

TAB A STATEMENT OF QUALIFICATION

STATEMENT OF QUALIFICATIONS

All questions must be answered, and the data given must be clear and comprehensive. This statement must be notarized. Add separate sheets or attachments, as necessary.

- 1. Name of Contractor: <u>i2</u> isual, n.
- 2. Name of Business (if different than #1):
- 3. Form of Entity: <u>or oration</u>
- 4. Permanent Main Office and Mailing addresses and pertinent contact information (phone, email, etc.): <u>1 0 en h ar e., Fort yers, F 33 05 23 87-3223 sales i2 isual. o</u>
- 5. Date Organized: <u>02 24 2011</u>
- 6. Where Organized: Fort yers, Florida
- 7. How many years have you been engaged in the Marine Dock building under your present name; also, state names and dates of previous business names, if any.
- 8. In the last five years, has "Contractor" ever been terminated from a contract or project? If so, explain situation.: _____
- 9. In the last five years, has Contractor ever been party to litigation related to the Contractor's work? If so, explain situation.: o
- 10. List the most important contracts entered by the Contractor in the last year; identify contracting party and term of contract.: orth rail u ly 3 digital signs. ne 1 17 40 sign. o 2 15 signs.
- 11. List your key personnel available for this contract.: <u>ohn ose, helesa ose, ay ond rayton, hu ro n</u>, hanta ia ery The City of Madeira Beach reserves the right to request from finalist(s) the latest financial statements as well as to request such additional information as may be reasonably necessary to determine whether the Contractor should be awarded the service contract.

Authorized Signature

01 08 2024

Date Signed

NOTARY

State of:	
County of:	
Sworn to and subscribed before me thisday	of, 20
Personally Known or Produced Identification	n (Specify Type of Identification)
Signature of Notary	(seal)
My Commission Expires	



City of Madeira Beach 300 Municipal Drive Madeira Beach, FL 33708

Attn: City of Madeira Beach

i2 Visual, Inc. is pleased to have the opportunity to negotiate this project. We are a diverse team of over 40 with a fleet of more than 20 service and installation vehicles, a state-of-the-art manufacturing facility and a highly experienced project management team.

We specialize in LED digital signage and can offer unique solutions to difficult challenges. We offer a 5 year parts and on site labor warranty, as well as other extended warranty options.

The i2 Visual team is fully understands the job and are fully capable of providing pole sign rehab, removal of the lower sign can with zip track, and installing a new double sided 5x6w LED Sign. We have a staff member who fully dedicates her time to securing permits and job completion inspections.

i2 Visual's staff includes several highly trained and experienced team leaders with full comprehension of LCD and LED video, as well as sound applications from design, implementation, installation, training, and service. The company also maintains a fully staffed 24 hour technical support department.

Our client base includes:

- Nova Southeastern University
- Valencia College
- School District of Lee County
- School District of Hillsborough County
- Florida State Fair
- Sarasota County Government

We're a state certified electrical sign contractor ES000361, and have 2 Digital Signage Certified Experts on staff, as well as one LEED AP.

Sincerely,

Joh J. Hove

John Hose, President



ABOUT i2 Visual

STATE OF THE ART EQUIPMENT COUPLED WITH i2 Visual's Experienced Dedicated Professionals Promise to make YOUR NEXT PROJECT SOMETHING TO BE PROUD OF.







2.5 Acre Paved Property with 20,000 sq.

1606

Office & Production Facility

1606 Benchmark Ave. Ft. Myers, Florida 33905

43- Employees

- FLEET: 3- Sign Cranes w/ Man lift capabilities
- 6- 42' Sign Service Bucket trucks 2-42' two man Buckets w/ jibs
- 4- Pick-up trucks, 1-Sprinter Van 1- Dump truck w/ Hydrovac trailer

S E R V I C E S

STATEWIDE SERVICE AREA

Professional Design & Consulting Services

i2 Visual provides specifications and creative designs specifically for today's projects, from interior code required ADA signage, wayfinding / directional systems and identification signage. They will help maintain consistency of existing signage programs as new signage added. i2 Visual is a state certified electrical sign contractor.

Fabrication & Manufacturing

i2 Visual has manufacturing capabilities in house:

CNC Router, CNC Lasers, Rotary Engraving, ADA Signage manufacturing with 3d sign printing as well as conventional manufacturing and assembly including a full metal fabrication shop.

Installation

i2 Visual has one of the largest team of experienced technicians and fleet of specialty vehicles for digging, lifting, moving, assembling and installing signs from small ADA signage, Building Identification, freestanding signage, banners, large scoreboards and digital displays. If you have your own signage and need it installed, they will install it for you.

Maintenance & Service

i2 Visual can provide service on all electrical signage including scoreboards and digital displays. They can refurbish existing signs and can convert lighting to more cost affective LED lighting.









i2 Visual Inc. 1606 Benchmark Ave. Fort Myers, Florida 239-687-3223 866-420-9909 state license es0000361 Sales@i2Visual.com

THE WISE CHOICE



12 VISUAL, INC. KEY PEOPLE



John F. Hose President Qualifier ES0000361

John is a graduate of the University of Washington and former U. S. Navy electronics technician. He has been involved in the electrical sign industry in Florida since 1987.

He was the founder of Images Graphic Specialties and has been working with government agencies for over 30 years. He is a Florida State Certified Electrical Sign Contractor, a Digital Signage Certified Expert (DSCE),

a LEED Associated Professional (green building Expert).



RICHARD E. ROBERTS CREATIVE DIRECTOR

Richard has been involved in all phases of the electric sign industry since 1975. He is a Digital Signage Certified Expert (DSCE). Ric is a former Lee County Board of Adjustment and Appeals Board Member, former Daytona Beach Community College Community Advisory Board member for Advertising and Graphic Arts Program.



Chelsea Hose vice president

Chelsea attended Florida Southwestern State College and has been involved in the sign industry for her adult life. She is currently serving on the International Sign Association "Young Elite 35", an exclusive group promoting education and professionalism in the industry. She is Currently VP of Operations and is responsible for the overall management team, manufacturing and service / installation.



Charles brown Field Operations

Charles (Chuck) has been installing and servicing all types of electrical signs for 30 plus years. He has worked for Federal Sign, Image Graphic Specialties and Certified Maintenance. He is skilled with UL listings, NEC regulations, concrete and structural steel. He has vast experience repairing most of the major electronic sign manufacturer's products.

i2 Visual Inc. 1606 Benchmark Ave. Fort Myers, Florida 239-687-3223 866-420-9909 state license es0000361 Sales@i2Visual.com





QUALIFICATIONS

- i2 Visual is a major provider of signage and sign installation services with statewide coverage. They are staffed and experienced to successfully design, permit, manage, manufacture and install most any sign projects.
- Florida Certified Electrical Sign Specialty Contractor ES-0000361
- Experienced in Electronic Displays and Standard Signs
- Experienced Working on Right-of way projects (MOT Planning)
- 4- Sign Cranes w/ man lift capabilities , 8 Special Sign Service Bucket trucks 1-Dump truck w/ Hydrovac Trailer 4-pick-up trucks, Large Sprinter Van. 5 utility trailers

In-house Design

- In-house Manufacturing Capabilities
- Experience with Schools and Government Projects
- Financially Stable, fully licensed, bonded and insured over \$5,000,000 in annual sales
- 40 full time employees

12 VISUAL INC. 1606 BENCHMARK AVE. FORT MYERS, FLORIDA 239-687-3223 866-420-9909 STATE LICENSE ES0000361 SALES@12VISUAL.COM

THE WISE CHOICE



TAB B REFERENCES

REFERENCES

Please include the below information for all five (5) references as required.

Information below to be included for all five references in the proposal.

Contact Name oshua at her	
Business Name outh est Florida nternational ir ort	
Business Address 11000 er inal ess d, Fort yers, F 33 13	
Contact Phone 23 5 1-4141	
Contact Email hat her oa fl. o	Other
Information (describe): anufa ture and nstall 2 large signs and 4 radar feed a signs	
*See attached sheet for more references	

INSURANCE REQUIREMENTS

Insurance shall be in such form as will protect the Contractor from all claims and liabilities for damages for bodily injury, including accidental death, and for property damage, which may arise from operations under this contract, whether such operations by himself or anyone directly or indirectly employed by Contractor.

The awarded firm must file with the City of Madeira Beach certificates of insurance prior to commencement of work evidencing the City as a certificate holder as additionally insured with the following minimum coverage:

- Public and Commercial Liability Insurance not less than \$1,000,000.00.
- Comprehensive General Liability Insurance of \$1,000,000.00 for each occurrence.
- Personal Injury for \$1,000,000.00 each occurrence.

Owner's and Consultant's Protective Liability.

- Bodily injury liability \$1,000,000.00 each occurrence
- Property damage liability \$1,000,000.00 each occurrence
- Full Workers Comprehensive Insurance is required by Florida Law for all people employed by the contractor to perform work on this project.

Automotive Liability (covering the operation, maintenance and all owned, non-owned and hired vehicles).

- Bodily injury liability \$1,000,000.00 each occurrence
- Property damage liability \$1,000,000.00 each occurrence

INDEMNIFICATION

The Respondent shall hold harmless the City, its officers, and employees, from liabilities, damages, losses, and costs, including but not limited to, reasonable attorney's fees, to the extent caused by the negligence, recklessness, or intentional wrongful misconduct of the Respondent and any persons employed or utilized by the Respondent in the performance of the Contract.

REFERENCES

Contact Name: Joshua Hatcher Business Name: Southwest Florida International Airport Business Address: 11000 Terminal Access Rd, Fort Myers, FL 33913 Contact Phone: (239) 561-4141 Contact Email: jhatcher@oakfl.com Information (describe): Manufacture and Install 2 large LED signs and 4 radar feedback signs. Contact Name: Joshua Austin

Business Name: Valencia College

Business Address: 500 W Livingston St Orlando, FL 32801

Contact Phone: (407)-582-1486

Contact Email: jaustin27@valenciacollege.edu

Information (describe): Furnish and Install LED sign upgrades at all campuses.

Contact Name: Joseph Edwards Business Name: North Fort Myers High School / School District of Lee County Business Address: 5000 Orange Grove Blvd, North Fort Myers, FL 33903 Contact Phone: (239) 292-1689

Contact Email: josephne@leeschools.net

Information (describe): Furnish and Install 12' x 24' full video scoreboard and digital signage.

Contact Name: Amit Patel Business Name: Florida State Fair Business Address: 4800 US-301, Tampa, FL 33610 Contact Phone: (813) 363-5514 Contact Email: amit.patel@floridastatefair.com Information (describe): Furnish and Install 2 large 18' x 34' LED Signs 10mm.

Contact Name: Greg Heyn

Business Name: Disney ESPN Wide World of Sports

Business Address: 700 S Victory Way, Orlando, FL 34747

Contact Phone: (407) 341-5180

Contact Email: Gregory.heyn@disney.com

Information (describe): Furnish and Install LED Signs and Scoreboards.



TAB C FORMS

PROPOSALS FORM



Name of "CONTRACTOR" Submitting Proposals <u>i2</u> isual, n.

Name of Person Submitting Proposals ohn ose

PROPOSER ACKNOWLEDGMENT

"The undersigned hereby declares that he/she has informed himself/herself fully in regard to all conditions to the work to be done, and that he/she has examined the RFP and Specifications for the work and comments here to attached. The "CONTRACTOR" proposes and agrees, if this submission is accepted, to contract with the "CITY" of Madeira Beach to furnish all necessary materials, equipment, labor, and services necessary to complete the work covered by the RFP and Contract Documents for this Project. The "CONTRACTOR" agrees to accept in full compensation for each item the prices named in the schedules incorporated herein."

BIDDER'S REPRESENTATIONS

In submitting this Bid, Bidder represents that:

A. Bidder has examined and carefully studied the Bidding Documents, the other related data identified in the Bidding Documents, and the following Addenda, receipt of which is hereby acknowledged.

Addendum No.	Addendum Date

- B. Bidder has visited the Site and become familiar with and is satisfied as to the general, local and Site conditions that may affect cost, progress, and performance of the Work.
- C. Bidder is familiar with and is satisfied as to all federal, state, and local Laws and Regulations that may affect cost, progress and performance of the Work.

- D. Bidder has carefully studied all: (1) reports of explorations and tests of subsurface conditions at the Site and all drawings of physical conditions in or relating to existing surface or subsurface structures at the Site.
- E. Bidder has obtained and carefully studied (or accepts the consequences for not doing so) all additional or supplementary examinations, investigations, explorations, tests, studies and data concerning conditions (surface, subsurface and Underground Facilities) at or contiguous to the Site which may affect cost, 19 progress, or performance of the Work or which relate to any aspect of the means, methods, techniques, sequences, and procedures of construction to be employed by Bidder, including applying the specific means, methods, techniques, sequences, and procedures to be employed by Bidder, and safety precautions and programs incident thereto.
- F. Bidder does not consider that any further examinations, investigations, explorations, tests, studies, or data are necessary for the determination of this Bid for performance of the Work at the price(s) bid and within the times and in accordance with the other terms and conditions of the Bidding Documents.
- G. Bidder is aware of the general nature of work to be performed by Owner and others at the Site that relates to the Work as indicated in the Bidding Documents.
- H. Bidder has correlated the information known to Bidder, information and observations obtained from visits to the Site, reports and drawings identified in the Bidding Documents, and all additional examinations, investigations, explorations, tests, studies, and data with the Bidding Documents.
- I. The Bidder has given Owner and Engineer written notice of all conflicts, errors, ambiguities, or discrepancies that Bidder has discovered in the Bidding Documents, and the written resolution thereof by Engineer is acceptable to Bidder.
- J. The Bidding Documents are generally sufficient to indicate and convey understanding of all terms and conditions for the performance of the Work for which this Bid is submitted.
- K. Bidder will submit written evidence of its authority to do business in the state where the Project is located not later than the date of its execution of the Agreement.

Signature _____

Date 01 08 2024

RFP Number 2023-09 Check if exception(s) or deviation(s) to specifications. Attach separate sheet(s) detailing reason and type for the exception or deviation.

"CONTRACTOR" PROFILE

i2 isual, n . Submitted by (Company Name)	
Circle one of the following: Corporation Partnership Individual Joint Venture	
Other Describe:	
Florida Contractor License Number: 00003 1	
Expiration Date: <u>ugust 31, 2024</u> Unique Entity ID: <u>5</u> 21 FEIN: <u>27-5113425</u>	
Office Location: <u>1 0 en h ar e., Fort yers, F 33 05</u>	
Number of people in your organization: <u>40</u>	
Length of time the Contractor has been doing business under this name in Florida: <u>12 years</u>	years.
Length of time your firm has provided services to governmental clients: <u>12 years</u>	years.
Under what other name(s) has your firm operated:	
YES NO	

HOLD HARMLESS AGREEMENT

The Contractor agrees to hold the City of Madeira Beach harmless against all claims for bodily injury, sickness, disease, death or personal injury or damage to property or loss of use resulting therefrom, arising out of the agreement, to the extent that such claims are attributable, in whole or in part, to a negligent act or omission by the Contractor.

The Contractor shall purchase and maintain workers' compensation insurance for all workers' compensation insurance and employers' liability in accordance with Florida Statute Chapter 440.

The Contractor shall also purchase any other coverage required by law for the benefit of employees.

Required insurance shall be documented in Certificates of Insurance and shall be provided to the "CITY" representative requesting the service.

By signature upon this form the Contractor stipulates that he/she agrees to the Hold Harmless Agreement, and to abide by all insurance requirements.

ohn ose Contractor/ "CONTRACTOR"- Printed Name	Si	gnature
2 <u>023-11 igital nfor ation ign ity arina 150th</u> Project Name		08 2024 ate

The effective date of this Hold Harmless Agreement shall be the duration of this project.

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

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 Madeira Beach
 - By ohn ose, resident

(Print individual's name and title)

for i2 isual, n.

(Print name of entity submitting sworn statement)

whose business address is <u>1 0 en h ar e., Fort yers, F 33 05</u> and (if applicable) its Federal Employer Identification Number (FEIN) is <u>27-5113425</u>.

- 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 the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
- 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 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, nonjury 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.
 - c. 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 bids or applies to bid on contracts for the provision of goods or services 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.
 - d. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement (indicate which statement applies).

_____Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

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

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 after 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 "CONTRACTOR" list. (Attach a copy of the final order)

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

Authorized Signature

01 08 2024

Date Signed

State of:

County of: _____

Sworn to and subscribed before me this day of , 20.

Personally Known or Produced Identification

(Specify Type of Identification)

Signature of Notary

My Commission Expires _____

(seal)

This document must be completed and returned with your submission.

IMMIGRATION AFFIDAVIT CERTIFICATION

This Affidavit is required and should be signed, notarized by an authorized principal of the firm, and submitted with formal Invitations to Bid (ITB's) and Request for Proposals (RFP) submittals. Further, Consultants/Bidders are required to enroll in the E-Verify program, and provide acceptable evidence of their enrollment, at the time of the submission of the Consultant/Bidder's proposal. Acceptable evidence consists of a copy of the properly completed E-Verify Company Profile page or a copy of the fully executed E-Verify Memorandum of Understanding for the company. Failure to include this Affidavit and acceptable evidence of enrollment in the E-Verify program may deem the Consultant/Bidder's proposal as nonresponsive.

The City of Madeira Beach will not intentionally award City contracts to any Consultant who knowingly employs unauthorized workers, constituting a violation of the employment provision contained in 8 U.S.C. Section 1324 a(e) Section 274A(e) of the Immigration and Nationality Act ("INA"). The City of Madeira Beach may consider the employment by any Consultant of unauthorized aliens a violation of Section 274A (e) of the INA. Such Violation by the recipient of the Employment Provisions contained in Section 274A(e) of the INA shall be grounds for unilateral termination of the contract by the City of Madeira Beach.

Consultant attests that they are fully compliant with all applicable immigration laws (specifically to the 1986 Immigration Act and subsequent Amendment(s)) and agrees to comply with the provisions of the Memorandum of Understanding with E-Verify and to provide proof of enrollment in The Employment Eligibility Verification System (E-Verify), operated by the Department of Homeland Security in partnership with the Social Security Administration at the time of submission of the Consultant/Bidder's proposal.

Title:resident
Date: 01 08 2024
day of, 20
entification
(Specify Type of Identification)
_

(seal)

The signee of this affidavit guarantees, as evidenced by the affidavit required herein, the truth and accuracy of this affidavit to interrogatories hereinafter made. This document must be completed and returned with your submission.

BID TABULATION FORM

Description	UNIT	EST. QUAN.	UNIT PRICE	AMOUNT
5x6w Digital LED Sign: Total Cost	LS	1	\$ 41,0 3.00	\$ 41,0 3.00
Parts and Labor: Total Cost	LS	1	\$ 10,750.00	\$ 10,750.00
TOTAL Project cost				\$ 51,813.00

PROPOSED TOTAL BASE CONTRACT PRICE (Amount Written in numbers) <u>\$51,813.00</u>

PROPOSED TOTAL BASE CONTRACT PRICE (Amount written in words) \$ <u>Fifty-one thousand</u>, eight hundred thirteen dollars.

*See attached quote for optional reduced pricing

Signature:

Printed Name: ohn ose

Date: 01 08 2024

i2 Visual, Inc. 1606 Benchmark Ave. Fort Myers, FL 33905



Phone: (239) 687-3223 sales@i2visual.com i2visual.com

Ship to City Marina 150th Avenue 503 150th Avenue Madeira Beach, FL 33708

Bill to **City of Madeira Beach** 300 Municipal Drive Madeira Beach, FL 33708

Quote #: q11030

Quote Date: 1/5/2024

Item	Description	Quantity	Price	Amount
Sales	Replace manual readerboard with Watchfire EMC Pixel Pitch: W10mm LED RGB Pixel Matrix: 150 X 180 Ventilation Style: Front Ventilation Cabinet Size: 5ft 5in H x 6ft 3in L x 8in D Viewing Area: 5ft H x 6ft L Cabinet Style: Double Face Character Size: 18 lines / 36.0 Characters at a 3" type Approx. Weight: 763.00 Lbs. Warranty: 5 year parts and onsite labor Electrical Service: 120 VOLT 36.0 amps Software Ignite OPx (cloud-based) Software Training Web Based Software Training Wireless Data Plan Life-of-sign Data Plan	1	\$41,063.00	\$41,063.00
Sales	Fabricate new 7" x 13' 2" white pole covers	2	\$325.00	\$650.00
Sales	Installation including removal and disposal of existing readerboards includes hookup to existing electrical	1	\$3,600.00	\$3,600.00
Sales	OPTION 1 - trench and run electrical approximately 100' from nearby meter and panel	1	\$6,500.00	\$6,500.00
Sales	OPTION 2 - Deduct \$12,500 for providing ADS EMC with same specifications as above except Warranty: 5 years parts, 1 year on site labor	1	\$0.00	\$0.00

i2 Visual, Inc. 1606 Benchmark Ave. Fort Myers, FL 33905



Phone: (239) 687-3223 sales@i2visual.com i2visual.com

Tax: \$0.00

Total: \$51,813.00





Address: TBD

Client Name: City of Madeira Beach Project Name: Madeira Beach Pylon Sign

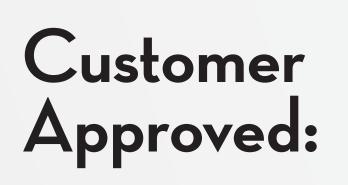
Drawing #: 001_LC Date: 01-05-23

REPLACE POLE COVERS

I - BEAM Poles 7 1/2" Square Pole Cover **Color: White**







Date: Please review final artwork carefully. Your approval will indicate acceptance of materials including responsibility for errors, omissions and legal and ethical compliance.







iz Visual, Inc. 1606 Benchmark Ave. Ft. Myers, FL 33905 (239) 209-6767

REPLACE PAN FACED WITH EMC SIGN

SIZE: 6'W x5'H





TAB D LICENSES

Ron DeSantis, Governor

Melanie S. Griffin, Secretary



ELECTRICAL CONTRACTORS' LICENSING BOARD

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

AS A SIGN ELECTRICAL SPECIALIST HOSE, JOHN FREDERICK 12 VISUAL INC

1606 BENCHMARK AVE. FORT MYERS FL 33905

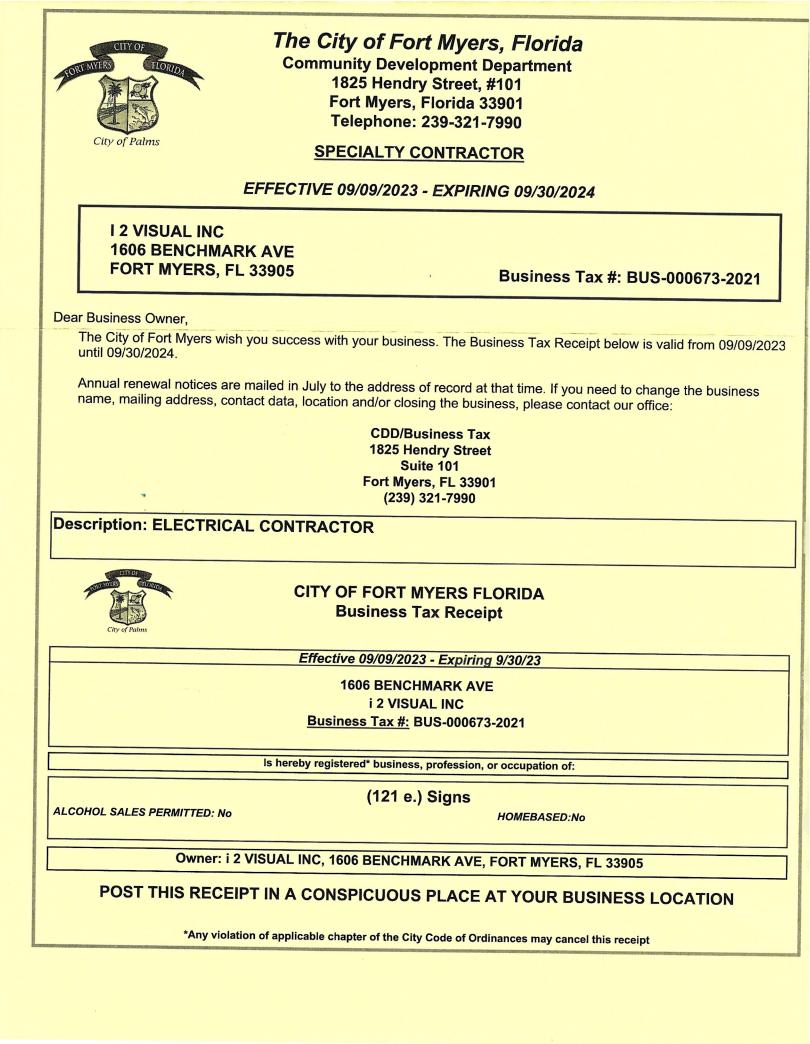
LICENSE NUMBER: ES0000361

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at MyFloridaLicense.com

Do not alter this document in any form.

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





Local Business Tax Receipt

I2 VISUAL INC HOSE JOHN F 1606 BENCHMARK AVE FT MYERS, FL 33905

Dear Business Owner:

Your 2023 - 2024 Lee County Local Business Tax Receipt is attached below for account number / receipt: number: 1046554 / 1701225

If there is a change in one of the following, refer to the instructions on the back of this receipt.

- Business name
- Ownership
- Physical location
- Business closed

This is not a bill. Detach the bottom portion and display in a public location.

I hope you have a successful year.

Sincerely,

2

"R. Molle Branning"

Lee County Tax Collector

2023-2024 LEE COUNTY LOCAL BUSINESS TAX RECEIPT

Account Number: 1046554 Receipt Number: 1701225 State License Number: ES0000361

Account Expires: September 30, 2024

May engage in the business of:

SPECIALTY CONTRACTOR-CERTIFIED

THIS LOCAL BUSINESS TAX RECEIPT IS NON REGULATORY

Payment Information:

PAID INT-00-01357505

07/24/2023 \$ 50.00

12 VISUAL INC

Location:

HOSE JOHN F 1606 BENCHMARK AVE FT MYERS, FL 33905

1606 BENCHMARK AVE FT MYERS, FL 33905



Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Profit Corporation I2 VISUAL, INC.				
Filing Information				
Document Number	P11000019027			
FEI/EIN Number	27-5113425			
Date Filed	02/24/2011			
State	FL			
Status	ACTIVE			
Last Event	AMENDMENT			
Event Date Filed	11/09/2018			
Event Effective Date	NONE			
Principal Address				
1606 Benchmark Ave. Fort Myers, FL 33905				
Changed: 12/22/2021				
Mailing Address				
1606 Benchmark Ave.				
Fort Myers, FL 33905				
Changed: 12/22/2021				
Registered Agent Name & Address				
Corporate Legal Solutions 12670 NEW BRITTANY BLVD, SUITE 101 FORT MYERS, FL 33907				
Name Changed: 04/26/202	3			
Address Changed: 04/25/2	021			
Officer/Director Detail				
Name & Address				
Title DPT				

HOSE, JOHN F 17660 Wells Rd. NORTH FORT MYERS, FL 33917

Title S

ROBERTS, RICHARD E 8227 W JAMESTOWN CIR NORTH FORT MYERS, FL 33917

Title DVP

HOSE, CHELSEA 6142 Hellman Ave FORT MYERS, FL 33905

Annual Reports

Report Year	Filed Date
2021	04/25/2021
2022	05/01/2022
2023	04/26/2023

Document Images

04/26/2023 ANNUAL REPORT	View image in PDF format
05/01/2022 ANNUAL REPORT	View image in PDF format
12/22/2021 AMENDED ANNUAL REPORT	View image in PDF format
04/25/2021 ANNUAL REPORT	View image in PDF format
06/02/2020 ANNUAL REPORT	View image in PDF format
03/26/2019 ANNUAL REPORT	View image in PDF format
<u>11/09/2018 Amendment</u>	View image in PDF format
04/11/2018 ANNUAL REPORT	View image in PDF format
03/30/2017 ANNUAL REPORT	View image in PDF format
04/12/2016 ANNUAL REPORT	View image in PDF format
04/22/2015 ANNUAL REPORT	View image in PDF format
04/28/2014 ANNUAL REPORT	View image in PDF format
04/01/2013 ANNUAL REPORT	View image in PDF format
04/26/2012 ANNUAL REPORT	View image in PDF format
02/24/2011 Domestic Profit	View image in PDF format

Florida Department of State, Division of Corporations

Detail by Entity Name



Above) One of i2 Visual's experienced install

multi-post traffic signs for Charlotte County

teams finishing one of two new FDOT standard

Florida (footers, break-away structure and sign





Installation

i2 Visual is experienced and well equippted to install signs from the ground up.

*Channel Letters * Pylons * Monuments *Traffic Signs * Wayfinding Signage * More

> sales@i2visual.com 239-687-3223



Above) An i2 Visual's team shown using their Hydro-Vac machine to dig close to utilities without damaging them. This is a very useful machine to avoid issues on today's crowed installation sites.

STATE CERTIFIED ELECTRICAL SIGN CONTRACTOR #ES000361

i2 Visual Inc. 1606 Benchmark Ave. Fort Myers, Florida 239-687-3223 866-420-9909 state license es0000361 Sales@i2Visual.com

THE WISE CHOICE

panel.)



TAB E CERTIFICATE OF INSURANCE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/04/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.								
IMPORTANT: If the certificate holder is an								
If SUBROGATION IS WAIVED, subject to the this certificate does not confer rights to the		•		•	may require	an endorsement. A s	tatement	on
PRODUCER			CONTACT NAME:	Diana (De	e-Dee) Thomp	son		
Herndon-Carr & Company			PHONE (A/C, No,	Ext): (239) 93	39-1996	FAX (A/C, N	(239) 2	205-6072
10501 Six Mile Cypress Pkwy			E-MAIL ADDRESS	dthompso	n@insuresig.c			
Suite 101					SURER(S) AFFOR	DING COVERAGE		NAIC #
Fort Myers		FL 33966-6400	INSURER	A: Greenwi	ch Insurance C	company, A+ XV		22322
INSURED			INSURER	B: America	n Interstate Ins	urance Company, A IX		31895
i2 Visual, Inc.			INSURER	C :				
1606 Benchmark Avenue			INSURER	D :				
		F I 00005	INSURER	E:				
Fort Myers		FL 33905		F:				
COVERAGES CERTIFY THIS IS TO CERTIFY THAT THE POLICIES OF INS		NUMBER: CL234262460				REVISION NUMBER:		
INDICATED. NOTWITHSTANDING ANY REQUIRE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN EXCLUSIONS AND CONDITIONS OF SUCH POLIC	MENT, T , THE IN	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTRAC E POLICIE	CT OR OTHER	R DOCUMENT \ D HEREIN IS S	WITH RESPECT TO WHIC	H THIS	
		POLICY NUMBER	(POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	IMITS	
COMMERCIAL GENERAL LIABILITY			ľ			EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,00 \$ 100,	
						MED EXP (Any one person)	\$ 10,0	00
A		NGL-1003112-03		03/20/2023	03/20/2024	PERSONAL & ADV INJURY	\$ 1,00	0,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,00	
POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGO	₃ _{\$} 2,00	0,000
OTHER:							\$	
						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000
						BODILY INJURY (Per person)	\$	
A OWNED SCHEDULED AUTOS ONLY		NBA-1003111-03		03/20/2023	03/20/2024	BODILY INJURY (Per accider	it) \$	
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
							\$	
A EXCESS LIAB				02/20/2022	03/20/2024	EACH OCCURRENCE	5.00	0,000
CLAIMS-MADE		NEC-6006067-03		03/20/2023	03/20/2024	AGGREGATE	φ	0,000
DED RETENTION \$						X PER OTH STATUTE ER	\$ -	
							\$ 1,00	0.000
B ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	/ A	AVWCFL3178232023		05/09/2023	05/09/2024	E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOY	1.00	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMI	1.00	
DESCRIPTION OF OPERATIONS Delow						L.L. DISLASE - POLICI LIMI	1	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(ACORD 1	I 101, Additional Remarks Schedule.	may be atta	ached if more si	pace is required)	<u> </u>		
When required by contract or agreement and perm endorsement is automatic and applies in favor of the	itted by	law, subject to policy terms, co	onditions	and exclusior	ns, the Addition			
GENERAL LIABILITY - BLANKET ADDITIONAL IN								
SUBROGATION. COVERAGE IS PRIMARY AND					JF3, DLANKE			
BUSINESS AUTO - BLANKET ADDITIONAL INSU	RED, BL	ANKET WAIVER OF SUBRC	OGATION.	COVERAGE	E IS PRIMARY	AND		
NON-CONTRIBUTORY.								
CERTIFICATE HOLDER			CANCE					
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN								
City of Madeira Beach ACCORDANCE WITH THE POLICY PROVISIONS.								
300 Municipal Drive				ZED REPRESE				
						1		
Madeira Beach		FL 33708			An m	Ku		
			-		© 1988-2015	ACORD CORPORATIO	N. All rig	hts reserved.

The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: 00200186

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page of

AGENCY Herndon-Carr & Company		NAMED INSURED i2 Visual, Inc.
POLICY NUMBER		
CARRIER	NAIC CODE	
		EFFECTIVE DATE:

ADDITIONAL REMARKS

I	THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,						
	FORM NUMBER:	25	FORM TITLE:	Certificate of Liability Insurance			

NON-CONTRIBUTORY.

WORKERS COMPENSATION - BLANKET WAIVER OF SUBROGATION



TAB FSIGNED AGREEMENT

EXHIBIT A PUBLIC CONTRACTING AND ENVIRONMENTAL CRIMES CERTIFICATION

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 MADEIRA BEACH by <u>ohn</u> ose, resident [print individual's name and title]

for i2 isual, n.

[print name of entity submitting sworn statement]

whose business address is: 1 0 en h ar e., Fort yers, F 33 05

and Federal Employer Identification Number (FEIN) is <u>27-5113425</u>, if the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement:

I understand that no person or entity shall be awarded or receive a City contract for public improvements, procurement of goods or services (including professional services) or a City lease, franchise, concession, or management agreement, or shall receive a grant of City monies unless such person or entity has submitted a written certification to the City that it has not:

- 1. been convicted of bribery or attempting to bribe a public officer or employee of the city, the State of Florida, or any other public entity, including, but not limited to the Government of the United States, any state, or any local government authority in the United States, in that officer's or employee's official capacity; or
- 2. been convicted of an agreement or collusion among bidders or prospective bidders in restraint of freedom of competition, by agreement to bid a fixed price, or otherwise; or
- 3. been convicted of a violation of an environmental law that, in the sole opinion of the City's. Project Manager, reflects negatively upon the ability of the person or entity to conduct business in a responsible manner; or
- 4. made an admission of guilt of such conduct described in items (1), (2) or (3) above, which. is a matter of record, but has not been prosecuted for such conduct, or has made an admission of guilt of such conduct, which is a matter of record, pursuant to formal prosecution. An admission of guilt shall be construed to include a plea of nolo contendere; or
- 5. where an officer, official, agent or employee of a business entity has been convicted of or has admitted guilt to any of the crimes set forth above on behalf of such and entity and pursuant to the direction or authorization of an official thereof (including the person committing the offense, if he is an official of the business entity), the business shall be chargeable with the conduct herein. above set forth. A business entity shall be chargeable with the conduct of an affiliated entity, whether wholly owned, partially owned, or one which has common ownership or a common Board. of Directors. For purposes of this Form, business entities are affiliated if, directly or indirectly, one business entity controls or has the power to control another business entity, or if an individual or group of individuals controls or has the power to control both entities. Indicia of control shall include, without limitation, interlocking management or ownership, identity of interests among family members, shared organization of a business entity following the ineligibility of a business entity under this Article, or using substantially the same management, ownership, or principles as the ineligible entity.

Any person or entity who claims that this Article is inapplicable to him/her/it because a conviction or judgment has been reversed by a court of competent jurisdiction, shall prove the same with documentation satisfactory to the City Manager. Upon presentation of such satisfactory proof, the person or entity shall be allowed to contract with the City. I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CITY IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT ANY CONTRACT OR BUSINESS TRANSACTION SHALL PROVIDE FOR SUSPENSION OF PAYMENTS, OR TERMINATION, OR BOTH, IF THE CONTRACTING OFFICER OR THE CITY ADMINISTRATOR DETERMINES THAT SUCH PERSON OR ENTITY HAS MADE FALSE CERTIFICATION.

Signatory Requirement. In the case of a corporation, this affidavit shall be executed by the corporate president. In the case of a partnership, this affidavit shall be executed by the general partner(s). In the case of a business entity other than a partnership or a corporation, this affidavit shall be executed by an authorized agent of the entity or the individual.

	Authorized Signature
	01 08 2024
	Date Signed
State of:	
County of:	
Sworn to and subscribed before me this _	day of, 20
Personally Known or Produced	Identification
(Specify Type of Identification)	
	Signature of Notary
Commission Expires	

EXHIBIT B DRUG FREE WORKPLACE CERTIFICATION

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 Madeira Beach by	y ohn ose, resident
	[print individual's name and title]
for i2 isual, n.	_ [print name of entity submitting sworn statement]
whose business address is: <u>1 0 en h ar e., Fort yers, F</u>	<u>33 05</u> and (if
applicable) its Federal Employer Identification Number (FEIN) is	<u>27-5113425</u> (If the entity has no FEIN,
include the Social Security Number of the individual signing this s	sworn statement:

I understand that no person or entity shall be awarded or receive a City contract for public improvements, procurement of goods or services (including professional services) or a City lease, franchise, concession, or management agreement, or shall receive a grant of City monies unless such person or entity has submitted a written certification to the City that it will provide a drug free workplace by:

Providing a written statement to each employee notifying such employee that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance as defined by §893.02(4), Florida Statutes, as the same may be amended from time to time, in the person's or entity's workplace is prohibited specifying the actions that will be taken against employees for violation of such prohibition. Such written statement shall inform employees about:

- (i) the dangers of drug abuse in the workplace.
- (ii) the person's or entity's policy of maintaining a drug-free environment at all its workplaces, including but not limited to all locations where employees perform any task relating to any portion of such contract, business transaction or grant.
- (iii) any available drug counseling, rehabilitation, and employee assistance programs; and
- (iv) the penalties that may be imposed upon employees for drug abuse violations.

(2) Requiring the employee to sign a copy of such written statement to acknowledge his or her receipt of same and advice as to the specifics of such policy. Such person or entity shall retain the statements signed by its employees. Such person or entity shall also post in a prominent place at all of its workplaces a written statement of its policy containing the foregoing elements (i) through (iv).

(3) Notifying the employee in the statement required by subsection (1) that as a condition of employment the employee will:

- (i) abide by the terms of the statement; and
- (ii) notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such a conviction.

(4) Notifying the City within ten (10) days after receiving notice under subsection (3) from an employee or otherwise receiving actual notice of such conviction.

(5) Imposing appropriate personnel action against such employee up to and including termination; or requiring such employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency.

(6) Making a good faith effort to continue to maintain a drug free workplace through implementation of sections (1) through (5) stated above.

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CITY OF MADEIRA BEACH IS

VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT ANY CONTRACT OR BUSINESS TRANSACTION SHALL PROVIDE FOR SUSPENSION OF PAYMENTS, OR TERMINATION, OR BOTH, IF THE CITY DETERMINES THAT:

- (1) Such person or entity has made false certification.
- (2) Such person or entity violates such certification by failing to carry out the requirements of sections (1), (2), (3), (4), (5), or (6) or subsection 3-101(7)(B); or
- (3) Such a number of employees of such person or entity have been convicted of violations occurring in the workplace as to indicate that such person or entity has failed to make a good faith effort to provide a drug free workplace as required by subsection 3-101(7)(B).

Signatory Requirement. In the case of a corporation, this affidavit shall be executed by the corporate president. In the case of a partnership, this affidavit shall be executed by the general partner(s). In the case of a business entity other than a partnership or a corporation, this affidavit shall be executed by an authorized agent of the entity or the individual.

	Authorized Signature
	01 08 2024
	Date Signed
State of:	
County of:	
Sworn to and subscribed before me this	day of, 20
Personally Known or Produced I	Identification
(Specify Type of Identification)	
	_ Signature of Notary
My Commission Expires	