

**SECTION IV - REQUIRED DOCUMENTS**

**Proposal Requirements Checklist**

Proposer has completed the required documents listed in the checklist below. The required documents shall be executed, notarized (if applicable), and submitted as a condition to this Request for Proposals.

Proposer shall electronically submit all required documents and any other pertinent information electronically through the eBid System.

| Required Documents   | Yes                                 | No                       |
|--|-------------------------------------|--------------------------|
| Proposer Information   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Proposal Confirmation  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Indemnification Clause   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Non-Collusive Affidavit  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Proposer's Qualification Statement   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Drug-Free Workplace Form   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sworn Statement on Public Entity Crimes  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Exceptions to the RFP  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Operational Plan – Scope of Services Proposed <i>N/A</i>   | <input type="checkbox"/>            | <input type="checkbox"/> |
| Submitted Pricing through the eBid System "Line Items" Tab   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Proposal:<br>(1) Qualifications and Experience<br>(2) Resources and Availability<br>(3) References | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Company's <a href="http://www.Sunbiz.org">www.Sunbiz.org</a> Record                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Certificate of Insurance   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Business Tax Receipt   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Copies of Valid Licenses   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| eVerify Form   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

CITY OF COCONUT CREEK  
 HVAC SERVICES  
 RFP NO. 02-23-22-10

SCHEDULE OF PROPOSAL PRICES

**PROPOSER SHALL SUBMIT PRICES ELECTRONICALLY THROUGH THE EBID SYSTEM "LINE ITEMS" TAB**

**WWW.COCONUTCREEK.NET/FIN/PROCUREMENT**

| LINE ITEM | CERTIFIED HVAC TECHNICIAN WITH EPA REFRIGERANT CERTIFICATION | PER HOUR |
|-----------|--|----------|
| 1         | HOURLY RATE (during normal operating hours)                  | \$ 82    |
| 2         | HOURLY RATE (outside of normal operating hours)              | \$ 120   |

| LINE ITEM | APPRENTICE / HELPER                             | PER HOUR |
|-----------|---|----------|
| 3         | HOURLY RATE (during normal operating hours)     | \$ 70    |
| 4         | HOURLY RATE (outside of normal operating hours) | \$ 95    |

| LINE ITEM | PARTS / NEW UNITS  | PERCENTAGE |
|-----------|--|------------|
| 5         | Parts/new units shall be billed at wholesale cost plus a percentage mark-up. Provide the percentage mark-up. Not to exceed 10%<br><br><b>Note:</b> Vendor shall submit manufacturer's price sheet when submitting invoice. | % 10       |

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**PAYMENT METHODS**

**VISA PURCHASING CARD** (reference informational flyer on following page):

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, and 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 the bid. Vendors are not to add notations such as "+3% service fee" in their bid response. All bid 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.

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PROPOSER INFORMATION

Communications concerning this proposal shall be addressed to:

Company Name: Master Mechanical Services, Inc  
 Social Security/Federal Tax I.D. No.: 65-0460474  
 Proposer's Name (Print): JoAnn Pinna Title: President  
 Address: 15181 NW 33 Pl.  
Miami, FL 33054  
 City/State/Zip: Miami, FL 33054  
 Phone: 305-825-3004 Fax: 305-825-1607  
 Email: info@mastermechanicalservices.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.

JoAnn Pinna  
Proposer's Authorized Signature

2/21/22  
Date

JoAnn Pinna  
Proposer's Printed Name



PROPOSAL CONFIRMATION

In accordance with the requirements to provide HVAC Services pursuant to RFP 02-23-22-10, 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 HVAC Services, RFP No. 02-23-22-10 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.

JoAnn Pinna
Proposer's Name

[Signature]
Signature

2/21/22
Date

State of: Florida

County of: Miami-Dade

The foregoing instrument was acknowledged before me this 21 day of February, 2022, by JoAnn Pinna, 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

Stephanie Pinero
Notary Name, Printed, Typed or Stamped



STEPHANIE PINERO
Commission # HH 078505
Expires February 5, 2025
Bonded Thru Budget Notary Services

Commission Number: HH 078505

My Commission Expires: 2/5/25

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. This section shall not be construed as consent to be sued by any third parties in any matter arising out of this Agreement. The foregoing indemnification and release shall survive the termination of this Agreement.

Master Mechanical \_\_\_\_\_ Signature \_\_\_\_\_ Date 2/21/22  
Contractor's Name Services, Inc.

State of: Florida  
County of: Miami-Dade

The foregoing instrument was acknowledged before me this 21 day of February 2022, by JoAnn Pinna, who is (who are) personally known to me or who has produced \_\_\_\_\_ as identification and who did (did not) take an oath.

Notary Public Signature \_\_\_\_\_



STEPHANIE PINERO  
Commission # HH 078505  
Expires February 5, 2025  
Bonded Thru Budget Notary Services

Notary Name, Printed, Typed or Stamped  
Stephanie Pinero

Commission Number: HH 078505  
My Commission Expires: 2/5/25

NON-COLLUSIVE AFFIDAVIT

State of Florida )  
County of Miami-Dade )ss.

JoAnn Pinna being first duly sworn, deposes and says that:

- (1) He/she is the Owner/President  
(Owner, Partner, Officer, Representative or Agent)  
of Master Mechanical Services, Inc 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:

[Handwritten Signature]  
[Handwritten Signature]

By: [Handwritten Signature]  
JoAnn Pinna  
(Printed Name)  
President  
(Title)

ACKNOWLEDGEMENT

State of Florida  
County of Miami-Dade

The foregoing instrument was acknowledged before me this 21 day of February 2022,  
by JoAnn Pinna, 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

[Handwritten 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  
Procurement Division  
4800 West Copans Road  
Coconut Creek, FL 33063

Submitted By: Master Mechanical Services, Inc  
Name: JoAnn Pinna  
Address: 15181 NW 33 Pl.  
City, State, Zip: Miami, FL 33054  
Telephone No. 305-825-3004  
Fax No. 305-825-1607

- Check One  
 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: Master Mechanical Services, Inc.  
The address of the principal place of business is: 15181 NW 33 Pl.  
Miami, FL 33054

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

- a. Date of Incorporation: January 1994
- b. State of Incorporation: Florida
- c. President's Name: JoAnn Pinna
- d. Vice President's Name: William Pinna
- e. Secretary's Name: Sean Pinna
- f. Treasurer's Name: Tina Pinna-Flowers
- g. Name and Address of Resident Agent: JoAnn Pinna

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

- a. Date of Organization: N/A
- 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.

6. How many years has your organization been in business under its present business name? 28 years

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

M.M. & I Services, Inc

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.

Cmc 057200- William S. Flowers

8. Litigation/Judgments/Settlements/Debarments/Suspensions: Submit information on any pending litigation and any judgments and settlements of court cases relative to providing HVAC 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.

N/A

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

N/A

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

Resumes Follow

11. State the name of the individual(s) and titles who will personally supervise the work:  
Sean Pinna & William Flowers (owners)

12. State the name and address of the attorney, if any, for the business of the Proposer:  
N/A

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:  
JoAnn Pinna (51%) - 49 NE 158 St Miami, FL 33162  
William Pinna (19%) - "  
Sean Pinna (10%) - 18241 NW 85 Ave Miami FL 33015  
Tina Pinna-Flowers (10%) - 15220 S. River Dr Miami FL 33169  
William Flowers (10%) - "

14. State the names, addresses and the type of business of all firms that are partially or wholly owned by Proposer:  
Robin Hoods of Miami - 15181 NW 33 Pl. Miami, FL 33054  
Combined Resources - "

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> |
|------------------------|-----------------------------|-----------------------------|--------------------------------------|--------------------------------|
| <del>#</del>           | <u>attached (following)</u> |                             |                                      |                                |

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

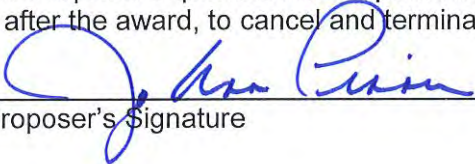
17. Do you have a complete set of documents, including drawings and addenda, if applicable?  
Yes  No  N/A

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

20. Bank References:

| Bank  | Address/City/State/Zip | Telephone    |
|---|------------------------|--------------|
| FSU CU  | Tallahassee, FL        | 850/309-8812 |
| Grant Abbott, VP of Lending? Admin<br>gabbott@fsucw.org |                        |              |

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

2/21/22  
Date

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ACKNOWLEDGEMENT  
PROPOSER'S QUALIFICATION STATEMENT

State of Florida

County of Miami Dade

On this the 21 day of February, 2022, before me, the undersigned Notary Public of the State of Florida, Personally appeared

JoAnn Pinna 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.

NOTARY PUBLIC

SEAL OF OFFICE:



STEPHANIE PINERO  
Commission # HH 078505  
Expires February 5, 2025  
Bonded Thru Budget Notary Services

Stephanie Pinero

NOTARY PUBLIC, STATE OF FLORIDA

Stephanie Pinero

(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 Section 287.087, Florida Statutes as may be amended from time to time, hereby certifies that Master Mechanical Services, Inc. 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

Master Mechanical Services, Inc.  
Company Name

2/21/22  
Date



Total Compliance Network, Inc.

Drug Free Workplace Programs

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

March 9, 2011

To Whom it May Concern:

Total Compliance Network implemented a State of Florida Drug Free Workplace Program for the company listed below. TCN also provided the below-indicated services. If you have any questions, please feel free to contact me at my office, (800) 881-4826.

Company Name: **MASTER MECHANICAL SERVICES, INC.**  
Address: **15181 NW 33RD PLACE**  
**MIAMI, FL 33054**  
Telephone #: **(305) 825-3004**  
Contact Person: **Tina P Flowers**

Date TCN Implemented program with the above contact person: March 2011

TCN provided the above-named company with a Compliance Manual which includes:

1. An Employee handbook containing company policy and all necessary information (i.e., Information on where to seek help, medications that affect the outcome of a drug test, etc.).
2. Initial 60-day Drug Free Workplace notification.
3. Employee agreement forms, including company disciplinary action.
4. A Supervisor's handbook.
5. Information to post in conspicuous locations (signs, posters).
6. Additional forms and agreements (rehabilitation, notification of positive test results, etc.).

TCN has also set up a drug screen collection site, AHCA or NIDA certified testing laboratory, on-staff Medical Review Officer, results reporting (telephone and hard copy) and billing.

TCN has instructed the above-named contact person on the following procedures:

1. Distribution of 60-day Drug Free Workplace notification.
2. Conducting the Employee meeting including distribution of Employee handbook, educational material and collection of signed paperwork.
3. Drug testing requirements and procedures for testing:
  - a. Job Applicants
  - b. Post-accident
  - c. Reasonable suspicion
  - d. Return-to-work.
  - e. Random (if applicable).
  - f. Routine fitness-for-duty.

TCN will also continue to act as a consultant for any questions regarding this program, but will not be held responsible for any company's negligence or inability to perform the State of Florida Drug Free Workplace requirements using TCN or TCN materials.

Total Compliance Network Representative  
Nick Mirowsky

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. 02-23-22-10 for HVAC Services.
2. This sworn statement is submitted by JoAnn Pinna with Master Mechanical Services, Inc (name of entity submitting sworn statement) whose business address is 15181 NW 33 Pl., Miami FL 33054 and (if applicable) its Federal Employer Identification Number (FEIN) is 65-0460474. (If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: \_\_\_\_\_.)
3. My name is JoAnn Pinna and my  
(Please print name of individual signing)  
relationship to the entity named above is 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.

JoAnn Pinna  
Proposer's Name

[Signature]  
Signature

Date: 2/21/22

State of: Florida

County of: Miami-Dade

The foregoing instrument was acknowledged before me this 21 day of February, 2022, by JoAnn Pinna, 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  
Stephanie Pinero  
Notary Name, Printed, Typed or Stamped



STEPHANIE PINERO  
Commission # HH 078505  
Expires February 5, 2025  
Bonded Thru Budget Notary Services

Commission Number: HH 078505

My Commission Expires: 2/5/25

EXCEPTIONS TO THE RFP

**NOTE:** Proposals that are exceptions to that which are specified and outlined below. (Additional sheets may be attached.) However, all alterations or omissions of required information or any change in proposal requirements is done at the risk of the Proposer presenting the proposal and may result in the rejection thereof.

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N/A

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

I, JoAnn Pinna, on behalf of Master Mechanical Services, Inc  
Print Name Company Name

certifies that Master Mechanical Services, Inc 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.

JoAnn Pinna  
Signature

President  
Title

305-825-3004  
Phone

2/21/22  
Date



## **Firm's Qualifications**

Master Mechanical Services, Inc is a family owned company with over 40 years of business in South Florida. We are a state licensed Mechanical Contractor, State Licensed Plumbing Contractor and state licensed General Contractor.

Resumes of all key personnel follow.

# JoAnn Pinna

49 NE 158 Street  
Miami, FL 33169  
305/945-4237

E mail: [jpinna@mastermechanicalservices.com](mailto:jpinna@mastermechanicalservices.com)

**EDUCATION:** **Broward Community College:** Miami, Florida, 1976-1978  
Legal Secretary Degree

**United States Navy Yeoman Class A School:** Bainbridge, MD, 1970-1971

**Carol City High School:** Miami, Florida  
Graduation Date: June 1970

## WORK EXPERIENCE:

1994 – **Master Mechanical Services, Inc.:** Miami, Florida  
Present *President.* Accounts receivable, accounts payable, customer relations, collections, contracts, day to day operations of HVAC small business.

1980 – **M.M. & I, Services, Inc.:** Miami, Florida  
May, 1994 *Vice President.* Accounts receivable, accounts payable, customer relations, collections, contracts, day to day operations of HVAC small business.

1977 – **Rubin & Friedman Law Office.:** Miami, Florida  
1980 *Legal Secretary.* Filing of business Articles of Incorporation, clerical duties, scheduling of lawyers.

## LICENSES/CERTIFICATIONS:

1980- State of Florida Notary Public  
Present

## COMPUTER SKILLS:

Knowledge of Windows 95, Microsoft Word, Peachtree Accounting.

# William Pinna

49 NE 158 Street  
Miami, FL 33169  
305/945-4237

E mail: bpinna@mastermechanicalservices.com

**EDUCATION:**     **Union Pipefitter Apprenticeship Program:** Miami, FL  
Graduation Date: June 1973

**Carol City High School:** Miami, Florida  
Graduation Date: June 1969

## WORK EXPERIENCE:

1994 –             **Master Mechanical Services, Inc.:** Miami, Florida  
Present            *Vice President.* Supervise 16 employees from pre-apprentice to  
                          journeymen in service, repair and installation of HVAC. Design and  
                          build mechanical systems.

1980 –             **M.M. & I, Services, Inc.:** Miami, Florida  
May, 1994         *President.* Field work in the HVAC system, repair of residential and  
                          commercial systems including refrigeration.

1976 –             **Stolpman Plumbing & A/C:** Miami, Florida  
1980                *A/C Technician.* Supervisor of air conditioning division.

1973 -             **Sherba Brothers:** Miami, FL  
1976                *A/C Technician.* Servicing residential and commercial accounts.

1969 -             **Dublin Mechanical Contractors:** Miami, FL  
1973                *Apprentice.* Obtaining basic knowledge in the HVAC trade as an  
                          apprentice.

## ACTIVITIES & HONORS:

Eagle Scout  
Order of the Arrow

# Sean Pinna

18241 NW 85 Avenue  
Miami, FL 33015  
305/558-1250

E mail: spinna@mastermechanicalservices.com

**EDUCATION:**  
**Miami-Dade Community College:** Emergency Medical Technician  
Graduation Date: August 2003  
**Miami-Dade Community College:** Miami, Florida  
Building Code/Fire Safety/Mechanical Code  
Graduation Date: February 22, 2002  
**Miami-Dade Community College:** Miami, Florida, 1990-1992  
**American Senior High School:** Miami, Florida  
Graduation Date: June 1990

## WORK EXPERIENCE:

January 2004 - Present **JEM Engineering:** Miami, Florida  
*Field Mechanical Inspector/Plans Reviewer.* Private provider and Village of Pinecrest

January 2008- Present **City Of Doral,** Doral ,Florida  
*Field Mechanical Inspector/Plans Reviewer*

January 2004 – Present **Master Mechanical Services, Inc.:** Miami, Florida  
*Vice President of Operations.* Oversee journeymen and mechanic helpers in service repair and installation of HVAC, process plans and oversee inspections.

May, 2001 – January 2004 **City of Miami Beach:** Miami Beach, Florida  
*Senior Mechanical Inspector.* Process permit applications, review building plans for code compliance, perform field inspections of projects for code compliance. Project scopes include hi-rise multifamily, hi-rise business, single family, and hospitals.

1990 – May, 2001 **Master Mechanical Services, Inc.:** Miami, Florida  
*Service Manager/Mechanic Supervisor.* Oversee journeymen and mechanic helpers in service repair and installation of HVAC, process plans and oversee inspections.

## LICENSES/CERTIFICATIONS:

2002 Miami Dade County Board of Rules and Appeals Mech. Inspector/Mech. Plans Examiner  
1994 State of Florida Certified Mechanical Contractor, CMC 056729

## ACTIVITIES & HONORS:

Eagle Scout/Order of the Arrow

## COMPUTER SKILLS:

Knowledge of Windows XP, Microsoft Word, Excel, Power Point

## REFERENCES:

Chief George Taylor, *City of Doral*, 305/593-6375  
Jesse Baez, *JEM Engineering*, 786/286-2500

# William Flowers

15220 S River Dr.  
Miami, FL 33169  
305/769-9243

## EDUCATION:

**Trane Company:** Miami, Florida  
Continuing Education  
Graduation Date: June 2000

**Carrier Company:** Miami, Florida  
Continuing Education  
Graduation Date: June 1999

**The Florida State University:** Tallahassee, Florida  
Bachelor of Arts in Economics  
Graduation Date: December 1995

**Miami-Dade Community College:** Miami, Florida, 1990-1994

**Northwest Christian Academy:** Miami, Florida  
Graduation Date: June 1990

## WORK EXPERIENCE:

1998 – Present      **Master Mechanical Services, Inc.:** Miami, Florida  
*Personnel Director.* Directing apprentices in the servicing and repair of HVAC systems, installation of new HVAC equipment, supervising new construction jobs. Maintaining job sites with necessary materials and tools.

1994 – 1998      **Publix Supermarkets.:** Tallahassee, Florida  
*Stock Clerk/Cashier.* Worked as a full time stock clerk and cashier. Ordered all sections of the store via scanner, maintained proper levels of inventory. Team leader/key person on POG team - worked as a roving stock clerk to all Publix's in Leon County and rearranged displays/aisles as per diagram.

## LICENSES/CERTIFICATIONS:

July 2004      State of Florida Certified Plumbing Contractor, CFC 1426279

June 2000      State of Florida Certified Mechanical Contractor, CMC 057200

December 1998      Broward County Mechanical Journeyman

## COMPUTER SKILLS:

Knowledge of Windows 95, Microsoft Word, Internet savvy



# Tina Marie Pinna-Flowers

15220 S River Dr  
Miami, FL 33169  
305/825-3004 (work)  
305/769-9243

Email: [tpinna@mastermechanicalservices.com](mailto:tpinna@mastermechanicalservices.com)

**EDUCATION:** Bachelor of Science in Finance and Entrepreneurship/Small Business Management  
**The Florida State University:** Tallahassee, Florida  
Graduation Date: May 1998, Summa Cum Laude

## WORK EXPERIENCE:

- May 1998 – Present      **Master Mechanical Services, Inc.:** Miami, Florida  
*Comptroller.* Establish and maintain computer accounting system, create invoice forms and customer and vendor databases, close fiscal year records, accounts payable, accounts receivable, and purchasing.
- January 1998 – April 1998      **Florida North Shore Technology Center.:** Tallahassee, Florida  
*Research Management Intern.* Assist in the research and writing of business plans for new and existing businesses.
- October 1995 – December 1997      **Margaret Lynn Duggar & Associates.:** Tallahassee, Florida  
*Staff Assistant.* All aspects of association management; maintained membership databases of up to 750 records, layout and design of monthly newsletters and other printed materials, accounts receivable, organized conference workshops and registration for up to 1,000 attendees, trained conference volunteers, developed annual association budget.

## LICENSES/CERTIFICATIONS:

June 2002      State of Florida Certified General Building Contractor, CGC 1506699

## ACTIVITIES & HONORS:

Betta Gamma Sigma  
Golden Key National Honor Society  
Florida Academic Scholar  
Florida State University Dean's List (1994-1998)  
Florida State Water Polo Club  
Summa Cum Laude  
Nations Bank Scholarship recipient  
Phi Eta Sigma  
Robert C. Byrd Scholarship recipient

## **Resources and Availability**

Master Mechanical's company headquarters are located in a 7500 sq ft facility near the Miami-Dade and Broward County line. Currently we have 15 GPS tracked vehicles and 20 service personnel ranging from 20+ years to 2 year apprentices. All trucks are stocked with most parts needed for emergency repairs.

Master Mechanical is trained and certified to service and install all brands of HVAC equipment.

Master Mechanical owns trucks and trailers necessary to move equipment. The company owns a scissor lift and Bobcat as well. Our facility is large enough to store equipment.

**Experience with Governmental Entities**

|                               |              |
|-------------------------------|--------------|
| Monroe County Public Works    | 2006-Current |
| City of Miami                 | 2002-Current |
| City of Miami Beach           | 2006-Current |
| Town of Davie                 | 2010-Current |
| Monroe County School Board    | 2012-Current |
| Dade County School Board      | 2012-Current |
| City of Miami Fire Department | 2014-Current |



# Master Mechanical Services, Inc.

CMC 056729  
CMC057200  
15181 NW 33 Pl  
Miami, FL 33054

Tel.: 305/825-3004  
Fax: 305/825-1607

## Client References

Miami Dade College  
11011 SW 104 Street  
Miami, FL 33176  
Contact: Bill Fehl  
Email: [wfehl@mdc.edu](mailto:wfehl@mdc.edu)  
Phone: 305/219-2259

Monroe County  
1100 Simonton St  
Key West, FL  
Contact: Robert Glassmer  
Email: [Glassmer-Robert@MonroeCounty-FL.Gov](mailto:Glassmer-Robert@MonroeCounty-FL.Gov)  
Phone: 305/797-1466

City of Coconut Creek  
4800 West Copans Road  
Coconut Creek, FL 33063  
Contact: Sal Magliarisi  
Email: [SMagliarisi@coconutcreek.net](mailto:SMagliarisi@coconutcreek.net)  
Phone: 954/973-6730

City of Miami Beach  
1245 Michigan Ave  
Miami Beach, FL 33139  
Contact: Orlando DeISol  
Email: [OrlandoDeISol@miamibeachfl.gov](mailto:OrlandoDeISol@miamibeachfl.gov)  
Phone: 305/673-7000 x7631

Monroe County School Board  
241 Trumbo Road  
Key West, FL 33040  
Contact: Jeff Barrow  
Email: [Jeff.Barrow@KeysSchools.com](mailto:Jeff.Barrow@KeysSchools.com)  
Phone: 305/293-1400



## **Master Mechanical Services, Inc.**

CMC 056729  
CMC057200  
15181 NW 33 Pl  
Miami, FL 33054

Tel.: 305/825-3004  
Fax: 305/825-1607

### **Recently Completed Projects 1/31/22**

City of Miami Beach  
North Shore Youth Center  
Completed Project January 2022  
PO Amount \$118,333.95

City of Miami Beach  
Water Station #1  
Completed Project January 2022  
Contract Amount \$12976

Monroe County Public Works  
Roth Building  
Completed Project July 2021  
Contract Amount \$11827

Monroe County School Board  
Marathon High School  
Completed Project August 2021  
PO Amount \$136,452

City of Dania Beach  
Frost Park  
Completed Project September 2021  
Contract Amount \$16970

City of Ft Lauderdale  
Peele Dixie Water Plant  
Completed Project December 2021  
Contract amount \$17712



# *State of Florida*

## *Department of State*

I certify from the records of this office that MASTER MECHANICAL SERVICES, INC. is a corporation organized under the laws of the State of Florida, filed on January 11, 1994.

The document number of this corporation is P94000002666.

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 February 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 February,  
2022*

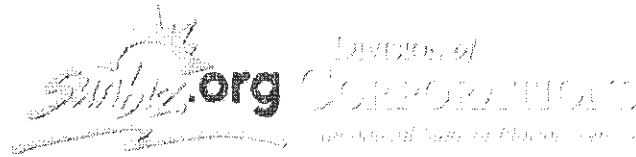


*Randy Be*  
**Secretary of State**

Tracking Number: 4995363179CC

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

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



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

## Detail by Entity Name

Florida Profit Corporation  
 MASTER MECHANICAL SERVICES, INC.

### Filing Information

|                         |               |
|-------------------------|---------------|
| <b>Document Number</b>  | P94000002666  |
| <b>FEI/EIN Number</b>   | 65-0460474    |
| <b>Date Filed</b>       | 01/11/1994    |
| <b>State</b>            | FL            |
| <b>Status</b>           | ACTIVE        |
| <b>Last Event</b>       | REINSTATEMENT |
| <b>Event Date Filed</b> | 11/09/1995    |

### Principal Address

15181 NW 33 PL  
 MIAMI, FL 33054

Changed: 12/12/2008

### Mailing Address

15181 NW 33 PL  
 MIAMI, FL 33054

Changed: 12/12/2008

### Registered Agent Name & Address

PINNA, JOANN  
 49 NE 158 ST  
 MIAMI, FL 33169

Address Changed: 02/22/1999

### Officer/Director Detail

#### **Name & Address**

Title P

PINNA, JOANN  
 49 NE 158TH ST.  
 MIAMI, FL 33162

Title VPD

PINNA, WILLIAM  
49 NE 158 ST.  
MIAMI, FL 33162

Title TREASURER

PINNA, SEAN C  
18241 NW 85 AVE.  
MIAMI, FL 33015

Title SECRETARY

FLOWERS, WILLIAM S  
15220 S RIVER DR  
MIAMI, FL 33169

Title D

PINNA-FLOWERS, TINA M  
15220 S RIVER DRIVE  
MIAMI, FL 33169

**Annual Reports**

| <b>Report Year</b> | <b>Filed Date</b> |
|--------------------|-------------------|
| 2020               | 01/02/2020        |
| 2021               | 01/12/2021        |
| 2022               | 02/11/2022        |

**Document Images**

|   |  |
|---|--|
| <a href="#">02/11/2022 -- ANNUAL REPORT</a>         | <a href="#">View image in PDF format</a> |
| <a href="#">01/12/2021 -- ANNUAL REPORT</a>         | <a href="#">View image in PDF format</a> |
| <a href="#">01/02/2020 -- ANNUAL REPORT</a>         | <a href="#">View image in PDF format</a> |
| <a href="#">04/08/2019 -- ANNUAL REPORT</a>         | <a href="#">View image in PDF format</a> |
| <a href="#">01/09/2018 -- ANNUAL REPORT</a>         | <a href="#">View image in PDF format</a> |
| <a href="#">01/09/2017 -- ANNUAL REPORT</a>         | <a href="#">View image in PDF format</a> |
| <a href="#">01/08/2016 -- ANNUAL REPORT</a>         | <a href="#">View image in PDF format</a> |
| <a href="#">01/27/2015 -- ANNUAL REPORT</a>         | <a href="#">View image in PDF format</a> |
| <a href="#">04/02/2014 -- AMENDED ANNUAL REPORT</a> | <a href="#">View image in PDF format</a> |
| <a href="#">01/08/2014 -- ANNUAL REPORT</a>         | <a href="#">View image in PDF format</a> |
| <a href="#">01/16/2013 -- ANNUAL REPORT</a>         | <a href="#">View image in PDF format</a> |
| <a href="#">01/16/2012 -- ANNUAL REPORT</a>         | <a href="#">View image in PDF format</a> |
| <a href="#">02/17/2011 -- ANNUAL REPORT</a>         | <a href="#">View image in PDF format</a> |
| <a href="#">01/08/2010 -- ANNUAL REPORT</a>         | <a href="#">View image in PDF format</a> |
| <a href="#">01/09/2009 -- ANNUAL REPORT</a>         | <a href="#">View image in PDF format</a> |
| <a href="#">01/05/2008 -- ANNUAL REPORT</a>         | <a href="#">View image in PDF format</a> |
| <a href="#">01/04/2007 -- ANNUAL REPORT</a>         | <a href="#">View image in PDF format</a> |
| <a href="#">01/10/2006 -- ANNUAL REPORT</a>         | <a href="#">View image in PDF format</a> |

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[08/13/1996 -- ANNUAL REPORT](#)

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**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000002666

Entity Name: MASTER MECHANICAL SERVICES, INC.

**Current Principal Place of Business:**

15181 NW 33 PL  
MIAMI, FL 33054

**Current Mailing Address:**

15181 NW 33 PL  
MIAMI, FL 33054

FEI Number: 65-0460474

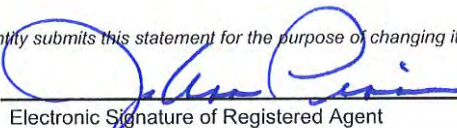
Certificate of Status Desired: Yes

**Name and Address of Current Registered Agent:**

PINNA, JOANN  
49 NE 158 ST  
MIAMI, FL 33169 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE:



Electronic Signature of Registered Agent

2/21/22

Date

**Officer/Director Detail :**

Title P  
Name PINNA, JOANN  
Address 49 NE 158TH ST.  
City-State-Zip: MIAMI FL 33162

Title VPD  
Name PINNA, WILLIAM  
Address 49 NE 158 ST.  
City-State-Zip: MIAMI FL 33162

Title TREASURER  
Name PINNA, SEAN C  
Address 18241 NW 85 AVE.  
City-State-Zip: MIAMI FL 33015

Title SECRETARY  
Name FLOWERS, WILLIAM S  
Address 15220 S RIVER DR  
City-State-Zip: MIAMI FL 33169

Title D  
Name PINNA-FLOWERS, TINA M  
Address 15220 S RIVER DRIVE  
City-State-Zip: MIAMI FL 33169

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: JOANN PINNA

PRESIDENT

02/11/2022

Electronic Signature of Signing Officer/Director Detail

Date





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/29/2021

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

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

|   |  |                |        |
|---|--|----------------|--------|
| PRODUCER<br>RSC Insurance Brokerage, Inc.<br>3350 S Dixie Hwy<br>Miami FL 33133 | CONTACT NAME:  |                |        |
|   | PHONE (A/C, No, Ext): (305) 446-2271                 | FAX (A/C, No): |        |
|   | E-MAIL ADDRESS: MIA-certificates@risk-strategies.com |                |        |
|   | INSURER(S) AFFORDING COVERAGE                        |                | NAIC # |
|   | INSURER A: National Trust Insurance Co               |                | 20141  |
|   | INSURER B: FCCI Insurance Co                         |                | 10178  |
|   | INSURER C: National Union Fire Ins Co                |                | 19445  |
|   | INSURER D: FCCI Insurance Co                         |                | 10178  |
|   | INSURER E: Federal Insurance Company                 |                | 20281  |
|   | INSURER F:   |                |        |

## COVERAGES

CERTIFICATE NUMBER: CL2132902745

REVISION NUMBER:

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

| INSR LTR | TYPE OF INSURANCE   | ADDL INSD | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|-----------|----------|----------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC<br>OTHER: |           | X        | GL100041840-03 | 3/31/2021               | 3/31/2022               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| B        | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS  |           |          | CA10006826900  | 3/31/2021               | 3/31/2022               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |
| C        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$  |           |          | BE 060740597   | 3/31/2021               | 3/31/2022               | EACH OCCURRENCE \$ 1,000,000<br>AGGREGATE \$ 1,000,000  |
| D        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      | WC010006785401 | 3/31/2021               | 3/31/2022               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                 |
| E        | Leased/Rented Equipment   |           |          | 0664-21-83-ECE | 3/31/2021               | 3/31/2022               | Limit \$100,000<br>Deductible \$1,000   |

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

The Certificate Holder is Additional Insured with respects to General Liability per form attached.

## CERTIFICATE HOLDER

## CANCELLATION

|   |  |
|---|--|
| City of Coconut Creek<br>4800 West Copans Road<br>Coconut Creek, FL 33063 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|   | AUTHORIZED REPRESENTATIVE<br>RSC Ins. Brokerage/M <i>RSC Insurance Brokerage, Inc.</i>   |

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003427

# Local Business Tax Receipt

Miami-Dade County, State of Florida  
-THIS IS NOT A BILL - DO NOT PAY



4549821

**BUSINESS NAME/LOCATION**  
MASTER MECHANICAL SERVICES INC  
15181 NW 33RD PL  
MIAMI GARDENS FL 33054

**RECEIPT NO.**  
RENEWAL  
4749843

**EXPIRES**  
**SEPTEMBER 30, 2022**  
Must be displayed at place of business  
Pursuant to County Code  
Chapter 8A - Art. 9 & 10



**OWNER:**  
MASTER MECHANICAL SERVICES INC  
WILLIAMS S FLOWERS QUALIFIER

**SEC. TYPE OF BUSINESS**  
190 GENERAL MECHANICAL CONTRACTOR  
CMC057200

**PAYMENT RECEIVED**  
**BY TAX COLLECTOR**  
\$45.00 07/21/2021  
INT-21-349279

**Worker(s)** 4

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

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

For more information, visit [www.miamidade.gov/taxcollector](http://www.miamidade.gov/taxcollector)



Ron DeSantis, Governor

Halsey Beshears, Secretary



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE MECHANICAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES



**FLOWERS, WILLIAM SHAWN**

MASTER MECHANICAL SERVICES INC  
15181 NW 33 PLACE  
MIAMI FL 33054

LICENSE NUMBER: CMC057200

EXPIRATION DATE: AUGUST 31, 2022

Always verify licenses online at MyFloridaLicense.com

Do not alter this document in any form.

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E-VERIFY FORM

|               |                     |
|---------------|---------------------|
| Project Name: | HVAC SERVICES       |
| Project No.:  | RFP NO. 02-23-22-10 |

|                 |  |
|-----------------|--|
| 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 | <p>Company Name: <i>Master Mechanical Services, Inc</i></p> <p>Authorized Signature: <i>[Signature]</i></p> <p>Print Name: <i>JoAnn Pinna</i></p> <p>Title: <i>President</i></p> <p>Date: <i>2/2/22</i></p> <p>Phone: <i>305-825-3004</i></p> <p>Email: <i>info@mastermechanicalservices.com</i></p> <p>Website: <i>mastermechanicalservices.com</i></p> |
|-----------------------------|--|



# The School Board of Miami-Dade County, Florida

Certificate of Contractor Prequalification  
issued to

**MASTER MECHANICAL SERVICES, INC.**

*You are hereby prequalified to submit bids for Miami-Dade County Public Schools projects in accordance with the following dates and bid limits:*

|                         |                            |
|-------------------------|----------------------------|
| <u>01/25/2021</u>       | <u>01/25/2022</u>          |
| <i>Effective Date</i>   | <i>Expiration Date</i>     |
| <u>\$1,200,000.00</u>   | <u>\$6,000,000.00</u>      |
| <i>Single Bid Limit</i> | <i>Aggregate Bid Limit</i> |

**MECHANICAL CONTRACTOR: CMC057200**

*Type of Work*

A handwritten signature in cursive script, appearing to read "Jennifer D. Andreu".

**Jennifer D. Andreu**  
**Assistant Superintendent, Equity & Diversity**



# PREQUALIFIED CONTRACTOR

This certificate is awarded to

MASTER MECHANICAL SERVICES, INC.

In acknowledgement of being selected as a Prequalified Contractor per RFP 514 from February 12, 2013 to February 12, 2014

Maximum Project Value \$1,200,000.00

Board Approved Work to be Performed: General, Plumbing, Mechanical Contractor-Mechanical

MONROE COUNTY SCHOOL DISTRICT



Signature *James R. [unclear]*

Date 2/15/13

# WBENC

WOMEN'S BUSINESS ENTERPRISE  
NATIONAL COUNCIL

JOIN FORCES. SUCCEED TOGETHER.

hereby grants

# National Women's Business Enterprise Certification

to

Master Mechanical Services, Inc.

who has successfully met WBENC's standards as a Women's Business Enterprise (WBE).  
This certification affirms the business is woman-owned, operated and controlled and is valid through the date herein.

Certification Granted: February 18, 2014

Expiration Date: February 18, 2022

WBENC National Certification Number: 2005124029

WBENC National WBE Certification was processed and validated by Women's Business Enterprise Council Florida, a WBENC Regional Partner Organization.

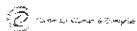


WBENC FLORIDA  
WOMEN'S BUSINESS ENTERPRISE COUNCIL

Authorized by Nancy Allen, President & CEO  
Women's Business Enterprise Council Florida

NAICS: 238220, 236220, 238290, 811310

UNSPSC: 24130000, 40101701, 40101717, 40151721, 70142011, 72101511, 72151200, 72151201, 72151202, 72151204, 72151206, 72151207



Great Lakes  
Women's  
Business  
Council



WBENC EAST  
WOMEN'S BUSINESS ENTERPRISE COUNCIL

WBENC ORV  
WOMEN'S BUSINESS ENTERPRISE COUNCIL

WBENC PACIFIC  
WOMEN'S BUSINESS ENTERPRISE COUNCIL

WBENC SOUTH  
WOMEN'S BUSINESS ENTERPRISE COUNCIL

WBENC WEST  
WOMEN'S BUSINESS ENTERPRISE COUNCIL

