


Mundo Construction Response

Pricing unsealed at Mar 31, 2026 3:01 PM

CONTACT INFORMATION

Company

Mundo Construction 

Email

mundoconstruction042@gmail.com

Contact

Marcos De jesus

Address

6886 nw 166 terr
Hialeah, FL 33014

Phone

(786) 623-8429

Website

N/A

Submission Date

Mar 28, 2026 2:52 PM (Eastern Time)

ADDENDA CONFIRMATION

Addendum #1

Confirmed Mar 13, 2026 12:44 AM by Marcos De jesus

Addendum #2

Confirmed Mar 28, 2026 12:06 PM by Marcos De jesus

QUESTIONNAIRE

1. Bidder's legal company name (include d/b/a if applicable):*

Pass Fail

Mundo Construction

2. Bidder's Federal Taxpayer/Employer Identification Number (FEIN):*

Pass Fail

Maximum response length: 12 characters

99-0688826

3. State of Incorporation/Organized.*

Pass Fail

Maximum response length: 25 characters

Florida

4. Bidder's organization structure:*

Pass Fail

S-Corporation

5. If a Corporation/Limited Liability Company/Other Legal Entity (also referred to as "Company"), Provide Date Of Incorporation/Organized:*

Maximum response length: 20 characters

Pass Fail

01/04/2024

6. Company Operating Address (Including City, State & Zip Code):*

Pass Fail

6886 nw 166 terr miami fl 33014

7. Company Contact Person & Title:*

Pass Fail

Maximum response length: 60 characters

Marcos De Jesus Owner

8. Company Contact Person Email Address:*

Pass Fail

Maximum response length: 100 characters

mundoconstruction042@gmail.com

9. Company Contact Person Phone Number:*

Pass Fail

Maximum response length: 17 characters

7866238429

10. List names of Bidder's subcontractors and/or subconsultants for this project.

No response submitted


11. Are Any Owners/Principals/Persons With Ownership Interest In Your Company A City of Cooper City Elected Official, Commission Board Member or Employee:*

No

Pass Fail

12. Bidder shall attach all licenses required by the State of Florida, Broward County, City of Cooper City, and any other applicable authority to perform demolition, site preparation, and installation of turf block pavers.*


Pass Fail

 [license9165784_\(1\).pdf](#)

13. Bidder shall upload a minimum of three (3) comparable projects of similar size and scope completed within the last ten (10) years on the Bidder's Reference Form. References may be verified by the City.*

Please download the below documents, complete, and upload.

Pass Fail

 [Experience Qualification Referenece Form.pdf](#)

 [Experience.pdf](#)

14. Provide a detailed description of the nature and status of any pending or completed litigation, claims made, contract disputes or defaults and liens arising in regard to your company's performance of any services arising within the last five years from the due date of this solicitation. If not applicable, please enter N/A.*

N/a

Pass Fail

15. Americans with Disabilities Act (ADA) Disability Nondiscrimination Statement*

Pass Fail

Please download the document below, complete, and upload.

 [ADA Nondiscrimination Statement.pdf](#)


 [Ada.pdf](#)

16. Business Entity Affidavit*

Pass Fail

Please download the document below, complete, and upload.


 [BUSINESS_ENTITY_AFFIDAVIT.pdf](#)


 [Business_entity_affidavit.pdf](#)

17. Certification Regarding Debarment Suspension Etc*

Pass Fail

Please download the document below, complete, and upload.


 [Certification_Regarding_Debarment_Suspension_\(revised\).pdf](#)


 [Certification_Regarding_Debarment_Suspension_Etc.pdf](#)

18. Domestic Partnership Affidavit*

Pass Fail

Please download the document below, complete, and upload.


 [Domestic_Partnership_Affidavit.pdf](#)


 [Domestic_signed.pdf](#)

19. Drug free Workplace Certificate*

Pass Fail

Please download the document below, complete, and upload.


 [Drug_free_Workplace_Certificate.pdf](#)

 [Drug_free_signed.pdf](#)

20. Employee Background Verification Affidavit*

Pass Fail

Please download the document below, complete, and upload.


 [Employee_Background_Verification_Affidavit.pdf](#)


 [Employee_background_signed.pdf](#)

21. E-Verify Affidavit*

Pass Fail

Please download the document below, complete, and upload.


 [E-Verify_Affidavit_Form_202101121327327786.pdf](#)


 [Everify_signed.pdf](#)

22. Foreign (Non-Florida) Corporation Form*

Pass Fail

Please download the document below, complete, and upload.


 [Foreign_\(Non-Florida\)_Corporation_Form.pdf](#)


 [Foreign_Country_of_Concern_Affidavit.pdf](#)

23. Foreign Country of Concern Affidavit*

Pass Fail

Please download the document below, complete, and upload.

 [Foreign_Country_of_Concern_Affidavit.pdf](#)


 [Foreign_Country_of_Concern_Affidavit.pdf](#)

24. Non-Collusion Affidavit*

Pass Fail

Please download the document below, complete, and upload.


 [Non-Collusion_Affidavit.pdf](#)


 [Non_collusion_signed.pdf](#)

25. Non-Conflict of Interest*

Pass Fail

Please download the document below, complete, and upload.


 [Non-Conflict_of_Interest.pdf](#)


 [Non-Conflict_of_Interest.pdf](#)

26. Ownership Disclosure Affidavit*

Pass Fail

Please download the document below, complete, and upload.


 [OWNERSHIP_DISCLOSURE_AFFIDAVIT.pdf](#)


 [OWNERSHIP_DISCLOSURE_AFFIDAVIT.pdf](#)

27. Proof of Workers Compensation Insurance*

Pass Fail

Please download the document below, complete, and upload.


 [Sample_Certificate_of_Insurance.pdf](#)

 [Worker_comp_exempt.pdf](#)

28. Proof of Workers Compensation or Exemption*

Pass Fail

Please download the document below, complete, and upload.


 [Proof_of_Workers_Compensation_or_Exemption.pdf](#)

 [Worker_comp_exempt.pdf](#)

29. Public Entity Crimes*

Pass Fail

Please download the document below, complete, and upload.

 [Public_Entity_Crimes.pdf](#)

 [Public_Entity_Crimes.pdf](#)

30. Scrutinized Companies Affidavit*

Pass Fail

Please download the below documents, complete, and upload.


 [Scrutinized_Companies_Affidavit.pdf](#)

 [Scrutinized_Companies_Affidavit.pdf](#)

31. W9*

Pass Fail

Please download the document below, complete, and upload.

 [W-9.pdf](#)

 [w9_mundo.pdf](#)

32. Summary of Documents to be submitted with Bid*

Pass Fail

The following documents have been uploaded and submitted with bid.

Americans with Disabilities Act (ADA) Disability Non-Discrimination Statement
Business Entity Affidavit
Certification Regarding Debarment Suspension
Domestic Partnership Affidavit
Drug-Free Workplace Certificate
E-Verify Form Pursuant to Section 448.095, Florida Statutes

Employee Background Verification Affidavit
 Non-Collusion Affidavit
 Non-Conflict of Interest Statement Proof of Liability Insurance
 Ownership Disclosure Affidavit
 Proof of Workers' Compensation Insurance or Exemption
 W-9, Request for Taxpayer Identification Number
 Scrutinized Companies Affidavit
 Public Entity Crimes (PEC) Form
 Proof of Liability Insurance
 Foreign Country of Concern Affidavit

33. The undersigned hereby certifies that this Bid is submitted in response to this Solicitation and that Bidder agrees to the terms and conditions listed within.*

Confirmed Pass Fail

34. Bidder's Authorized Representative Signature:* Pass Fail

By entering the name and title of the Bidder's Authorized Representative below, the Bidder further acknowledges that this entry constitutes the Authorized Representative's digital signature.

The execution of this form constitutes a good faith commitment by the Bidder to accept the terms & conditions set forth in this Solicitation and enter into a contract with the City.

Maximum response length: 75 characters

Marcos de Jesus

PRICE TABLES

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
1	Regular Excavation	1274	Cubic Yard	\$30.00	\$38,220.00
2	Type B Stabilization	3071	Square Yard	\$11.00	\$33,781.00
3	Reworking Lime rock Base (8-10")	3071	Square Yard	\$11.00	\$33,781.00
4	Lime rock – New Material	787	Cubic Yard	\$55.00	\$43,285.00
5	Install Architectural Pavers	3071	Square Yard	\$45.00	\$138,195.00
6	Performance Turf / Sod	3071	Square Yard	\$7.00	\$21,497.00
7	Fill Sand / Topsoil	151	Cubic Yard	\$28.00	\$4,228.00
8	Mobilization - Task Order Total - \$0.00 - \$100,000.00	1	Lumpsum	\$3,500.00	\$3,500.00
9	Mobilization - Task Order Total – Over \$100,000.01	1	Lumpsum	\$5,000.00	\$5,000.00
Total					\$321,487.00

EXPERIENCE, QUALIFICATION/REFERENCE FORM

The Bidder shall submit this form for each reference being listed. Each form should be for one project and must comply with any requirements listed within the solicitation.

Name of Firm (Bidder, Proposer, A/E subconsultant/Non-A/E subconsultant/subcontractor):

Mundo construction

Reference Project Name/Address: 17004 collins ave

Name(s) and role(s) of key personnel working on this reference project:

Marcos de Jesus

Reference Project Description: Excavate and build a concrete box to fit a grease trap

Scope of Service Provided: Excavate, build out concrete box, strap in grease traps, infill, compact and asphalt

Professional Fees (if any): \$ Project Start Date: / Project Completion Date: /

Project Construction Cost: \$ 42,000 Construction Start Date: 05 25 Construction Completion Date: 10 25

Total Project Cost (A+B): \$

Reference Company Name:

Reference Contact Person Name: Andrei

Reference Phone Number: 305-502-4232 E-mail:

This project complies with the experience and qualifications/preferences required under this solicitation:

Yes No NA

Please denote what Experience/Qualification and/or Preference(s) will be met with this project:

Use the space below to expand on the scope of services provided for this project:

(additional sheets of paper may be used if needed)

Excavate, infill, grading. Install concrete block

EXPERIENCE, QUALIFICATION/REFERENCE FORM

This form shall be submitted by the Bidder for each reference being listed. Each form should be for one project and must comply with any requirements listed within the solicitation.

Name of Firm (Bidder, Proposer, A/E subconsultant/Non-A/E subconsultant/subcontractor):
Mundo construction

Reference Project Name/Address: Suellen Fardelman

Name(s) and role(s) of key personnel working on this reference project:
Marcos de Jesus

Reference Project Description: Grading 7000 sq t

Scope of Service Provided:
Grading 7000 Sq ft and infill to install sod

Professional Fees (if any): \$ Project Start Date: / Project Completion Date: /

Project Construction Cost: \$ 4500 Construction Start Date: 01/17 Construction Completion Date: 01/19

Total Project Cost (A+B): \$

Reference Company Name: Cooper City Reference Contact Person Name: Jonathan

Reference Phone Number: 561-579-9897 E-mail:

This project complies with the experience and qualifications/preferences required under this solicitation:

Yes No NA

Please denote what Experience/Qualification and/or Preference(s) will be met with this project:

Use the space below to expand on the scope of services provided for this project:

(additional sheets of paper may be used if needed)

Excavate, earthwork, infill and placement of concrete pavers

EXPERIENCE, QUALIFICATION/REFERENCE FORM

This form shall be submitted by the Bidder for each reference being listed. Each form should be for one project and must comply with any requirements listed within the solicitation.

Name of Firm (Bidder, Proposer, A/E subconsultant/Non-A/E subconsultant/subcontractor):

Mundo construction

Reference Project Name/Address: Sheetpiles

Name(s) and role(s) of key personnel working on this reference project:
Marcos de Jesus

Reference Project Description: Excavation and installation of vinyl sheet piles

Scope of Service Provided:

Professional Fees (if any): \$ Project Start Date: / Project Completion Date: /

Project Construction Cost: \$ 28000 Construction Start Date: ~~02/01/26~~ Construction Completion Date: 03/20/26

Total Project Cost (A+B): \$

Reference Company Name: Matthew Reference Contact Person Name:

Reference Phone Number: 561-7799765 E-mail:

This project complies with the experience and qualifications/preferences required under this solicitation:

Yes No NA

Please denote what Experience/Qualification and/or Preference(s) will be met with this project:

Use the space below to expand on the scope of services provided for this project:

(additional sheets of paper may be used if needed)

Earthwork and installation of sheet piles 4 ft deep

EXPERIENCE, QUALIFICATION/REFERENCE FORM

This form shall be submitted by the Bidder for each reference being listed. Each form should be for one project and must comply with any requirements listed within the solicitation.

Name of Firm (Bidder, Proposer, A/E subconsultant/Non-A/E subconsultant/subcontractor):

Reference Project Name/Address:

Name(s) and role(s) of key personnel working on this reference project:

Reference Project Description:

Scope of Service Provided:

Professional Fees (if any): \$

Project Start Date: / Project Completion Date: /

Project Construction Cost: \$

Construction Start Date: / Construction Completion Date: /

Total Project Cost (A+B): \$

Reference Company Name:

Reference Contact Person Name:

Reference Phone Number:

E-mail:

This project complies with the experience and qualifications/preferences required under this solicitation:

Yes No NA

Please denote what Experience/Qualification and/or Preference(s) will be met with this project:

Use the space below to expand on the scope of services provided for this project:

(additional sheets of paper may be used if needed)

EXPERIENCE, QUALIFICATION/REFERENCE FORM

This form shall be submitted by the Bidder for each reference being listed. Each form should be for one project and must comply with any requirements listed within the solicitation.

Name of Firm (Bidder, Proposer, A/E subconsultant/Non-A/E subconsultant/subcontractor):

Reference Project Name/Address:

Name(s) and role(s) of key personnel working on this reference project:

Reference Project Description:

Scope of Service Provided:

Professional Fees (if any): \$

Project Start Date: / Project Completion Date: /

Project Construction Cost: \$

Construction Start Date: / Construction Completion Date: /

Total Project Cost (A+B): \$

Reference Company Name:

Reference Contact Person Name:

Reference Phone Number:

E-mail:

This project complies with the experience and qualifications/preferences required under this solicitation:

Yes No NA

Please denote what Experience/Qualification and/or Preference(s) will be met with this project:

Use the space below to expand on the scope of services provided for this project:

(additional sheets of paper may be used if needed)

EXPERIENCE, QUALIFICATION/REFERENCE FORM

This form shall be submitted by the Bidder for each reference being listed. Each form should be for one project and must comply with any requirements listed within the solicitation.

Name of Firm (Bidder, Proposer, A/E subconsultant/Non-A/E subconsultant/subcontractor):

Reference Project Name/Address:

Name(s) and role(s) of key personnel working on this reference project:

Reference Project Description:

Scope of Service Provided:

Professional Fees (if any): \$

Project Start Date: / Project Completion Date: /

Project Construction Cost: \$

Construction Start Date: / Construction Completion Date: /

Total Project Cost (A+B): \$

Reference Company Name:

Reference Contact Person Name:

Reference Phone Number:

E-mail:

This project complies with the experience and qualifications/preferences required under this solicitation:

Yes No NA

Please denote what Experience/Qualification and/or Preference(s) will be met with this project:

Use the space below to expand on the scope of services provided for this project:

(additional sheets of paper may be used if needed)



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

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

DE JESUS, MARCOS MARCEL

MUNDO CONSTRUCTION LLC
6886 NW 166 TERR
MIAMI FL 33014

LICENSE NUMBER: CBC1267618

EXPIRATION DATE: AUGUST 31, 2026

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

ISSUED: 07/11/2024

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.



**AMERICANS WITH DISABILITIES ACT
(ADA) DISABILITY NONDISCRIMINATION
STATEMENT**

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 the CITY OF COOPER CITY, FLORIDA

by: Marcos de Jesus owner
(print individual's name and title)

for: Mundo construction
(print name of entity submitting sworn statement)

whose business address is: 6886 nw 166 terr Miami fl 33014

and (if applicable) its Federal Employer Identification Number (FEIN) is: 99-0688826
*(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement:
(____-____-____))*

I, being duly first sworn state:

That the above named firm, corporation or organization is in compliance with and agreed to continue to comply with, and assure that any subcontractor, or third party contractor under this project complies with all applicable requirements of the laws listed below including, but not limited to, those provisions pertaining to employment, provision of programs and services, transportation, communications, access to facilities, renovations, and new construction.

The American with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104 Stat 327, 42 USC 12101-12213 and 47 USC Sections 225 and 661 including Title I, Employment; Title II, Public Services; Title III, Public Accommodations and Services Operated by Private entities; Title IV, Telecommunications; and Title V, Miscellaneous Provisions.

The Florida Americans with Disabilities Accessibility Implementation Act of 1993, Section 553.501-553.513, Florida Statutes:

The Rehabilitation Act of 1973, 29 USC Section 794;
The Federal Transit Act, as amended 49 USC
Section 1612; The Fair Housing Act as amended
42 USC Section 3601-3631.



Signature

BUSINESS ENTITY AFFIDAVIT

I, Marcos de Jesus , being first duly sworn state:

The full legal name and business address of the person(s) or entity proposing to contract or transact business with the City of Cooper City ("City") are (Post Office addresses are not acceptable), as follows:

Federal Employer Identification Number (FEIN) (If none, Social Security Number) Name of

 99-0688826

Entity, Individual, Partners or Corporation

 Mundo construction

Doing Business As (If same as above, leave blank)

<u> 6886 nw 166 terr </u>	<u> Miami </u>	<u> FI </u>
Street Address	City	State

<u> FI 01/04/24 </u>
State and Date of Incorporation:

<u> <i>Marcos de Jesus</i> </u>	<u> March 23, 2026 </u>
---	---

Signature of Affiant	Date
<u> Marcos de Jesus </u>	<u> March 23, 2026 </u>

Print Name	Date
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**Certification Regarding
Debarment, Suspension, Ineligibility
And Voluntary Exclusion**

Subcontractor Covered Transactions

The prospective subcontractor of the Recipient, Mundo construction, certifies, by submission of this document, that neither it, its principals, nor affiliates are presently debarred, suspended, proposed for debarment, declared ineligible, voluntarily excluded, or disqualified from participation in this transaction by any Federal department or agency.

SUBCONTRACTOR:

Mundo construction

By: 

Signature

City of Cooper City

Recipient's Name

Marcos de Jesus owner

Name and Title

B0251

DEM Contract Number

6886 nw 166 terr

Street Address

DEM-HL00118

Project Number

Miami fl 33014

City, State, Zip

03/23/26

Date

DOMESTIC PARTNERSHIP CERTIFICATION FORM

THIS FORM **MUST** BE COMPLETED AND SUBMITTED AT TIME OF SUBMITTAL
FOR PROPOSER TO BE DEEMED RESPONSIVE

The Proposer, by virtue of the signature below, certifies that it is aware of the requirements of Section 2-197.1 of the City of Cooper City's Code of Ordinances, "Requirement for city contractors to provide equal benefits to domestic partners", and certifies the following:

Please check only one below

- Y 1. The Proposer currently complies with the requirements of Section 2-197.1 of the City of Cooper City's Code of Ordinances and provides benefits to domestic partners of its employees and the partners' dependents on the same basis as it provides benefits to employees' spouses and the spouses' dependents

- Y 2. The Proposer will comply with the requirements of Section 2-197.1 of the City of Cooper City's Code of Ordinances at time of contract award and provide benefits to domestic partners of its employees and the partners' dependents on the same basis as it provides benefits to employees' spouses and the spouses' dependents

- Y 3. The Proposer will not comply with the requirements of Section 2-197.1 of the City of Cooper City's Code of Ordinances at time of award

- Y 4. The Proposer does not need to comply with the requirements of Section 2-197.1 of the City of Cooper City's Code of Ordinances at time of award because the following exemption applies:

Please check only one below

- Y The Proposer's price bid for the initial contract term is \$100,000 or less

- Y The Proposer employs less than twenty-five (25) employees ✓

- Y The Proposer does not provide benefits to employees' spouses or spouse's dependents

- Y The Proposer is a religious organization, association, society, or non-profit charitable or educational institution

- Y The Proposer is a government entity

- Y The Proposer cannot comply with the requirements of Section 2-197.1 of the City of Cooper City's Code of Ordinances because it would violate the laws, rules or regulations of federal or state law or would violate or be inconsistent with the terms or conditions of a grant or contract with the United States or State of Florida. Indicate the law, statute or regulation_____.
(Attach explanation of its applicability)

DOMESTIC PARTNERSHIP CERTIFICATION FORM (continued)


I, Marcos de Jesus, Owner of Mundo construction
(Name) (Title) (Proposer)


Hereby attest that I have the authority to sign this notarized certification and certify that the above-referenced information is true, complete, and correct.

 Marcos de Jesus
Signature Print Name


STATE: Florida COUNTY: Miami Dade

Sworn to (or affirmed) and subscribed before me this 23 day of March, 20 24, by: Marcos De Jesus
Name of Person Making Statement

 **YOVANA ROJAS**
Notary Public
State of Florida
Comm# HH735436
Expires 10/27/2029


Signature of Notary Public

(NOTARY SEAL) Yovana Rojas
Name of Notary Public (Typed, Printed, Stamped)

Personally Known:  OR Identification Produced: _____

Type of Identification Produced: _____

DRUG FREE WORKPLACE CERTIFICATE

I, the undersigned, in accordance with Florida Statute 287.087, hereby certify that, (print or type name of firm)

Mundo construction

- Publishes a written statement notifying that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace named above, and specifying actions that will be taken against violations of such prohibition.
- Informs employees about the dangers of drug abuse in the work place, the firm's policy of maintaining a drug free working environment, and available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug use violations.
- Gives each employee engaged in providing commodities or contractual services that are under bid or proposal, a copy of the statement specified above.
- Notifies the employees that as a condition of working on the commodities or contractual services that are under bid or proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, pleas of guilty or nolo contendere to, any violation of Chapter 1893, or of any controlled substance law of the State of Florida or the United States, for a violation occurring in the work place, no later than five (5) days after such conviction, and requires employees to sign copies of such written (*) statement to acknowledge their receipt.
- Imposes a sanction on, or requires 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.
- Makes a good faith effort to continue to maintain a drug free work place through the implementation of the drug free workplace program.

"As a person authorized to sign this statement, I certify that the above named business, firm or corporation complies fully with the requirements set forth herein".



Signature of Affiant

Marcos De Jesus

Print Name

03/23/26

Date

STATE: **FLORIDA**
COUNTY: Miami Dade

Sworn to (or affirmed) and subscribed before me this 23 day of March, 2026 by: Marcos De Jesus

Name of person making statement



Signature of Notary Public - State of Florida

(NOTARY SEAL)

Name of Notary Typed, Printed, or Stamped

Personally Known OR Produced Identification

Type of Identification Produced _____



YOVANA ROJAS
Notary Public
State of Florida
Comm# HH735436
Expires 10/27/2029

EMPLOYEE BACKGROUND VERIFICATION AFFIDAVIT

I, Marcos de Jesus of Mundo construction, attest that all personnel used in
(Print Name) (Company Name)

the performance of this work have had a criminal background check with a passing grade and have been drug tested with a passing grade and are legally documented to work in the United States.



Signature of Affiant

Marcos De Jesus

Print Name

03/23/26

Date

STATE:	FLORIDA
COUNTY:	<u>Miami Dade</u>
Sworn to (or affirmed) and subscribed before me this <u>23</u> day of <u>March</u> , 20 <u>26</u> by: <u>Marcos de Jesus</u>	
	<i>Name of person making statement</i>
	<u>Yovana Rojas</u>
	<i>Signature of Notary Public - State of Florida</i>
(NOTARY SEAL)	_____
	<i>Name of Notary Typed, Printed, or Stamped</i>
Personally Known <input checked="" type="checkbox"/>	OR Produced Identification <input type="checkbox"/>
Type of Identification Produced _____	



YOVANA ROJAS
Notary Public
State of Florida
Comm# HH735436
Expires 10/27/2029

CONTRACTOR/VENDOR E-VERIFY
AFFIDAVIT

STATE OF Florida
COUNTY OF Broward

BEFORE ME, the undersigned authority, appeared Marcos de Jesus,
who first being duly sworn hereby swears or affirms as follows:

1. I make this affidavit on personal knowledge.
2. I am over the age of 18 years and otherwise confident to make this

Affidavit.

3. I am the Owner of
Mundo construction (the "Contractor/Vendor").

4. I am authorized by N/a to make
this Affidavit on behalf of Contractor/Vendor.

5. Contractor/Vendor acknowledges that Section 448.09, Florida Statutes,
makes it unlawful for any person to knowingly employ, hire, recruit, or refer, for private
or public employment, an alien who is not duly authorized to work in the United States.

6. Contractor/Vendor acknowledges that Section 448.095, Florida Statutes,
prohibits public employers, contractors, and subcontractors from entering into a contract
unless each party to the contract registers and uses E-Verify.

7. Contractor/Vendor is in compliance with the requirements of Sections
448.09 and 448.095, Florida Statutes.

8. Contractor/Vendor understands it shall remain in compliance with the
requirements of Sections 448.09 and 448.095, Florida Statutes, during the term of any
contract with the City.

9. Contractor/Vendor's subcontractors are in compliance with the requirements of Sections 448.09 and 448.095, Florida Statutes.

10. Contractor/Vendor shall ensure compliance with the requirements of Sections 448.09 and 449.095, Florida Statutes, by any and all of its subcontractors.

11. Neither the Contractor/Vendor, nor any subcontractor of Contractor/Vendor, has had a contract terminated by a public employer for violating Section 448.095, Florida Statutes, within the year preceding the date of this Affidavit.

12. If the Contractor/Vendor, or any subcontractor of Contractor/Vendor, has a contract terminated by a public employer for any such violation during the term of any contract with the City, it shall provide immediate notice thereof to the City.

Marcos de Jesus
Signature of Affiant
on behalf of Contractor/Vendor
By: Marcos de Jesus
As its: Owner
Dated: 03/23/36

STATE OF Florida
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 23 day of March, 2020, by Marcos de Jesus, on behalf of _____, who is personally known to me or who has produced _____ as identification.



YOVANA ROJAS
Notary Public
State of Florida
Comm# HH735436
Expires 10/27/2029

Print Name: Yovana Rojas
Notary Public of the State of Florida

My Commission Expires: 10/27/2029

**FOREIGN COUNTRY OF CONCERN AFFIDAVIT –
PERSONAL IDENTIFYING INFORMATION CONTRACT**

Section 287.138, Florida Statutes, prohibits a Florida “Governmental entity”¹ from entering into or extending contracts with any other entity whereby such a contract, or extension thereof, could grant the other entity access to an individual’s personal identifying information if that entity is associated with a “Foreign Country of Concern.”² Specifically, section 287.138(2), Florida Statutes, prohibits such contracts with any entity that is owned by the government of a Foreign Country of Concern, any entity in which the government of a Foreign Country of Concern has a “controlling interest,”³ and any entity organized under the laws of or which has its principal place of business in a Foreign Country of Concern.

As the person authorized to sign on behalf of Respondent, I hereby attest that the company identified above in the section entitled “Respondent Vendor Name” is not an entity owned by the government of a Foreign Country of Concern, no government of a Foreign Country of Concern has a controlling interest in the entity, and the entity has not been organized under the laws of or has its principal place of business in a Foreign Country of Concern.

I understand that pursuant to section 287.138, Florida Statutes, I am submitting this affidavit under penalty of perjury.

Respondent Vendor Name: Mundo construction

Vendor FEIN: 99-0688826

Vendor’s Authorized Representative Name and Title: Marcos de Jesus owner

Address: 6886 nw 166 terr

City: Miami State: Fl Zip: 33014

Phone Number: 786-623-8429

Email Address: Mundoconstruction042@gmail.com

Certified By: 

AUTHORIZED SIGNATURE

Print Name and Title: Marcos de Jesus owner

Date: March 23, 2026

¹ As defined in Section 287.138 (1)(d), Florida Statutes.

² As defined in Section 287.138 (1)(c), Florida Statutes.

³ As defined in Section 287.138 (1)(a), Florida Statutes.

**FOREIGN COUNTRY OF CONCERN AFFIDAVIT –
PERSONAL IDENTIFYING INFORMATION CONTRACT**

Section 287.138, Florida Statutes, prohibits a Florida “Governmental entity”¹ from entering into or extending contracts with any other entity whereby such a contract, or extension thereof, could grant the other entity access to an individual’s personal identifying information if that entity is associated with a “Foreign Country of Concern.”² Specifically, section 287.138(2), Florida Statutes, prohibits such contracts with any entity that is owned by the government of a Foreign Country of Concern, any entity in which the government of a Foreign Country of Concern has a “controlling interest,”³ and any entity organized under the laws of or which has its principal place of business in a Foreign Country of Concern.

As the person authorized to sign on behalf of Respondent, I hereby attest that the company identified above in the section entitled “Respondent Vendor Name” is not an entity owned by the government of a Foreign Country of Concern, no government of a Foreign Country of Concern has a controlling interest in the entity, and the entity has not been organized under the laws of or has its principal place of business in a Foreign Country of Concern.

I understand that pursuant to section 287.138, Florida Statutes, I am submitting this affidavit under penalty of perjury.

Respondent Vendor Name: Mundo construction

Vendor FEIN: 99-0688826

Vendor’s Authorized Representative Name and Title: Marcos de Jesus owner

Address: 6886 nw 166 terr

City: Miami State: Fl Zip: 33014

Phone Number: 786-623-8429

Email Address: Mundoconstruction042@gmail.com

Certified By: 

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Print Name and Title: Marcos de Jesus owner

Date: March 23, 2026

¹ As defined in Section 287.138 (1)(d), Florida Statutes.

² As defined in Section 287.138 (1)(c), Florida Statutes.

³ As defined in Section 287.138 (1)(a), Florida Statutes.

NON-COLLUSION AFFIDAVIT

By submission of this affidavit, the Proposer certifies that this price is made independently and free from collusion. Proposer shall disclose below, to the best of its knowledge, any City of Cooper City officer or employee, or any spouse, son, daughter, stepson, stepdaughter, or parent of any such officer or employee, who is an officer or director of, or has a material interest in, the Proposer's business who is in a position to influence this procurement. Any City of Cooper City officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement. For purposes hereof, a person has a material interest if he or she directly or indirectly owns more than five percent (5%) of the total assets or capital stock of any business entity, or if he or she otherwise stands to personally gain if the contract is awarded to this vendor.

Failure of a vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the City of Cooper City Code of Ordinances.

NAME

N/A

RELATIONSHIP

_____	_____
_____	_____
_____	_____



Signature

STATE: <u>Florida</u>
COUNTY: <u>Miami Dade</u>
Sworn to (or affirmed) and subscribed before me this <u>23</u> day of <u>March</u> , 20 <u>24</u> , by: <u>Marcos De Jesus</u>
<small>Name of Person Making Statement</small>
<u>Yovana Rojas</u>
<small>Signature of Notary Public</small>
(NOTARY SEAL)
<small>Name of Notary Public (Typed, Printed, Stamped)</small>
Personally Known: <input checked="" type="checkbox"/> OR Identification Produced: _____
Type of Identification Produced: _____



YOVANA ROJAS
Notary Public
State of Florida
Comm# HH735436
Expires 10/27/2029

NON-CONFLICT OF INTEREST STATEMENT

1. A. I am the Owner of Mundo construction with a local office in Broward and principal office in Dade.
- [Insert Title] [Insert Company Name]
- Marcos de Jesus 100% nw 166 terr Miami fl 33014 100%
2. The entity hereby submits a proposal/offer in response to RFP 2024-6-FIN, BANKING SERVICES.
 3. The AFFIANT has made diligent inquiry and provided the information in this statement affidavit based upon its full knowledge.
 4. The AFFIANT states that only one submittal for this solicitation has been submitted and tendered by the appropriate date and time and that said above stated entity has no financial interest in other entities submitting a proposal for the work contemplated hereby.
 5. Neither the AFFIANT nor the above named entity has directly or indirectly entered into any agreement, participated in any collusion or collusive activity, or otherwise taken any action which in any way restricts or restrains the competitive nature of this solicitation, including but not limited to the prior discussion of terms, conditions, pricing, or other offer parameters required by this solicitation.
 6. Neither the entity nor its affiliates, nor anyone associated with them, is presently suspended or otherwise prohibited from participation in this solicitation or any contract to follow thereafter by any government entity.
 7. Neither the entity nor its affiliates, nor anyone associated with them, have any potential conflict of interest because and due to any other clients, contracts, or property interests in this solicitation or the resulting project.
 8. I hereby also certify that no member of the entity's ownership or management or staff has a vested interest in any City Division/Department/Office.
 9. I certify that no member of the entity's ownership or management is presently applying, actively seeking, or has been selected for an elected position within City of Cooper City government.
 10. In the event that a conflict of interest is identified in the provision of services, I, the undersigned, will immediately notify the City in writing.

By the signature(s) below, I/we, the undersigned, as authorized signatory to commit the firm, certify that the information as provided in this attachment is true and correct at the time of submission.



Signature of Affiant

Marcos de Jesus owner


Printed Name & Title of Affiant

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contact or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who holds directly or indirectly five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full legal name and address shall be provided for each trustee and each beneficiary. All such names and addresses are (Post Office addresses are not acceptable), as follows:

Full Legal Name	Address	<u>Ownership</u>
Marcos de Jesus	6886 nw 166 terr Miami fl 33014	100%
		%
		%
		%

2. The full legal names and business address of any other individual (other than subcontractors, materialmen, suppliers, laborers, or lenders) who have, or will have, any interest (legal, equitable, beneficial or otherwise) in the contract or business transaction with the City are (Post Office addresses are not acceptable), as follows:



Signature of Affiant
Marcos De Jesus

Print Name
03/23/26

Date

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

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

1. This sworn statement is submitted to the CITY OF COOPER CITY, FLORIDA

by: Marcos de Jesus owner
(print individual's name and title)

for: Mundo construction
(print name of entity submitting sworn statement)

whose business address is: 6886 nw 166 terr Miami fl 33014 and

(if applicable) its Federal Employer Identification Number (FEIN) is: 99-0688826.

(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: _____ - _____ - _____).

2. 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 of 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 misrepresentations.

3. I understand that "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, non-jury trial, or entry of a plea of guilty or nolo contendere.

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

- a) A predecessor or successor of a person convicted of a public entity crime; or
- b) 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 36 months shall be considered an affiliate.

5. 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 proposals 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.

6. Based on information and belief, the statement that 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 officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, not any affiliate of the entity, has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

This 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.

_ 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 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 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.

A handwritten signature in black ink, appearing to be "M. [unclear]", written over a horizontal line.

Signature

Scrutinized Companies Affidavit

CERTIFICATION PURSUANT TO FLORIDA STATUTE § 287.135

I, Marcos de Jesus owner, on behalf of, Mundo construction

Print Name and Title

Company Name

certify that Mundo construction 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.

Mundo construction

COMPANY NAME

Marcos de Jesus owner

PRINT NAME & TITLE



SIGNATURE

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-NEC (nonemployee compensation).
- 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), and 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.

Caution: If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);
2. Certify that you are not subject to backup withholding; or
3. Claim exemption from backup withholding if you are a U.S. exempt payee; and
4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding. Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester;
2. You do not certify your TIN when required (see the instructions for Part II for details);
3. The IRS tells the requester that you furnished an incorrect TIN;
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or
5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under "*By signing the filled-out form*" above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

• **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note for ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

• **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or “doing business as” (DBA) name on line 2.

• **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

• **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.

• **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner’s name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For

example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

IF the entity/individual on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation.
• Individual or • Sole proprietorship	Individual/sole proprietor.
• LLC classified as a partnership for U.S. federal tax purposes or • LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	Limited liability company and enter the appropriate tax classification: P = Partnership, C = C corporation, or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

Note: A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space on line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).

- 2—The United States or any of its agencies or instrumentalities.
- 3—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities.
- 5—A corporation.
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory.
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission.
- 8—A real estate investment trust.
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940.
- 10—A common trust fund operated by a bank under section 584(a).
- 11—A financial institution as defined under section 581.
- 12—A middleman known in the investment community as a nominee or custodian.
- 13—A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
• Interest and dividend payments	All exempt payees except for 7.
• Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
• Barter exchange transactions and patronage dividends	Exempt payees 1 through 4.
• Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5. ²
• Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

¹ See Form 1099-MISC, Miscellaneous Information, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).

B—The United States or any of its agencies or instrumentalities.

C—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.

G—A real estate investment trust.

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.

I—A common trust fund as defined in section 584(a).

J—A bank as defined in section 581.

K—A broker.

L—A trust exempt from tax under section 664 or described in section 4947(a)(1).

M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have, and are not eligible to get, an SSN, your TIN is your IRS ITIN. Enter it in the entry space for the Social security number. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/EIN. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The grantor*

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

* **Note:** The grantor must also provide a Form W-9 to the trustee of the trust.

** For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information, such as your name, SSN, or other identifying information, without your permission to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax return preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity, or a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 877-777-4778 or TTY/TDD 800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Go to www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.



**STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION**

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 12/6/2024

EXPIRATION DATE: 12/6/2026

PERSON: MARCOS M DE JESUS

EMAIL: MUNDOCONSTRUCTION042@GMAIL.COM

FEIN: 990688826

BUSINESS NAME AND ADDRESS:

MUNDO CONSTRUCTION LLC

6886 NW 166 TERR

MIAMI, FL 33014

This certificate of election to be exempt is NOT a license issued by the Department of Business and Professional Regulation. To determine if the certificate holder is required to have a license to perform work or to verify the license of the certificate holder, go to www.myfloridalicense.com.

IMPORTANT: Pursuant to subsection 440.05(13), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(11), F.S., Certificates of election to be exempt issued under subsection (3) apply only to the corporate officer named on the notice of election to be exempt. Pursuant to subsection 440.05(12), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.