

**RESOLUTION NO. 2025-015**

**A RESOLUTION OF THE TOWN COUNCIL OF THE TOWN OF SOUTHWEST RANCHES, FLORIDA, ACCEPTING THE BID RECOMMENDATION FOR IFB 25-02 FROM PREMIER AIR CONDITIONING AND REFRIGERATION, INC. IN THE AMOUNT OF TWENTY NINE THOUSAND FIVE HUNDRED FIFTY TWO DOLLARS AND ZERO CENTS (\$29,552.00) TO FURNISH AND TO INSTALL THREE (3) HVAC UNITS FOR SOUTHWEST RANCHES VOLUNTEER FIRE DEPARTMENT MODULAR AT 17220 GRIFFIN ROAD; APPROVING A BUDGET AMENDMENT TO THE FISCAL YEAR 2024-2025 TOWN BUDGET; AUTHORIZING THE TOWN ADMINISTRATOR TO EXECUTE THE PURCHASE ORDER; AND PROVIDING AN EFFECTIVE DATE.**

**WHEREAS**, the Town desires to replace three (3) BARD wall-mounted HVAC units for the Southwest Ranches Volunteer Fire Department modular at 17220 Griffin Road; and

**WHEREAS**, the Town advertised an Invitation for Bids IFB 25-02 on September 18, 2024; and

**WHEREAS**, on October 2, 2024, the Town received four (4) responsive bids; and

**WHEREAS**, after reviewing the bids, it was determined that Premier Air Conditioning and Refrigeration, Inc. was the lowest responsible and responsive bidder in accordance with the terms of this IFB and the Town's Procurement Code; and

**WHEREAS**, Premier Air Conditioning and Refrigeration, Inc. bid totals twenty-nine thousand five hundred fifty-two dollars and zero cents (\$29,552.00); and

**WHEREAS**, the Town budgeted Twenty-Seven Thousand Dollars (\$27,000.00) for this project;

**WHEREAS**, a budget amendment in the amount of \$2,552.00 utilizing unassigned Fund balance (Reserves) is required to complete the project in Fiscal Year 2024-2025; and

**WHEREAS**, the Town of Southwest Ranches desires to accept the bid recommendation under the terms and conditions set forth hereinafter.

**NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF SOUTHWEST RANCHES, FLORIDA:**

**Section 1.** The above-referenced recitals are true and correct and are incorporated herein by reference.

**Section 2.** The Town Council hereby accepts the bid from Premier Air Conditioning and Refrigeration, Inc. pursuant to IFB 25-02 in the amount of twenty-nine thousand five hundred fifty-two dollars and zero cents (\$29,552.00) to furnish and install three (3) BARD wall-mounted HVAC units for SWRVFD modular at 17220 Griffin Road in substantially the same form as that attached hereto as Exhibit "A."

**Section 3.** The Town Council hereby approves a budget amendment utilizing unassigned Fund balance (Reserves) to the Fiscal Year 2024-2025 Town Budget as follows:

**General Fund**

Revenue Increase:

Appropriated Fund Balance (001-0000-399-39900)	\$27,000.00
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Expenditure Increase:

Machinery & Equipment (001-3200-522-64100)	\$ 2,552.00
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**Section 4.** The Town Council hereby authorizes the Mayor, Town Administrator and Town Attorney to enter into an agreement and to sign any and all documents which are necessary and proper to effectuate the intent of this Resolution.

**Section 5.** This Resolution shall become effective immediately upon its adoption.

**[Signatures on Following Page]**

**PASSED AND ADOPTED** by the Town Council of the Town of Southwest

Ranches, Florida, this 21<sup>st</sup> day of November, 2024 on a motion by

COUNCIL MEMBER KUCZENSKI and seconded by VICE MAYOR HARTMANN.

Breitkreuz	<u>YES</u>
Kuczenski	<u>YES</u>
Allbritton	<u>ABSENT</u>
Hartmann	<u>YES</u>
Jablonski	<u>YES</u>

Ayes	<u>4</u>
Nays	<u>0</u>
Absent	<u>1</u>
Abstaining	<u>0</u>



Steve Breitkreuz, Mayor

Attest:

  
\_\_\_\_\_  
Debra Ruesga, CMC, Town Clerk

Approved as to Form and Correctness:

  
\_\_\_\_\_  
Keith Poliakoff, Town Attorney  
1001.096.2024

#### Section 4 – Bid Form

In accordance with this IFB and the specifications contained herein, the undersigned proposes the following:

BIDDER AGREES TO PERFORM ALL THE WORK DESCRIBED IN THE CONTRACT DOCUMENTS FOR THE FOLLOWING UNIT PRICES OR LUMP SUM.

BIDDER UNDERSTANDS THAT THE EXTENDED TOTAL FOR EACH AND EVERY ITEM IS THE RESULT OF MULTIPLYING THE QUANTITY TIMES THE UNIT COST STATED IN FIGURES. ANY DISCREPANCY BETWEEN THE UNIT AND TOTAL, THE UNIT PREVAILS.

AS SET FORTH IN THE TERMS OF THIS IFB, CONTRACTOR SHALL PAY ALL SALES, CONSUMER, USE AND OTHER SIMILAR TAXES AND SHOULD NOT INCLUDE TAXES IN BID PRICES. THE TOWN IS EXEMPT FROM FLORIDA SALES TAX ON DIRECT PURCHASES OF TANGIBLE PROPERTY OR SERVICES. ALSO, IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO PROCURE ALL NECESSARY PERMITS AND LICENSES THE COST OF WHICH SHALL BE DEEMED INCLUDED IN THE BID PRICE.

SCHEDULE OF BID PRICES			
CONTRACT TIME: Thirty (30) days		LIQUIDATED DAMAGES: \$250.00 Per Day	
Description	Unit Price	Quantity	Total Cost
Furnish/Install New BARD Wall-Mounted Unit (High Efficiency, Model W36AB-A10, 10 KW Heat) including Warranty per IFB specifications	\$ <u>\$9,684.00</u>	3	\$ <u>\$29,052.00</u>
Permit Allowance to obtain Town of Southwest Ranches permits for all work – Reimbursed at cost only with proof of payment – NO RUNNERS FEES INCLUDED			\$500
Grand Total			<del>\$ \$29,522.00</del> <b>\$29,552.00</b>
Grand Total written in words: <u>Twenty Nine Thousand and five hundred with <del>twenty</del> <b>fifty</b> two dollars.</u>			

CS - verbally confirmed with Bidder

The undersigned hereby proposes to furnish all labor, equipment, and materials necessary to complete the work in strict accordance with the Contract Documents, schedules and plans, and all addendums, if issued, for the Grand Total stated above.

BIDDER'S NAME: Alex Pereyra

BIDDER'S SIGNATURE: 

DATE: 9/30/2024

ACKNOWLEDGEMENT OF ADDENDA

Bidder acknowledges receipt of all addenda by initialing below for each addendum received:

Addendum No. 1 AP (initial)

Addendum No. 2 \_\_\_\_\_ (initial)

Addendum No. 3 \_\_\_\_\_ (initial)

Addendum No. 4 \_\_\_\_\_ (initial)

No Addenda received: \_\_\_\_\_ (initial)

Remainder of page intentionally left blank

BIDDER INFORMATION

[Please print clearly]

NAME: Premier Air Conditioning

ADDRESS: 2165 W 10th Ct

FEIN: 65-0939212

CAGE: \_\_\_\_\_

LICENSE NUMBER: CAC057971

STATE OR COUNTY: Florida

LICENSE TYPE: Construction Industry Licensing Board - Class A Air Conditioning

(Attach copy of license)

LICENSE LIMITATIONS, IF ANY: \_\_\_\_\_

(Attach a separate sheet, if necessary)

LICENSEE SIGNATURE: \_\_\_\_\_

LICENSEE NAME: Jose Hernandez

BIDDER'S SIGNATURE: Jose Hernandez

BIDDER'S NAME: Premier Air Conditioning

BIDDER'S ADDRESS: 2165 W 10th court

BIDDER'S PHONE NUMBER: Office: 954-793-8057

Cell: \_\_\_\_\_

BIDDER'S EMAIL ADDRESS: Alexp@trustpremierAC.com

By: \_\_\_\_\_

Premier Air Conditioning

Name of Corporation/Entity

2165 W. 10th Ct.

Address of Corporation/Entity

Hiawatha, FL 33010

Signature of President or Authorized Principal

By: Jose Hernandez

Title: President (If the Bidder is a Corporation, affix corporate seal)

DISCLOSURE OF OWNERSHIP INTEREST

TO: TOWN OF SOUTHWEST RANCHES  
OFFICIALLY DESIGNATED REPRESENTATIVE

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, this day personally appeared  
José Hernandez hereinafter referred to as "Affiant," who being by me first duly  
sworn, under oath, deposes and states as follows:

Affiant appears herein as:

☐ an individual or

☐ the President of Premier A/C.

[position-e.g., sole proprietor, president, partner, etc.] [name & type of entity—e.g., ABC Corp., XYZ Ltd. Partnership, etc.]. The Affiant or the entity the Affiant represents herein seeks to do business with the Town of Southwest Ranches through its Town Council.

Affiant's address is:

2165 W. 10CT Hialeah, FL 33010

Attached hereto as Exhibit "A" is a complete listing of the names and addresses of every person or entity having a five percent (5%) or greater interest in the Affiant's corporation, partnership, or other principal. Disclosure does not apply to nonprofit corporations, government agencies, or to an individual's or entity's interest in any entity registered with the Federal Securities Exchange Commission or registered pursuant to Chapter 517, Florida Statutes, whose interest is for sale to the general public.

Affiant acknowledges that this Affidavit is given to comply with the Town of Southwest Ranches policy and will be relied upon by the Town of Southwest Ranches. Affiant further acknowledges that he or she is authorized to execute this document on behalf of the entity identified in paragraph one, if any.

Affiant further states that Affiant is familiar with the nature of an oath and with the penalties provided by the laws of the State of Florida for falsely swearing to statements under oath.

Under penalty of perjury, Affiant declares that Affiant has examined this Affidavit and to the best of Affiant's knowledge and belief it is true, correct and complete.

FURTHER AFFIANT SAYETH NAUGHT.

José Hernandez  
Affiant

(Print Affiant Name)

The foregoing instrument was acknowledged before me by means of

☐ physical presence or ☐ online notarization,

this 1 day of OCT., 2024,

by Jose Hernandez (name of person acknowledging).

Maria Cardoso

Notary Public

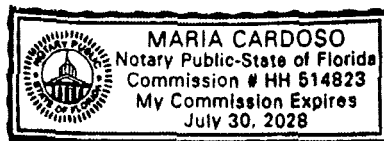
MARIA CARDOSO

(Print Notary Name)

State of Florida at Large

My Commission Expires: 7-30-28

(Printed, typed, or stamped commissioned name of notary public)





## Disclosure of Ownership Interests

Affiant must identify all entities and individuals owning five percent (5%) or more ownership interest in Affiant's corporation, partnership or other principal, if any. Affiant must identify individual owners. For example, if Affiant's principal is wholly or partially owned by another entity, such as a corporation, Affiant must identify the other entity, its address, and the individual owners of the other entity. Disclosure does not apply to any nonprofit corporation, government agency, or to an individual's or entity's interest in any entity registered with the Federal Securities Exchange Commission or registered pursuant to Chapter 517, Florida Statutes, whose interest is for sale to the general public.

Name

**Address**

Jose Hernandez Premier AC 2165 W 10th court Hialeah Florida 33010 - 100% Ownership

## DRUG FREE WORKPLACE

Bidders must certify that they will provide a drug-free workplace. In order to have a drug-free workplace program, a business shall:

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.

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.

Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).

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 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 or plea.

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), any employee who is so convicted or takes a plea.

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.

BIDDER'S SIGNATURE: Jose Hernandez

BIDDER: Jose Hernandez

FLORIDA STATUTES ON PUBLIC ENTITY CRIMES  
SWORN STATEMENT PURSUANT TO SECTION 287.133(3) (a)

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

This sworn statement is submitted to CITY OF SOUTHWEST RANCHES  
by Jose Hernandez  
for Premier A/C

whose business address is 2165 W 10th Court Hialeah FL 33010

and (if applicable) its Federal Employer Identification Number (FEIN) is 65-0939212

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, proposal, reply or contract for goods or services, any lease for real property, or any contract for the construction or repair of a public building or public work, involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

I understand that "convicted" or "conviction" as defined in Para. 287.133(1) (b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.

I understand that an "affiliate" as defined in Para. 287.133(1) (a), Florida Statutes, means:

A predecessor or successor of a person convicted of a public entity crime; or

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 person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

I understand that a "person" as defined in Para. 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, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

The statement which I have marked below is true in relation to the entity submitting this sworn statement. (Indicate which statement applies.)

☒ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

☐ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (Attach a copy of the final order)

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO, OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

**[Signatures on next page]**

BIDDER: Jose Hernandez

By: Jose Hernandez

Jose Hernandez

(Printed Name)

President

(Title)

The foregoing instrument was acknowledged before me by means of

☒ physical presence or ☐ online notarization,

this 1 day of OCT., 2024,

by Jose Hernandez (name of person acknowledging).

Maria Cardoso

Notary Public

MARIA CARDOSO

(Print Notary Name)

State of Florida at Large

(Printed, typed, or stamped commissioned name of notary public)



NON-COLLUSION AFFIDAVIT

State of Florida )

) ss:

County of MIAMI-DADE )

JOSE Hernandez being first duly sworn deposes and says that:

He/She is the Owner (Owner, Partner, Officer, Representative or Agent) of Premier A/C the Bidder that has submitted the attached Bid;

He/She is fully informed with respect to the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid;

Such Bid is genuine and is not a collusive or sham Bid;

Neither the said Bidder 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 Bidder, firm, or person to submit a collusive or sham Bid in connection with the Work for which the attached Bid 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 Bidder, firm, or person to fix any overhead, profit, or cost elements of the Bid or of any other Bidder, or to fix any overhead, profit, or cost elements of the Bid price or the Bid price of any other Bidder, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Work;

The price or prices quoted in the attached Bid are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Bidder or any other of its agents, representatives, owners, employees or parties in interest, including this affiant.

[Signatures on next page]

BIDDER: Jose Hernandez

By: Jose Hernandez

Jose Hernandez  
(Printed Name)

President  
(Title)

The foregoing instrument was acknowledged before me by means of

☒ physical presence or ☐ online notarization,

this 1 day of OCT. 2024,

by José Hernandez (name of person acknowledging).

Maria Cardoso

Notary Public

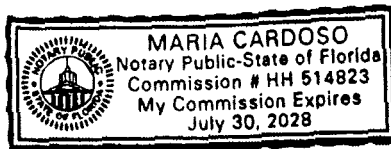
MARIA CARDOSO

(Print Notary Name)

State of Florida at Large

My Commission Expires: 7-30-28

(Printed, typed, or stamped commissioned name of notary public)



#### BIDDER CONFIRMATION OF QUALIFICATIONS

The Contract will be awarded only to a responsible and eligible Bidder, qualified by experience and capable of providing required insurance, and bonds and in a financial position to do the Work specified within the Invitation for Bids, and which can complete the Work within the time schedule specified.

At the time of the Bid, the Bidder shall hold all Contractor and other qualification certificates and licenses required to be held by the Contractor by Florida Statutes or ordinances of the Town of Southwest Ranches and Broward County in order to perform the Work which is the subject of this Invitation for Bids.

All license, certificate and experience requirements must be met by the Bidder (as opposed to the Subcontractor) at the time of Bid submission. Bids submitted by Bidders who do not directly hold required licenses and certificates or who rely on a Subcontractor to meet the license, certificate or experience criteria will be rejected. By executing this Form and submitting its Bid, Bidder represents that it meets the requirements set forth above, and as set forth in the Bid Documents, and acknowledges and understands that such representation is material and that the Town shall be relying on this representation with respect to a Contract award.

Bidder: Premier Air Conditioning

Bidder's Name: Jose Hernandez

Bidder's Address: 2165 W 10th court Hialeah FL 33010

Bidder's Phone Number: 305-888-3826

Bidder's Email: Jose@trustpremierAC.com

Contractor's License and License number(s) (attach copies of license(s) required for the work described in this IFB):

Class A Air Conditioning - CAC057971

[Signatures on next page]



State of Florida

County of MIAMI-DADE

The foregoing instrument was acknowledged before me by means of

☐ physical presence or ☐ online notarization,

this 1 day of OCT 2024,

by Jose Hernandez (name of person acknowledging).

Maria Cardoso

Notary Public

MARIA CARDOSO

(Print Notary Name)

State of Florida at Large

My Commission Expires: 7-30-28

(Printed, typed, or stamped commissioned name of notary public)



BIDDER: Premier Air Conditioning

CERTIFICATE OF AUTHORITY (If Individual / Sole Proprietor)

State of Florida )

) ss:

County of MIAMI-DADE

I HEREBY CERTIFY that Jose Hernandez, as Principal or Owner

of (Company name) Premier AIR Conditioning hereby authorized to execute the Bid dated

10-1 2024 to the Town of Southwest Ranches and his execution thereof, attested by the undersigned, shall be the official act and deed of Premier AIR Conditioning

(Company Name)

IN WITNESS WHEREOF, I have hereunto set my hand this 1 day of OCT, 2024.

\_\_\_\_\_  
Secretary:

(SEAL)

BIDDER: Premier Air Conditioning

**GOVERNMENTAL CONTACT INFORMATION**

Please complete the below with regard to any other Governmental Agencies or Quasi-governmental agencies for which you have conducted business on similar project within the past five years.

NAME OF AGENCY	ADDRESS	PHONE NUMBER	CONTACT PERSON & EMAIL
Village Of Pinecrest	5855 Killian Drive Pinecrest FL 33156	305-284-0911	Robert Mattes Rmattes@pinecrest-fl.gov
Miami Dade County Dept Of Cultural Affairs	111 NW 1st Street Miami FL 33128	305-375-5022	Eduardo Vivas Eduardo.Vivas@miamidade.gov
Dade County Public Schools	13135 SW 26th St, Miami, FL 33175	954-744-6561	Dominik Blasuci DBlasucci@dadeschools.net

BIDDER: Premier Air Conditioning

ACKNOWLEDGMENT OF CONFORMANCE WITH O.S.H.A. STANDARDS

TO THE TOWN OF SOUTHWEST RANCHES:

Premier A/C, hereby acknowledges and agrees that as Contractor for the Town of Southwest Ranches within the limits of the Town of Southwest Ranches, Florida, we have the sole responsibility for compliance with all requirements of the Federal Occupational Safety and Health regulations, and agree to indemnify and hold harmless the Town of Southwest Ranches, including its Council Members, officers and employees, from and against any and all legal liability or loss the Town may incur due to Premier's failure to comply with such regulations.

ATTEST

CONTRACTOR

BY:

José Hernández  
JOSE HERNANDEZ  
Print Name

Date:

10-1-24

BIDDER: Premier Air Conditioning

#### SUBCONTRACTOR LIST

In the form below, the Bidder shall list all Subcontractors to be used on this project if the Bidder is awarded the Contract for this project. This list shall not be amended without the prior written consent of Town.

Please write N/A across this form if no subcontractors will be utilized.

CLASSIFICATION OF WORK	NAME	ADDRESS
N/A	N/A	N/A

BIDDER: Premier Air Conditioning

## LIABILITY CLAIMS

Please list the following information for all Liability Claims for the past ten (10) years:

Name and Location of project: N/A

Contact information for Project Owner:

Name: N/A

Address:

Phone:

Email:

Nature of Claim:

Date of Claim:

Resolution Date of Claim and how resolved:

If applicable:

Court Case Number:

County:

State:

BIDDER: Premier Air Conditioning

CERTIFICATION PURSUANT TO FLORIDA STATUTE § 287.135

Premier Air Conditioning does not:  
(Name of Bidding Firm)

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.

Organization: Premier Air Conditioning

Street address: 2165 W 10th Court

City, State, Zip: Hialeah Florida 33010

Certified By: Jose Hernandez

(type or print)

Title: President

Signature:  Date: 9/30/2024

**AFFIDAVIT OF COMPLIANCE WITH FOREIGN ENTITY LAWS**

The undersigned, on behalf of the entity listed below ("Entity"), hereby attests under penalty of perjury as follows:

Entity is not owned by the government of a foreign country of concern as defined in Section 287.138, Florida Statutes. (Source: § 287.138(2)(a), Florida Statutes)

The government of a foreign country of concern does not have a controlling interest in Entity. (Source: § 287.138(2)(b), Florida Statutes)

Entity is not organized under the laws of, and does not have a principal place of business in, a foreign country of concern. (Source: § 287.138(2)(c), Florida Statutes)

Entity is not owned or controlled by the government of a foreign country of concern, as defined in Section 692.201, Florida Statutes. (Source: § 288.007(2), Florida Statutes)


Entity is not a partnership, association, corporation, organization, or other combination of persons organized under the laws of or having its principal place of business in a foreign country of concern, as defined in Section 692.201, Florida Statutes, or a subsidiary of such entity. (Source: § 288.007(2), Florida Statutes)

Entity is not a foreign principal, as defined in Section 692.201, Florida Statutes. (Source: § 692.202(5)(a)(1), Florida Statutes)

Entity is in compliance with all applicable requirements of Sections 692.202, 692.203, and 692.204, Florida Statutes.

*(Only applicable if purchasing real property)* Entity is not a foreign principal prohibited from purchasing the subject real property. Entity is either (a) not a person or entity described in Section 692.204(1)(a), Florida Statutes, or (b) authorized under Section 692.204(2), Florida Statutes, to purchase the subject property. Entity is in compliance with the requirements of Section 692.204, Florida Statutes. (Source: §§ 692.203(6)(a), 692.204(6)(a), Florida Statutes)

The undersigned is authorized to execute this affidavit on behalf of Entity.

Date: Sept 30 . 20 2024 Signed: 

Entity: Premier Air Conditioning Name: Jose Hernandez

Title: President

**[Signatures on next page]**



State of Florida

County of DADE

The foregoing instrument was acknowledged before me by means of

☒ physical presence or ☐ online notarization,

this 1 day of OCT., 2024

by [Signature] (name of person acknowledging).

[Signature]

Notary Public

MARIA CARDOSO

(Print Notary Name)

State of Florida at Large

My Commission Expires: 7-30-28

(Printed, typed, or stamped commissioned name of notary public)



BIDDER: Premier Air Conditioning

CERTIFICATION PURSUANT TO FLORIDA STATUTE § 787.06

787.06 Human trafficking. —

When a contract is executed, renewed, or extended between a nongovernmental entity and a governmental entity, the nongovernmental entity must provide the governmental entity with an affidavit signed by an officer or a representative of the nongovernmental entity under penalty of perjury attesting that the nongovernmental entity does not use coercion for labor or services as defined in this section. For purposes of this subsection, the term "governmental entity" has the same meaning as in s. 287.138(1).


Jose Hernandez

does not use coercion for labor or services as defined in FL § 787.06.

(Consultant)

The undersigned is authorized to execute this affidavit on behalf of Entity.

Date: Sept 30, 20 24

Signed: 

Entity: Premier Air Conditioning

Name: Jose Hernandez

Title: President

[Signatures on next page]

State of Florida

County of MIAMI-DADE

The foregoing instrument was acknowledged before me by means of

☒ physical presence or ☐ online notarization,

this 1 day of OCT, 2024,

by JOSE HERNANDEZ (name of person acknowledging).

Maria Cardoso

Notary Public

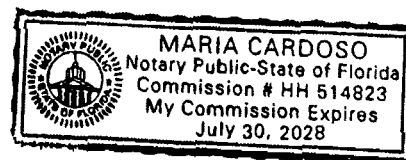
MARIA CARDOSO

(Print Notary Name)

State of Florida at Large

My Commission Expires: 7-30-28

(Printed, typed, or stamped commissioned name of notary public)







## E-Verify Enrollment

# Enrollment Pending

It's okay! We are temporarily unable to approve your enrollment at this time.

We couldn't immediately approve your enrollment in E-Verify because we were unable to verify the information you entered. Please contact the E-Verify Customer Support team at 888-464-4218 or e-mail us at [E-Verify@uscis.dhs.gov](mailto:E-Verify@uscis.dhs.gov) within five federal government workdays in order to confirm the information provided during enrollment. **Do not enroll your company again in E-Verify. If you attempt to re-enroll, your enrollment may be further delayed.**

Thanks for signing up for E-Verify. Your participation is vital in ensuring a legal U.S. workforce. We look forward to hearing from you shortly to confirm your enrollment information.

[Log out of E-Verify](#)

[U.S. Department of Homeland Security](#) [U.S. Citizenship and Immigration Services](#)

[Accessibility](#) [Plug-ins](#) [Site Map](#)



# Request for Taxpayer Identification Number and Certification

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

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

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

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

JOSE HERNANDEZ

2 Business name/disregarded entity name, if different from above.

PREMIER AIR CONDITIONING

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☒ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions.

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

2165 WEST 10TH COURT

Requester's name and address (optional)

6 City, state, and ZIP code

HIALEAH, FL 33010

7 List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

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

Social security number

000-00-0000

or

Employer identification number

65-0939212

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

## Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign  
Here

Signature of  
U.S. person

*Jose Hernandez*

Date *8-30-24*

## General Instructions

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

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

## What's New

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

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

## Purpose of Form

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/30/2024

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

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

<b>PRODUCER</b> Brown & Brown Insurance Services, Inc. 1201 W Cypress Creek Rd Suite 130 Fort Lauderdale FL 33309		<b>CONTACT NAME:</b> Angela Nervi-Sakelkoo <b>PHONE (A/C, No, Ext):</b> (954) 778-2222 <b>FAX (A/C, No):</b> (954) 778-4448 <b>E-MAIL ADDRESS:</b> angela.nervi@bbrown.com	
<b>INSURED</b> Premier AirConditioning & Refrigeration, Inc. 2165 W 10th Court Hialeah FL 33010		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> FCCI Insurance Company <b>INSURER B:</b> Navigators Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 10178 36058	


**COVERAGES** **CERTIFICATE NUMBER:** 24-25 **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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			GL10009558100	09/25/2024	09/25/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 EBL Aggregate Lmt \$ 1,000,000
	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CA10009558000	09/25/2024	09/25/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 10,000
	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UMB10009558300	09/25/2024	09/25/2025	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N Y N/A			WC010009558200	09/25/2024	09/25/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Pollution			CH24ECPR00230NC	09/25/2024	09/25/2025	Each Incident \$500,000 Aggregate \$500,000

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

Keith M. Poliakoff, Esq. Government Law Group, PLLC 200 South Andrews Avenue Suite 601 Fort Lauderdale, Florida 33301

<b>CERTIFICATE HOLDER</b>  Town of Southwest Ranches 13400 Griffin Road  Southwest Ranches FL 33330	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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Ron DeSantis, Governor

Madeline S. Griffin, Secretary



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

**CONSTRUCTION INDUSTRY LICENSING BOARD**

**THE CLASS A AIR CONDITIONING CONTRACTOR HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES**

**HERNANDEZ, JOSE LUIS**

**PREMIER AIR COND & REFRIGERATION INC  
2165 W 10 CT**

**HIALEAH FL 33010**

**LICENSE NUMBER: CAC057971**

**EXPIRATION DATE: AUGUST 31, 2024**

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