

BID SIGNATURE FORM

ITB_2025_015 - TIMBER HARVESTING AT COUNTY SOLID WASTE TRANSFER STATION

The undersigned ("Authorized Signatory") confirms each of the following statements on behalf of the bidder:

- They are authorized to submit this bid and to bind the bidder to the terms and conditions of this ITB.
- They have read the entire ITB package and any other documentation related to the ITB, including specifically any bid addenda issued by the County; have visited the location of the Work and/or have made any inquiries they deem necessary to determine conditions prior to submission of this bid.
- This bid is submitted with full knowledge and understanding of the terms and conditions of this ITB

BID AMOUNT – must be expressed as fixed prices: \$ 19.75 per ton for chip and saw; and \$ 19.75 per ton for pulpwood.

The bidder agrees to complete the work within the following time period: 365 DAYS

The bid submitted includes all of the following signed forms and required documents:

- ☒ SWORN STATEMENT ON PUBLIC ENTITY CRIME FORM
- ☒ NON-COLLUSION AFFIDAVIT FORM
- ☒ DRUG-FREE WORKPLACE FORM (Note: this form is optional, but may be used to break a tie bid)
- ☒ CONFLICT OF INTEREST DISCLOSURE STATEMENT FORM
- ☒ CERTIFICATES OF INSURANCE – AS PROOF OF INSURANCE COVERAGES REQUIRED IN PART 1 OF THE ITB
- ☒ EVIDENCE THAT THE BIDDER IS QUALIFIED TO TRANSACT BUSINESS IN THE STATE OF FLORIDA
- ☒ COPIES OF ANY CURRENT LICENSES OR CERTIFICATIONS REQUIRED
- ☒ LIST OF SUBCONTRACTORS, IF ANY. All work performed by Gulf Forestry LLC

Is Bidder a small or minority business, women's business enterprise, or labor surplus area firm? ☐ Yes ☒ No

Name of Bidder: Gulf Forestry LLC

If bidder is an entity, list type: _____

Bidder Street Address: 1207 SW 4th AVE

City, State, Zip: Chiefland, FL 32626

Name of Authorized Signatory: Lyles Corbin

Email Address: lyles.corbin@gmail.com

Telephone: 352-535-5675

Signature: [Signature] Date: 9-5-25

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

Sworn Statement Pursuant to Section 287.133(3)(a), Florida Statutes

1. This sworn statement is submitted to Lewy County

For Gulf Forestry LLC

Whose business address is 1207 SW 4th Ave Chiefland, FL 32626

If the entity has no FEIN, include Social Security Number of the individual signing this Sworn Statement:

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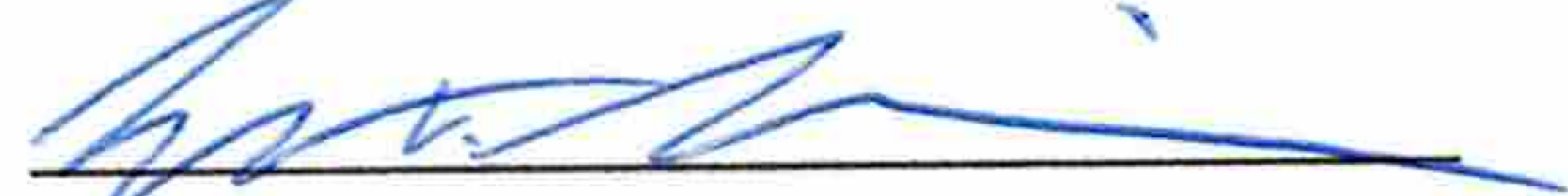
6. Based on information and belief, the statement which I have marked below is true in a relation to the entity submitting this sworn statement. (Please indicate which statement applies).

☒ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or any affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months.

☐ 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 within the past 36 months AND (Please indicate which additional statement applies).

☐ The entity submitting the 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 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 within the past 36 months. However, there has been a subsequent proceeding before a Hearing Officers of the State of Florida, Division of Administrative Hearings and the Final Order by the Hearing Officer determined that it was not in the public interest place the entity submitting this sworn statement on the convicted vendor list. (Attached is a copy of the final order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THE PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED AND FOR THE PERIOD OF THE CONTRACT ENTERED INTO, WHICHEVER PERIOD IS LONGER. 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.

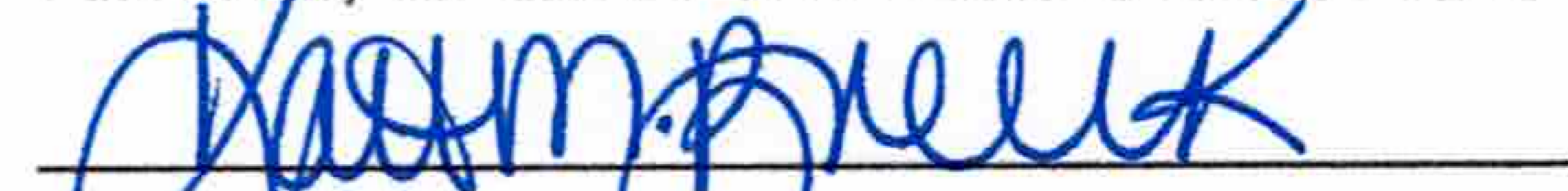


(Signature)

State of Florida

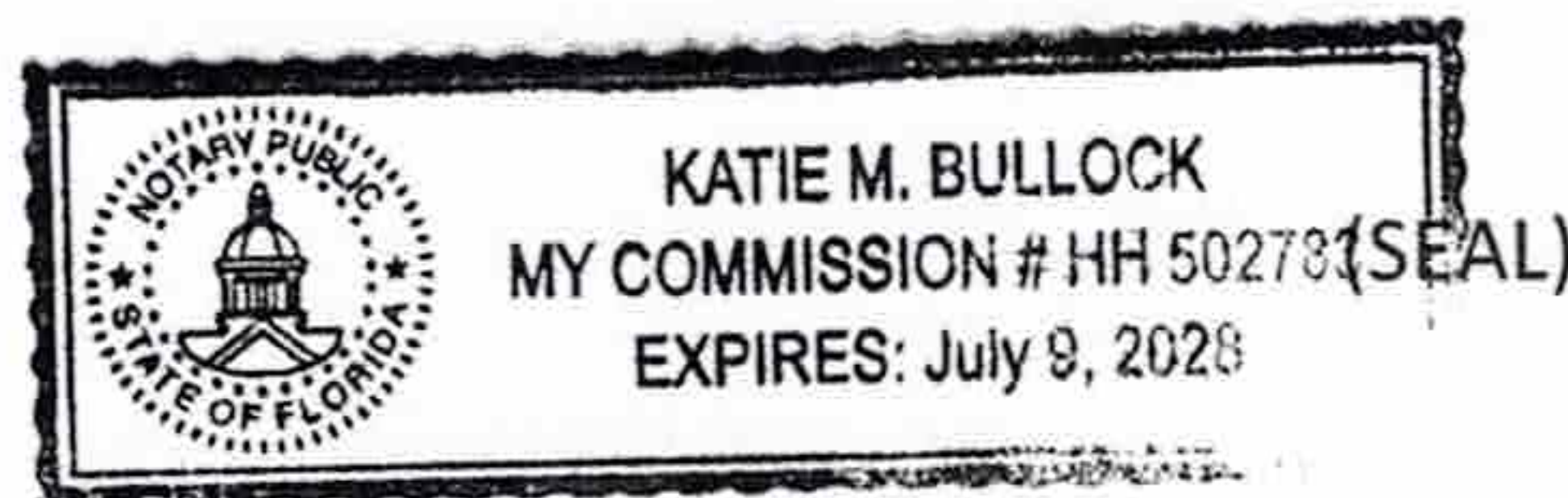
County of Levy

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 5th day of September, 2025, by Lyles Corbin (name), as owner (title) for Gulf Forestry (name of bidder). Personally known ☒ OR Produced Identification ☐ (type of identification).



(Signature) Notary Public

Katie M. Bullock



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

My Commission expires July 9, 2028

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

NON-COLLUSION AFFIDAVIT

I, Lyles Corbin of the County of Levy

According to law on my oath, and under penalty of perjury, depose and say that:

1. I am Owner/Manager of the firm of Gulf Forestry LLC providing that I executed the said bid with full authority to do so.
2. This response has been arrived at independently without collusion, consultation, communication or agreement for the purpose of restricting competition, as to any matter relating to qualifications or responses of any other responder to induce any other person, partnership or corporation to submit, or not to submit, a response for the purpose of restricting competition;
3. The statements contained in this affidavit are true and correct, and made with full knowledge that Levy County relies upon the truth of the statements contained in this affidavit in awarding contracts for any services resulting from this ITB for said project.

[Signature]
(Signature of Proposer Representative)

9/5/25
(Date)

State of Florida
County of Levy

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 5th day of September, 2025, by Lyles Corbin (name), as Owner (title) for Gulf Forestry (name of bidder). Personally known ☒ OR Produced Identification ☐ (type of identification).

[Signature]
(Signature) Notary Public
Katie M. Bullock



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

My Commission expires July 9, 2028

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DRUG-FREE WORKPLACE FORM

The undersigned Bidder in accordance with Section 287.087, Florida Statutes hereby certifies that the Bidder

Gulf Forestry LLC (name of firm or individual) does:

1. Publish a statement notifying employees that the unlawful manufacture, distributions, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United State or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Name of Bidder: Lyles Corbin

Signature: [Signature]

Title: Owner

Date: 9-5-25

THIS DOCUMENT IS OPTIONAL, BUT MAY BE USED TO BREAK A TIE BID, SO IT IS RECOMMENDED TO BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

CONFLICT OF INTEREST DISCLOSURE STATEMENT

The award hereunder is subject to the provisions of Chapter 112, Florida Statutes. All bidders must disclose with their bids whether any officer, director, employee or agent is also an officer or an employee of the Board of County Commissioners. All bidders must disclose whether any officer, partner, director or proprietor is the spouse or child of one of the members of the Board of County Commissioners. All bidders must disclose the name of any County officer or employee who owns, directly or indirectly, an interest of five percent (5%) or more in the firm or any of its branches or affiliates. All bidders must also disclose the name of any employee, agent lobbyist, previous employee of the Board, or other person, who has received or will receive compensation of any kind in connection with the response to this ITB. All bidders are also required to include a disclosure statement of any potential conflict of interest that the bidder may have due to other clients, contracts, or interest associated with the performance of services under this ITB and any resulting agreement. Use additional sheets if necessary.

Names of Officer, Director, Employee or Agent that is also an Employee of the Board:

Names of Officer, Partner, Director or Proprietor who is spouse or child of Board Member:

Names of County Officer or Employee that owns five percent (5%) or more in Bidders Firm:

Names of applicable person(s) who have received compensation:

Description of potential conflict(s) with other clients, contracts or interests:

None of the above applicable: ☒

Signature: *Lyles Corbin*

Printed Name: Lyles Corbin

Bidder Name: Gulf Forestry LLC | Lyles Corbin

Date: 9-5-25

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL



GULFFOR-01

JCHANCY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/25/2025

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

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

PRODUCER License # L052034 Chancy Insurance, Inc. Post Office Box 1439 Woodville, FL 32362	CONTACT John R. Chancy NAME: PHONE (A/C, No, Ext): (850) 421-2437 FAX (A/C, No): E-MAIL ADDRESS: john@chancyinsurance.com														
INSURED Gulf Forestry LLC PO Box 2620 Chiefland, FL 32644	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: BITCO General Ins Co</td><td>20095</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: BITCO General Ins Co	20095	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER F:															

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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:	X		CLP 3 751 634	12/7/2024	12/7/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 LOGGERS BROAD F \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	X		CAP 3 751 638	12/7/2024	12/7/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC 3 751 633	12/7/2024	12/7/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	<input checked="" type="checkbox"/> Equipment Floater			CLP 3 751 640	12/7/2024	12/7/2025	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
certificate holder is an additional insured - Business Auto Liability & General Liability where required in written agreement

CERTIFICATE HOLDER

CANCELLATION

	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE </p>
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2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000043734

Entity Name: GULF FORESTRY L.L.C

Current Principal Place of Business:

1207 SW 4TH AVE
CHIEFLAND, FL 32626

Current Mailing Address:

PO BOX 2620
CHIEFLAND, FL 32644 US

FEL Number: 81-1768041

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORBIN, LYLES
1207 SW 4TH AVE
CHIEFLAND, FL 32626 US

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

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	AUTHORIZED MEMBER
Name	CORBIN, LYLES	Name	CORBIN, JAIME
Address	PO BOX 2620	Address	PO BOX 2620
City-State-Zip:	CHIEFLAND FL 32644	City-State-Zip:	CHIEFLAND FL 32644

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAIME CORBIN

MEMBER

03/27/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date

CERTIFICATE

FLORIDA MASTER LOGGER TRAINING



This Certificate is awarded to:

Lyles Corbin

Master Logger #: 52570

In recognition of completing the
Master Logger CLE Training 2/27/2021

The completion of this course noted on this certificate is confirmation that the above named Master Logger has met all Continuing Logger Education (CLE) requirements (4 hrs).
Administered by the FL-SIC Implementation Committee and Florida Forestry Association.

Facilitator: Laura Bosworth

Course Date: 2/27/2021

List of Subcontractors

For this job all work will be completed by Gulf Forestry LLC and its employees.