

**PART F – FORMS****All forms must be submitted with the Bidder's submittal****FORM 1: BIDDER'S CERTIFICATION**

As an authorized representative of the Bidder, I certify that I have carefully examined the Request for Bids (RFB), which includes, at a minimum, instructions for bidders, special instructions and requirements, specifications/scope, and insurance and bond requirements.

I acknowledge incorporation of the following addenda and the cost, if any, of revisions are included in the prices bid:

Addendum #		Date:		Addendum #		Date:	
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Addendum #		Date:		Addendum #		Date:	
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I propose to hold pricing for at least 180 calendar days to allow the Authority time to properly evaluate this bid and make an award. I agree the Authority terms and conditions herein take precedence over any conflicting terms and conditions submitted with the bid and agree to abide by all conditions of this RFB.

I certify that all information contained in the bid is truthful to the best of my knowledge and belief. I further certify that I am duly authorized to submit this bid on behalf of the company as its agent and that the company is ready, willing and able to perform if awarded a contract and the undersigned executed this Certification with full knowledge and understanding of the details therein contained and was duly authorized to do so.

I certify that I attended the pre-bid meeting, if mandated, and I fully understand the requirements. I further certify, under oath, that this bid is made without prior understanding, agreement, connection, discussion, or collusion with any other person, company, or corporation submitting a bid for the same product or service; no officer, employee, or agent of the Authority or of any other company who is interested in said bid; and that the undersigned executed this Bidder's Certification with full knowledge and understanding of the matters therein contained and was duly authorized to do so.

I certify that the name and title of the authorized signatory, as completed below, is authorized to execute the Agreement resulting from this Request for Bids using electronic or digital signature. Further, I certify any affixed electronic signature of the authorized signatory is the act of and attributed to the authorized signatory. And, by signing the Agreement resulting from this RFB, if any, the authorized signatory adopts the electronic signature as his/her own and designates it for use as an official record by the Authority.

Finally, through my signature set forth below, I confirm that the bid fully meets the requirements set forth herein. If required, a copy of the bid bond is included in the electronic submission in accordance with Part E, Insurance, Indemnification, and Bond Requirements.

Grow Care Outdoor Solutions

NAME OF BUSINESS


 AUTHORIZED SIGNATURE

Jose Granados - President

NAME, TITLE, TYPED

83 - 409 4083

FEDERAL IDENTIFICATION #

17940 North Tamiami Trail Suite 110 PMB 218

MAILING ADDRESS

North Fort Myers, FL 33903

CITY, STATE &amp; ZIP CODE

(239) 537-0124

TELEPHONE NUMBER / FAX NUMBER

jgranados@growcaresolutions.com

EMAIL ADDRESS

**FORM 2: OFFICIAL BID FORM (1 of 3)**BIDDER'S NAME: Grow Care Outdoor Solutions

The undersigned, as "Bidder," having examined carefully the bid solicitation documents and being familiar with conditions affecting the goods to be offered and/or the services to be provided, agrees to furnish all labor, materials, equipment, and other incidental items, and services necessary in full accordance with the RFB and contract documents for:

### Landscape Services at Page Field Airport

And, if awarded, Bidder agrees to provide the items for the unit pricing indicated below and as applicable, will complete all requirements within the time limits specified for the pricing awarded and provide all required warranties and guarantees:

BASE BID - FIXED MONTHLY RATE PER AREA		
Bid Item#	Description	Monthly Price
1	Area 1 - Page Field North and Fuel Farm	\$ 2,087.67
2	Area 2 - East Perimeter Road	\$ 1,757.49
3	Area 3 - Danley Drive	\$ 2,187.49
4	Area 4 - South Road	\$ 2,173.60
5	Area 5 - Perimeter Fence	\$ 1,577.89
6	Area 6 - Base Operations Terminal Area	\$ 4,177.67
Grand Total (Areas 1 - 6) Per Month		\$ 13,961.81

Thirteen thousand nine hundred and sixty one with eighty one cents.

( Written Grand Total )



**FORM 2: OFFICIAL BID FORM (2 of 3)**

ADDITIONAL BID ITEMS			
Bid Item#	Description	Unit of Measure	Unit Price/Markup
1	Addition of Maintenance Areas	Square Foot	\$ 10.97
2A	Irrigation Repairs	Hourly Labor Rate	\$ 60.00
2B	Irrigation Repairs	Material Markup Percentage over cost	25 %
3A	Soil Amendments/New Plantings	Hourly Labor Rate	\$ 55.00
3B	Soil Amendments/New Plantings	Material Markup Percentage over cost	25 %
4A	Emergency Services Daily Rate (7:00 a.m. to 4:00 p.m.): (1) Supervisor and (3) Laborers with necessary tools and equipment	Daily Rate	\$ 3,090.00
4B	Emergency Service Equipment Rental	Material Markup Percentage over cost	25 %
4C	Emergency Services Debris Removal/Disposal	Per Cubic Yard	\$ 15.77
4D	Emergency Work Labor Hours for Additional Supervisor	Hourly Labor Rate	\$ 100.00
4E	Emergency Work Labor Hours for Additional Laborer	Hourly Labor Rate	\$ 85.00

**FORM 2: OFFICIAL BID FORM (3 of 3)**

Bidders must demonstrate that the qualifications, including experience with two wire irrigation systems and commercial grounds maintenance, set forth in Part B have been met. Each Bidder must provide the information requested below. Bidder is requested to provide reference information from current or recent accounts that are similar in scope to the scope of services set forth herein. The inability to perform reference checks due to the inaccurate or outdated reference contact information will be viewed as a negative aspect of the Bidder's response and may affect the Authority's responsibility review.

**Reference Information**

1. John Farnoly _____ REFERENCE CONTACT NAME john_farnoly@royjorgensen.com _____ REFERENCE CONTACT EMAIL Roy Jorgensen _____ COMPANY NAME	Project Manager _____ REFERENCE CONTACT TITLE (407) 249-9122 _____ REFERENCE CONTACT PHONE Mowing, Landscaping, Irrigation and Tree _____ DESCRIPTION OF SERVICES PROVIDED
<hr/>	
2. Jeremy Henderson _____ REFERENCE CONTACT NAME jhenderson@versar.com _____ REFERENCE CONTACT EMAIL Versar Services _____ COMPANY NAME	Project Manager _____ REFERENCE CONTACT TITLE (888) 323-5534 _____ REFERENCE CONTACT PHONE ROW Mowing & Litter _____ DESCRIPTION OF SERVICES PROVIDED
<hr/>	
3. Darren DeWitt _____ REFERENCE CONTACT NAME ddewitt@acsinfra.com _____ REFERENCE CONTACT EMAIL ACS Infra _____ COMPANY NAME	Operations Manager _____ REFERENCE CONTACT TITLE (813) 701-3579 _____ REFERENCE CONTACT PHONE ROW Mowing & Tree Service _____ DESCRIPTION OF SERVICES PROVIDED
<hr/>	

- ☒ By checking this box, I certify that I have read and understand the Insurance Requirements set forth in Part E - Insurance, Indemnification and Bond Requirements.
- ☒ By checking this box, I certify that I have the qualifications and experience with two wire irrigation systems and commercial grounds maintenance, set forth in Part B.01 - Minimum Qualifications



**FORM 3: LOBBYING AFFIDAVIT**STATE OF FloridaCOUNTY OF Lee

Jose Granados being first duly sworn, deposes and says that he or she is the (sole owner) (general partner) (joint venture partner) (president) (secretary) or (authorized representative) (circle one) of Grow Care Outdoor Solutions (Bidder), maker of the attached RFB and that neither the Bidder nor its agents have lobbied to obtain an award of the Agreement required by this Request for Bids from Lee County Board of Port Commissioners, members of the Airports Special Management Committee or employees of Lee County Port Authority, individually or collectively, regarding this Request for Bids.

The prospective Bidder further states that it has complied with the federal regulations concerning lobbying activities contained in 31 U.S.C., section 1352, 49 CFR Part 20 and Lee County Ordinance No. 03-14 relating to lobbying activities.


 AFFIANT

Notary Public

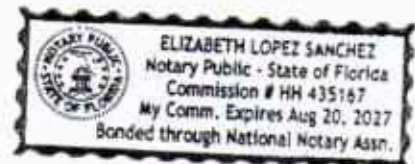
STATE OF FloridaCOUNTY OF Lee

The foregoing instrument was signed and acknowledged before me this 22 day of May, 2024, by Jose Granados by means of ☒ physical presence or ☐ online notarization who produced the following as identification FLDL (type of identification) or is personally known to me.

My Commission Expires Aug 20, 2027

[stamp or seal]

ELIZABETH LOPEZ S.  
 [Signature of Notary Public]  
Elizabeth Lopez Sanchez  
 [Typed or printed name]



**NOTE: THIS FORM MUST BE COMPLETED AND SUBMITTED BY ALL BIDDERS AND, IN THE CASE OF A JOINT VENTURE, FROM EACH PARTNER. PLEASE NOTE - THE LOBBYING PROHIBITION IS IN EFFECT UNTIL ISSUANCE OF A PURCHASE ORDER OR FINAL EXECUTION OF THE AGREEMENT RESULTING FROM THIS RFB, AS APPLICABLE.**

**FORM 4: PUBLIC ENTITY CRIMES CERTIFICATION**

**SWORN STATEMENT  
PURSUANT TO SECTION 287.133(3) (a), FLORIDA STATUTES**

A person, affiliate, or corporation who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in section 287.017, Florida Statutes, for Category Two for a period of thirty-six (36) months from the date of being placed on the convicted vendor list.

The Bidder certifies by submission of this form that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any state or federal entity, department or agency.

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

[Signature]

Notary Public

STATE OF Florida

COUNTY OF Lee

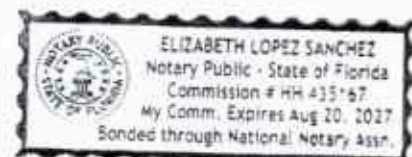
The foregoing instrument was signed and acknowledged before me this 22 day of May, 2024, by Jose Granados by means of ☒ physical presence or ☐ online notarization who produced the following as identification FLDL \_\_\_\_\_ (type of identification) or is personally known to me.

My Commission Expires Aug 20, 2027

[stamp or seal]

ELIZABETH LOPEZ S.  
[Signature of Notary Public]

Elizabeth Lopez Sanchez  
[Typed or printed name]





**FORM 5: SCRUTINIZED COMPANIES CERTIFICATION**

Bidder hereby certifies under penalties of perjury as of the date of submission of its RFB to provide goods and services to Lee County Port Authority that it has not been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List as defined in section 287.135, Florida Statutes, is not engaged in business operations in Cuba and Syria; and will not engage in "Boycott Israel" activities, as defined in section 215.4725 (1)(a), Florida Statutes, that result in bidder being placed on the Scrutinized Companies that Boycott Israel List created after October 1, 2016 and during the term of any contract awarded pursuant to this Request for Bids.

I further certify that I am duly authorized to submit this certification on behalf of the company as its agent and that the company is ready, willing and able to perform if awarded a contract.

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE PROCUREMENT OFFICE FOR LEE COUNTY PORT AUTHORITY IS FOR THAT PUBLIC ENTITY ONLY AND, THAT FALSIFICATION OF THIS CERTIFICATION MAY RESULT IN TERMINATION OF THE CONTRACT, DEBARMENT OF THE COMPANY FROM SUBMITTING A BID OR PROPOSAL FOR A PERIOD OF THREE (3) YEARS FROM THE DATE THE CERTIFICATION IS DETERMINED TO BE FALSE, CIVIL PENALTIES, AND THE ASSESSMENT OF ATTORNEY'S FEES AND COSTS AGAINST THE COMPANY. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM LEE COUNTY PORT AUTHORITY PRIOR TO ENTERING INTO A CONTRACT OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

  
 [Signature]

Notary Public

STATE OF FloridaCOUNTY OF Lee

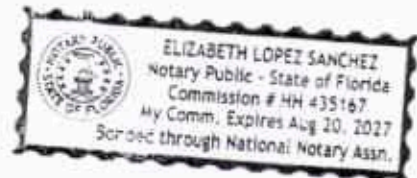
The foregoing instrument was signed and acknowledged before me this 22 day of May, 2024, by Jose Granados by means of ☒ physical presence or ☐ online notarization who produced the following as identification FLDL \_\_\_\_\_ (type of identification) or is personally known to me.

My Commission Expires Aug 20, 2027

[stamp or seal]

ELIZABETH LOPEZ S.

[Signature of Notary Public]

Elizabeth Lopez Sanchez  
[Typed or printed name]

**FORM 6: A6.3.1 TITLE VI SOLICITATION NOTICE**

The Authority, in accordance with the provisions of Title VI of the Civil Rights Act of 1964 (78 Stat. 252, 42 USC §§ 2000d to 2000d-4) and the Regulations, hereby notifies all bidders or offerors that it will affirmatively ensure that for any contract entered into pursuant to this advertisement, businesses will be afforded full and fair opportunity to submit bids in response to this invitation and no businesses will be discriminated against on the grounds of race, color, national origin (including limited English proficiency), creed, sex (including sexual orientation and gender identity), age, or disability in consideration for an award.

May 21, 2024

Date

Grow Care Outdoor Solutions

Company Name

Signature

Title



**FORM 7:**  
**A17.3 FEDERAL FAIR LABOR STANDARDS ACT**  
**(FEDERAL MINIMUM WAGE)**

All contracts and subcontracts that result from this solicitation incorporate by reference the provisions of 29 CFR part 201, the Federal Fair Labor Standards Act (FLSA), with the same force and effect as if given in full text. The FLSA sets minimum wage, overtime pay, recordkeeping, and child labor standards for full and part-time workers.

The [Contractor | Consultant] has full responsibility to monitor compliance to the referenced statute or regulation. The [Contractor | Consultant] must address any claims or disputes that arise from this requirement directly with the U.S. Department of Labor – Wage and Hour Division.

May 21, 2024

Date

Grow Care Outdoor Solutions

Company Name

Signature

President

Title

**FORM 8:****A18 CERTIFICATION REGARDING LOBBYING**

The Bidder or Offeror certifies by signing and submitting this bid or proposal, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the Bidder or Offeror, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.


This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

May 21, 2024

Date

Grow Care Outdoor Solutions

Company Name



Signature

President

Title



**FORM 9:****A24.3 TAX DELINQUENCY AND FELONY CONVICTIONS****CERTIFICATION OF OFFERER REGARDING TAX DELINQUENCY AND FELONY CONVICTIONS**

*The offeror must complete the following two certification statements. The offeror must indicate its current status as it relates to tax delinquency and felony conviction by inserting a check mark (✓) in the space following the applicable response. The offeror agrees that, if awarded a contract resulting from this solicitation, it will incorporate this provision for certification in all lower tier subcontracts.*

**Certifications**

- 1) The offeror represents that it is ☐ is not ☒ a corporation that has any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability.
- 2) The offeror represents that it is ☐ is not ☒ is not a corporation that was convicted of a criminal violation under any Federal law within the preceding 24 months.

**Note** - If an offeror responds in the affirmative to either of the above representations, the applicant is ineligible to receive an award unless the sponsor has received notification from the agency suspension and debarment official (SDO) that the SDO has considered suspension or debarment and determined that further action is not required to protect the Government's interests. The offeror therefore must provide information to the Authority about its tax liability or conviction to the Authority, who will then notify the FAA Airports District Office, which will then notify the agency's SDO to facilitate completion of the required considerations before award decisions are made.

**Term Definitions**

**Felony conviction:** Felony conviction means a conviction within the preceding twenty-four (24) months of a felony criminal violation under any Federal law and includes conviction of an offense defined in a section of the U.S. code that specifically classifies the offense as a felony and conviction of an offense that is classified as a felony under 18 U.S.C. § 3559.

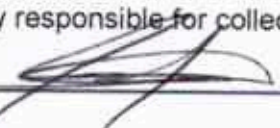
**Tax Delinquency:** A tax delinquency is any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted, or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability.

May 21, 2024

Date

Grow Care Outdoor Solutions

Company Name


  
Signature  
President

Title



# Florida Unified Certification Program

## Disadvantaged Business Enterprise (DBE) Certificate of Eligibility

**GROW CARE OUTDOOR SOLUTIONS LLC**

***MEETS THE REQUIREMENTS OF 49 CFR, PART 26***

***APPROVED NAICS CODES:***

**561730**

*Laura Paskvan*

*Laura Paskvan*

*DBE & Small Business Development Manager*

*Florida Department of Transportation*



*Preserving Our Future Every Day*





## Local Business Tax Receipt

GROW CARE OUTDOOR SOLUTIONS LLC  
GRANADOS JOSE J  
17940 N TAMIAMI TRL STE 110 PMB 218  
N FT MYERS, FL 33903

Dear Business Owner:

Your **2023 - 2024** Lee County Local Business Tax Receipt is attached below for account number / receipt number: **1058227 / 1902530**

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,

Lee County Tax Collector

### 2023 - 2024 LEE COUNTY LOCAL BUSINESS TAX RECEIPT

Account Number: 1058227  
Receipt Number: 1902530  
State License Number: GV910087-1

Location:  
2011 NE 34TH ST  
CAPE CORAL, FL 33909

GROW CARE OUTDOOR SOLUTIONS LLC  
GRANADOS JOSE J  
2011 NE 34TH ST  
CAPE CORAL, FL 33909

Account Expires: September 30, 2024

May engage in the business of:

PROFESSIONAL LANDSCAPING COMPANY

**THIS LOCAL BUSINESS TAX RECEIPT IS NON REGULATORY**

Payment Information:

**PAID** INT-00-01383427

08/02/2023

\$95.00





## Local Business Tax Receipt

GROW CARE OUTDOOR SOLUTIONS LLC  
GROW CARE OUTDOOR SOLUTIONS LLC  
17940 N TAMAMI TRL STE 110 PMB 218  
N FT MYERS, FL 33903

Dear Business Owner:

Your **2023 - 2024** Lee County Local Business Tax Receipt is attached below for account number / receipt:  
number: **1058225 / 1902528**

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,

Lee County Tax Collector

✂

### 2023-2024 LEE COUNTY LOCAL BUSINESS TAX RECEIPT

Account Number: 1058225  
Receipt Number: 1902528  
State License Number: Viewed

Location:  
2011 NE 34TH ST  
CAPE CORAL, FL 33909

GROW CARE OUTDOOR SOLUTIONS LLC  
GROW CARE OUTDOOR SOLUTIONS LLC  
2011 NE 34TH ST  
CAPE CORAL, FL 33909

Account Expires: September 30, 2024

May engage in the business of:
PROPERTY MAINTENANCE
THIS LOCAL BUSINESS TAX RECEIPT IS NON REGULATORY

Payment Information:	
PAID INT-00-01383427	08/02/2023
	\$ 50.00



## Local Business Tax Receipt

GROW CARE OUTDOOR SOLUTIONS LLC  
TITUS MICHAEL  
17940 W TAMiami TRL STE 110 PMB 218  
N FT MYERS, FL 33903

Dear Business Owner:

Your **2023 - 2024** Lee County Local Business Tax Receipt is attached below for account number / receipt:  
number: **1075580 / 2103367**

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,

A handwritten signature in black ink that reads "R. Noelle Branning".

Lee County Tax Collector

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### 2023 - 2024 LEE COUNTY LOCAL BUSINESS TAX RECEIPT

**Account Number: 1075580**  
**Receipt Number: 2103367**  
**State License Number:**

**Location:**  
2590 W TAMiami TRL  
N FT MYERS, FL 33903

GROW CARE OUTDOOR SOLUTIONS LLC  
TITUS MICHAEL  
2590 W TAMiami TRL  
N FT MYERS, FL 33903

**Account Expires: September 30, 2024**

May engage in the business of:
IRRIGATION / LAWN SPRINKLER CONTRACTOR
THIS LOCAL BUSINESS TAX RECEIPT IS NON REGULATORY

Payment Information:
<b>PAID</b> INT-00-01383427      08/02/2023
\$ 50.00

**POLK COUNTY LOCAL BUSINESS TAX RECEIPT**

**ACCOUNT NO. 252589**

**CLASS: B+**

**EXPIRES:**

**09/30/2024**

**OWNER NAME**

**LOCATION**

**JOSE GRANADOS**

**BUSINESS NAME AND MAILING ADDRESS**

**GROWCARE OUTDOOR SOLUTIONS LLC**

GROWCARE OUTDOOR SOLUTIONS LLC

17940 TAMiami TRAIL SUITE 210 N

NORTH FORT MEYERS, FL 33903

**CODE**

**ACTIVITY TYPE**

810000

LTD OTHER SERVICES

810060

PEST CONTROL SERVICE

**PROFESSIONAL LICENSE (IF APPLICABLE)**

**DOACS-JB293595**

**OFFICE OF JOE G. TEDDER, CFC \* TAX COLLECTOR**

THIS POLK COUNTY LOCAL BUSINESS TAX RECEIPT MUST BE CONSPICUOUSLY  
DISPLAYED AT THE BUSINESS LOCATION



**PAID - 2207934 01/31/2024 OPY**

**OLP 82.19**

**GROWCARE OUTDOOR SOLUTIONS LLC**



# Certificate of Completion

**JOSHUA MICHELENA**

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

05/07/2025

Date Expires

225

FDOT Provider #

Ryan Murray

Instructor

73380

Certificate #

**US SAFETY  
ALLIANCE**

U.S. Safety Alliance  
10000 E. 1st Avenue  
Suite 100  
Denver, CO 80231  
Phone: 303.755.1111  
www.us-safety.com



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

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



# Department of Environmental Protection

2600 Blair Stone Road, M.S. 3570  
Tallahassee, Florida 32399-2400

**UF IFAS**  
UNIVERSITY of FLORIDA

GI-BMP Trainee ID: GV916669  
Certification date: 4/30/2021

Congratulations on successfully completing the Florida Green Industries Best Management Practices Training Program. Your certificate of completion and wallet card are attached. If there are errors in the certificate, or if we can be of further assistance, please contact the GI-BMP Office of the UF/IFAS Florida-Friendly Landscaping™ Program at [gi.bmp@ifas.ufl.edu](mailto:gi.bmp@ifas.ufl.edu) or (732) 273-1517.

Please note that this training certificate alone does not authorize you to apply fertilizer commercially. You must take additional steps to become licensed for commercial fertilizer application in the state of Florida. The Limited Urban Commercial Fertilizer Applicator Certification (state "fertilizer license") is issued by the Florida Department of Agriculture and Consumer Services (FDACS).

Apply online: <https://aescomm.freshfromflorida.com>. The certificate number from this document is required to apply for Fertilizer Applicator Certification. For assistance contact: The Bureau of Licensing and Enforcement, (850) 617-7997.

If your test score is 90% or greater, you may be eligible to become a GI-BMP Instructor:  
[http://fl.ifas.ufl.edu/professionals/instructor\\_program.html](http://fl.ifas.ufl.edu/professionals/instructor_program.html)

**Test Score: 90%**

State of Florida  
DEPARTMENT OF  
ENVIRONMENTAL PROTECTION

Joshua Michelena

**Joshua Michelena**

GV916669-1

GV916669

Certificate #  
GREEN INDUSTRIES BEST MANAGEMENT PRACTICES  
TRAINING PROGRAM



GV916669-1

Certificate #

GV916669

Trainee ID #

## Certificate of Training Best Management Practices Florida Green Industries

The undersigned hereby acknowledges that

**Joshua Michelena**

has successfully met all requirements necessary to be fully trained through the Green Industries Best Management Practices Program developed by the Florida Department of Environmental Protection with the University of Florida Institute of Food and Agricultural Sciences.

*Donald P. King*  
Issuer

D. Torrey  
Instructor

4/30/2021  
Date of Class

*Theresa Smith*  
DE Program Administrator

Not valid without seal

**UF IFAS**  
UNIVERSITY of FLORIDA



# Department of Environmental Protection

2600 Blair Stone Road, M.S. 3510  
Tallahassee, Florida 32399-2400

**UF|IFAS**  
UNIVERSITY of FLORIDA

GI-BMP Trainee ID: GV910087  
Certification date: 3/22/2019

Congratulations on successfully completing the Florida Green Industries Best Management Practices Training Program. Your certificate of completion and wallet card are attached. If there are errors in the certificate, or if we can be of further assistance, please contact the GI-BMP Office of the Florida-Friendly Landscaping™ Program at [gi.bmp@ifas.ufl.edu](mailto:gi.bmp@ifas.ufl.edu) or (352) 273-4517.

Please note that this training certificate alone does not authorize you to apply fertilizer commercially after January 1, 2014. You must take additional steps to become licensed for commercial fertilizer application in the state of Florida. The Limited Urban Commercial Fertilizer Applicator Certification (state "fertilizer license") is issued by the Florida Department of Agriculture and Consumer Services (FDACS).

Apply online: <https://aesecomm.freshfromflorida.com>. The certificate number from this document is required to apply for Fertilizer Applicator Certification. For assistance contact: The Bureau of Entomology and Pest Control, (850) 617-7997

If your test score is 90% or greater, you may be eligible to become a GI-BMP Instructor:  
[http://fyn.ifas.ufl.edu/professionals/instructor\\_program.html](http://fyn.ifas.ufl.edu/professionals/instructor_program.html)

**Test Score: 88%**

Jose J. Granados  
2011 NE 34th St  
Cape Coral, FL 33909

State of Florida  
DEPARTMENT OF  
ENVIRONMENTAL PROTECTION

**Jose J. Granados**

GV910087-1

Certificate #

GV910087

Trainee ID #

GREEN INDUSTRIES BEST MANAGEMENT PRACTICES  
TRAINING PROGRAM



GV910087-1

Certificate #

GV910087

Trainee ID #

## Certificate of Training Best Management Practices Florida Green Industries

**UF|IFAS**  
UNIVERSITY of FLORIDA

**Jose J. Granados**

has successfully met all requirements necessary to be fully trained through the Green Industries Best Management Practices Program developed by the Florida Department of Environmental Protection with the University of Florida Institute of Food and Agricultural Sciences.

Issuer

T. Wichman  
Instructor

3/22/2019  
Date of Class

DEP Program Administrator

Not valid without seal





Hereby Announces That

*James White*

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*  
Caitlyn Pollihan  
CEO & Executive Director

19 March 2018

Issue Date

30 June 2024

Expiration Date

MI 4198A

Certification Number



## The International Society of Arboriculture

Hereby Announces That

*Arturo Izquierdo*

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*  
Caitlyn Pollihan  
CEO & Executive Director

18 February 2012

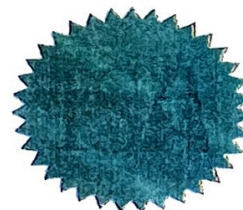
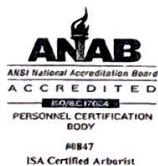
Issue Date

30 June 2024

Expiration Date

FL-6380A

Certification Number





State of Florida  
Department of Agriculture and Consumer Services  
Bureau of Licensing and Enforcement  
**Preventative Termite Treatment Permit**


Number: JB293595

GROW CARE OUTDOOR SOLUTIONS LLC  
2011 NE 34TH ST, CAPE CORAL, FL 33909

*This permit, in conjunction with a valid business license endorsed with pest control operations in the Termite and Other Wood-Destroying Organisms category, authorizes the licensee named above to perform preventative termite treatments for new construction in Florida as prescribed by law.*

WILTON SIMPSON  
Commissioner of Agriculture

*Issue Date: April 23, 2024*

STATE OF FLORIDA		
Department of Agriculture and Consumer Services		
BUREAU OF LICENSING AND ENFORCEMENT		
Date	File No.	Expires
April 24, 2024	JB293595	January 31, 2025
THE PEST CONTROL COMPANY FIRM NAMED BELOW HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING: <b>January 31, 2025</b>		
AT		
2011 NE 34TH ST CAPE CORAL, FL 33909		
GROW CARE OUTDOOR SOLUTIONS LLC 17940 N TAMiami TRAIL SUITE 110 PMB 218 N FORT MYERS, FL 33903		General Household Pest and Rodent Control Lawn and Ornamental Termite and Other WDO Control
 WILTON SIMPSON, COMMISSIONER		

STATE OF FLORIDA	
Department of Agriculture and Consumer Services	
BUREAU OF LICENSING AND ENFORCEMENT	
GROW CARE OUTDOOR SOLUTIONS LLC 2011 NE 34TH ST PEST CONTROL COMPANY FIRM	
JB293595	
HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD EXPIRING <b>January 31, 2025</b>	
	
WILTON SIMPSON COMMISSIONER	Signature

Walter Card - Fold Here

BUREAU OF LICENSING & ENFORCEMENT  
3125 CONNER BLVD, BLDG. 8  
TALLAHASSEE, FLORIDA 32399-1650



State of



Florida

Department of Agriculture and Consumer Services

Bureau of Entomology and Pest Control

## CERTIFIED PEST CONTROL OPERATOR

Number: JF110395

THOMAS OWEN MARTINDALE JR

*This is to Certify that the individual named above is a Certified Pest Control Operator and is privileged to practice*

*Lawn & Ornamental*

*in conformity with an Act of the Legislature of the State of Florida regulating the  
practice of Pest Control and imposing penalties for violations.*

*In Testimony Whereof, Witness this  
signature at Tallahassee, Florida on July 3, 2002*

*Charles H. Bronson*

Charles H. Bronson  
Commissioner of Agriculture

*[Signature]*  
Chief Bureau of Entomology and Pest Control



2G-006118999

This card acknowledges that the recipient has successfully completed.

## 10-hour Construction Safety and Health

This card issued to:

**Alexander Quesada**

Mr Jaime Duran Jr.  
Trainer Name

02/12/2020  
Date of Issue



866-906-9196  
[www.uta.edu/ded/osha](http://www.uta.edu/ded/osha)

OSHA recommends Outreach Training Courses as an orientation to occupational safety and health for workers. Participation is voluntary. Workers must receive additional training on specific hazards of their job. This course completion card does not expire.

Use or distribution of this card for fraudulent purposes, including false claims of having received training, may result in prosecution under 18 U.S.C. 1001. Potential penalties include substantial criminal fines, imprisonment up to 5 years, or both.

To verify this training, scan the QR code with your mobile device.



Rev. 1/2016

The Florida Department of Transportation  
presents this  
**Certificate of Completion**  
to

*Yosvany Gonzalez*

for successfully completing the  
**Tier 1 Illicit Discharge Detection  
and Elimination Training  
CBT**

01/03/2024

Date



TRESS Number  
BT-19-0048



The Florida Department of Transportation  
presents this  
**Certificate of Completion**  
to

*Richard Preston Pardal*

for successfully completing the  
**Tier 1 Illicit Discharge Detection  
and Elimination Training  
CBT**

01/03/2024

Date



TRESS Number  
BT-19-0048

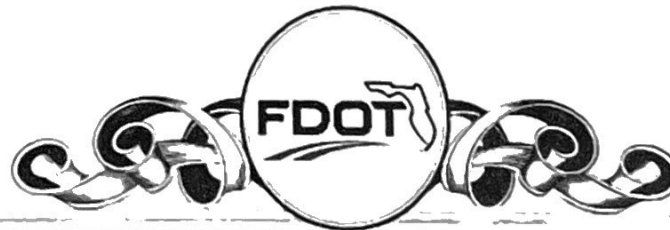
The Florida Department of Transportation  
presents this  
**Certificate of Completion**  
to

*Jose Javier Granados Paiz*

for successfully completing the  
**Tier 1 Illicit Discharge Detection  
and Elimination Training  
CBT**

01/03/2024

Date



TRESS Number  
BT-19-0048

# BROWARD COUNTY FLORIDA

Certificate of Completion

BASIC TREE TRIMMING

*Michael Infante*  
Commercial Horticulture Agent



**Yosvany Gonzalez**

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

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





Company ID Number: 1832285

**Approved by:**

<b>Employer</b> Grow Care Outdoor Solutions, LLC.	
<b>Name (Please Type or Print)</b> Jose J Granados	<b>Title</b>
<b>Signature</b> Electronically Signed	<b>Date</b> 05/10/2022
<b>Department of Homeland Security – Verification Division</b>	
<b>Name (Please Type or Print)</b> USCIS Verification Division	<b>Title</b>
<b>Signature</b> Electronically Signed	<b>Date</b> 05/10/2022



**Company ID Number:** 1832285

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name Jose J Granados  
Phone Number 9547900052  
Fax  
Email info@arowcaresolutions.com

Name Jose J Granados  
Phone Number 2396779160  
Fax  
Email info@arowcaresolutions.com



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Limited Liability Company

GROW CARE OUTDOOR SOLUTIONS, LLC

### Filing Information

Document Number	L19000063575
FEI/EIN Number	83-4044083
Date Filed	03/05/2019
Effective Date	03/05/2019
State	FL
Status	ACTIVE

### Principal Address

4143 SW 74th Court Suite E  
miami, FL 33155

Changed: 03/13/2023

### Mailing Address

17940 N. TAMIAMI TRAIL  
SUITE. 110 PMB. 218  
NORTH FORT MYERS, FL 33903

### Registered Agent Name & Address

GRANADOS, JOSE J  
17940 N. TAMIAMI TRAIL  
SUITE. 110 PMB. 218  
NORTH FORT MYERS, FL 33903

### Authorized Person(s) Detail

#### **Name & Address**

Title President

GRANADOS, JOSE J  
17940 N. TAMIAMI TRAIL  
SUITE. 110 PMB. 218





# Equipment list

## Tractors

- 2009 Challenger Boom Mower
- 2016 Kubota M-108
- 2017 Kubota M5-111
- 2021 Kubota M6-111
- 2022 Kubota M5-111
- 2022 Kubota M5-111
- 2022 Mahindra- FLT
- 2023 Kubota M5-111

## Mowers

- 2018 Bushhog Batwing
- 2021 Landpride Batwing
- 2022 Landpride Batwing
- 2022 Landpride Batwing
- 2023 Landpride Batwing
- 2022 Rhino Batwing
- (6) Kubota ZD1211
- (6) Toro Groundmaster 7200
- (4) Ferris Z2
- (4) John Deere Z930M
- (1) Hustler Super 88
- (4) Wright Stander ZK

## Hand Equipment

- (16) Echo Weedeaters
- (16) Echo Edgers
- (16) Echo Backpack Blowers
- (7) Echo Chainsaws
- (10) Echo Hedge Trimmers
- (8) Stihl Weedeaters
- (5) Stihl Edgers
- (8) Stihl Backpack Blowers
- (4) Stihl Hedge Trimmers
- (4) Shindawa Hedge Trimmers
- (4) Echo Pole Saw
- (6) Stihl Pole Saw

## Heavy Duty Equipment

- Vermeer Chipper BC1000XL
- Vermeer Chipper BC1500XL
- Vermeer Chipper BC1800XL
- Nifty Lift SD50
- CMC Arbor Pro 60 Lift
- Fecon Mulching Head
- (2) Vermeer SC362 Stump Grinders
- Kubota KX057-S Excavator
- Kubota SVL95-2S Skid Steere
- Kubota U17 Excavator
- Toro Dingo TX1000

## Vehicles

- 2023 Isuzu NPR Landscape Dump
- 2022 Ford F-150
- 2019 Isuzu NPR Landscape Dump
- 2022 Chevrolet Silverado 2500
- 2022 Ford F-150
- 2023 Chevrolet 5500HD Dump
- 2007 Chevrolet Silverado 1500
- 2019 Toyota Tacoma
- 2014 Dodge Ram 1500
- (2) 2014 Chevrolet Express 2500
- 2008 Ford F-450 Bucket Truck
- 2008 Ford E350SD
- 2012 Ford F-450 Spray Truck
- 2019 Ford F-250
- 2013 Ford F-150

- 2017 Chevrolet 3500HD Landscape Dump
- 2006 Isuzu NPR Landscape Dump
- 2005 Isuzu NPR Landscape Dump
- 2005 International Bucket Truck
- 2018 Isuzu NPR Landscape Truck
- 2019 Chevrolet 4500HD Landscape Dump
- 2021 Chevrolet 3500HD Landscape Dump
- 2022 Chevrolet Silverado 2500HD
- 2022 Dodge Ram 2500
- 2018 Ford F-150
- 2013 International 4300 Chipper Truck
- 2017 Ford F-150
- 2011 Ford E-250
- 2022 Dodge Ram 1500

### Address

17940 N. Tamiami Trail

Suite 110

PMB 218

North Ft. Myers, FL 33903

WWW.CROWCARESOLUTIONS.COM  
(844) CRO CARE