

**PART 3**





**PROPOSAL SCHEDULE  
DOCUMENT 00 4115**

**THIS PROPOSAL IS SUBMITTED BY:**

Algat Enterprises, Inc.  
(Firm/Company Name)

Re: **Sidewalk Repair & Replacement Project (2023-2025)**

1. The undersigned Contractor proposes and agrees, if this Proposal is accepted, to enter into an agreement with the **City of Belle Isle, Florida** in the form included in the Contract Documents, (Construction Services Agreement), to perform and furnish all Work as specified or indicated in the Contract Documents for the Contract Sum and within the Contract Time indicated in this Proposal and in accordance with all other terms and conditions of the Contract Documents.
2. Contractor accepts all of the terms and conditions of the Contract Documents (Instructions to Contractors. This Proposal will remain subject to acceptance for 60 Days after the day of Proposal opening, unless there is a Proposal protest, then 90 days after the day of receipt of Proposals.
3. In submitting this Proposal, Contractor represents that Contractor has examined all of the Contract Documents, performed all necessary Pre-Proposal investigations, attended the mandatory Pre-Proposal Meeting (if any) and received the following Addenda:

<b>Addendum Number</b>	<b><u>ADDENDUM DATE</u></b>	<b>Signature of Contractor</b>
#1.	3/1/23	
#2	3/1/23	
#3	3/9/23	
#4	3/16/23	

4. Based on the foregoing, Contractor proposes and agrees to fully perform the Work within the time stated and in strict accordance with the Contract Documents for the following sums of money listed in the following Proposal Schedule:

elle IS 12

Original

Check

we

328001

APP: Silverdale Repair & Replacement (0003-0005)

APP: # 03-03

City of Belle Isle

Algot Enterprises, Inc.

1800 Pembroke Dr. Ste. 900 - # 3425

Orlando, FL 32815

MAR 30 '23 PM 1:07

## PROPOSAL SCHEDULE

PROPOSAL ITEMS – All proposal items, including Total Amount and Unit Prices, must be filled in completely. Proposal items are described in the Contract Documents. Quote in figures only, unless words are specifically requested.

Contractor proposes and agrees to fully perform the Work in strict accordance with the Contract Documents for the following sums of money in the following Schedule of Proposal Prices:

ITEM No.	DESCRIPTION	UNITS	UNIT PRICE	ESTIMATED QUANTITY	TOTAL ANNUAL AMOUNT
1.	Sidewalk Replacement	Square feet	\$ <u>11.00</u>	15,000	\$ <u>165,000.00</u>
2.	Standard Curb and Gutter with 2' wide AC conform	Lineal foot	\$ <u>65.00</u>	1,000	\$ <u>65,000.00</u>
3.	Root Barrier	Lineal foot	\$ <u>12.00</u>	100	\$ <u>1,200.00</u>
4.	Minor Concrete Repair (Reinforced Storm Drain Curb Inlet lid)	Each	\$ <u>N/A</u>	30	\$ <u>N/A</u>
5.	Residential Driveway Apron	Square feet	\$ <u>12.00</u>	4,000	\$ <u>48,000.00</u>
6.	Commercial Driveway Apron	Square feet	\$ <u>15.00</u>	100	\$ <u>1,500.00</u>
7.	Curb Ramp – Type A (per latest FDOT Detail)	Each	\$ <u>3,400.00</u>	1	\$ <u>3,400.00</u>
8.	Curb Ramp – Type B (per latest FDOT Detail)	Each	\$ <u>3,400.00</u>	1	\$ <u>3,400.00</u>
9.	Curb Ramp – Type C (per latest FDOT Detail)	Each	\$ <u>3,400.00</u>	1	\$ <u>3,400.00</u>
10.	Curb Ramp – Type D (per latest FDOT Detail)	Each	\$ <u>3,400.00</u>	1	\$ <u>3,400.00</u>
11.	Curb Ramp – Type E (per latest FDOT Detail)	Each	\$ <u>3,400.00</u>	1	\$ <u>3,400.00</u>
12.	Curb Ramp – Type F (per latest FDOT Detail)	Each	\$ <u>3,400.00</u>	1	\$ <u>3,400.00</u>

13.	Curb Ramp – Type G (per latest FDOT Detail)	Each	\$ <u>3400.00</u>	1	\$ <u>3400.00</u>
13.	Curb Ramp – Type H (per latest FDOT Detail)	Each	\$ <u>3400.00</u>	1	\$ <u>3400.00</u>

TOTAL NOT TO EXCEED AMOUNT

\$ 306300.00

Three hundred and Six thousand - three hundred Dollars

(Indicate Proposal Price in words)

1. THE UNDERSIGNED ACKNOWLEDGES THAT PROPOSAL PRICE ALONE WILL NOT BE THE SOLE DETERMINING FACTOR IN THE SELECTION OF THE CONTRACTOR FOR THIS WORK. THE CITY WILL CONSIDER THE PROPOSAL COSTS FOR ALL PROPOSAL ITEMS IDENTIFIED HEREIN TOGETHER WITH THE CONTRACTOR QUALIFICATIONS AND REFERENCES TO FORM THE BASIS FOR ITS DECISION.
2. The undersigned Contractor understands that Owner reserves the right to reject this Proposal.
3. If written notice of the acceptance of this Proposal, hereinafter referred to as Notice of Award, is mailed or delivered to the undersigned Contractor within the time described in Paragraph 2 of this Document or at any other time thereafter before it is withdrawn, the undersigned Contractor will execute and deliver the documents required by Instructions to Contractors within the times specified therein.
4. Notice of Award or request for additional information may be addressed to the undersigned Contractor at the address set forth below.
5. The undersigned Contractor agrees to commence Work on the date established in, and to complete all Work within the time specified in the Construction Services Agreement
6. The undersigned Contractor agrees that liquidated damages for failure to complete all Work in the Contract within the time specified in Construction Services Agreement shall be as set forth in RFP.
7. UNIT PRICES ARE REQUIRED FOR ALL WORK IDENTIFIED IN THE PROPOSAL SCHEDULE.
8. Full compensation for all work required including saw cutting, asphalt concrete removal, excavation, backfilling using native or imported soil, grading and tree root cutting and removal, and site restoration, including all labor, materials, equipment and incidentals necessary to complete the work, shall be included in the prices for "Square Foot of Sidewalk," or "Lineal Foot of Curb and Gutter," or "Square Foot of Driveway or Curb Ramp," "Lineal Foot of Root Barrier" or "Square Foot of Asphalt Concrete Patching" and no additional compensation will be allowed.
9. Proposal price shall include the repair and replacements of any minor irrigation systems damaged as part of the work in addition to the replacement of the same or better landscaping damaged or removed.
10. Proposal shall be considered all-inclusive, and shall include the cost of all labor, equipment, materials, traffic control, and removal of utility markings, insurance and other services included herein.

11. The names of all persons interested in the foregoing Proposal as principals are:

**IMPORTANT NOTICE:** If Contractor or other interested person is a corporation, give the legal name of corporation, state where incorporated, and names of president and secretary thereof. If a partnership, give name of the firm and names of all individual co-partners composing the firm. If Contractor or other interested person is an individual, give first and last names in full.

**NAME OF CONTRACTOR:** Algat Enterprises, Inc.

licensed in accordance with an act for the registration of Contractors, and with license number: CGC1530957 Expiration: August 31, 2024

Illinois  
(Place of Incorporation, if Applicable) (Principal)

\_\_\_\_\_  
(Principal)

\_\_\_\_\_  
(Principal)

I certify (or declare) under penalty of perjury under the laws of the State of Florida that the foregoing is true and correct.

  
(Signature of Contractor)

**NOTE:** If Contractor is a corporation, set forth the legal name of the corporation together with the signature of the officer or officers authorized to sign contracts on behalf of the corporation. If Contractor is a partnership, set forth the name of the firm together with the signature of the partner or partners authorized to sign contracts on behalf of the partnership.

Business Address: 1800 Pembroke Dr. Ste 300 -#3425  
Orlando, FL 32810

Contractor's Representative(s): Adam Minossora/PM  
(Name/Title)

Andrew Minossora/President  
(Name/Title)

Kyle Rhamstine/Senior PM&Engineer  
(Name/Title)

Officers Authorized to Sign Contracts

Adam Minossora/PM

(Name/Title)

Andrew Minossora/President

(Name/Title)

Kyle Rhamstine/Senior PM&Engineer

(Name/Title)

Telephone Number(s):

(407)

(Area Code)

773-5037

(Number)

(407)

(Area Code)

221-2045

(Number)

Fax Number(s):

(813)

(Area Code)

309-6608

(Number)

(Area Code)

(Number)

Date of Proposal:

3/30/23

IMPORTANT NOTICE:

If Contractor or other interested person is a corporation, give the legal name of corporation, state where incorporated, and names of president and secretary thereof. If a partnership, give name of the firm and names of all individual co-partners composing the firm. If Contractor or other interested person is an individual, give first and last names in full.

\* END OF DOCUMENT \*

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PART 4

NON-COLLUSIVE AFFIDAVIT

State of Florida

County of Orange

Adam Minossora being first duly sworn deposes and says that:

- (1) He/she is the Owner, (Owner, Partner, Officer, Representative or Agent) of Algot Enterprises 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 proposing 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 or of any other Proposer, or to fix any 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.

By: [Signature]  
 Title: PM/OFFICER  
 Company: Algot Enterprises, Inc.

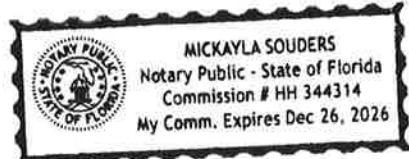
STATE OF FLORIDA  
 COUNTY OF Orange

Sworn, to and subscribed before me this 30 day of March, 2023,

by Adam Minossora

[Signature]  
 Signature of Notary Public

Personally known, or  
 Produced Identification  
Drivers License  
 Type of ID Produced



\* END OF DOCUMENT \*



**PART 5**

**NON-DISCRIMINATION AFFIDAVIT**

I, the undersigned, hereby duly sworn, depose and say that the organization or business entity represented herein shall not discriminate against any person in its operations, activities or delivery of services under any agreement it enters into with the City of Belle Isle. The same shall affirmatively comply with all applicable provisions of federal, state and local equal employment laws and shall not engage in or commit any discriminatory practice against any person based on race, age, religion, color, gender, sexual orientation, national origin, marital status, physical or mental disability, political affiliation or any other factor which cannot be lawfully used as a basis for service delivery.

It is the policy of the City of Belle Isle that Minority/Women - Owned Business Enterprises (MWBE) shall have the maximum opportunity to participate in all contracts. The City of Belle Isle will accept MWBE certifications from Orange County and any State of Florida certification.

Further, City Purchasing Police Section 1.8 requires that all contracting agencies of the City, or any department thereof, acting for or on behalf of the City, shall include in all contracts and property contracts hereinafter executed or amended in any manner or as to any portion thereof, a provision obligating the contractor not to unlawfully discriminate (as proscribed by federal, state, county, or other local law) on the basis of the fact or perception of a person's race, color, creed, religion, national origin, ancestry, sexual orientation, gender identity or expression, marital status, pregnancy, familial status, veterans status, political affiliation, or physical or mental disability and such person's association with members of classes protected under this chapter or in retaliation for or opposition to any practices forbidden under this chapter against any employee of, any City employee working with, or applicant for employment with such contractor and shall require such contractor to include a similar provision in all subcontracts executed or amended there under.

By: *[Signature]*

Title: PM/ OFFICER

STATE OF FLORIDA  
COUNTY OF Orange

Sworn to and subscribed before me this 30  
day of March, ~~2022~~, by 2023  
MS

*Mickayla Souders*  
Signature of Notary Public

     Personally known, or  
 Produced Identification  
Drivers License  
Type of ID Produced



\* END OF DOCUMENT \*

**PART 6**  
**CONTRACTOR'S REGISTRATION AND**  
**INSURANCE VERIFICATION FORM**

*(To be Completed by Contractor and Submitted with Cost Proposal)*

**INDEPENDENT CONTRACTOR REGISTRATION**

Contractor's License # CGC1530957

Date: 3/30/23 Fed I.D. # 84-1815310

Full Corporate Name of Company: Algat Enterprises, Inc.

Street Address: 1800 Pembroke Dr. Ste. 300 -#3425

Orlando, FL 32810

Mailing Address: 1800 Pembroke Dr. Ste. 300 -#3425

Orlando, FL 32810

Email Address: Office@algatenterprises.com

Phone: (407)221-2045 Fax: N/A

Name of Principal Contact: Andrew Minossora

Type of Business:                             Sole Proprietor                             Partnership  
          Non-Profit 501(c)(3)                        X   Corporation  
          other (please explain: \_\_\_\_\_)

**INSURANCE**

**Workers' Compensation:**

Carrier: Berkshire Hathaway Direct Insurance Company

Address: P.O. Box 113247 Stamford, CT 06911

Phone and Fax: 844-472-0967 fax: 203-654-3613

Policy Number: N9WC780356

**General Liability:**

Carrier: Berkshire Hathaway Direct Insurance Company

Address: P.O. Box 113247 Stamford, CT 06911

Phone and Fax: 844-472-0967 fax:203-654-3613

Policy Number: N9BP775291

Policy Limits: \$ Each Occurance: 1,000,000 General Aggregate: 2,000,000 Etc.

A.M. Best Rating: A++

**Automobile Liability:**

Carrier: Berkshire Hathaway Direct Insurance Company

Address: P.O. Box 113247 Stamford, CT 06911

Phone and Fax: 844-472-0967 fax:203-654-3613

Policy Number: 0015586-01-CA

Policy Limits: \$ 1,000,000

A.M. Best Rating: A++

**All-risk Course of Construction:**

Carrier: Berkshire Hathaway Direct Insurance Company

Address: P.O. Box 113247 Stamford, CT 06911

Phone and Fax: 844-472-0967 fax:203-654-3613

Policy Number: A N9UM775358

Policy Limits: \$ 1,000,000

A.M. Best Rating: A++

**CONTRACTOR CERTIFIES, UNDER PENALTY OF PERJURY, THAT THE FOREGOING INFORMATION IS CURRENT AND ACCURATE AND AUTHORIZES OWNER, AND ITS AGENTS AND REPRESENTATIVES TO OBTAIN A CREDIT REPORT AND/OR VERIFY ANY OF THE ABOVE INFORMATION.**

  
SIGNATURE

3/30/23  
DATE

\* END OF DOCUMENT \*

## PART 7

### CONTRACTOR'S QUALIFICATIONS AND REFERENCES (To be Completed by Contractor and Submitted with Cost Proposal)

Name of Contractor: Algat Enterprises, Inc.

1. The Contractor has been engaged in the contracting business, under the present business name for 17 years.
2. Experience in work of a nature similar to that covered in the proposal documents extends over a period of 17 years.
3. Has contractor ever failed to satisfactorily complete a contract awarded to them, except as follows: (Name any and all exceptions and reasons therefore.)

No

4. The following contracts have been satisfactorily completed in the last three years for the persons, firms or authorities indicated:

YEAR	TYPE OF WORK	CONTRACT AMOUNT	LOCATION AND FOR WHOM PERFORMED
(a) <u>2023</u>	<u>Concrete</u>	<u>108,754.79</u>	<u>Polk County Group 1: 1 year contract</u>
(b) <u>2023</u>	<u>Concrete</u>	<u>119,074.00</u>	<u>Polk County Group 2: 1 year contract</u>
(c) <u>2023</u>	<u>Concrete</u>	<u>350,000.00</u>	<u>Sarasota, Randy Olszewski</u>
(d) <u>2021</u>	<u>Concrete</u>	<u>82,000.00</u>	<u>Lakeland, Reynolds Painting Group</u>
(e) <u>2022</u>	<u>Concrete</u>	<u>\$123,850.00</u>	<u>Marion County Rotary Sportsplex</u>

5. The following person may be contacted for information concerning the contract work listed above (list a reference for each contract named):

NAME/TITLE	ADDRESS	TELEPHONE
(a) <u>Angela Spieler PM</u>	<u>3000 Sheffield Road Winter Haven, FL 33880</u>	<u>863.535.2276</u>
(b) <u>Angela Spieler PM</u>	<u>3000 Sheffield Road Winter Haven, FL 33880</u>	<u>863.535.2276</u>
(c) <u>Randy Olszewski Owner</u>	<u>7760 Holiday Dr Sarasota, FL 34231</u>	<u>630.310.1850</u>
(d) <u>David Ochoa PM</u>	<u>503 US-301, Tampa, FL 33619</u>	<u>813.863.0784</u>
(e) <u>Joey Amodo PM</u>	<u>2631 SE Third St., Ocala, FL 34471</u>	<u>352.433.3024</u>

6. Following is a list of plant and equipment owned by the Contractor, which is definitely available for use on the proposed work as required:

QUANTITY	NAME, TYPE, AND CAPACITY	CONDITION	LOCATION
<u>Multiple</u>	<u>Dumpster Trailer</u>	<u>New</u>	<u>Orlando</u>
<u>Multiple</u>	<u>Concrete Saws</u>	<u>New</u>	<u>Orlando</u>
<u>2</u>	<u>Trucks F-150 &amp; F-250</u>	<u>New</u>	<u>Orlando</u>
<u></u>	<u>Multiple Misc. Equip</u>	<u></u>	<u></u>

(Attach additional sheets as necessary)

All of the above statements as to experience, financial qualifications, and available plant and equipment are submitted in conjunction with the proposal, as a part thereof and the truthfulness and accuracy of the information is guaranteed by the Contractor.

Signature of Contractor: \_\_\_\_\_



Adam Minossora PM  
Print Name and Title

\* END OF DOCUMENT \*

**PART 8**  
**NON-DEBARMENT AFFIDAVIT**

Adam Minossora Being first duly sworn, deposes and says that:

He/She is Owner of Algot Enterprises Inc the Proposer ("Respondent") that has submitted the attached Proposal. By offering a submission to this RFP, the Respondent certifies and affirms that to the best of his/her knowledge and belief, that:

1. The Respondent is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in any transaction of any Federal, state or local agency; and
2. The Respondent has not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records; making false statements; or receiving stolen property; and
3. The Respondent is not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph 2 of this affidavit; and
4. The Respondent has not within a three-year period preceding this proposal had one or more public transactions (Federal, State or local) terminated for cause or default; and
5. The Respondent will submit a revised Debarment Affidavit immediately if the status changes.

If the Respondent cannot certify that he/she is not debarred, he/she shall provide an explanation with this submittal. An explanation will not necessarily result in denial of participation in a contract. Failure to submit a debarment affidavit will disqualify the contractor from the award of any contract.

Check here if an explanation is attached to this affidavit.

By: *Adam Minossora*

Print Name: Adam Minossora

Title: PM/OFFICER

Date: 3/30/23

STATE OF FLORIDA )  
COUNTY OF Orange )

MS  
2023

The foregoing Agreement was acknowledged before me this 30 day of March, ~~2022~~, by Adam Minossora, who has affirmed that he/she has been duly authorized to execute the above document. He/she is personally known to me or has produced Drivers License as identification.

NOTARY'S SEAL:

*Mickayla Souders*  
NOTARY PUBLIC, STATE OF FLORIDA



Mickayla Souders  
Name of Acknowledger, typed, printed, or Stamped

\* END OF DOCUMENT \*

## PART 9

### DRUG-FREE WORKPLACE CERTIFICATION

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

IDENTICAL TIE BIDS - Preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids which are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program, a business shall:

- 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 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.

Algat Enterprises, Inc.

COMPANY NAME

VENDOR'S SIGNATURE

**Must be executed and returned with attached proposal to be considered.**



**PART 10**

**CERTIFICATION PURSUANT  
TO FLORIDA STATUTE § 287.135**

I, Adam Minossora and PM, on behalf of Algat Enterprises, Inc.  
Print Name and Title Company Name

certify that Algat Enterprises, 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 Syria.

Submitting a false certification shall be deemed a material breach of contract. The City shall provide notice, in writing, to the Contractor of the City's determination concerning the false certification. The Contractor shall have ninety (90) days following receipt of the notice to respond in writing and demonstrate that the determination of false certification was made in error. If the Contractor does not demonstrate that the City's determination of false certification was made in error then the City shall have the right to terminate the contract and seek civil remedies pursuant to Florida Statute § 287.135.

Section 287.135, Florida Statutes, prohibits the City from: 1) Contracting with companies for goods or services in any amount if at the time of bidding on, submitting a proposal for, or entering into or renewing a contract if the company is on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, F.S. or is engaged in a boycott of Israel; and

2) Contracting with companies, for goods or services over \$1,000,000.00 that are on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector List, created pursuant to s. 215.473, or are engaged in business operations in Syria.

As the person authorized to sign on behalf of the Contractor, I hereby certify that the company identified above in the section entitled "Contractor Name" does not participate in any boycott of Israel, is not listed on the Scrutinized Companies that Boycott Israel List, is not listed on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector List, and is not engaged in business operations in Syria. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject the company to civil penalties, attorney's fees, and/or costs. I further understand that any contract with the City for goods or services may be terminated at the option of the City if the company is found to have submitted a false certification or has been placed on the Scrutinized Companies with Activities in Sudan list or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List.

Algat Enterprises, Inc.  
COMPANY NAME  
Adam Minossora  
PRINT NAME  
PM  
TITLE

  
SIGNATURE

**Must be executed and returned with attached proposal to be considered**



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



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

**CONSTRUCTION INDUSTRY LICENSING BOARD**

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



**RHAMSTINE, KYLE LOHMANN**

ALGAT ENTERPRISES INCORPORATED  
1800 PEMBROOK DRIVE SUITE 300 3425  
ORLANDO FL 32810

**LICENSE NUMBER: CGC1530957**

**EXPIRATION DATE: AUGUST 31, 2024**

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



Do not alter this document in any form.

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



This Certifies that  
**ADAM MINOSSORA**

Has Completed a Florida Department of Transportation Approved  
Temporary Traffic Control (TTC) Intermediate Course.

Date Expires: 10/15/2025

Certificate # 77946

Instructor: Michael Hernandez FDOT Provider # 249

myTTConline  
Phone: 407-901-0206  
83 Geneva Dr. Ste. 621394  
Oviedo, FL 32762  
myttconline.com  
support@myttconline.com

myTTConline

# Certificate of Completion

**ADAM MINOSSORA**

Has Completed a Florida Department of  
Transportation Approved Temporary Traffic  
Control (TTC) Intermediate Course.

10/15/2025

249

Michael Hernandez

77946

Date Expires

FDOT Provider #

Instructor

Certificate #

**myTTC**online

myTTCOnline  
83 Geneva Dr. Ste. 621394  
Oviedo, FL 32762  
myttconline.com  
support@myttconline.com



For more information about Temporary Traffic  
Control (TTC) or to verify this certificate  
[www.motadmin.com](http://www.motadmin.com)

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

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

Print or type.  
See Specific Instructions on page 3.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Algat Enterprises Inc.																					
<b>2</b> Business name/disregarded entity name, if different from above Algat Enterprises Inc																					
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Individual/sole proprietor or single-member LLC</td> <td><input type="checkbox"/> C Corporation</td> <td><input checked="" type="checkbox"/> S Corporation</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Trust/estate</td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____                             </td> </tr> <tr> <td colspan="5"> <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.                             </td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Other (see instructions) ▶ _____                             </td> </tr> </table>		<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input checked="" type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____					<b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.					<input type="checkbox"/> Other (see instructions) ▶ _____				
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<input type="checkbox"/> Other (see instructions) ▶ _____																					
<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>																					
<b>5</b> Address (number, street, and apt. or suite no.) See instructions. 1800 Pembroke Dr suite 300																					
<b>6</b> City, state, and ZIP code Orlando FL 32810																					
<b>7</b> List account number(s) here (optional)																					
Requester's name and address (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.

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

<b>Social security number</b>									
or									
<b>Employer identification number</b>									
8	4	-	1	8	1	5	3	1	0

## Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶ *Andrew Minossora*

Date ▶ 08/05/2021

## 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).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*