



PLANT SUPPLY AND INSTALLATION AT VARIOUS LOCATIONS

ITB# MP-24-27

29FEB2024

**PREPARED FOR:**

TOWN OF DAVIE

**CONTACT PERSON:**

HANOI MACIAS

(954)680-6360

GREENDREAMSPARADISE@YAHOO.COM

ITB# MP-24-27

Green Dreams Paradise Corp.  
Company Submitting Bid

## INVITATION TO BID



**ITB NO.** MP - 24 - 27

**TITLE** PLANT SUPPLY AND INSTALLATION AT VARIOUS LOCATIONS

**AVAILABLE** THURSDAY, FEBRUARY 8<sup>th</sup>, 2024

**VIRTUAL** WEDNESDAY, FEBRUARY 21<sup>ST</sup>, 2024 at 2:00PM EST

**NON-MANDATORY PRE-BID CONFERENCE** Meeting Information:  
Meeting link:  
<https://daviepurchasing.webex.com/daviepurchasing/j.php?MTID=m1fc70b53ca194f3c1f227075a45d0808>

Meeting number:  
2332 717 1578  
Password:  
FJwnrwR6b62

Join by video system  
Dial 23327171578@daviepurchasing.webex.com  
You can also dial 173.243.2.68 and enter your meeting number.

Join by phone  
+1-408-418-9388 United States Toll  
Access code: 2332 717 1578

**DUE DATE** 2:00PM EST on THURSDAY, FEBRUARY 29<sup>th</sup>, 2024

**SUBMIT TO** DEMANDSTAR

**ESTIMATED BUDGET** \$150,000.00

**BONDS** N/A

Download Bid Information for Free at: <https://www.davie-fl.gov/bids>

Town of Davie Supplier Central: <https://www.davie-fl.gov/877/Supplier-Central>

**Pursuant to Town Code Section No. 2-320 a Cone of Silence is hereby imposed on this solicitation.**

**SECTION 5.0 BID FORM**

<b><u>TREES/PALMS</u></b>		
<b>Item No.</b>	<b>Item Description (Minimum Standards)</b>	<b>Unit Price</b>
1.	Acer rubrum - Red Maple, 12' HT, 2.5" caliper, 4 Ft. spread	\$ 500
2.	Bulnesia Arborea - Verawood, 10-12' HT, 2" caliper, 4 Ft. spread	\$ 500
3.	Burseria Simaruba - Gumbo Limbo, 12-14' HT, 2.5" caliper, 5' spread	\$ 550
4.	Caesalpinia Granadillo - Bridalveil Tree, 10' HT, 2" caliper	\$ 500
5.	Clusia Flava - Small Leaf Pitch Apple, 10-12' HT. 3" caliper. Straight leader.	\$ 500
6.	Coccoloba Diversifolia - Pigeon Plum, 12' HT, 2.5" caliper, 4 ft. spread	\$ 600
7.	Conocarpus Erectus - Silver Buttonwood, 10' HT, 2" caliper, 3' spread	\$ 500
8.	Cupressus Sempervirens - Italian Cypress, 11-12' HT. 25 G. Full canopy	\$ 400
9.	Delonix Regia - Royal Poinciana, 12' HT, 2.5" caliper, 5' spread	\$ 500
10.	Elaeocarpus Decipens - Japanese Blueberry, 8' HT, 2" caliper	\$ 600
11.	Eugenia Foetida - Spanish Stopper, 8' HT, 2" caliper	\$ 500
12.	Ilex Cassine - Dahoon Holly, 12-14' HT, 2.5" caliper	\$ 500
13.	Lagerstroemia Indica 'Muskogee' - Crape Myrtle 10-12' HT, multi-stem, full canopy 4 stem minimum with at least a 2" caliper of one of the stems	\$ 500
14.	Lagerstroemia Indica 'Muskogee' - Crape Myrtle, 10-12' HT, single stem, 2.5" caliper	\$ 500
15.	Livistona Decora - Ribbon Palm, 18' HT, 8' CT, field grown	\$ 800
16.	Lysiloma Latisiliquuum - Wild Tamarind, 12' HT, 2.5" caliper, 5 ft. spread	\$ 500
17.	Pinus Elliottii Var. 'Densa' - South Florida Slash Pine, 10- 12' HT, 2.5" caliper	\$ 500
18.	Ptychosperms Elegans - Alexander Palm, 16' HT, single trunk	\$ 600
19.	Ptychosperms Elegans - Alexander Palm, 16' HT, double trunk	\$ 600
20.	Quercus Virginiana - Southern Live Oak, 12-14' HT, 2.5" Caliper, 4' spread, full canopy	\$ 600
21.	Quercus Virginiana - Southern Live Oak, 14-16' HT, 3" Caliper, 5' spread, full canopy	\$ 650
22.	Roystonea Regia - Royal Palm, 20' HT, 8' FT Gray wood	\$ 600

Item No.	Item Description (Minimum Standards)	Unit Price
23.	Sabal Palmetto - Sable Palm slick, Straight trunk, 10' CT	\$ 350
24.	Sabal Palmetto - Sable Palm slick, Straight trunk, 12' CT	\$ 350
25.	Sabal Palmetto - Sable Palm slick, Straight trunk, 14' CT	\$ 350
26.	Sabal Palmetto - Sable Palm 'booted', Straight trunk, 10' CT	\$ 350
27.	Sabal Palmetto - Sable Palm 'booted', Straight trunk, 12' CT	\$ 350
28.	Sabal Palmetto - Sable Palm 'booted', Straight trunk, 14' CT	\$ 350
29.	Serenoa Repena - Saw Palmetto, 7 G., 16" HT,	\$ 400
30.	Simaruba Glauca - Paradise Tree, 10-12' HT, 2" caliper, 4' spread.	\$ 500
31.	Swietenia Mahagoni - Mahogany, 12' HT, 2.5" caliper, 5 ft. spread	\$ 500
32.	Tabebuia Caraiba - Silver Trumpet (Yellow Flower), 10-12' HT, 2.5" caliper, 4' spread	\$ 500
33.	Tabebuia Heterophylla - Pink Tabebuia, 12' HT, 2.5 caliper. 4 ft. spread	\$ 500
34.	Taxodium Distichum - Bald Cypress, 10-12' HT, 2.5" caliper	\$ 500
35.	Thrinax Radiate - Florida Thatch Palm, 8' HT, 4' CT, single stem	\$ 600
36.	Thrinax Radiate - Florida Thatch Palm, 8' HT, 4' CT, double stem	\$ 700
37.	Thrinax Radiate - Florida Thatch Palm, 8' HT, 4' CT, triple stem	\$ 700
38.	Thrinax Radiate - Florida Thatch Palm, 10' HT, 5' CT, single stem	\$ 700
39.	Thrinax Radiate - Florida Thatch Palm, 10' HT, 5' CT, double stem	\$ 700
40.	Thrinax Radiate - Florida Thatch Palm, 10' HT, 5' CT, triple stem	\$ 700
41.	Veitchia Montgomeryana - Montgomery Palm, 16' HT, single stem	\$ 600
<b><u>SHRUBS, GROUNDCOVER AND SOIL</u></b>		
Item No.	Item Description (Minimum Standards)	Unit Price
42.	Acalyphaa Wilkesiana 'Louise' - Copperleaf, 3 G., 16" HT	\$ 10
43.	Alpinian Zerumbet 'Variegata' Variegated Shell Ginger, 3G., 24" HT	\$ 14
44.	Arachis Glabrata - Perennial Peanut, 1 G., fully rooted	\$ 6



Item No.	Item Description (Minimum Standards)	Unit Price
45.	Callicarpa Americana - Beautyberry, 3 G., 20" HT	\$ 10
46.	Chrysobalanus Icaci 'Horizontalis' Horizontal Cocoplum, 3 G., 12" HT	\$ 10
47.	Chrysobalanus Icaci 'Red Tip' - Red Tip Cocoplum, 3 G., 18" HT	\$ 10
48.	Clusia Guttifera - Small Leaf Clusia, 3 G., 16" HT	\$ 10
49.	Codiaeum Variegatum 'Eleanor Roosevelt'- Croton, 3 G., 12" HT.	\$ 10
50.	Codiaeum Variegated 'Mammy'- Croton, 3 G., 16" HT, 3 or more plants per pot	\$ 10
51.	Dianella Tasmanica- Blueberry Flax Lily, 3 G., 12" x 18" HT minimum	\$ 10
52.	Eugenia Foetida- Spanish Stopper, 3 G., 20" HT	\$ 10
53.	Euphorbia milii- Crown of Thorns (red), 3 G., 6" HT	\$ 10
54.	Ficus microcarpa 'Green Island' Green Island Ficus, 3 G., 14"HT x 10"	\$ 11
55.	Hamelia Patens 'Compacta' - Dwarf Firebush, 3 G., 20"HT x 14"	\$ 10
56.	Helianthus Debilis- Dune Sunflower, 1 G., 12" x12", untrimmed	\$ 6
57.	Ilex Vomitoria 'stokes'- Dwarf Youpon Holly, 3 G., 12 x 12"	\$ 10
58.	Ixora 'Petite' - Red Taiwan Dwarf Ixora, 3 G., 14" HT	\$ 10
59.	Jatrophia, Multi-Stem (3+), 3 G., 18" HT	\$ 10
60.	Juniperus Chineses "Parsoni" Juniper, 3 G., 12" x 12"	\$ 10
61.	Juniperus Conferta "Compacta"-Dwarf Shore Juniper, 3 G., 4"HT x 8"	\$ 10
62.	Lantana Montevidensis 'Purple'- Trailing Lantana, 1 G., 8" x 8"	\$ 6
63.	Lantana Montevidensis 'Yellow'- Trailing Lantana, 1 G., 8" x 8"	\$ 6
64.	Lantana Depressa- Pineland FL Lantana 'Yellow', 1 G., 8" x 8"	\$ 6
65.	Microsorium Scolopendrium- Wart Fern, 1 G., 6" x 6"	\$ 8
66.	Muhlenbergia Capillaries- Pink Muhly Grass, 3 G., 24" HT	\$ 11
67.	Pentas Lanceolata, white and red colors, 8" HT. 6" spread, dense	\$ 2.50

Item No.	Item Description (Minimum Standards)	Unit Price
68.	Plumbago Auriculata- Blue Plumbago, 3 G., 16" HT x 8"	\$ 10
69.	Podocarpus Macrophyllus 'Pringles'- Dwarf Podocarpus, 3 G., 14" x 12"	\$ 10
70.	Podocarpus Macrorphyllus 'Pringles'- Dwarf, Podocarpus, 7 G., 24" HT	\$ 28
71.	Rhaphirolepsis Indica 'Alba' Indian Hawthorn, 3G., 14" x 14"	\$ 10
72.	Schefflera Arboricola 'Trinnette', 3 G., 18" HT x 12"	\$ 10
73.	Stachytarpheta Jamaicensis- Native Porterweed, 1 G., 10" x 12"	\$ 0
74.	Tripsacum Florida- Dwarf Fakahatchee Grass, 3 G., 20" HT x 14"	\$ 10
75.	Zamia Pumila- Coontie 7 G., 12" x 12"	\$ 28
76.	Planting Soil, One Cubic Yard of 70/30 sand/muck mix, delivered and distributed as needed.	\$ 42

**TOTAL BID AMOUNT WRITTEN IN WORDS (Item No. 1-76)**


Twenty two thousand and ninety dollars 50/100

**Notes:**

- Unit prices shall be utilized when multiple plants are ordered.
- HT= Overall Height, G= Gallon Container, CT= Clear Trunk, Spread= Crown Diameter

<b>Additional Services</b>	
Hourly rate to dig up and remove existing plant material and/or prepare the site. This is strictly for unanticipated conditions that require additional labor as described in Section 4.1 (E)	\$ <u>48</u> /Hour

**IMPORTANT:** This signed bid form shall be considered an offer on the part of the bidder. Failure to sign this form is grounds for immediate disqualification. By signing this document, you are affirming that you have read and understood the terms, conditions, and information included within this solicitation. That all the information provided above is true and accurate. That the business associated with this solicitation has not been debarred, convicted of a public entity crime, and does not have a conflict of interest in any manner as described herein. That you have the proper authority to sign this document and the ability to bind this business entity to the terms and conditions herein.

<b>Vendor Name:</b> Green Dreams Paradise Corp.
<b>Authorized Signature:</b> 
<b>Print Name:</b> Hanoi Macias
<b>Title:</b> President

**Bidder agrees to accept the VISA Procurement card for payment.**  
**Circle one: YES OR NO**

## Bid Checklist

The following are requirements of this Bid, as indicated below. Use of this checklist may help ensure that your submission is complete.

Place a check mark in the "Done" column as you complete and enclose each item.

Required	Done	Requirement
√	√	Completed and Signed Bid Form
√	√	Acknowledgement of Addenda (if any)
√	√	Local Preference Form (if applicable)
√	√	Client Reference Form
√	√	Bidder/Proposer Questionnaire
√	√	Affidavit of Compliance with Foreign Entity Laws Form
√	√	Vendor Registration Form
√	√	Licenses and/or Certifications (if applicable)
√	√	Proof of Insurance
√	√	Business Tax Receipt [Occupational License(s)]
√	√	State of FL Sunbiz <i>OR</i> State Registration (if not required to have State of FL Sunbiz)
√	√	W9

*This checklist is for your guidance. Please read the entire Bid thoroughly to ensure that your submission is complete.*



**SECTION 6.0 REQUIRED FORMS**

**AFFIDAVIT OF ELIGIBILITY FOR LOCAL VENDOR PREFERENCE**

**(Davie Code of Ordinances Sec. 2-326)**

**\*\*Complete the boxes below as applicable.\*\***

1. \_\_\_ My Business is located within the **Town of Davie**.

Legal Name of Firm:	
Taxpayer ID No.:	
Physical Address: <small>SHALL NOT BE A P.O. BOX OR RESIDENCE</small>	
Phone Number:	
Email Address:	
Has the business name changed since it was opened in Davie? Yes ___ No ___	
If yes, provide the previous business name:	
Date your business was established in Town of Davie:	
Business License Number:	Date Issued:
The business employs _____ (insert a number) full time employees.	

2. \* My Business is located within **Broward County**.

Legal Name of Firm: <u>Green Dreams paradise corp.</u>	
Taxpayer ID No.: <u>40-3437169</u>	
Physical Address: <u>4021 SW 185 way. South West Ranches, FL. 33332</u> <small>SHALL NOT BE A P.O. BOX OR RESIDENCE</small>	
Phone Number: <u>(954) 680-0360</u>	
Email Address: <u>greendreamsparadise@yahoo.com</u>	
Has the business name changed since it was opened in Broward County? Yes ___ No <u>X</u>	
If yes, provide the previous business name:	
Date your business was established in Broward County: <u>08/2013</u>	
Business License Number: <u>324-270371</u>	Date Issued:
The business employs <u>20</u> (insert a number) full time employees.	

\* I have attached copies of applicable Business Tax Receipt(s) (REQUIRED).

The undersigned states that the forgoing statements are true and correct. The undersigned also acknowledges that any person, firm, corporation or entity intentionally submitting false information to the Town in an attempt to qualify for local preference shall be prohibited from bidding on Town of Davie products and services for a period of one (1) year.

Authorized Signatory:  Print Name: Hanoi Macias



**CLIENT REFERENCE FORM**

Provide a minimum of three (3) client references from recent similar transactions.

1) Name of Client Entity: AIMCO / AIR COMMUNITIES

Address: 1504 Bay Rd.

City/State/Zip: Miami Beach, FL. 33139

Contact: Ulysses Dominguez

Title: Director of Service, quality and construction

Email Address: ulysses.dominguez@aircommunities.com

Telephone: (305) 773-5911

Scope of Work: Lawn maintenance & irrigation maintenance.

Description of Services Provided: We serve all AIMCO throughout

the Southern Florida region from Miami Beach to Naples. We provide maintenance to brand new installation of irrigation and plants to newly built properties.

2) Name of Client Entity: Village of El Portal

Address: 500 NE 87th Street

City/State/Zip: El Portal, FL. 33138

Contact: Christia E. Aiou.

Title: Village Manager

Email Address: villagemanager@villageofelportal.org

Telephone: (305) 795-7880

Scope of Work: Landscaping and Tree Services

Description of Services Provided: Mowing, pruning, debris removal, tree removal, landscape installations, arborist services, hurricane restoration

3) Name of Client Entity: City of Tamarac

Address: 10101 State Street

City/State/Zip: Tamarac, FL. 33321

Contact: Levertis Byrd.

Title: Grounds Maintenance Services

Email Address: levertis.byrd@tamarac.org

Telephone: (954) 597-3717

Scope of Work: Tree Trimming and Planting

Description of Services Provided: Tree and palm installations, tree and palm removals, trimming,

**REQUIRED PROPOSER/BIDDER QUESTIONNAIRE**

Name of Firm: Green Dreams Paradise Date: 02/28/24

Primary Contact Person for this ITB: Hanoi Macias

Primary Contact Person Email Address: greendreamsparadise@yahoo.com

Primary Contact Person Phone Number: (954) 680-6360

1. How many years has your firm been in business under its present business name?: 10 years

2. Under what other former name(s) has your firm operated?: N/A

3. Have any similar agreements held by proposer for a similar project to the proposed project ever been canceled? Circle one:  No  Yes If yes, please explain: \_\_\_\_\_

4. Has the proposer or any principals of the firm failed to qualify as a responsible proposer, refused to enter into a contract after an award has been made, failed to complete a contract during the past five (5) years, or been declared to be in default in any contract in the last five (5) years? Circle one:  No  Yes

If yes, please explain: \_\_\_\_\_

5. Has the proposer or any principals of the firm ever been declared bankrupt or reorganized under Chapter 11 or put into receivership? Circle one:  No  Yes

If yes, please explain and give date, court jurisdiction, action taken, and any other explanation deemed necessary: \_\_\_\_\_

6. Litigation/Judgements/Settlements/Debarments/Suspensions – Submit information on any pending litigation and any judgements and settlements of court cases relative to providing the services requested herein that have occurred within the last three (3) years. Also indicate if your firm has been debarred or suspended from bidding or proposing on a procurement project by any government entity during the last five (5) years. N/A

7. Provide information on the circumstances and status of any disciplinary action taken or pending against the firm during the past three (3) years with state regulatory bodies or professional organizations.

N/A



**AFFIDAVIT OF COMPLIANCE WITH FOREIGN ENTITY LAWS**

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

1. Entity is not owned by the government of a foreign country of concern as defined in Section 287.138, Florida Statutes. (Source: § 287.138(2)(a), Florida Statutes)
2. The government of a foreign country of concern does not have a controlling interest in Entity. (Source: § 287.138(2)(b), Florida Statutes)
3. Entity is not organized under the laws of, and does not have a principal place of business in, a foreign country of concern. (Source: § 287.138(2)(c), Florida Statutes)
4. Entity is not owned or controlled by the government of a foreign country of concern, as defined in Section 692.201, Florida Statutes. (Source: § 288.007(2), Florida Statutes)
5. Entity is not a partnership, association, corporation, organization, or other combination of persons organized under the laws of or having its principal place of business in a foreign country of concern, as defined in Section 692.201, Florida Statutes, or a subsidiary of such entity. (Source: § 288.007(2), Florida Statutes)
6. Entity is not a foreign principal, as defined in Section 692.201, Florida Statutes. (Source: § 692.202(5)(a)(1), Florida Statutes)
7. Entity is in compliance with all applicable requirements of Sections 692.202, 692.203, and 692.204, Florida Statutes.
8. *(Only applicable if purchasing real property)* Entity is not a foreign principal prohibited from purchasing the subject real property. Entity is either (a) not a person or entity described in Section 692.204(1)(a), Florida Statutes, or (b) authorized under Section 692.204(2), Florida Statutes, to purchase the subject property. Entity is in compliance with the requirements of Section 692.204, Florida Statutes. (Source: §§ 692.203(6)(a), 692.204(6)(a), Florida Statutes)
9. The undersigned is authorized to execute this affidavit on behalf of Entity.

Date: February 28, 2024      Signed: [Signature]

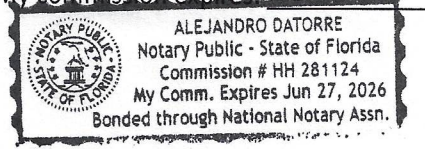
Entity: Green Dreams      Name: Hanoi Macias  
Paradise      Title: President

STATE OF Florida  
COUNTY OF Broward

The foregoing instrument was acknowledged before me, by means of  physical presence or  online notarization, this 28 day of February, 2024, by Hanoi Macias, as \_\_\_\_\_ for \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification.

Notary Public Signature: [Signature]  
Print Name: Alejandro Datorre

State of Florida at Large (Seal)  
My commission expires: \_\_\_\_\_



**SOURCE OF INFORMATION SURVEY**

How did you find out about this solicitation? Check all that apply:

1. www.davie-fl.gov

2. www.demandstar.com

3. The Sun-Sentinel

5. Referral/word-of-mouth

Specify Source: \_\_\_\_\_

6. Search Engine/Internet search

7. E-mail

Specify Source: \_\_\_\_\_

8. Banner or Link on another website

9. Flyer, newsletter, direct mail

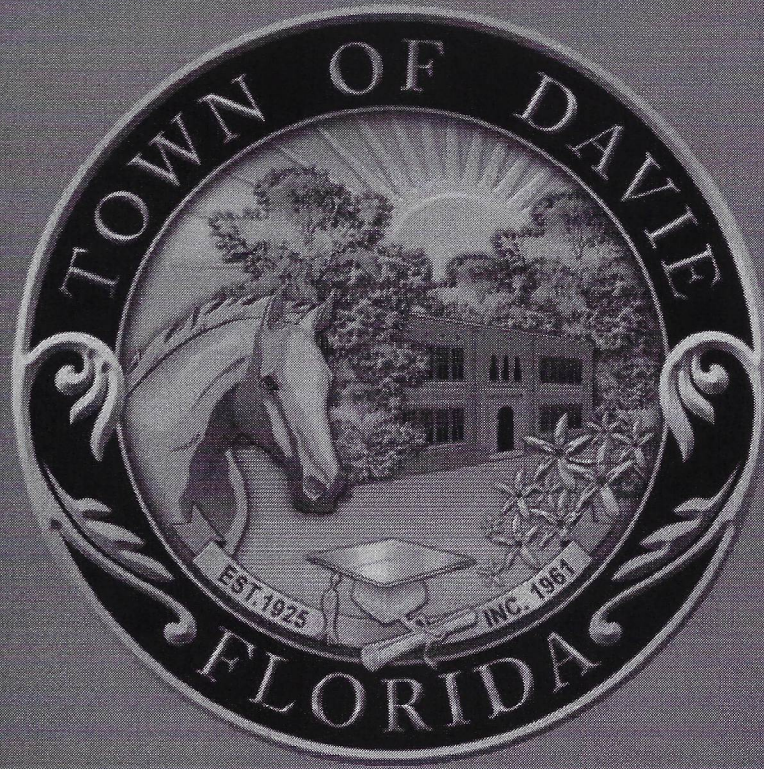
Specify Source: \_\_\_\_\_

10. Other, Specify Source: \_\_\_\_\_

*Please note: This survey form is used for internal Procurement purposes only.*



TOWN OF DAVIE



VENDOR REGISTRATION  
FORM



## VENDOR INFORMATION

Is this a form being filled out as a new application or an update to an existing application?

New Application

Updating Application

Vendor Name:

(Business Name Registered With The State OR Full Name If An Individual)

Green Dreams Paradise Corp.

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Mailing Address:

6021 SW 185 Way  
Southwest Ranches, FL. 33332

Remit to Address

(If Different from Mailing Address):

N/A

---

Contact Name:

Hanoi Macias

---

Telephone:

954-680-6360

---

Federal Tax ID Number:

46-3437169

---

Fax Number:

N/A

---

Company Email Address:

greendreamsparadise@yahoo.com

---

Business Website (If Applicable):

N/A

---

### Emergency Contact Information

Please enter information the Town can use to contact you for disaster or emergency services below

Name	Contact Information
Mabel Martinez	954-604-2877
Alejandro Datorre	305-793-6401
Diana Castaneda	954-554-8124

Have you been awarded any government contracts recently or in the past? If yes, please list the contract #'s, the agency, the service provided , and if it is still active.

Town of Davie:

- ROW Landscape Services for Pine Island Ridge Medians, ITB# RM-21-81 Active
- Tree Pruning, Removal and Stump Grinding Services, ITB-DS-22-18, Active
- ROW Landscape Maintenance for Zone 1 and Zone 2, ITB# RM-22-24, Active
- Plant Supply and Installation at Various Locations, ITB-DS-22-32, Active
- Medjool Date Palm Installation on Davie Rd, ITQ# JA-23-37

City of Oakland Park:

Streetscape Maintenance Services, ITB #033023, Active

The Village of El Portal:

Landscaping and Tree Services, RFP No. 2023-02, Active

## **Products & Services**

In the space provided below please indicate any product or services that your firm provides

Landscape maintenance and new landscape installation  
Irrigation wet check, repairs and maintenance  
New irrigation done by plans  
Fertilization and pest control  
Stump grinding  
Debris removal

**Ownership Disclosure**

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

<u>Full Legal Name</u>	<u>Address</u>	<u>Ownership %</u>
Hanoi Macias	6021 SW 185 Way, SW Ranches, FL. 33332	100%

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

<u>Full Legal Name</u>	<u>Address</u>



3. The officers of the Corporation are as follows:

<u>Name</u>	<u>Address</u>
President: <u>Hanoi Macias</u>	<u>6021 SW 185 Way, Southwest Ranches, FL. 33332</u>
Vice President: _____	_____
Secretary: _____	_____
Treasurer: <u>Alejandro Datorre</u>	<u>6021 SW 185 Way, Southwest Ranches, FL. 33332</u>
Registered Agent: _____	_____

## VENDOR REQUIREMENTS GUIDE

The purpose of this section is to assist you with certain requirements when doing business with the Town. The below listed key points have been developed to assist you in providing necessary information that will result in a smoother procurement and contracting process. This will expedite the ordering process and help to ensure your payments are made in a timely fashion.

### When Providing A Quote Related To A Contract, Please Do The Following

- a. You must reference the contract number that is being utilized to develop the quote.
- b. You must remove any extraneous terms and conditions that are not related to the referenced contract on your quote.
- c. Remove any request for an authorized signature on the quote. A purchase order can be provided.
- d. If you are quoting prices based on a cost-plus contract, please show your  $\text{Cost} + \% \text{ of Markup} = \text{Total Cost}$ . This will help us verify that your pricing complies with the contract. We ask that you provide evidence of your cost (supplier invoice/receipt) using this model.
- e. If you are quoting prices based on a discount off list, please show  $\text{List Price} + \% \text{ Discount} = \text{Total Cost}$ . This will help us verify that your pricing complies with the contract and will provide evidence of the list price as well.
- f. If your quoted prices are based on a unit price contract, please ensure the pricing matches the contract.
- g. If permits are applicable, please be sure to include those costs on your quote.
- h. Please verify if freight is allowed, or not, before submitting your quote.
- i. Is installation applicable to the contract, or not? If not, please be sure to notate.
- j. When awarded a contract by the Town or the Town chooses to piggyback a contract, please inform all sales and accounting teams that the Town will be utilizing said contract.
- k. Please ensure all pricing is loaded into your information system.



**All Invoices To The Town MUST Include The Following Information  
Or It WILL Be Rejected.**

- a. Must include a PO# when a purchase order has been provided.
- b. Must include a non-repetitive invoice number.
- c. Must show contract pricing, if applicable to a contract.
- d. No freight charges shall be included unless the contract provides for freight terms.
- e. All invoices shall be sent to the ordering department or division. This will help to expedite your payment process. Some departments have set up e-mail addresses to which invoices should be submitted. It is advisable to request such email address when speaking to the department you are doing business with.
- f. The Town's policy is to pay within 30 days; however, Florida Law is net 45 days from the receipt of a **proper** invoice.
- g. The Town is a Tax-Exempt entity therefore all sales tax shall be excluded.
- h. The Town will pay either by Purchasing Card (credit card) or Purchase Order/Invoice. The Town will not pay any convenience fees for Purchasing Card transactions. If it is your policy to charge transaction fees, you must request a PO before an order is placed.

**Packages And Deliveries**

All packages must include the "ship to" address and contact information of the person who placed the order on the outside of the package. Without this information, the Town may be unable to verify delivery.

**Vendor Self Service**

If you are already registered as a vendor with the Town click below to visit the Vendor Self Service Portal to check information on 1099 History, Payments, Purchase Orders and Invoices that the Town has on file.



**TOWN OF DAVIE  
CERTIFICATION PURSUANT TO FLORIDA STATUTE § 287.135**

Green Dreams Paradise Corp. does not:  
*Company Name*

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

Affirm:



## TOWN OF DAVIE CERTIFICATION REGARDING DEBARMENT

### **Certification Regarding Debarment, Suspension And Other Responsibility Matters TO BE COMPLETED BY PROSPECTIVE VENDOR**

- A. The prospective Vendor certifies that it and its principals (subcontractors and suppliers):
1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or involuntarily excluded by any Federal, State, County, City or Town or other government agency;
  2. Have not within a three (3) year period preceding this bid proposal been convicted of or had a civil judgment entered against it for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, City or Town or other local agency) transaction or contract; 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;
  3. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State or local) within commission of any of the offenses enumerated in paragraph (A)(2) of this certification; and
  4. Have not within a three (3) year period preceding this bid proposal had one or more public contracts (Federal, State, City or Town or other agency) terminated for cause or default.
- B. Where the prospective Vendor is unable to certify to any of the statements in this certification, an authorized signatory to this proposal shall complete, sign and attach a detailed explanation.

Affirm:

**E-VERIFY FORM**

Company/FirmName:

**Green Dreams Paradise Corp.**

Vendor/Consultant/Contractor and any sub-contractors shall comply with Section 448.095, Fla. Stat., "Employment Eligibility," including registration and use of the E-Verify system to verify the work authorization status of employees. Failure to comply with Section 448.095, Fla. Stat. shall result in termination of the resulting Contract/Purchase Order, if awarded. Any challenge to termination under this provision must be filed in the Circuit Court no later than 20 calendar days after the date of termination. If the contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of 1 year after the date of termination. The Contractor shall be liable for any additional costs incurred by the Town as a result of the termination of this contract.

Vendor/Consultant acknowledges and agrees to utilize the U.S. Department of Homeland Security's E-Verify System to verify the employment eligibility of:

- (a) all persons employed by Vendor/Consultant to perform employment duties within Florida during the term of the contract; and
- (b) all persons (including SUBCONTRACTORS/SUBVENDORS) assigned by Vendor/Consultant to perform work pursuant to the contract with the Department. The Vendor/Consultant acknowledges and agrees that use of the U.S. Department of Homeland Security's E-Verify System during the term of the contract is a condition of the contract with the Town of Davie.

By executing this form, I, Hanoi Macias, being duly authorized by and on behalf of, Contractor, verify Contractor's compliance with Section 448.095, Fla. Stat. I hereby declare under penalty of perjury that the foregoing is true and correct.

Affirm:



## Vendor or Contractor Conflict of Interest Disclosure Statement

### What Defines A Conflict Of Interest According To The Town:

A. An officer, director, employee, agent, or other consultant of the Town or a member of the immediate family or household of the aforesaid has directly or indirectly received or been promised any form of benefit, payment or compensation, whether tangible or intangible, in connection with a grant of the Agreement with the Town or its Departments.

B. There are undisclosed persons or entities interested with the Contractor in the Agreement. The Agreement is entered into by the Contractor with a connection with another entity or person making a proposal for the same purpose, and possibly with collusion, fraud or conflict of interest. Elected or appointed officer(s) or official(s), director(s), employee(s), agent(s) or other consultant(s) of the Town, or of the State of Florida (including elected and appointed members of the legislative and executive branches of government), or member of the immediate family or household of any of the aforesaid:

- 1.) Is interested on behalf of or through the Contractor directly or indirectly in any manner whatsoever in the execution or the performance of the Agreement, or in the services, supplies or work, to which the Agreement relates or in any portion of the revenues; or
- 2.) Is an employee, agent, advisor, or consultant to the Contractor or to the best of the Contractor's knowledge, any subcontractor or supplier to the Contractor.

### **DISCLOSURE OF CONFLICT OF INTEREST**

VENDOR SHALL DISCLOSE BELOW, TO THE BEST OF HIS OR HER KNOWLEDGE, ANY TOWN OF DAVIE OFFICER OR EMPLOYEE, OR ANY RELATIVE OF ANY SUCH OFFICER OR EMPLOYEE AS DEFINED ABOVE AND IN SECTION 112.3135, FLORIDA STATUTES, WHO IS AN OFFICER, PARTNER, DIRECTOR OR PROPRIETOR OF, OR HAS A MATERIAL INTEREST IN THE VENDOR'S BUSINESS OR ITS PARENT COMPANY, ANY SUBSIDIARY, OR AFFILIATED COMPANY, WHETHER SUCH TOWN OFFICIAL OR EMPLOYEE IS IN A POSITION TO INFLUENCE THIS PROCUREMENT OR NOT.



Please indicate below if there is a Conflict Of Interest.  
(Please select one option)

YES       NO

If you indicated yes above please list the names and relationships of those who you believe would lead to a conflict of interest in the space provided below

Name:	Relationship:
_____	_____
_____	_____
_____	_____

---



---

By signing this document you are affirming that you have read and understood the terms, conditions, and information above. That all the information provided above is true and accurate. That the business associated with this application has not been debarred and does not have a conflict of interest in any manner as described above. That you have the proper authority to sign this document.

**Hanoi Macias, President**

Name & Title, Typed or Printed



Authorized Signature

02/28/2024

Date



**ADDENDUM TO BID DOCUMENTS**

**SOLICITATION** ITB# MP-24-27 Plant Supply and Installation

**ADDENDUM No.** 1      **BID DUE DATE** 2:00 PM EST  
ON 02/29/2024      **TODAY'S DATE** 2/13/2024

To All Bidders:

This addendum is issued to modify the previously issued bid documents and/or given for informational purposes, and is hereby made a part of the bid documents. Please attach this addendum to the documents in your possession and acknowledge receipt of this addendum in the space provided.

**Important Clarification:**

The virtual non-mandatory pre-bid conference listed on Demandstar included the incorrect date. Below is the corrected date (Strikethrough indicates deleted language. Underlined and highlighted indicates added language):

- A virtual Non-Mandatory Pre-Bid Conference will be held at 2:00 PM on ~~Thursday~~ WEDNESDAY, February 21<sup>st</sup>, 2024.

Meeting link:

<https://daviepurchasing.webex.com/daviepurchasing/j.php?MTID=m1fc70b53ca194f3c1f227075a45d0808>

Meeting number: 2332 717 1578 Password: FJwnrWR6b62

Join by video system Dial 23327171578@daviepurchasing.webex.com You can also dial 173.243.2.68 and enter your meeting number.

Join by phone +1-408-418-9388 United States Toll Access code: 2332 717 1578

Prepared by:

Marcella Pollock Digitally signed by Marcella Pollock  
Date: 2024.02.13 08:54:39 -05'00'

Buyer  
Procurement Division

Reviewed by:

Brian K. O'Connor Digitally signed by Brian K. O'Connor  
Date: 2024.02.13 10:10:12 -05'00'

Procurement Manager  
Procurement Division

<b>Acknowledged by:</b>
Green Dreams Paradise
Contractor
Handi Macias
Authorized Representative (Printed)
Title
Handi
Signature
02/28/24
Date

# The International Society of Arboriculture

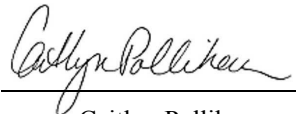
Hereby Announces That

*Alejandro Datorre*

Has Earned the Credential

## ISA Certified Arborist ®

By successfully meeting ISA Certified Arborist certification requirements through demonstrated attainment of relevant competencies as supported by the ISA Credentialing Council



Caitlyn Pollihan  
CEO & Executive Director

15 March 2021

Issue Date

30 June 2024

Expiration Date

FL-9732A

Certification Number







The Florida Nursery, Growers & Landscape Association  
*Confers on*

**Alex Datore**  
**T00591**

*The Title of*  
FNGLA Certified Landscape Technician (FCLT)

Expiration Date: 03/31/2026  
Certified Since: 2/4/2020

Eric Smith, FNGLA President

Merry Mott, FNGLA Certification Director

# Certificate of Completion

**ALEJANDRO DATORRE**

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

06/25/2025

215

Jorge Goyanes

75050

Date Expires

FDOT Provider #

Instructor

Certificate #



Encobridge, Inc.  
7225 NW 25th Street, Suite 100  
Miami, FL 33166  
[www.encobridge.net](http://www.encobridge.net)  
[encobridge@gmail.com](mailto:encobridge@gmail.com)



For more information about Temporary Traffic  
Control (TTC) or to verify this certificate

[www.motadmin.com](http://www.motadmin.com)

# Certificate of Completion

**HANOI MACIAS**

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

06/25/2025

215

Jorge Goyanes

75049

Date Expires

FDOT Provider #

Instructor

Certificate #



Encobridge, Inc.  
7225 NW 25th Street, Suite 100  
Miami, FL 33166  
[www.encobridge.net](http://www.encobridge.net)  
[encobridge@gmail.com](mailto:encobridge@gmail.com)



For more information about Temporary Traffic  
Control (TTC) or to verify this certificate

[www.motadmin.com](http://www.motadmin.com)





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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

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

<b>PRODUCER</b> Keyes Coverage Insurance 5900 Hiatus Road Tamarac FL 33321	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 954-724-7000		<b>FAX (A/C, No):</b> 954-724-7024	
	<b>E-MAIL ADDRESS:</b> info@keyescoverage.com			
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>	
<b>INSURER A :</b> Ascendant				
<b>INSURED</b> Green Dreams Paradise Corp 6021 SW 185th Way Southwest Ranches FL 33332	30471	<b>INSURER B :</b> Technology Ins. Co.		42376
		<b>INSURER C :</b> Ohio Security Ins. Co.		-24082
		<b>INSURER D :</b>		
		<b>INSURER E :</b>		
		<b>INSURER F :</b>		

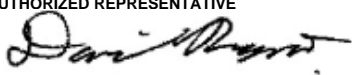
**COVERAGES** **CERTIFICATE NUMBER:** 919696890 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BKS(25)58603195	2/8/2024	2/8/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CA-61888-0	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	TWC4306974	8/4/2023	8/4/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Inland Marine			BKS(25)58603195	2/8/2024	2/8/2025	

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

**CERTIFICATE HOLDER** **CANCELLATION** 30 day cancellation/ 10 day non-pay

	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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# BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829

VALID OCTOBER 1, 2023 THROUGH SEPTEMBER 30, 2024

**Business Name:** GREEN DREAMS PARADISE CORP

**Receipt #:** 189-270370  
**Business Type:** ALL OTHER TYPES CONTRACTOR  
(IRRIGATION SPECIALTY CONTRACTOR)

**Owner Name:** HANOI MACIAS  
**Business Location:** 6021 SW 185 WAY  
SOUTHWEST RANCHES

**Business Opened:** 08/08/2013  
**State/County/Cert/Reg:** 10-CLS-14917-X  
**Exemption Code:**

**Business Phone:** 954-680-6063

Rooms                      Seats                      Employees                      Machines                      Professionals

8

		For Vending Business Only					
		Number of Machines:		Vending Type:			
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid	
27.00	0.00	0.00	0.00	0.00	0.00	27.00	

Receipt Fee 27.00  
Packing/Processing/Canning Employees 0.00

**THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS**

**THIS BECOMES A TAX RECEIPT**

**WHEN VALIDATED**

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

**Mailing Address:**

HANOI MACIAS  
6021 SW 185 WAY  
SW RANCHES, FL 33332

Receipt #WWW-22-00269327  
Paid 08/31/2023 27.00

**2023 - 2024**

# BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829

VALID OCTOBER 1, 2023 THROUGH SEPTEMBER 30, 2024

**Business Name:** GREEN DREAMS PARADISE CORP

**Receipt #:** 324-270371  
**Business Type:** LAWN MAINTENANCE/LANDSCAPE

**Owner Name:** HANOI MACIAS  
**Business Location:** 6021 SW 185 WAY  
SOUTHWEST RANCHES

**Business Opened:** 03/13/2008  
**State/County/Cert/Reg:**  
**Exemption Code:**

**Business Phone:** 954-680-6063

Rooms                      Seats                      Employees                      Machines                      Professionals

5

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

Receipt Fee 33.00  
Packing/Processing/Canning Employees 0.00



# 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. <b>Green Dreams Paradise Corp.</b>	
<b>2</b> Business name/disregarded entity name, if different from above	
<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.	<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>
<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input checked="" type="checkbox"/> C Corporation
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____	<input type="checkbox"/> S Corporation
<input type="checkbox"/> Other (see instructions) ▶ _____	<input type="checkbox"/> Partnership
<input type="checkbox"/> Trust/estate	<input type="checkbox"/> Trust/estate
<b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>6021 SW 185th way</b>	
<b>6</b> City, state, and ZIP code <b>Southwest Ranches FL 33332</b>	
<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>										
<b>or</b>										
<b>Employer identification number</b>										
4	6		-	3	4	3	7	1	6	9

## 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 ▶

Date ▶ **02/29/2024**

## 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.*



Certificate of Completion

**ADVANCED TREE TRIMMING**

*Michael Infante*  
Commercial Horticulture Agent



**Hanoi Macias**

has successfully completed the training conducted by UF/IFAS Broward County Extension office (<http://sfyl.ifas.ufl.edu/broward/commercial-horticulture-program/>).

Class Date: July 20, 2023

Expires: July 20, 2025

**THIS CARD IS A TRAINING CERTIFICATE - NOT A LICENSE.**

**CERTIFICATE OF COMPETENCY**



**HANOI MACIAS**

Irrigation Specialty Contractor

**GREEN DREAMS PARADISE CORP**

CC# 10-CLS-14917-X

EXPIRES 2025-08-31



Green Dreams Paradise Corporation  
6021 SW 185<sup>TH</sup> Way  
Southwest Ranches, FL 33332  
Off: (954) 680-6360  
Email: [Greendreamsparadise@yahoo.com](mailto:Greendreamsparadise@yahoo.com)



## Equipment List:

- Tractor Kubota M5-111HDC-1 Mower
- Fumigation Truck- Isuzu NPR Spray
- Loader Kubota R430R1
- Bucket Truck: MZ-106 LR8-56
- Mower Stander ZK 61" 27HP (6)
- Mower Wright WSZK61S61E8E-49S (2)
- 50 yard Grapple Truck- 2019 Peterbilt 567
- 50 yard Grapple Truck- 2011 Mack Truck with Prentice 124-BC
- 60 yard Grapple Truck- 2020 Mack Truck with Prentice 124-BC
- 2018 Platform Basket 18.90 Tracked Ariel Lift
- John Deere 950M Midz Mower (8)
- John Deere 950M Zero Turn Radius Mower (5)
- Kubota KX018-4r1 (Excavator with Canopy) (2)
- Kubota KX91R1 (Excavator with RubberTrks) (1)
- Kubota SVL95 (1), SVL97 (1), SVL90 (1)
- Bobcat T300 (2)
- Bobcat S300 (2)
- SCAG Windstorm Blower (3)
- Stihl BGA 200, Battery Operated Blowers (4)
- Stihl AR 3000 L Backpack Battery (3)
- Stihl BGA 300 Battery Operated Blower (2)
- CAT 304E Excavator (2)
- Vermeer RTX100 Stump Grinder(3)
- Stihl Battery Operated, Li-Ion Cordless Pole Pruner (4)
- Kubota R430 Wheel Loader
- Telehandler Lull 1044C
- Morbark Woodhog Grinder 2600
- Caterpillar 350
- Ditchwitch XT855 Backhoe Loader (2)
- 12 yard trucks (Hino, Isuzu, etc..) (6)
- 14 yard trucks (Hino, Isuzu, etc..) (7)
- 16 yard trucks (Hino, Isuzu, etc..) (4)

- Altec Freightliner Tree Trimming Bucket Truck (1)
- Ford F-750 Tree Trimming Bucket Truck (2)
- Ford F-550 Tree Trimming Bucket Truck (1)
- 120Y Truck Walkingfloor trailer (4)
- 2004 International Flatbed Truck (2)
- Ford Ranger equipped with Flashing Arrow Board
- WTSP-55-LSA Safety Arrow Board (5)
- Watertruck (2,000 Gals.)

\*ALL TRUCKS ARE EQUIPPED WITH GPS SYSTEM AND DUAL CAMERA DASHCAMS  
POWERED BY VERIZON CONNECT.





[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by FEI/EIN Number](#) /

## Detail by FEI/EIN Number

Florida Profit Corporation

GREEN DREAMS PARADISE CORPORATION

### Filing Information

<b>Document Number</b>	P13000066330
<b>FEI/EIN Number</b>	46-3437169
<b>Date Filed</b>	08/08/2013
<b>Effective Date</b>	08/05/2013
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	AMENDMENT
<b>Event Date Filed</b>	02/21/2022
<b>Event Effective Date</b>	NONE

### Principal Address

6021 SW 185TH WAY  
SOUTHWEST RANCHES, FL 33332

Changed: 04/27/2016

### Mailing Address

6021 SW 185TH WAY  
SOUTHWEST RANCHES, FL 33332

Changed: 04/27/2016

### Registered Agent Name & Address

MACIAS, HANOI  
6021 SW 185TH WAY  
SOUTHWEST RANCHES, FL 33332

Address Changed: 04/27/2016

### Officer/Director Detail

#### **Name & Address**

Title P

MACIAS, HANOI  
6021 SW 185TH WAY  
SOUTHWEST RANCHES, FL 33332

Title C

DATORRE, ALEJANDRO  
1059 NE 203 TERRACE  
MIAMI, FL 33179

**Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
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