's Name

[Handwritten Signature]
Signature

10/26/2022
Date

State of: FLORIDA

County of: BROWARD

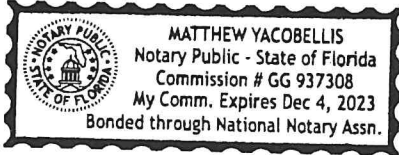
The foregoing instrument was acknowledged before me this 26 day of OCTOBER, 2022, by ANDREW FUHRMAN who is (who are) personally known to me or who has produced _____ as identification and who did (did not) take an oath.

[Handwritten Signature]
Notary Public Signature

Notary Name, Printed, Typed or Stamped

Commission Number: GG 937308

My Commission Expires: DEC 4 2023



NOTES:

1. Maintenance of each preserve area shall be performed every other month (6-times per year).
2. Proposer agrees to supply the products or services at the prices proposed in accordance with the terms, conditions, and specifications contained in this RFP. All price information to be used in the RFP evaluation should be in the Schedule of Proposal Prices through the eBid system. Pricing must include delivery and be quoted FOB: Destination.
3. Standard equipment is required on all items not specified. All Federal safety requirements must be met on delivery.



VISA PURCHASING CARD:

The City of Coconut Creek has implemented a Visa Procurement Card (P-Card) Program through SunTrust Bank. The City's preference is to pay for goods/services with the P-Card. This program allows the City to expedite payment to our vendors. Some of the benefits of the P-Card Program to the vendor are: payment received within 72 hours of receipt and acceptance of goods, reduced paperwork, issue receipts instead of generating invoices, resulting in fewer invoice problems, deal directly with the cardholder (in most cases).

Vendors accepting payment by the P-Card may not require the City (Cardholder) to pay a separate or additional convenience fee, surcharge or any part of any contemporaneous finance charge in connection with a transaction. Such charges are allowable, however must be included in the total cost of their response. Vendors are not to add notations such as "+3% service fee" in their response. All responses shall be inclusive of any and all fees associated with the acceptance of the P-Card.

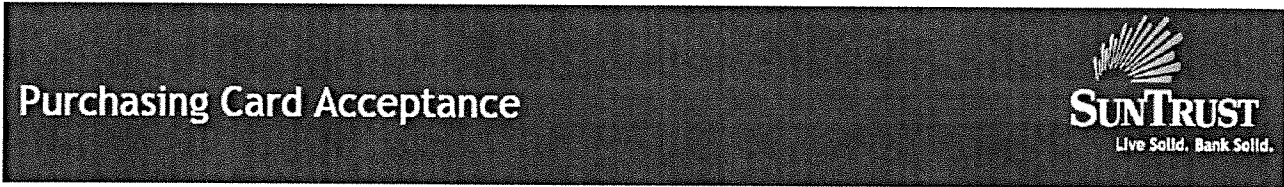
Vendors agreeing to accept payment by P-Card must presently have the capability to accept Visa or take whatever steps necessary to implement the ability before the start of the agreement term.

EFT

The City of Coconut Creek's Electronic Funds Transfer (EFT) Program allows the City to process payments to vendors electronically, directly to their financial institution of choice. With EFT payments, funds are deposited to vendor's bank account and are available the date the bank receives them. There will be no more waiting to receive payments in the mail, and no trips to the bank to make deposits. EFT payments also reduced the risk of misrouting, theft, and forgery. Additionally, an automated e-mail of the remittance advice will be sent to the e-mail specified by the vendor.

PAPER CHECK

Paper checks can also be processed by the City for vendor payments.



Why You Should Accept City of Coconut Creek’s Purchasing Card

The Challenge

To optimize working capital, buying organizations are requesting that their suppliers accept purchasing cards for payment. By replacing their paper-based accounts payable process with an electronic purchasing card solution, buyers reduce their overall payables cost and suppliers reduce their collection expenses. As a supplier you will be able to accept credit card payments while minimizing your acceptance costs.

The Solution

We would like for you to begin accepting the SunTrust Purchasing Card. Payments made with a purchasing card provide faster receipt of funds, as they are deposited electronically to your checking account. We have partnered with SunTrust to negotiate preferred product and pricing solutions that fit the needs of Business-to-Business (B2B) purchasing card acceptance.

Here’s How It Works

SunTrust will provide a computer-based solution that allows you to get the best effective rate for B2B card acceptance. A computer-based application is necessary to authorize and settle transactions at the best available interchange rate, as typical point-of-sale terminals do not have the capability to send the additional required enhanced data with the purchasing card transactions.

What’s In It For You

With our B2B solution you will receive payments quicker than through the manual paper-based process. You can also:

- Achieve cost reductions in mail handling, depositing payments and collection
- Have your funds deposited electronically
- Receive payments faster and improved cash flow
- Gain greater visibility to manage cash flow through online reporting
- Increase accounting efficiency
- Receive competitive processing rates and fees
- Eliminate returned or lost checks processing and related expenses
- Experience reduced potential for fraud than with check payments
- Decrease days sales outstanding

City of Coconut Creek Preferred Supplier Acceptance Pricing

We have created a program to allow you to qualify at the best effective rates either by software or through a web-based solution.

Visa® Rate	Purchase Card Level 2	Purchase Card Level 3	Large Ticket Rate
*Interchange Rate	2.00% + \$0.05	1.80% + \$0.10	1.45% + \$35.00
*Assessment Fee	0.0925%	0.0925%	0.0925%
SunTrust Merchant Services Fee	0.20%	0.20%	0.20%
*Effective Rate	2.33%	2.13%	1.78%

*Rate provided by Visa

Purchase Level 2

To qualify for the Visa Level 2 Interchange Rates, the sales tax amount must be reported and the value must be greater than zero.

Purchase Level 3

To qualify for the Visa Level 3 Interchange Rate, Level 3 data (item description, product code, quantity, unit of measure and commodity code) must be reported. If the Sales tax is not applied, a value of zero (0.00) is required.

Purchase Large Ticket

To qualify for the Visa Large Ticket Interchange Rate, Level 2 and Level 3 data must be reported. Any transaction greater than \$6,980 that has the required data elements will qualify for the Visa Large Ticket Rate.

City of Coconut Creek Preferred Product Solution Pricing

Type	Solution Name	Price
Software-based Application	Payment Software	Set-up (one-time): Waived Monthly Access: \$0.00 Per Transaction:\$0.00
Internet-based Solution	Global Gateway e4	Set-up (one-time): Waived Monthly Access: \$9.95 Per Transaction:\$0.05

Value-Added Services

- Preferred Supplier status
- Set preferred processing fees for B2B acceptance
- No cost computer application
- No set-up fee
- No early termination fees
- Online reporting

Supplier Sign-Up:

To begin the supplier enrollment process, please call 855.468.0317.

INDEMNIFICATION CLAUSE

(Page 1 of 1)

The parties agree that one percent (1%) of the total compensation paid to Contractor for the work of the contract shall constitute specific consideration to Contractor for the indemnification to be provided under the Contract. The Contractor shall indemnify and hold harmless the City Commission, the City of Coconut Creek, and its agents and employees from and against all claims, damages, losses and expenses including attorney's fees arising out of or resulting from the performance of the work provided that any such claim, damage, loss or expense (1) is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property (other than the work itself) including the loss of use resulting therefrom, and (2) is caused in whole or in part by any negligent act or omission of the Contractor, any subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, regardless of whether or not it is caused in part by a party indemnified hereunder.

In any and all claims against the City, or any of their agents or employees by any employee of the Contractor, any subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, the indemnification obligation under this Paragraph shall not be limited in any way by any limitation on this amount or type of damages compensation or benefits payable by or for the Contractor or any subcontractor under Workers' Compensation Acts, Disability Benefit Acts or other Employee Benefit Acts. Nothing in this section shall affect the immunities of the City pursuant to Chapter 768, Florida Statutes, as amended from time to time, nor shall it constitute an agreement by the City to indemnify Contractor, its officers, employers, subcontractors or agents against any claim or cause of action.

ANDREW FUHRMAN
Contractor's Name

[Handwritten Signature]
Signature

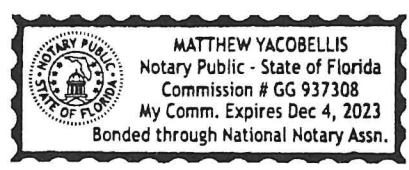
10/26/2022
Date

State of: FLORIDA

County of: BROWARD

The foregoing instrument was acknowledged before me this 26 day of OCTOBER, 2022, by ANDREW FUHRMAN who is (who are) personally known to me or who has produced _____ as identification and who did (did not) take an oath.

[Handwritten Signature]
Notary Public Signature



Notary Name, Printed, Typed or Stamped

Commission Number: GG 937308

My Commission Expires: Dec 4 2023

NON-COLLUSIVE AFFIDAVIT

State of FLORIDA)
County of BROWARD)ss.

ANDREW FUHRMAN being first duly sworn, deposes and says that:

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

Signed, sealed and delivered
in the presence of:

Colleen Sullivan
[Signature]

By: _____

ANDREW FUHRMAN
(Printed Name)

VICE PRESIDENT
(Title)

ACKNOWLEDGEMENT

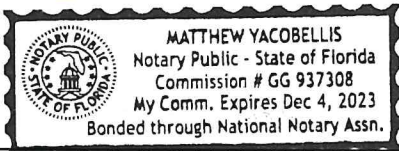
State of FLORIDA

County of BROWARD

The foregoing instrument was acknowledged before me this 26 day of OCTOBER
20 22, by ANDREW FUHRMAN who is personally known to me or who has produced
as identification and who did (did not) take an oath.

WITNESS my hand and official seal

[Signature]
NOTARY PUBLIC



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

PROPOSER'S QUALIFICATION STATEMENT

In order to properly evaluate the proposal submittals, Proposers are expected to complete the questionnaire and include the following documentation. By attesting to this submittal, Proposer guarantees the truth and accuracy of all statements and answers herein contained.

SUBMITTED TO: City of Coconut Creek
Purchasing Division
4800 West Copans Road
Coconut Creek, FL 33063

Check One

Submitted By: ALLSTATE RESOURCE MANAGEMENT
Name: ANDREW FUHRMAN
Address: 6900 SW 21 COURT BLDG 9
City, State, Zip: DAVIE FL 33317
Telephone No. 954.382.9766
Fax No. 954.382.9770
Email: A.FUHRMAN@ALLSTATEMANAGEMENT.COM

- Corporation
- Partnership
- Individual
- Other

1. State the true, exact, correct and complete name of the partnership, corporation, trade or fictitious name under which you do business and the address of the place of business.

The correct name of the Proposer is: ALLSTATE RESOURCE MANAGEMENT

The address of the principal place of business is: 6900 SW 21 COURT BLDG 9
DAVIE FL. 33317

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

- a. Date of Incorporation: 3.9.98
- b. State of Incorporation: FLORIDA
- c. President's Name: STEVEN WEINSIER
- d. Vice President's Name: ANDREW FUHRMAN
- e. Secretary's Name: JODI WEINSIER
- f. Treasurer's Name: STEVE WEINSIER
- g. Name and Address of Resident Agent: BRUCE J SCHEINBERG
800 W AVE SUITE C-1
MIAMI BEACH FL 33139

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

N/A

- a. Date of Organization: _____
- b. Name, Address and Ownership Units of all Partners: _____

c. State whether general or limited partnership: _____

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

N/A

5. If Proposer is operating under a fictitious name, submit evidence of compliance with the Florida Fictitious Name Statute.

N/A

6. How many years has your organization been in business under its present business name? 24

a. Under what other former name has your organization operated?

7. Indicate registration, license numbers or certificate numbers for the businesses or professions, which are the subject of this proposal. Please attach certificate of competency and/or state registration.

SEE ATTACHED PACKET TITLED "INFORMATION, LICENSES & INSURANCE"

8. Litigation/Judgments/Settlements/Debarments/Suspensions:
Submit information on any pending litigation and any judgments and settlements of court cases relative to providing Maintenance of Preserve Areas & Aquatic Vegetation Control Services that have occurred within the last three (3) years. Also indicate if your firm has been debarred or suspended from bidding or proposing on a procurement project by any government during the last five (5) years.

NONE

9. Have you ever failed to complete any work awarded to you? If so, state when, where and why?

NO

10. List the pertinent experience of the key individuals of your organization (continue on insert sheet, if necessary).

SEE ATTACHED TITLED "PERTINENT EXPERIENCE OF KEY INDIVIDUALS"

11. State the name of the individual(s) and titles who will personally supervise the work:
STEPHEN MONTGOMERY

12. State the name and address of the attorney, if any, for the business of the Proposer:
BRUCE J SCHEINBERG
800 W AVE. SUITE C-1
MIAMI FLORIDA 33139

13. State the names and addresses of all businesses and/or individuals who own an interest of more than five percent (5%) of the Proposer's business and indicate the percentage owned of each such business and/or individual:
N/A

14. State the names, addresses and the type of business of all firms that are partially or wholly owned by Proposer:
N/A

15. List the following information concerning all Proposer's contracts in progress as of the date of submission and completed projects over the last five (5) years. (In case of any co-venture, list the information for all co-ventures.)

<u>Name of Project</u>	<u>Owner</u>	<u>Total Contract Value</u>	<u>Contracted Date of Completion</u>	<u>% of Completion to Date</u>
<u>LAKE MAINTENANCE ACCOUNTS ARE RECURRING WITH NO SET COMPLETION DATE - SEE ATTACHED REFERENCE LIST</u>				

16. Have you personally inspected the site of the proposed work?
 Yes No

17. Do you have a complete set of documents, including drawings and addenda, if applicable?
 Yes No

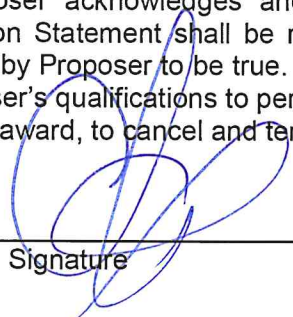
18. Did you attend the pre-proposal conference if any such conference was held?
 Yes No No Conference Held
CURRENT VENDOR SINCE 2017

19. Bank References:

Bank	Address/City/State/Zip	Telephone
REGIONS	400 N. PINE ISLAND PLANTATION FL 33324	954.472.2955

The Proposer acknowledges and understands that the information contained in response to this Qualification Statement shall be relied upon by City in awarding the contract and such information is warranted by Proposer to be true. The discovery of any omission or misstatement that materially affects the Proposer's qualifications to perform under the contract shall cause the City to reject the proposal, and if after the award, to cancel and terminate the award and /or contract.

Proposer's Signature



Date

10/26/2022

ACKNOWLEDGEMENT
PROPOSER'S QUALIFICATION STATEMENT

State of FLORIDA

County of BROWARD

On this the 26 day of OCTOBER, 2022, before me, the undersigned Notary Public of the State of Florida, Personally appeared

ANDREW FUHRMAN And
(Name(s) of individual(s) who appeared before notary)

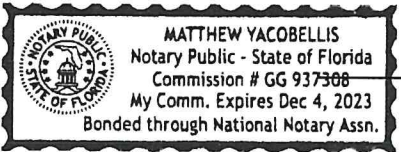
whose name(s) is/are Subscribed to within the instrument, and he/she/they acknowledge that he/she/they executed it.

WITNESS my hand and official seal.

[Signature]
NOTARY PUBLIC, STATE OF FLORIDA

NOTARY PUBLIC

SEAL OF OFFICE:



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

- Personally known to me, or
- Produced identification

(Type of Identification Produced)

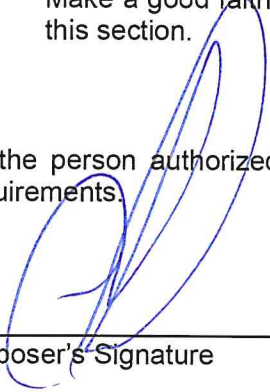
- DID take an oath, or
- DID NOT take an oath

DRUG-FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statutes, Chapter 287, Section 287.087 hereby certifies that ALLSTATE RESOURCE MANAGEMENT does:
(Name of Business)

- 1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
- 2) Inform employees about the dangers of drug abuse in the 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 bid 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 bid, 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 Florida Statutes, Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
- 5) Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
- 6) Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

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



Proposer's Signature

ALLSTATE RESOURCE MANAGEMENT 10/26/2022
Company Name Date

**SWORN STATEMENT
ON PUBLIC ENTITY CRIMES
UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a).**

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted with RFP No. 11-09-22-11 for Maintenance of Preserve Areas & Aquatic Vegetation Control Services.

2. This sworn statement is submitted by ALLSTATE RESOURCE MANAGEMENT (name of entity submitting sworn statement) whose business address is 6900 SW 21 COURT, BLDG 9, DANIA, FL. 33317 and (if applicable) its Federal Employer Identification Number (FEIN) is 65-0826233. (If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: _____.)

3. My name is ANDREW FUHRMAN and my
(Please print name of individual signing)

relationship to the entity named above is VICE PRESIDENT.

4. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid 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.

5. I understand that a "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, nonjury trial, or entry of a plea of guilty or nolo contendere.

6. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, includes but is not limited to:

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 thirty-six (36) months shall be considered an affiliate.

7. 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 bids or applies to bid 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, who are active, or who have been active, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity within the last five (5) years of this sworn statement.

8. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **Please check all statements that are applicable.**

Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have 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 the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in 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, AND (Please indicate which additional statement applies.)

There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order.)

The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order.)

9. Based on information and belief, the statement that I have marked below is true in relation to the entity submitting this sworn statement. **Please check if statement is applicable.**

The person or affiliate has not been placed on the convicted vendor list.
(If the box is not checked, please describe any action taken by or pending with the Department of General Services.)

10. The herein sworn statement shall be subject to and incorporate all the terms and conditions contained in Section 287.133 of the Florida Statutes.

11. Conviction of a public entity crime shall be cause for disqualification.

ANDREW FUHEMAN
Proposer's Name

[Signature]
Signature

Date: 10/26/2022

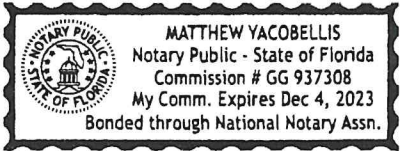
State of: FLORIDA

County of: BROWARD

The foregoing instrument was acknowledged before me this ^{24.} ~~23~~ 26 day of ^{NO.} ~~NOVEMBER~~ OCTOBER, 2022, by ANDREW FUHEMAN, who is (who are) personally known to me or who has produced _____ as identification and who did (did not) take an oath.

[Signature]
Notary Public Signature

Notary Name, Printed, Typed or Stamped



Commission Number: GG 937308

My Commission Expires: Dec. 4 2023

SCRUTINIZED COMPANIES
CERTIFICATION PURSUANT TO
FLORIDA STATUTE § 215.4725 AND § 215.473

I, ANDREW FUHEMAN, on behalf of ALLSTATE RESOURCE MANAGEMENT
Print Name Company Name

certifies that ALLSTATE RESOURCE MANAGEMENT does not:
Company Name

- 1. Participate in a boycott of Israel; and
- 2. Is not on the Scrutinized Companies that Boycott Israel list; and
- 3. Is not on the Scrutinized Companies with Activities in Sudan List; and
- 4. Is not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; and
- 5. Has not engaged in business operations in Cuba or Syria.

Signature _____

VICE PRESIDENT

Title _____

954.382.9766

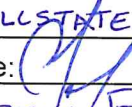
Phone

10/26/2022
Date

E-VERIFY FORM

Project Name:	Maintenance of Preserve Areas & Aquatic Vegetation Control Services
Project No.:	RFP No. 11-09-22-11

ACKNOWLEDGEMENT	<p>Definitions:</p> <p>"Contractor" means a person or entity that has entered or is attempting to enter into a contract with a public employer to provide labor, supplies, or services to such employer in exchange for salary, wages, or other remuneration.</p> <p>"Subcontractor" means a person or entity that provides labor, supplies, or services to or for a contractor or another subcontractor in exchange for salary, wages, or other remuneration.</p> <p>Effective January 1, 2021, public and private employers, contractors and subcontractors will begin required registration with, and use of the E-verify system in order to verify the work authorization status of all newly hired employees. Vendor/Consultant/Contractor acknowledges and agrees to utilize the U.S. Department of Homeland Security's E-Verify System to verify the employment eligibility of:</p> <p>(a) All persons employed by Vendor/Consultant/Contractor to perform employment duties within Florida during the term of the contract; and</p> <p>(b) All persons (including subvendors/subconsultants/subcontractors) assigned by Vendor/Consultant/Contractor to perform work pursuant to the contract with the Department. The Vendor/Consultant/Contractor acknowledges and agrees that use of the U.S. Department of Homeland Security's E-Verify System during the term of the contract is a condition of the contract with the City of Coconut Creek; and</p> <p>Should vendor become successful Contractor awarded for the above-named project, by entering into this Contract, the Contractor becomes obligated to comply with the provisions of Section 448.095, Fla. Stat., "Employment Eligibility," as amended from time to time. This includes but is not limited to utilization of the E-Verify System to verify the work authorization status of all newly hired employees, and requiring all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. The contractor shall maintain a copy of such affidavit for the duration of the contract. Failure to comply will lead to termination of this Contract, or if a subcontractor knowingly violates the statute, the subcontract must be terminated immediately. Any challenge to termination under this provision must be filed in the Circuit Court no later than 20 calendar days after the date of termination. If this contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of 1 year after the date of termination.</p>
-----------------	--

COMPANY CONTACT INFORMATION	Company Name: ALLSTATE RESOURCE MANAGEMENT
	Authorized Signature: 
	Print Name: ANDREW FUHRMAN
	Title VICE PRESIDENT
	Date: 10-26-2022
	Phone: 954.382.9766
	Email: AFUHRMAN@ALLSTATEMANAGEMENT.COM
	Website: WWW.ALLSTATEMANAGEMENT.COM

ATTACHMENT A - REFERENCES

List the five (5) most recent firms that Offeror has provided, or is currently providing, similar goods and services to. Government agency references are preferred.

1. Name of Firm or Agency: City of Boynton Beach
Address: City of Boynton Beach
City/State/Zip: 124 East Woolbright Road, Boynton Beach
Contact: Eric Rucker Title: Stormwater Division Manager
Telephone: 561-742-6415 Email: RuckerE@bbfl.us
Project Name & Location: City of Boynton Beach
Start & Completion date of the contract: start 2021 - Recurring monthly contract
Scope of Work: Lake Maintenance

2. Name of Firm or Agency: City of Boca
Address: 201 West Palmetto Park Road
City/State/Zip: Boca Raton
Contact: Mr. Clecio De Sa Title: Assistant City Engineer
Telephone: 561-416-3429 Email: CDesa@ci.boca-raton.fl.us
Project Name & Location: City of Boca
Start & Completion date of the contract: start 2018 - recurring monthly contract
Scope of Work: Lake maintenance

3. Name of Firm or Agency: City of Miramar
Address: 2300 Civic Center Place
City/State/Zip: Miramar
Contact: Sylvia Izquierdo Title: Project Manager
Telephone: 954-883-6940 Email: SIzquierdo@miramarfl.gov
Project Name & Location: City of Miramar Regional Park
Start & Completion date of the contract: start 2005 – recurring monthly contract
Scope of Work: lake maintenance

City of Coconut Creek
Maintenance of Preserve Areas & Aquatic Vegetation Control Services

4. Name of Firm or Agency: City of Dania
Address: 1201 Stirling Road
City/State/Zip: Dania Beach
Contact: Mr. Cory Taylor / Title: Coordinator
Telephone: (954) 696-8501 Email: ctaylor@daniabeachfl.gov
Project Name & Location: City of Dania
Start & Completion date of the contract: Start 1991 – recurring monthly contract
Scope of Work: lake maintenance

5. Name of Firm or Agency: City of Hallandale Beach
Address: 630 NW 2nd St
City/State/Zip: Hallandale Beach
Contact: Charles Casimir / Title: Operations Mgr.
Telephone: 954-457-1616 Email: ccasimir@hallandalebeachfl.gov
Project Name & Location: City of Hallandale
Start & Completion date of the contract: 2019 – recurring monthly contract
Scope of Work: lake maintenance



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Profit Corporation
ALLSTATE RESOURCE MANAGEMENT, INC.

Filing Information

Document Number P98000022579
FEI/EIN Number 65-0826233
Date Filed 03/09/1998
State FL
Status ACTIVE

Principal Address

6900 SW 21ST COURT
UNIT #9
DAVIE, FL 33317

Changed: 01/09/2006

Mailing Address

6900 SW 21ST COURT
UNIT #9
DAVIE, FL 33317

Changed: 01/09/2006

Registered Agent Name & Address

BLAIR, LAURENCE I
GREENSPOON MARDER LLP
2255 GLADES ROAD, SUITE 400E
BOCA RATON, FL 33431

Name Changed: 10/08/2019

Address Changed: 10/08/2019

Officer/Director Detail

Name & Address

Title PTSD

WEINSIER, STEVEN
6900 SW 21ST COURT, #9
DAVIE, FL 33317

Title VP

FUHRMAN, ANDREW
6900 SW21ST COURT #9
DAVIE, FL 33317

Title Secretary

Weinsier, Jodi
6900 SW 21ST COURT
UNIT #9
DAVIE, FL 33317

Annual Reports

Report Year	Filed Date
2021	01/05/2021
2021	02/08/2021
2022	01/11/2022

Document Images

01/11/2022 -- ANNUAL REPORT	View image in PDF format
09/17/2021 -- AMENDED ANNUAL REPORT	View image in PDF format
02/08/2021 -- AMENDED ANNUAL REPORT	View image in PDF format
01/05/2021 -- ANNUAL REPORT	View image in PDF format
01/10/2020 -- ANNUAL REPORT	View image in PDF format
10/08/2019 -- AMENDED ANNUAL REPORT	View image in PDF format
01/10/2019 -- ANNUAL REPORT	View image in PDF format
01/12/2018 -- ANNUAL REPORT	View image in PDF format
05/17/2017 -- AMENDED ANNUAL REPORT	View image in PDF format
01/09/2017 -- ANNUAL REPORT	View image in PDF format
01/11/2016 -- ANNUAL REPORT	View image in PDF format
01/05/2015 -- ANNUAL REPORT	View image in PDF format
01/06/2014 -- ANNUAL REPORT	View image in PDF format
01/23/2013 -- ANNUAL REPORT	View image in PDF format
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01/21/2005 -- ANNUAL REPORT	View image in PDF format
01/29/2004 -- ANNUAL REPORT	View image in PDF format
01/09/2003 -- ANNUAL REPORT	View image in PDF format
02/01/2002 -- ANNUAL REPORT	View image in PDF format
01/23/2001 -- ANNUAL REPORT	View image in PDF format

01/25/2000 -- ANNUAL REPORT	View image in PDF format
04/26/1999 -- ANNUAL REPORT	View image in PDF format
03/09/1998 -- Domestic Profit	View image in PDF format

Florida Department of State, Bureau of Corporations

Extension Education Section / Tree Tops Park Satellite Admin. Office
3900 SW 100 Avenue • Davie, Florida 33328 • 954-357-5270 • FAX 954-357-8740

*Winner of the National Gold Medal Award for Excellence in Park and Recreation Management
Accredited by the Commission for Accreditation of Parks and Recreation Agencies (CAPRA)*

9/18/2013

TERRY NOONAN
1025 N 19TH AVE
HOLLYWOOD, FL 33020

Dear, Terry

**Congratulations! You have passed the Broward County Licensing Ordinance Training exam for:
Basic Tree Pruning**

Your score was **96 %**. Please find enclosed your laminated proof of training card. It is critical that you keep the training card with you while you are working. It will serve as proof of training should you be asked for it by a customer, municipal authority, or a Broward County Environmental Protection Officer. Remember to reference the ANSI A300 standards in your work orders and put them into practice. Use the ANSI A300 standard to educate others, including your customers, about proper tree pruning.

As you may know, successful completion of training is only one of several requirements you must meet in order to obtain a license to trim trees in Broward County. If you are going to be the designated license holder for your organization, you will need to obtain a license application packet from Broward County Permitting, Licensing and Consumer Protection Division, Tree Trimmer Licensing and Enforcement. Please call them at (954) 765-4400. This packet contains all the information/paperwork you should need to complete the license application.

Thank you for your cooperation.

Sincerely,



Michael Orfanedes
Commercial Horticulture Agent




**CERTIFICATE OF COMPLETION
BASIC TREE PRUNING**

TERRY NOONAN

has successfully completed the training program
conducted by the Broward County Extension Education
Division on:

September 16, 2013


Commercial Horticulture Agent

Identification Number
15924

This Certificate Has Been Awarded to



Daniel Niemi



in acknowledgement of successful completion
of the BoatU.S. Foundation On-line Course

on 4/2/01 9:55:35 PM

This course is an interactive, non-proctored exam provided at no cost on the Internet by the BoatU.S. Foundation for Boating Safety
at 880 S. Pickett Street, Alexandria, VA 22304 (703)823-9550 www.boatus.com.

The On-line Boating Safety Course is approved by the National Association of Boating Law Administrators (NASBLA) and recognized by the United States Coast Guard.

By signing this certificate I certify that I successfully completed the Online Boating Safety Course on my own and without the assistance of others.
(Failure to sign this certificate invalidates its authenticity.)

Signature: Daniel Niemi

Daniel Niemi
5291 sw 4 st

Plantation ,FL 33317
Date of Birth: 8/14/58
Exam Score: 85%
State Specific Exam: FL
Certificate Number: 98810222816

Congratulations!

You have passed the On-line Boating Safety Course offered by the BoatU.S. Foundation for Boating Safety, in partnership with the National Safe Boating Council. The contents of this course have been approved by the National Association of Boating Law Administrators (NASBLA) and recognized by the US Coast Guard as exceeding the minimum requirements for the National Recreational Boating Safety Program.

While most states participate in some capacity with our course, you will need to check with your state's boating department to determine whether this course fulfills any mandatory education requirements.

The BoatU.S. Foundation is a 501c(3) non-profit organization established to provide boating education. We feel strongly that every boater throughout the United States should have access to FREE boating education. The funds required to offer this course have been collected primarily through voluntary donations from BoatU.S. members. We hope you found the course beneficial and convenient.

The BoatU.S. Foundation encourages you to further your education in boating safety by taking in-depth courses taught by your local U.S. Power Squadron, U.S. Coast Guard Auxiliary, or State Boating Office. Ways to find this information: 1-800-336-BOAT (2628) or www.boatus.com/courseline.

Come back and visit us soon at www.boatus.com!

www.boatus.com
880 S. PICKETT STREET, ALEXANDRIA, VA 22304 (703) 823-9550
BOATU.S. FOUNDATION FOR BOATING SAFETY

Signature: Firstname Lastname

By signing the card, I certify that I successfully completed the On-line Boating Safety Course on my own and without the assistance of others.
(Failure to sign this card invalidates its authenticity.)

fold line keep this card with you while boating.



This card certifies that
Daniel Niemi
5291 sw 4 st
Plantation , FL 33317
DOB: 8/14/58



successfully completed the BoatU.S.
Foundation On-line Boating Safety Course
on 4/2/01 9:55:35 PM
This course is an interactive, non-proctored
exam provided at no cost on the Internet by
the BoatU.S. Foundation for Boating Safety

By signing the reverse side of this card, I certify that I successfully completed the Online Boating Safety Course on my own and without the assistance of others.

Certificate Number: 98810222816

State of Florida
Board of Professional Engineers
Allstate Resource Management Inc.

Has satisfied the requirements of Section 471.023, Florida Statutes. In recognition thereof, the Board of Professional Engineers hereby authorizes this firm to offer engineering services in the State of Florida in accordance with Chapter 471, Florida Statutes, and the rules of the Board.



CA Lic. No: 32190

*Witness the Seal of the Board and the Signature
of the Board's duly authorized Chair
this 28th day of June, 2017.*

Anthony Fiorillo
Anthony Fiorillo
Chair



**FLORIDA STORMWATER
ASSOCIATION**

Has Conferred Upon

Justin McAllister

The Designation of

Stormwater Operator - Level 2

For successful completion of the FSA Stormwater Operator Certification Level 2 Course.

Course Date: April 8 & 9, 2008

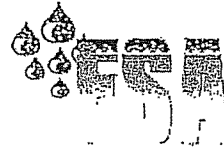
Course Location: DERM




Executive Director

April 21, 2008

Date



 **FSA** Florida Stormwater
Association

Certified Stormwater Operator 2

Justin McAllister

Allstate Resource Management

April 8 & 9, 2008
Miami Dade DERM



Executive Director

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000
VALID OCTOBER 1, 2022 THROUGH SEPTEMBER 30, 2023

DBA:
Business Name: ALLSTATE RESOURCE MANAGEMENT

Receipt #: 329-32692
Business Type: ALL OTHERS (WATERWAY/WETLAND
MGNT SERVICES)

Owner Name: STEVE WEINSIER
Business Location: 6900 SW 21 CT 9
DAVIE
Business Phone: 954-452-0386

Business Opened: 06/01/1998
State/County/Cert/Reg:
Exemption Code:

Rooms Seats Employees Machines Professionals
4

For Vending Business Only						
Number of Machines:			Vending Type:			
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
33.00	0.00	0.00	0.00	0.00	0.00	33.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

**THIS BECOMES A TAX RECEIPT
WHEN VALIDATED**

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

Mailing Address:

ALLSTATE RESOURCE MANAGEMENT
6900 SW 21 CT 9
DAVIE, FL 33317

Receipt # 03A-21-00003462
Paid 07/13/2022 33.00

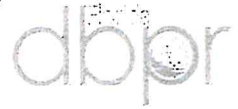
2022 - 2023

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT



Ron DeSantis, Governor

Julie I. Brown, Secretary



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

COMMUNITY ASSOCIATION MANAGERS

THE COMMUNITY ASSOC MGRS CE PROVIDER HEREIN IS APPROVED UNDER THE
PROVISIONS OF CHAPTER 468, FLORIDA STATUTES

ALLSTATE RESOURCE MANAGEMENT INC

6900 SW 21 COURT BLDG 9
DAVIE FL 33317

LICENSE NUMBER: PVD148

EXPIRATION DATE: MAY 31, 2023

Always verify licenses online at MyFloridaLicense.com



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.



ANNE M. GANNON
 CONSTITUTIONAL TAX COLLECTOR
Serving Palm Beach County
Serving you.

P.O. Box 3353, West Palm Beach, FL 33402-3353
 www.pbctax.com Tel: (561) 355-2264

****LOCATED AT****
 6900 SW 21ST CT #9
 DAVIE, FL 33317-0000

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	BILL #
81-0247 ENVIRONMENTAL SERVICES	SWEET JOANN		B22.601639 - 07/11/22		B40117860

This document is valid only when received by the Tax Collector's Office.

**STATE OF FLORIDA
 PALM BEACH COUNTY
 2022/2023 LOCAL BUSINESS TAX RECEIPT**

**LBTR Number: 200702477
 EXPIRES: SEPTEMBER 30, 2023**



21
 6-6455

ALLSTATE RESOURCE MANAGEMENT INC
 ALLSTATE RESOURCE MANAGEMENT INC
 6900 SW 21ST CT STE 9
 DAVIE FL 33317-7163



This receipt grants the privilege of engaging in or managing any business profession or occupation within its jurisdiction and MUST be conspicuously displayed at the place of business and in such a manner as to be open to the view of the public.



Total Compliance Network, Inc.

Drug Free Workplace Programs

5440 NW 33rd Avenue Suite 106
Ft. Lauderdale, Florida 33309
(954) 677-1200 Phone
(954) 677-1201 Fax

December 20, 2011

To Whom it May Concern:

Total Compliance Network implemented a State of Florida Drug Free Workplace Program for the company listed below.

Company Name: ALLSTATE RESOURCE MANAGEMENT, INC.
Address: 6900 SW 21st Court
Davie, FL 33317
Telephone #: (954) 382-9766
Contact Person: Andy Fuhrman

Date TCN Implemented program with the above contact person: January 2012

Total Compliance Network Representative
Nick Mirowsky (954) 232-5650

A handwritten signature in black ink, appearing to read 'Nick Mirowsky', is written over a horizontal line. The signature is stylized and cursive.

State of Florida

Department of State

I certify from the records of this office that ALLSTATE RESOURCE MANAGEMENT, INC. is a corporation organized under the laws of the State of Florida, filed on March 9, 1998.

The document number of this corporation is P98000022579.

I further certify that said corporation has paid all fees due this office through December 31, 2022, that its most recent annual report/uniform business report was filed on January 11, 2022, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Eleventh day of January, 2022*



Randy Be
Secretary of State

Tracking Number: 2602353775CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



Florida Fish and Wildlife Conservation Commission
Florida - Fishing Capital of the World

July 1, 2022

IN REPLY REFER TO: TGCR-10-ER-02-0028

To Whom It May Concern:

This is to authorize:

Mr. Andy Fuhrman
Allstate Resource Management
6900 SW 21st Court Bldg 9
Davie, FL 33317

to import, transport, possess, and stock triploid grass carp for resale, in accordance with Rule 68A-23.088 of the Florida Fish and Wildlife Conservation Commission and the permit provisions listed below:

- (1) Resale of triploid grass carp may be made only to those persons who have been issued a permit by the Commission. Stocking from the above listed facility is permissible only into water areas specifically listed on individually issued Commission permits.
- (2) A monthly written report indicating names of purchasers, addresses, permit number, and number of triploid grass carp sold, or statement of no sale, must be submitted to the Division of Fisheries office in Eustis by the 15th of each month.
- (3) Triploid grass carp shall not be held in any manner that might reasonably be expected to result in liberation into the waters of the state.
- (4) All interstate and intrastate shipments, transfer and transportation of triploid grass carp must be made in compliance with the rules and regulations of the Commission and, in the case of interstate shipments, rules and regulations of those states receiving fish. Drivers of vehicles transporting triploid grass carp for interstate and intrastate purposes must have a copy of all required Commission permits authorizing such transportation, certificates indicating the fish have been certified as triploid grass carp or, in the case of interstate shipments, letters of authorization from the receiving state.

(5) Triploid grass carp will be subject to seizure by Commission representatives if permit provisions or Commission rules are violated.

(6) Each pond, tank, pool, or other culture system which lies within the 100-year floodplain shall be enclosed within an earthen or concrete dike or levy raised to an elevation of one foot above the 100-year flood elevation. The 100-year floodplain is determined from U.S. Department of Housing and Urban Development maps available from National Flood Insurance Program, P.O. BOX 34604, Bethesda, Maryland 20817.

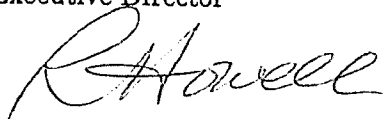
(7) Holding facility property shall be occupied by a 24-hour resident or access must be restricted to the general public by a locked gate and fence.

(8) The permittee shall allow authorized employees of the Commission to make inspections and take blood samples of any grass carp to ascertain that no diploid grass carp are present.

(9) No triploid grass carp may be sold, loaned, given away or transferred to persons in the state of Florida not properly permitted by the Commission to receive such fish.

This permit will expire June 30, 2023, unless otherwise authorized by the Executive Director.

Eric Sutton
Executive Director



BY:

Rhonda Howell
Grass Carp Permitting
Invasive Plant Management
Division of Habitat & Species Conservation

Florida Department of Agriculture and
Consumer Services

Pesticide Certification Office
Commercial Applicator License

License# CM14488

MONTGOMERY, STEPHEN F
12361 NW 29TH PL
SUNRISE, FL 33323

Categories
SA, 21, 2

Issued: January 13, 2021 Exp January 31, 2025

Stephen Montgomery
Signature of Licensee

Nicole Fried
NICOLE "NIKKI" FRIED, COMMISSIONER

The above individual is licensed under the provisions of
Chapter 487, F.S. to purchase and apply restricted use
pesticides.

1077686

FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION
P.O. BOX 6150 · TALLAHASSEE, FLORIDA 32314-6150 · PHONE (850) 487-3122

RESIDENT FRESHWATER FISH AND FROG DEALERS LICENSE
PURSUANT TO CHAPTER 379, F.S.

THIS LICENSE IS VALID FROM JANUARY 14, 2022 TO JANUARY 13, 2023

SIGNATURE OF LICENSEE
(NOT VALID UNTIL SIGNED)

ALLSTATE RESOURCE MGMT, INC.
6900 S.W. 21ST. COURT, #9
DAVIE, FL 33317-0000

DEALER NO.:
STORE NO.:

RFD-60768

ISSUE DATE:
FEE PAID: RESIDENT

11-01-21

LOCATION ADDRESS:
6900 S.W. 21ST. COURT, #9
DAVIE, FL 33317-0000

This license is not transferable, non-refundable, and is revocable for cause at any time. It is required to be available for inspection at all times when engaged in the activities for which it was issued. It may not be reproduced. The location as listed on this license and all required records for which this license is issued must be available for inspection.

Florida Department of Agriculture and Consumer Services



CERTIFICATE OF NURSERY REGISTRATION

Section 581.131, F.S. and Rule 5B-2.002, F.A.C
1911 S.W. 34th St. P.O. Box 147100, Gainesville, FL 32614-7100 (352) 395-4700

NICOLE "NIKKI" FRIED
COMMISSIONER

ISSUED TO:

ALLSTATE RESOURCE MANAGEMENT, INC.
WEINSIER, STEVEN
6900 SW 21ST CT STE 9
DAVIE, FL 33317-7163

THIS CERTIFICATE EXPIRES: 01/30/2023

FEE PAID: \$35.00

REGISTRATION NO.: 48006694

DATE ISSUED: 12/17/2021

THIS IS TO CERTIFY that the nursery stock on the premises of the nursery shown hereon has been inspected for plant pests and meets at least the minimum requirements of Section 581.131, Florida Statutes.

THIS CERTIFICATE OF REGISTRATION MUST BE DISPLAYED or in the immediate possession of any person engaged in the sale or distribution of nursery stock.

A handwritten signature in cursive script that reads "nicole fried".

FDACS-08002 Revised 05/05

NICOLE "NIKKI" FRIED
Commissioner of Agriculture