Memorandum

MIAMI-DADE COUNTY

Date: November 3, 2009

To: Honorable Chairman Dennis C. Moss
and Members Board of County Commissioners

Agenda Item No. 8(A)(1)(K)

From: George M. Burgess
County Manager

Subject: Contract Award Recommendation between Merkury Development Corporation and Miami-Dade Aviation Department (MDAD) for the modifications to Gate J17 passenger loading bridges for the A380 Airbus, project K-151A, in the amount of $459,846.75.

Recommendation

It is recommended that the Board approve the attached Contract Award Recommendation between Merkury Development Corporation and Miami-Dade Aviation Department (MDAD) for the modifications to Gate J17 for the A380 Airbus, project K-151A, in the amount of $459,846.75.

Delegation of Authority

The authority of the Mayor or the Mayor's designee to execute and implement this contract is consistent with those authorities granted under the Code of Miami-Dade County. No additional delegation of authorities is requested for this contract.

Scope

PROJECT NAME: Gate J17 modifications for A380

PROJECT NO: K-151A

CONTRACT NO: K-151A

DESCRIPTION: Gate J17 is to be modified to have three operational passenger bridges to serve the A380 Airbus by August 2010. This includes new high-passenger loading bridge as well as additional electrical service, air-conditioning and a new operating door in the skin of Concourse J.

PROJECT LOCATION: Miami International Airport

PRIMARY COMMISSION DISTRICT: District 6

APPROVAL PATH: Board of County Commissioners

USING DEPARTMENT: Miami-Dade Aviation Department

MANAGING DEPARTMENT: Miami-Dade Aviation Department

Fiscal Impact / Funding Source

OPERATIONS COST IMPACT / FUNDING: This gate will be maintained by existing staff.

MDAD operational costs are included in the general operating expense of the airport and the air conditioning, elevators, and lights will increase slightly due to the larger aircraft.

MAINTENANCE COST IMPACT / FUNDING: MDAD maintenance expenses are included in the general maintenance expense of the airport.

LIFE EXPECTANCY OF ASSET: The gate has a 25-year life expectancy.

FUNDING SOURCE:

SOURCE	AMOUNT
FDOT Grant	$ 208,500.00
MDAD	$ 251,346.75

PTP FUNDING: No

GOB FUNDING: No

CAPITAL BUDGET PROJECT: Yes

BID PACKAGES ISSUED: 9

BIDS RECEIVED: 8

BID SUMMARY: The bids were a straight bid based upon the bid dollar amount. There were eight bidders and the four lowest bidders are the following:

Merkury Development	$459,846.75
MCM	$602,983.70
Boran Craig Barber Engel	$657,924.00
TGSV Enterprises	$698,040.00

CONTRACT PERIOD: 180 Calendar Days

IG FEE INCLUDED IN BASE CONTRACT: Yes

ART IN PUBLIC PLACES: N/A

BASE ESTIMATE: $ 1,033,000.00

BASE CONTRACT AMOUNT: $ 417,000.00.The base estimate for the project dated 01/30/09, was based upon previous similar projects. The subsequent downturn in the economy and construction industry in particular provided impetus for more competitive bidders than normal, which led to lower bid prices than estimated by the consultant.

CONTINGENCY ALLOWANCE (SECTION 2-8.1 MIAMI DADE COUNTY CODE):	$ 41,700.00 (10% Construction Allowance Account)
INSPECTOR GENERAL AUDIT ACCOUNT:	$ 1,146.75
TOTAL AMOUNT:	$ 459,846.75
Track Record/Monitor PRIME CONTRACTOR:	Merkury Development
COMPANY PRINCIPAL(S):	Paul Toiles, President Ruben Alen, Vice President Ruben Alen, Secretary Paul Toiles, Treasurer
COMPANY EMAIL ADDRESS:	www.merkurydevelopment.com
COMPANY ADDRESS:	7300 Biscayne Blvd. Suite 204, Miami, Florida 33138
YEARS IN BUSINESS:	19 Years
PREVIOUS EXPERIENCE WITH COUNTY IN THE LAST FIVE YEARS:	See attached firm's history
CONTRACTOR'S PERFORMANCE:	Performance 3.6 on five projects
SBD HISTORY OF VIOLATIONS:	No SBD violations on file
BID OPENING DATE:	September 16, 2009
BID BOND EXPIRES:	March 10, 2010
BID VALID UNITIL:	March 10, 2010
ESTIMATED NOTICE TO PROCEED:	December 7, 2009
REVIEW COMMITTEE ASSIGNED CONTRACT MEASURES:	CSBE = 19.00% ($87,370.00), CWP = 11.5%
SUBCONTRACTOR(S) AND SUPPLIERS	

(SECTION 10-34 MIAMI DADE COUNTY CODE):	Solares Electrical Inc.	- 3.0% - $13,795.40 (Electrical)
	DKG Metals	- 6.5% - $29,890.00 (Metal Fabrication)
	Merkury Development	- 9.5% - $50,000.00 (General Contractor)
	Contract measures delivered	-19.0% - $45,000.00

MINIMUM QUALIFICATIONS EXCEED LEGAL REQUIREMENTS: Yes

STANDARD PAYMENT AND PERFORMANCE BOND: Yes

REVIEW COMMITTEE: **MEETING DATE:** 07/29/2009 **SIGNOFF DATE:** 08/03/2009

RESPONSIBLE WAGES: Yes

MANDATORY CLEARING HOUSE: Yes

CONTRACT MANAGER: NAME/PHONE/EMAIL: William C Murphy (305) 876-0922, wcmurphy@miami-airport.com

PROJECT MANAGER: NAME/PHONE/EMAIL: William C Murphy (305) 876-0922, wcmurphy@miami-airport.com

Assistant County Manager

MEMORANDUM

(Revised)

TO: Honorable Chairman Dennis C. Moss and Members, Board of County Commissioners

DATE: November 3, 2009

FROM: R. A. Cuevas, Jr. County Attorney

SUBJECT: Agenda Item No. 8(A)(1)(K)

Please note any items checked.

_____ **"3-Day Rule" for committees applicable if raised**

_____ **6 weeks required between first reading and public hearing**

_____ **4 weeks notification to municipal officials required prior to public hearing**

_____ **Decreases revenues or increases expenditures without balancing budget**

_____ **Budget required**

_____ **Statement of fiscal impact required**

_____ **Ordinance creating a new board requires detailed County Manager's report for public hearing**

_____ **No committee review**

_____ **Applicable legislation requires more than a majority vote (i.e., 2/3's ____, 3/5's ____, unanimous _____) to approve**

✓ **Current information regarding funding source, index code and available balance, and available capacity (if debt is contemplated) required**

Approved _____ Mayor

Veto _____

Override _____

Agenda Item No. 8(A)(1)(K)
11-3-09

RESOLUTION NO. _____

RESOLUTION APPROVING CONTRACT BETWEEN MERKURY DEVELOPMENT CORPORATION AND THE MIAMI-DADE AVIATION DEPARTMENT FOR GATE J17 PASSENGER LOADING BRIDGES FOR THE A380 AIRBUS, PROJECT MDAD K-151A, WITH A CONTRACT AMOUNT NOT TO EXCEED $459,846.75; AND AUTHORIZING COUNTY MAYOR OR HIS DESIGNEE TO EXECUTE SAME, AND TO EXERCISE TERMINATION PROVISIONS THEREOF

WHEREAS, this Board desires to accomplish the purposes outlined in the accompanying memorandum, a copy of which is incorporated herein by reference,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board hereby approves the contract between Merkury Development Corporation and the Miami-Dade Aviation Department, for Gate J17 Passenger Loading Bridges for the A380 Airbus, Project MDAD K-151A, with a contract amount not to exceed $459,846.75, in substantially the form attached hereto and made a part hereof, and authorizes County Mayor or his designee to execute same and to exercise termination provisions thereof.

The foregoing resolution was offered by Commissioner , who moved its adoption. The motion was seconded by Commissioner and upon being put to a vote, the vote was as follows:

Dennis C. Moss, Chairman
Jose "Pepe" Diaz, Vice-Chairman

Bruno A. Barreiro	Audrey M. Edmonson
Carlos A. Gimenez	Sally A. Heyman
Barbara J. Jordan	Joe A. Martinez
Dorrin D. Rolle	Natacha Seijas
Katy Sorenson	Rebeca Sosa
Sen. Javier D. Souto	

The Chairperson thereupon declared the resolution duly passed and adopted this 3rd day of November, 2009. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By:_____
Deputy Clerk

Approved by County Attorney as to form and legal sufficiency. DM for

Deborah Bovarnick Mastin

OFFICE OF CAPITAL IMPROVEMENTS
CAPITAL IMPROVEMENTS INFORMATION SYSTEM
Contractors / Consultants
Tuesday, September 22, 2009

Merkury Development

Contractor / Consultant Name	CertNo	CSBE Level	7360 Hud	7360 Transit	7360 Other	Company EMail
Merkury Development	4346	CSBE Level 3	☐	☐	☑	

Contact	Title	Contact EMail	Phone	Fax
RUBEN ALEN			305-758-9888	305-758-0802

EMERGENCY INFORMATION: ☐ Contact: Phone: Fax:

Street	Suite	City	State	Zip
9325 Park Dr	Suite G	Miami Shores	FL	33138

FAMIS NO	FEIN	Principal	Last Review Date	PTCR Approval
061290055 01	061290055			

From Risk Management

Number	Gen Lia. Date	CGL BUD	Auto Lia. Date	AUTO BUD	WC Date	WC BUD
4577	3/7/2010	4/30/2009			3/7/2010	4/30/2009

Type	Ptpnt	Rot No	Series	RF Count	RF Amount	Overall RF	Status Date	Status	Comment
7040	☑	5031	5	0.043691390	0.000000000	0.043691390		Active	
7360	☑	1226	1	0.448401938	0.000000000	0.448401938		Active	

Construction ☑ PSA ☐ EDP ☐

Add Date: Add Userid: Last Update Date: 5/1/2007 10:03:00 AM Last Update Userid: garciad

Exit

Contractor Activity

Evaluations: 5 MCC Bids: 2 7040 Awards: 2 7360 Awards: 0 CIIS Awards: 2 EDP Awards: 0

Contracts / PSA

Licenses for FamisNo Contractor 061290055 01 - Merkury Development

License Type	Contractor	LI No	Qualifier Name	License Exp Date	Status
S-Concrete Forming / Placing	Merkury Development	CGC060990	PAUL A TOLLES	12/31/2006	N/A
S-Demolition	Merkury Development	CGC060990	PAUL A TOLLES	12/31/2006	N/A
S-Drywall	Merkury Development	CGC060990	PAUL A TOLLES	12/31/2006	N/A
P-General Building Contractor	Merkury Development	CGC060990	Paul A Tolles	12/31/2009	Active
S-Metal Decking / Siding	Merkury Development	CGC060990	PAUL A TOLLES	12/31/2006	N/A
S-Pres-stressed Pre-cast Concrete Erection	Merkury Development	CGC060990	PAUL A TOLLES	12/31/2006	N/A
S-Reinforcing Steel Placing	Merkury Development	CGC060990	PAUL A TOLLES	12/31/2006	N/A
S-Structural Steel Erection	Merkury Development	CGC060990	PAUL A TOLLES	12/31/2006	N/A
S-Unit Masonry / Marble	Merkury Development	CGC060990	PAUL A TOLLES	12/31/2006	N/A

CURRENT CONTRACTOR NOTES:

Date	UserID	Type	Contract	Note
2/1/2006	jjone	Note	AV-0503-762923R1	Document Approved on 02/01/2006 based on a submitted change order for $188,547.84.

61290055 Contractor Awards (4) 61290055 Contractor Evaluations (5)

Find Contractor With Search String ==>

Find License ==>

DBD
DEPARTMENT OF
BUSINESS DEVELOPMENT

Department of Small Business Development

Firm History Report

From: 09/22/2004 **To:** 09/22/2009

FIRM NAME: MERKURY CORPORATION DEVELOPMENT
7300 Biscayne Blvd, # 204
Miami, FL 33138-0000

PRIMES

PROJECT #	CONTRACT	DEPT.	MEASURES	AWARD DATE	AWARD AMOUNT
* MIA-737-R-8 (9.1) CONSTRUCTION 737G / C-D MEP & REMAINING SHELL	1	AV-AA	SET ASIDE CSBE 100%	02/09/2005	$1,744,959.00
					$1,744,959.00
* POAV0501322 0503-76923R1 MISCELLANEOUS CONSTRUCTION CONTRACT FOR PRE-QUALIFICATION OF GENERAL BUILDING, GENERAL ENGINEERING AND SPECIALTY TRADE CONTRACTORS FOR A FIVE (5) YEAR PERIOD FOR VARIOUS COUNTY DEPARTMENTS	1	AV	SET ASIDE CSBE 100%	09/22/2005	$770,447.84
					$770,447.84
P-02171 PPW-G UPS UPGRADE AND NEW EMERGENCY GENERATOR (SIC 15)	1	JM	GOAL CSBE 15.41%	01/04/2006	$845,000.00
					$845,000.00
745B (SC-00022) GENERAL TRADES	1	AV	NO MEASURE	10/30/2006	$0.00
					$0.00
MDAD C-055A MIA REFURBISHMENT BUILDING 3094/3095 (SIC 15)	1	AV	GOAL CSBE 24%	04/07/2009	$5,843,250.00
					$5,843,250.00

* Indicates closed or expired contracts
Disclaimer: Payments shown may not reflect current information

DBD
DEPARTMENT OF
BUSINESS DEVELOPMENT

Department of Small Business Development

Firm History Report

From: 09/22/2004 **To:** 09/22/2009

FIRM NAME: **MERKURY CORPORATION DEVELOPMENT**
7300 Biscayne Blvd, # 204
Miami, FL 33138-0000

PRIMES

PROJECT #	CONTRACT	DEPT.	MEASURES	AWARD DATE	AWARD AMOUNT
			Total Award Amount		**$9,203,656.84**
			Total Change Orders Approved by BCC		**$0.00**
					$9,203,656.84

* Indicates closed or expired contracts
Disclaimer: Payments shown may not reflect current information

Dept. of Small Business Development

Project Worksheet

Project/Contract Title:	A380 PASSENGER LOADING BRIDGES MODIFICATIONS & ELECTRICAL WORK (SIC 15)	**RC Date:**	07/29/2009
Project/Contract No:	K151A	**Funding Source:**	**Item No:** 3 -04
Department:	MIAMI DADE AVIATION DEPARTMENT	CIP	
Estimated Cost of Project/Bid:	$557,729.00	**Resubmittal Date(s):**	

Description of Project/Bid: TO ESTABLISH A CONTRACT FOR CONSTRUCTION AND INSTALLATION OF PASSENGER LOANING BRIDGES AT CONCOURSE (J) AT MIAMI INTERNATIONAL AIRPORT. WORK ON THIS PROJECT INCLUDED, BUT IS NOT LIMITED TO: CLEARING & PREPARING SITE, 3 AUGER CAST PILES, DRILLING THROUGH THE CONCRETE APRON, CONSTRUCTING A REINFORCED CONCRETE FOUNDATION, FURNISH & INSTALL BOLLARDS AROUND THE FOUNDATION, EXTEND THE ELECTRICAL SERVICE AND COORDINATE WITH THE PASSENGER LOADING BRIDGE MANUFACTURER AND CLEAN UP.

Contract Measures Recommendation

Measure	Program	Goal Percent
Goal	CSBE	18.66%
Workforce Goal	**CWP**	11.50%

Reasons for Recommendation

An analysis of the factors contained in Section VI C of Administrative Order 3-22 indicates that a 19% CSBE goal is appropriate.

A further analysis contained in Section II of Administrative Order 3-37 indicates that an 11.5% Community Workforce Program (CWP) goal is appropriate.

CWP Estimated Workforce: 2
CWP Workforce Recommendation: 1

CWP Designated Target Areas: Empowerment Zones, Enterprise Zones

Analysis for Recommendation of a Goal

Subtrade	Cat.	Estimated Value	% of Items to Base Bid	Availability
Electrical Contractors	CSBE	$48,522.42	8.70%	62
Commercial and Institutional Building Construction	CSBE	$55,549.81	9.96%	33
	Total	$104,072.23	18.66%	

Living Wages: YES [ ] NO [X] **Highway:** YES [ ] NO [X] **Heavy Construction:** YES [ ] NO [X]

Responsible Wages: YES [X] NO [ ] **Building:** YES [X] NO [ ]

Ordinance 90-143 is applicable to all construction projects over $100,000 that do not utilize Federal Funds

REVIEW COMMITTE RECOMMENDATION

Tier I Set Aside _____

Set Aside _____ **Level 1** _____ **Level 2** _____ **Level 3** _____

Trade Set Aside (MCC) _____ **Goal** CSBE = 19% CWP = 11.5 % **Bid Preference** _____

No Measure _____ **Deferred** _____ **Selection Factor** _____

Chairperson, Review Committee — 7/29/09 Date

SBD Director — 7/29/09 Date

DBDR0090 v. 20090724

Miami-Dade County
Affirmation of Vendor Affidavits

In accordance with Ordinance 07-143 amending Section 2-8.1 of the Code of Miami-Dade County, effective July 1, 2008, vendors are required to complete a *new* Vendor Registration Package, including a Uniform Affidavit Packet (Vendor Affidavits Form), before being awarded a new contract. The undersigned affirms that the Vendor Affidavits Form submitted with the Vendor Registration Package is current, complete and accurate for each affidavit listed below.

Contract No. K151A **Federal Employer Identification No. (FEIN):** 06-1290055

Contract Title: Gate J17 PLB Modifications for A380

Affidavits and Legislation/Governing Body

1.	***Miami-Dade County Ownership Disclosure*** *Sec. 2-8.1 of the County Code*	6.	***Miami-Dade County Vendor Obligation to County*** *Sec. 2-8.1 of the County Code*
2.	***Miami-Dade County Employment Disclosure*** *County Ordinance No. 90-133, amending Section 2.8-1(d)(2) of the County Code*	7.	***Miami-Dade County Code of Business Ethics*** *Article 1, Section 2-8.1(i) and 2-11(b)(1) of the County Code through (6) and (9) of the County Code and County Ordinance No. 00-1 amending Section 2-11.1 (c) of the County Code*
3.	***Miami-Dade County Employment Drug-free Workplace Certification*** *Sec. 2-8.1.2(b) of the County Code*	8.	***Miami-Dade County Family Leave*** *Article V of Chapter 11 of the County Code*
4.	***Miami-Dade County Disability Non-Discrimination*** *Article 1, Section 2.8.1.6 Resolution R182-00 amending R-385-95*	9.	***Miami-Dade County Living Wage*** *Sec. 2-8.9 of the County Code* **(Not applicable)**
5.	***Miami-Dade County Debarment Disclosure*** *Section 10-38 of the County Code*	10.	***Miami-Dade County Domestic Leave and Reporting*** *Article 8, Section 11A-60, 11A-67 of the County Code*

Ruben Allen
Printed Name of Affiant

V.P.
Printed Title of Affiant

Ruben Allen
Signature of Affiant

Mercury Development
Name of Firm

9/22/09
Date

7300 Biscayne Blvd. Ste. 204 Miami, FL 33138
Address of Firm (include State, Zip Code)

Notary Public Information

Notary Public – State of Florida **County of** Miami Dade

Subscribed and sworn to (or affirmed) before me this 22nd **day of,** September **20**09

by Ruben Allen **He or she is personally known to me** ☑ **or has produced I.D.** ☐

Type of identification produced _____

Cespedes DD806659
Signature of Notary Public **Serial Number**

7/16/2012
Expiration Date

NOTARY PUBLIC-STATE OF FLORIDA
Cheryl de Cespedes
Commission # DD806659
Expires: JULY 16, 2012
BONDED THRU ATLANTIC BONDING CO., INC.
Printed Stamp of Notary Public

Notary Public Seal

COLLUSION AFFIDAVIT

(Code of Miami-Dade County Section 2-8.1.1 and 10-33.1) (Ordinance No. 08-113)

I, being duly first sworn, hereby state that the bidder of this contract:

☒ is not related to any of the other parties bidding in the competitive solicitation, and that the contractor's proposal is genuine and not sham or collusive or made in the interest or on behalf of any person not therein named, and that the contractor has not, directly or indirectly, induced or solicited any other proposer to put in a sham proposal, or any other person, firm, or corporation to refrain from proposing, and that the proposer has not in any manner sought by collusion to secure to the proposer an advantage over any other proposer.

OR

☐ is related to the following parties who bid in the solicitation which are identified and listed below:

_____ _____

_____ _____

_____ _____

Note: Any person or entity that fails to submit this executed affidavit shall be ineligible for contract award. In the event a recommended contractor identifies related parties in the competitive solicitation its bid shall be presumed to be collusive and the recommended contractor shall be ineligible for award unless that presumption is rebutted by presentation of evidence as to the extent of ownership, control and management of such related parties in the preparation and submittal of such bids or proposals. Related parties shall mean bidders or proposers or the principals, corporate officers, and managers thereof which have a direct or indirect ownership interest in another bidder or proposer for the same agreement or in which a parent company or the principals thereof of one (1) bidder or proposer have a direct or indirect ownership interest in another bidder or proposer for the same agreement. Bids or proposals found to be collusive shall be rejected.

By: Ruben Alea — 9/22 20 09

Signature of Affiant — Date

Ruben Alea, V.P. — 016-112910055

Printed Name of Affiant and Title — Federal Employer Identification Number

Merkury Development

Printed Name of Firm

7300 Biscayne Blvd. Ste. 204

Address of Firm

Miami, FL 33138

SUBSCRIBED AND SWORN TO (or affirmed) before me this 22nd day of Sept, 2009

He/She is personally known to me or has presented _____ as identification.

Type of identification

Signature of Notary

Serial Number

Cheryl de Cespedes

Print or Stamp Name of Notary

NOTARY PUBLIC STATE OF FLORIDA
Cheryl de Cespedes
Commission # DD806659
Expires: JULY 16, 2012
BONDED THRU ATLANTIC BONDING CO., INC.

Expiration Date

Notary Public – State of Florida

Notary Seal

SUBCONTRACTOR/SUPPLIER LISTING
PURSUANT TO SECTION 10-34 OF THE CODE

Firm Name of Prime Entity/Respondent: Merkury Development Project No. K 151 A

Project Name: MIA Gate J17 PLB Modifications for A380

Business Name and Address of First tier Subcontractor/Subconsultant	Principal Owner	Scope of Work to be Performed by Subcontractor/Subconsultant	Subcontractor/ Subconsultant Dollar Amount	(Principal Owner) Gender Race	
DKG	Keith Grouse	Misc Metals	$22K		
Solares Electrical	Andres Solano	Electrical	$12K		
Business Name and Address of Direct Supplier	**Principal Owner**	**Supplies/Materials/Services to be Provided by Supplier**	**Supplier Dollar Amount**	**(Principal Owner) Gender Race**	

I certify that the certifications contained in this Subcontractor/Supplier Listing are to the best of my knowledge true and accurate.

Ruben Alen — Prime Entity/Respondent Signature
Ruben Alen — Print Name
V.P. — Print Title
9/14/09 — Date

(Duplicate if additional space is needed)

SUBCONTRACTING POLICIES STATEMENT PURSUANT TO SECTION 2-8.8(4) OF THE CODE

Subcontracting Policies Statement (County Code 2-8.8(4)). For all contracts in which a bidder may use a Subcontractor, prior to contract award, the bidder shall provide a detailed statement of its policies and procedures for awarding subcontracts. Failure to provide the required statement shall preclude the bidder from receiving the contract. The format for this document is the Bidder's choice.

(Insert Here)

MERKURY CONSTRUCTION & ENGINEERING

7300 Biscayne Blvd., Suite 204, Miami, FL 33138 | T: 305.758.0080 F: 305.758.0301

Subcontracting Policies Statement

Merkury Development has spent years developing relationships with its suppliers, vendors and sub-contractors. Merkury has categorized and filed its extensive list of subcontractors and suppliers based on abilities and specialization.

- **Subcontractors** - Merkury has a group of pre-qualified and preferred subcontractors, many of whom hold disadvantaged business certifications. This Contractor has developed a strict program for subcontractor pre-qualification that thoroughly examines the subcontractor financial condition, quality of workmanship and availability of personnel & equipment.

  Merkury maintains a detailed subcontractor database that records past performance, paying particular attention to subcontractor's ability to deliver an on time product.

  Subcontractors are required to attend all pre-construction conferences as well as weekly progress meetings with the Project Manager, Superintendent and Architect/Engineer. Weekly meeting agendas shall include overall job performance, construction progress, scheduling, shop drawings status, job safety & accident prevention as well as other issues that may arise. Meeting minutes of said meetings are available to the Owner's representative on request.

  Merkury requires all subcontractors to submit ongoing analysis of manpower requirements as it affects the critical construction phases as well as schedule updates.

- **Vendors and Suppliers** – Merkury maintains a database of hundreds of vendors and supplier, sorted by various categories and certifications. Preferred suppliers must have demonstrated the ability to provide both on-time estimates and delivery.

Merkury Development has implemented a rigorous material inspection program. All suppliers and vendors must submit samples of all products and materials requested. The Merkury construction team will thoroughly inspect all materials both in the supplier's yard or factory as well as at the time of delivery.

DEPARTMENT OF SMALL BUSINESS DEVELOPMENT
CONSTRUCTION CLEARING HOUSE JOB OPPORTUNITY
Resolution s Nos. R-937-98, R-1145-99 and R-1395-05

MIAMI-DADE COUNTY
JOB ORDER REQUEST FORM
TELEPHONE (305) 375-3157 FAX (305) 375-2343

EMPLOYER'S INFORMATION CONTRACT/PROJECT NO. K151A

Federal Identification No. 06-1290055

Business Name MerKury Development Type of Business: G.C.

Business Address: 7300 Biscayne Blvd. City Miami State FL Zip Code 33138

Telephone 305-758-9893 Fax # 758-0802 e-mail Address ruben@merkurydevelopment.com

Contact Person: Ruben Alen

JOB INFORMATION - APPLICATIONS ACCEPTED UNTIL_____

Would you like to advertise this position on the Internet. Yes___ - No_____ - Number of Openings

Job Site Location_____

Position Available (please use one form per available classification)_____

Hourly Rate: $_____

Experience Required: None___ will Train___How Many Month(s) or Years____

Education Required: None____ HS Diploma/ GED___ Associates_____ Bachelors___ Masters_____ Ph.D

Duration of job: Permanent ____ Temporary/ How Long_____Full Time_____., Part Time____

Language(s) Required: English – Creole_Spanish ____Other____

Drivers License Required: None__E- Regular___CDL (A. B OR C)____

Describe Job Duties (Knowledge, Skills. & Abilities):

* MerKury Development will meet the required goal with our own forces. RA

Deadline to apply No_____ Yes_____ (when?)_____ Fringe Benefits Yes____No

Contact by Phone _____ Fax Resume _____ Mail Resume _____ Apply in person (Day & Hours) __

----------FOR OFFICE USE ONLY

Date Received_____ Time Received_____

CONTRACT SUMMARY

THIS CONTRACT made and entered into as of the _____ day of _____,20___, by and between Miami-Dade County, Florida, by its Board of County Commissioners, hereinafter called the Owner and **Merkury Development**

hereinafter called the Contractor:

WITNESSETH, that the said Contractor, for and in consideration of the payments hereinafter specified and agreed to be made by the County, hereby covenants and agrees to furnish and deliver all the materials required, to do and perform all the Work and labor, in a satisfactory and workmanlike manner, required to complete this Contract within the time specified, in strict and entire conformity with the Plans, Technical Specifications and other Contract Documents, which are hereby incorporated by reference, for;

PROJECT TITLE: Gate J17 PLB Modifications for A380

PROJECT NO: K151A

CONTRACT TIME: Completion of the Work within the Contract Time is of the essence. The Contract Time for this Work is 180 calendar days from the effective date established in the Notice to Proceed.

LIQUIDATED DAMAGES: Liquidated Damages for this project shall be at the rate of $1,900.00 per day, will be deducted from the Contract amount for each calendar day of delay in the Contract Time due to a Non-Excusable Delay.

LIQUIDATED INDIRECT COSTS: Liquidated Indirect Costs recoverable by the Contractor, shall be $1250.00 per day for each day the project is delayed up to 120 days due to a Compensable Excusable Delay.

The Contractor agrees to make payment of all proper charges for labor and materials required in the aforementioned Work, and to defend, indemnify and save harmless the County and all its officers, employees and agents against and from all suits and costs of every kind and description, and from all damages to which the said County or any of its officers, agents and employees may be put, by reason of injury or death to persons or injury to property of others resulting from the performance of said Work, or through the negligence of the Contractor, its officers, agents or employees or through any improper or defective machinery, implements or appliances used by the Contractor, its officers, agents or employees in the aforesaid Work, or through any act or omission on the part of the Contractor, or its officers, agents or employees.

In consideration of these premises, the County hereby agrees to pay to the Contractor for the said Work, when fully completed, the total maximum sum of **Four Hundred Fifty Nine Thousand, Eight Hundred & Forty Six Dollars & Seventy-Five Cents** Dollars ($ **459,846.75**),

consisting of the following accepted items or schedules of Work as taken from the Bid Form:

Lump Sum Price	$	**369,000.00**
Dedicated Allowance Account	$	**48,000.00**
General Allowance Account	$	**41,700.00**
Inspector General Audit Account	$	**1,146.75**
TOTAL MAXIMUM CONTRACT AMOUNT	$	**459,846.75**

The total maximum Contract amount is subject to such additions and deductions as may be provided for in the Contract Documents. Partial and Final Payments will be made as provided for in the Contract Documents.

CONTRACT SUMMARY (Cont'd)

IN WITNESS WHEREOF, the above parties have caused this Contract to be executed by their appropriate officials as of the date first above written.

BOARD OF COUNTY COMMISSIONERS
OF MIAMI-DADE COUNTY, FLORIDA,

By: _____
Mayor or designee

ATTEST: Harvey Ruvin Clerk

By: _____
Deputy Clerk

(MIAMI-DADE COUNTY SEAL)

_____

Approved for Form and Legal Sufficiency

_____
(Assistant County Attorney)

CONTRACTOR (If Corporation)

Merkury Development
(Corporate Name)

By: _____
President V.P.

Attest: _____
Secretary

CONTRACTOR (if Partnership or Corporate Joint Venture)

(A) PARTNERSHIP OR
CORPORATE JOINT VENTURER:

_____
(Corporate Name)

By: _____
President

Attest _____
Secretary

(B) PARTNERSHIP OR
CORPORATE JOINT VENTURER:

_____
(Corporate Name)

By: _____
President

Attest _____
Secretary

(ATTACH ADDITIONAL SHEETS FOR EACH JOINT VENTURER, AS NEEDED)

(CORPORATE SEAL)

NAME OF MANAGING JOINT VENTURER:

By _____
Signature of Authorized Representative of Joint Venture

Witnesses as to Above

_____

_____

MERKURY DEVELOPMENT | CONSTRUCTION & ENGINEERING

7300 Biscayne Blvd., Suite 204, Miami, FL 33138 | P: 305.758.9888 F: 305.758.0802

Subcontracting Policies Statement

Merkury Development has spent years developing relationships with its suppliers, vendors and sub-contractors. Merkury has categorized and filed its extensive list of subcontractors and suppliers based on abilities and specialization.

- **Subcontractors** - Merkury has a group of pre-qualified and preferred subcontractors, many of whom hold disadvantaged business certifications. This Contractor has developed a strict program for subcontractor pre-qualification that thoroughly examines the subcontractor financial condition, quality of workmanship and availability of personnel & equipment.

  Merkury maintains a detailed subcontractor database that records past performance, paying particular attention to subcontractor's ability to deliver an on time product.

  Subcontractors are required to attend all pre-construction conferences as well as weekly progress meetings with the Project Manager, Superintendent and Architect/Engineer. Weekly meeting agendas shall include overall job performance, construction progress, scheduling, shop drawings status, job safety & accident prevention as well as other issues that may arise. Meeting minutes of said meetings are available to the Owner's representative on request.

  Merkury requires all subcontractors to submit ongoing analysis of manpower requirements as it affects the critical construction phases as well as schedule updates.

- **Vendors and Suppliers** – Merkury maintains a database of hundreds of vendors and supplier, sorted by various categories and certifications. Preferred suppliers must have demonstrated the ability to provide both on-time estimates and delivery.

Merkury Development has implemented a rigorous material inspection program. All suppliers and vendors must submit samples of all products and materials requested. The Merkury construction team will thoroughly inspect all materials both in the supplier's yard or factory as well as at the time of delivery.

2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# F93000001578

Entity Name: MERKURY CORPORATION

Current Principal Place of Business:

7300 BISCAYNE BLVD.
SUITE 204
MIAMI, FL 33018 US

New Principal Place of Business:

Current Mailing Address:

7300 BISCAYNE BLVD.
SUITE 204
MIAMI, FL 33018 US

New Mailing Address:

FEI Number: 06-1290055 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOLLES, PAUL A
11 ISLAND AVENUE
STE 612
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	V	( ) Delete
Name:	RUBEN, ALEN	
Address:	5501 SW 162ND AVENUE	
City-St-Zip:	SOUTHWEST RANCHES, FL 33331	
Title:	P	( ) Delete
Name:	TOLLES, PAUL	
Address:	11 ISLAND AVE STE 612	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	D	( ) Delete
Name:	RUBEN, ALEN	
Address:	5501 SW 162ND AVENUE	
City-St-Zip:	SOUTHWEST RANCHES, FL 33331	
Title:	D	( ) Delete
Name:	TOLLES, PAUL	
Address:	11 ISLAND AVE STE 612	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	D	( ) Delete
Name:	DE CESPEDES, CHERYL	
Address:	11220 SW 131TH AVENUE	
City-St-Zip:	MIAMI, FL 33186	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUBEN ALEN VP 01/14/2009

Electronic Signature of Signing Officer or Director — Date

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2009

MERKURY DEVELOPMENT
7300 BISCAYNE BLVD #204
MIAMI, FL 33138

Subject: **MERKURY DEVELOPMENT**

REGISTRATION NUMBER: **G09054900033**

This will acknowledge the filing of the above fictitious name registration which was registered on February 20, 2009. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Reinstatement Section
Division of Corporations Letter No. 509A00006268

P.O. BOX 6327 -Tallahassee, Florida 32314

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD (850) 487-1395
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

ALEN, RUBEN
MERKURY DEVELOPMENT
5501 SW 162 AVENU
SW RANCHES FL 33331

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto **www.myfloridalicense.com**. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!

STATE OF FLORIDA AC# 3857890
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CGC1512253 07/16/08 000000000

CERTIFIED GENERAL CONTRACTOR
ALEN, RUBEN
MERKURY DEVELOPMENT

IS CERTIFIED under the provisions of Ch.489 FS
Expiration date: AUG 31, 2010 L08071600337

DETACH HERE

AC# 3857890

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L08071600337

DATE	BATCH NUMBER	LICENSE NBR
07/16/2008	000000000	CGC1512253

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2010

ALEN, RUBEN
MERKURY DEVELOPMENT
5501 SW 162 AVENU
SW RANCHES FL 33331

CHARLIE CRIST
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CHUCK DRAGO
INTERIM SECRETARY

BID BOND

State of Florida County of Miami-Dade

We, Merkury Development as Principal

and Berkley Regional Insurance Company as Surety, are held and firmly bound unto Miami-Dade County, Florida hereinafter called the County, in the Penal sum of Five Percent of Amount Bid Dollars ($ *****5%*****) lawful money of the United States, for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents. The Principal has submitted the attached Bid, dated September 14th, 20 09, for Project Name: Gate J17 PLB Modifications for A380, Project No. K151A.

The Principal shall at time of bid opening furnish all documents and information required by the Contract Documents, and shall not withdraw said Bid within the time stipulated in the advertisement for bids and shall within the time stipulated in the Instructions to Bidders execute and deliver to the County, the Contract, the Performance and Payment Bond and satisfactory evidence of all required Insurance. The Principal shall give a Performance and Payment Bond with good and sufficient surety, as required by the Contract Documents, for the faithful performance and proper fulfillment of such Contract and for the prompt payment of all persons furnishing labor or materials in connection therewith. Having met these obligations shall render this Bond void and of no effect; or in the event of withdrawal of said Bid within the period specified, or in the event of the failure to comply with the Contract Documents, or in the event of failure to enter into such Contract and give such Bonds and evidence of insurance within the time specified, if the Principal shall pay the County the difference between the amounts specified in said Bid and the amount for which the County may procure the required work and supplies, provided the latter amount be in excess of the former, then the above obligations shall be void and of no effect; otherwise, to remain in full force and virtue.

The above parties have caused this Bond to be executed by their appropriate officials as of the 14th day of September, 20 09.

CORPORATION Merkury Development

Witness

By:

Title V.P.

PARTNERSHIP OR JOINT VENTURE *
N/A

Witness

By:

Title

Witness

By:

Title

* Note: All Partners or Joint Venture Members shall sign and submit documentation proving their authority to sign on behalf of the Partnership or Joint Venture.

(Corporate Seal)

COUNTERSIGNED BY RESIDENT FLORIDA AGENT OF SURETY:

SURETY: Berkley Regional Insurance Company

Michael Bonet

By: Attorney-in-Fact Michael Bonet

(A copy of Agent's current Identification Card as issued by State of Florida Insurance Commissioner must be attached.)

(THIS FORM MUST BE SUBMITTED IN DUPLICATE - ONE ORIGINAL AND ONE COPY)

No. 3445

POWER OF ATTORNEY
BERKLEY REGIONAL INSURANCE COMPANY
WILMINGTON, DELAWARE

NOTICE: The warning found elsewhere in this Power of Attorney affects the validity thereof. Please review carefully.

KNOW ALL MEN BY THESE PRESENTS, that BERKLEY REGIONAL INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Delaware, having its principal office in Urbandale, Iowa, has made, constituted and appointed, and does by these presents make, constitute and appoint: ***Antonio Arias, Michael Bonet or Michael A. Holmes of Brown & Brown, Inc. of Miami Lakes, Florida***

its true and lawful Attorney-in-Fact, to sign its name as surety only as delineated below and to execute, seal, acknowledge and deliver any and all bonds and undertakings, with the exception of Financial Guaranty Insurance, providing that no single obligation shall exceed **Fifteen Million and 00/100 Dollars ($15,000,000.00),** to the same extent as if such bonds had been duly executed and acknowledged by the regularly elected officers of the Company at its principal office in their own proper persons.

This Power of Attorney shall be construed and enforced in accordance with, and governed by, the laws of the State of Delaware, without giving effect to the principles of conflicts of laws thereof. This Power of Attorney is granted pursuant to the following resolutions which were duly and validly adopted at a meeting of the Board of Directors of the Company held on August 21, 2000:

"**RESOLVED**, that the proper officers of the Company are hereby authorized to execute powers of attorney authorizing and qualifying the attorney-in-fact named therein to execute bonds, undertakings, recognizances, or other suretyship obligations on behalf of the Company, and to affix the corporate seal of the Company to powers of attorney executed pursuant hereto; and further

RESOLVED, that such power of attorney limits the acts of those named therein to the bonds, undertakings, recognizances, or other suretyship obligations specifically named therein, and they have no authority to bind the Company except in the manner and to the extent therein stated; and further

RESOLVED, that such power of attorney revokes all previous powers issued on behalf of the attorney-in-fact named; and further

RESOLVED, that the signature of any authorized officer and the seal of the Company may be affixed by facsimile to any power of attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligation of the Company; and such signature and seal when so used shall have the same force and effect as though manually affixed. The Company may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Company, notwithstanding the fact that they may have ceased to be such at the time when such instruments shall be issued."

IN WITNESS WHEREOF, the Company has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 21 day of March, 2008.

(Seal)

Attest:
By _____
Ira S. Lederman
Senior Vice President & Secretary

Berkley Regional Insurance Company
By _____
Robert P. Cole
Senior Vice President

WARNING: THIS POWER INVALID IF NOT PRINTED ON BLUE "BERKLEY" SECURITY PAPER.

STATE OF CONNECTICUT)
) ss:
COUNTY OF FAIRFIELD)

Sworn to before me, a Notary Public in the State of Connecticut, this 21 day of March, 2008, by Robert P. Cole and Ira S. Lederman who are sworn to me to be the Senior Vice President, and the Senior Vice President and Secretary, respectively, of Berkley Regional Insurance Company.

EILEEN KILLEEN
NOTARY PUBLIC
MY COMMISSION EXPIRES JUNE 30, 2012

_____
Notary Public, State of Connecticut

CERTIFICATE

I, the undersigned, Assistant Secretary of BERKLEY REGIONAL INSURANCE COMPANY, DO HEREBY CERTIFY that the foregoing is a true, correct and complete copy of the original Power of Attorney; that said Power of Attorney has not been revoked or rescinded and that the authority of the Attorney-in-Fact set forth therein, who executed the bond or undertaking to which this Power of Attorney is attached, is in full force and effect as of this date.

Given under my hand and seal of the Company, this 14th day of September, 2009.

(Seal)

26

_____
John F. Beers

WARNING – Any unauthorized reproduction or alteration of this document is prohibited. This power of attorney is void unless seals are readable and the certification seal at the bottom is embossed. The background imprint, warning and confirmation (on reverse) must be in blue ink.

ALEX SINK
Chief Financial Officer
State of Florida

MICHAEL ANTHONY BONET

License Number A025509

IS LICENSED TO TRANSACT THE FOLLOWING CLASSES OF INSURANCE

General Lines (Prop & Casu) 05/25/1984

RESIDENT
LICENSE

L8

SCHEDULE OF PRICES BID
[All Prices shall be in U.S. Dollars]

PROJECT: Gate J17 PLB Modifications for A380

PROJECT NO.: K151A

BID ITEM A – LUMP SUM -BASE BID: Lump Sum Bid for furnishing all labor, materials, equipment and services for the Contract Work, completed in strict accordance with the Contract Documents:

Three Hundred Sixty Nine Thousand Dollars $ 369,000.00
(Amount Bid in Words) (Amount Bid in Figures)

BID ITEM B:

1. Dedicated Allowance Account – (P-160 Contaminated Soil/Groundwater):

Thirty Thousand Dollars and Zero Cents Dollars $ 30,000.00
(Amount Bid in Words) (Amount Bid in Figures)

2. Dedicated Allowance Account – (S-2 Fire Alarm System):

Eighteen Thousand Dollars and Zero Cents Dollars $ 18,000.00
(Amount Bid in Words) (Amount Bid in Figures)

TOTAL BID B (Item 1 + Item 2):

Forty Eight Thousand Dollars and Zero Cents Dollars $ 48,000.00
(Amount Bid in Words) (Amount Bid in Figures)

ITEM C – GENERAL ALLOWANCE ACCOUNT:

General Allowance Account: (10% of the Sum of Bid Item A + Bid Item B)

Forty One Thousand Seven Hundred Dollars $ 41,700.00
(Amount in Words) (Amount in Figures)

ITEM D - AUDIT ACCOUNT:

Inspector General Audit Account: (1/4% of Sum of Bid Item A + Bid Item B + Bid Item C)

One Thousand One Hundred Forty Six Dollars $ 1,146.75
(Amount in Words) Seventy five cents (Amount in Figures)

TOTAL AMOUNT BID (Sum of Total Bid Item A + Item B + Item C + Item D)

Four Hundred Fifty Nine Thousand Eight hundred Forty Six — seventy five Cents. Dollars $ 459,846.75
(Total Amount in Words) (Total Amount in Figures)

THE REMAINDER OF THIS SHEET HAS BEEN PURPOSELY LEFT BLANK

BID FORM

MIAMI-DADE COUNTY, FLORIDA **DATE:** 9/14/09

BIDDER Merkury Development

ADDRESS 7300 Biscayne Blvd. #204 Miami, FL 33138

TELEPHONE No. 305-758-9888

PROJECT TITLE: Gate J17 PLB Modifications for A380

PROJECT NUMBER: K151A

THE UNDERSIGNED, AS BIDDER, HEREBY DECLARES THAT:

The only person or persons interested in this Bid as Principal, or Principals, is or are named herein and that no person other than herein mentioned has any interest in this Bid or in the Contract to be entered into; that this Bid is made without connection with any other person, company or parties making a Bid; and that it is in all respects fair and made in good faith without collusion or fraud.

The Bidder further declares that it has examined the Bid Documents and the site of the Work and is fully informed in regard to the Work to be performed and accepts all conditions pertaining to the place where the Work is to be done.

THE BIDDER ACKNOWLEDGES RECEIPT OF THE FOLLOWING ADDENDA:

Addendum No. 1 Addendum No. ___ Addendum No. ___ Addendum No. ___

Addendum No. 2 Addendum No. ___ Addendum No. ___ Addendum No. ___

Failure to acknowledge addenda shall not relieve such bidder from its obligation under this bid.

THE BIDDER FURTHER AGREES THAT:

BID ACCEPTANCE: If this Bid is accepted, to Contract with Miami-Dade County, Florida, in the form of Contract attached, in strict accordance with the Bid Documents and to furnish the prescribed Performance and Payment Bond, for not less than the Total Maximum Contract Amount exclusive of the amount of the Inspector General audit account, and to furnish the required evidence of the specified insurance, all within the applicable time.

BID GUARANTY: Each Bid must be accompanied by a Bid Guaranty in the amount and manner stipulated in the Advertisement for Bids and specified in the Instructions to Bidders. The Bidder shall not withdraw this Bid after bid opening for the Period stipulated as the bid guaranty period in the Advertisement for Bids.

COMMUNITY SMALL BUSINESS ENTERPRISE PROGRAM: The Bidder, when applicable, shall comply with the following Contract Measures. Contract Measures are based on the Contract Amount, exclusive of the amount of the Inspector General audit account.

THE CONTRACT MEASURE(S) APPLICABLE TO THIS PROJECT:

	CSBE
Set-Aside	
Trade Set-Asides	
Subcontractor Goals	18.66%

COMMUNITY WORKFORCE PROGRAM (CWP)

Community Workforce Goal is a requirement that a percentage of the workforce performing construction trades work and labor under a Capital Construction Contract/Work Orders be residents of a Designated Target Area.

The Bidder shall comply with an 11.50% Community Workforce Goal for this Contract as required by the Community Workforce Program Participation Provisions, Special Provisions 3.

CWP LIQUIDATED DAMAGES: In the event that at Contract completion the Contractor has not achieved the established local Workforce Goal, Liquidated Damages of a minimum of $1,500.00 per position by which the Contractor fails to comply with such goal or the wages that would have been payable for such position had the person(s) been hired for the position as listed on the approved Workforce Plan including all approved revisions to the Workforce Plan, whichever is greater, shall be assessed in accordance with Special Provisions 3, Community Workforce Program Participation Provisions.

CONTRACT TIME: Completion of the Work within the Contract Time is of the essence. The Contract Time for this Work is 180 calendar days from the effective date established in the Notice to Proceed.

LIQUIDATED DAMAGES: Liquidated Damages for this project shall be at the rate of $1,900.00 per day, will be deducted from the Contract amount for each calendar day of delay in the Contract Time due to a Non-Excusable Delay.

LIQUIDATED INDIRECT COSTS: Liquidated Indirect Costs recoverable by the Contractor, shall be $1250.00 per day for each day the project is delayed up to 120 days due to a Compensable Excusable Delay.

RESPONSIBLE WAGE AND BENEFITS MIAMI-DADE COUNTY CODE SECTION 2-11.16: In the event that no Federal Funds are involved in this Contract, the minimum wage rates for laborers, mechanics and apprentices shall be not less than those established by Miami-Dade County in accordance with the Responsible Wages and Benefits requirements of Miami-Dade County Code Section 2-11.16, which are included in Special Provisions 2 and that Bidder acknowledges awareness of the penalties for non-compliance with the said requirements.

COMPENSATION: To accept as full compensation for all Work required to complete the Contract, the prices named therefore in the following Schedule of Prices Bid:

THIS SHEET HAS BEEN PURPOSELY LEFT BLANK

SCHEDULE OF PRICES BID

BID SIGNATURE PAGE FOR CORPORATION

Attached is a [Bid Bond on the standard form as provided herein] [Certified Check] [Cashier's Check], for the sum of 5% of Bid Amount

($_____), in accordance with the Instructions to Bidders.

The Officers of the Corporation are as follows:

	Name	Address
President	Paul Tolles	11 Island Ave. #612 Miami Beach, FL
V. President	Ruben Alen	5501 SW 162 Ave. SW Ranches, FL
Secretary	Ruben Alen	5501 SW 162 Ave. SW Ranches, FL
Treasurer	Paul Tolles	11 Island Ave. #612 Miami Beach, FL

STATE OF FLORIDA CERTIFICATE OF CERTIFICATION FOR CORPORATION:

Ruben Alen
Merkury Development
Name of Holder (Qualifier)

CGC1512253
F93000001578
Certificate No.

MIAMI-DADE COUNTY CERTIFICATE OF COMPETENCY FOR CORPORATION:

Merkury Development
Miami Dade Local Tax Receipt
Name of Holder (Qualifier)

#477780-2
Certificate No.

Post Office Address:

7300 Biscayne Blvd. #204
Miami, FL 33138

Connecticut
State in which Chartered

F93000001578
Registry with Florida Secretary of State, if foreign:

Date: 9/14/09

BIDDER:

Merkury Development
Corporate Name

BY: _____
President

Attest: _____
Secretary

(Corporate Seal)

MIAMI-DADE COUNTY
MIAMI-DADE AVIATION DEPARTMENT SINGLE EXECUTION AFFIDAVITS

This sworn statement is submitted for:

PROJECT TITLE: Gate J17 PLB Modifications for A380

PROJECT NUMBER: K151A

COUNTY OF Dade

STATE OF Florida

Before me the undersigned authority appeared Ruben Alen (Print Name), who is personally known to me or who has provided as identification and who (did or did not) take an oath, and who stated:

That he/she is the duly authorized representative of

Mercury Development

(Name of Entity)

7300 Biscayne Blvd. #204 Miami, FL 33138

(Address of Entity)

0 1 6 - 1 2 9 0 0 5 5

Federal Employment Identification Number

hereinafter referred to as the Entity being its

Vice President

(Sole Proprietor)(Partner)(President or Other Authorized Officer)

and as such has full authority to make these affidavits and say as follows.

AFFIDAVIT No. 1
PUBLIC ENTITY CRIMES
SWORN STATEMENT UNDER SECTION 287.133(3)(a),
FLORIDA STATUTES

1. 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 with the United States, including, but not limited to any bid, proposal, reply, or contract for goods or services, any lease for real property, or any contract for the construction or repair of a public building or public work, involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation."

2. I understand that "convicted" or "conviction" as defined in Paragraph 287.133 (1)(b), **Florida Statutes**, means "a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere."

3. 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."

4. 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 let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members and agents who are active in management of an entity."

5. The statement which is marked below is true in relation to the Entity submitting this sworn statement. **[Please indicate which statement applies.]**

AFFIDAVIT No. 1
PUBLIC ENTITY CRIMES
SWORN STATEMENT UNDER SECTION 287.133(3)(a),
FLORIDA STATUTES (Cont'd)

✓ Neither the Entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the Entity, nor any affiliate of the Entity have 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 the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in 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. **[Please indicate which additional statement applies.]**

_____ There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. **[Please attach a copy of the final order.]**

_____ The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. **[Please attach a copy of the final order.]**

_____ The person or affiliate has been placed on the convicted vendor list. **[Please describe any action taken by or pending with the Florida Department of Management Services.]**

AFFIDAVIT No. 2
CRIMINAL RECORD AFFIDAVIT
PURSUANT TO SECTION 2-8.6 OF THE
MIAMI-DADE COUNTY CODE

Pursuant to Section 2-8.6 of the Code, the Entity must disclose, at the time the submission, if the Entity or any of its officers, directors, or executives have been convicted of a felony during the past (10) years. Failure to disclose such conviction may result in the debarment of the Entity who knowingly fails to make the required disclosure or to falsify information.

Indicate below if the above named Entity, as of the date of submission:

✓ has not been convicted of a felony during the past ten (10) years, nor does it, as of the date of submission, have an officer, director or executive who has been convicted of a felony during the past ten (10) years.

_____ has been convicted of a felony during the past ten (10) years, or as of the date of submission, has an officer, director or executive who has been convicted of a felony during the past ten (10) years.

AFFIDAVIT No. 3
BIDDER'S AFFIDAVIT IN COMPLIANCE WITH FLORIDA TRENCH SAFETY ACT (SECTION 553.60-553.64, FLORIDA STATUTES)

1. By submission of his bid and subsequent execution of this Contract, the undersigned Bidder certifies that as successful Bidder (Contractor) all trench excavation done within his control (by his own forces or by his Subcontractors) shall be accomplished in strict adherence with OSHA Trench Safety Standards contained in 29 C.F.R., s. 1926, 650, Subpart P, including all subsequent revisions or updates to these standards as adopted by the Department of Labor and Employment Security.

2. The undersigned Bidder certifies that as successful Bidder (Contractor) he has obtained or will obtain identical certification from his proposed Subcontractors that will perform trench excavation prior to award of the subcontracts and that he will retain such certifications in his files for a period of not less than three years following final acceptance.

3. The Bidder acknowledges that included in the various items listed in the Schedule of Prices Bid and in the Total Amount Bid are costs for complying with the Florida Trench Safety Act (Sections 553.60-553.64, Florida Statutes). The bidder further identifies the costs to be summarized below*:

	Trench Safety Measure (Description)	Units of Measure (LF, SY, etc.)	Unit Quantity	Unit Cost	Extended Cost
A.	Slope	LF	100	$5.00	$ 500.00
B.					$
C.					$
D.					$
E.					$

AFFIDAVIT No. 4
RESPONSIBLE WAGE AFFIDAVIT

Above named bidder shall pay workers on the project minimum wage rates in accordance with Section 2-11.16 of the Miami-Dade County Code, and the Labor Provisions of the Contract Documents.

This single execution shall have the same force and effect as if each of the above affidavits had been individually executed.

Ruben Alen
(Signature of Authorized Representative)

Title Vice President

Date 9/14/09

STATE OF: Florida

COUNTY OF: Dade

The above affidavits were acknowledged before me this 14 day of Sept., 2009

By Ruben Alen, Vice President
(Authorized Representative)

of Mercury Development
(Name of Corporation, Partnership, etc.)

who is personally known to me or has produced as identification and who did/did not take an oath.

(Signature of Notary)

Cheryl de Cespedes
(Print Name)

Notary Stamp or Seal:

NOTARY PUBLIC-STATE OF FLORIDA
Cheryl de Cespedes
Commission # DD806659
Expires: JULY 16, 2012
BONDED THRU ATLANTIC BONDING CO., INC.

Notary Commission Number: _____

My Commission Expires: 7-16-2012

CLAIM OF LOCAL BUSINESS PREFERENCE

The evaluation of competitive solicitations is subject to Section 2-8.5 of the Miami-Dade County Code, which, except where contrary to federal or state law, or any other funding source requirements, provides that preference be given to local businesses. A local business, for the purposes of receiving the aforementioned preference above, shall be defined as a Bidder/Proposer which meets all of the following:

1. Bidder/Proposer has a valid occupational license, issued by Miami-Dade County or Broward County at least one year prior to Bid/Proposal submission due date to do business within Miami-Dade County or Broward County that authorizes the business to provide the goods, services or construction to be purchased.

   Bidder/Proposer shall attach hereto a copy of said occupational license(s). (Note: Current and past year licenses shall be submitted as proof that Bidder/Proposer has had the license at least one year prior to the Bid/Proposal submission due date.)

2. Bidder/Proposer has a physical business address located within the limits of Miami-Dade County or Broward County from which the Bidder/Proposer operates or performs business. (Post Office Boxes are not verifiable and shall not be used for the purpose of establishing said physical address.)

   Bidder/Proposer shall state its Miami-Dade County or Broward County physical business address:

   7300 Biscayne Blvd. #204 Miami, FL 33138

   and shall submit proof of occupancy for this address. If Bidder/Proposer is leasing space from another company, a copy of the lease or an affidavit from the lessor must be submitted.

3. Bidder/Proposer contributes to the economic development and well-being of Miami-Dade County or Broward County in a verifiable and measurable way. This may include but not be limited to the retention and expansion of employment opportunities and the support and increase in the County's tax base. To satisfy this requirement, the Bidder/Proposer shall affirm in writing its compliance with any of the following objective criteria as of the Bid/Proposal submission due date:

   Check box, if applicable:

   a. ☒ Bidder/Proposer has at least ten (10) permanent full time employees, or part time employees equivalent to 10 FTE ("full-time equivalent" employees working 40 hours per week) that live in Miami-Dade County or Broward County, or at least 25% of its employees live in Miami-Dade County or Broward County. **Bidder/Proposer shall provide Internal Revenue Service Forms 941 for a one year period or other supporting documentation.**

   b. ☐ Bidder/Proposer contributes to Miami-Dade County's or Broward County's tax base by paying either real property taxes or tangible personal property taxes to Miami-Dade County or Broward County. **Bidder/Proposer shall provide real property tax receipts or tangible personal property tax returns.**

CLAIM OF LOCAL BUSINESS PREFERENCE

c. ☐ Bidder/Proposer contributes to the economic development and well-being of Miami-Dade County or Broward County by some other verifiable and measurable contribution by:

_____
_____
_____
_____
_____
_____
_____
_____
_____

Bidder/Proposer shall check the box if applicable. If checking item "c" above, Bidder/Proposer shall provide a written statement defining how Bidder/Proposer meets the criteria and provide supporting documentation.

By signing below, Bidder/Proposer affirms that it meets the above criteria to qualify for Local Preference and has submitted the requested documents.

In addition, to the above, the Bidder/Proposer shall also list the total number of employees that are Miami-Dade County and Broward County residents. The number of employees submitted is to be accurate as of the Bid/Proposal submission due date: 60 employees

Note: At this time, there is an interlocal agreement in effect between Miami-Dade and Broward Counties until September 30, 2009. Therefore, a Bidder/Proposer which meets the requirements of (1) (2) and (3) above for Broward County shall be considered a local business for the purposes outlined herein.

Name of Firm: Mercury Development

Federal Employer Identification Number: 06-1290055

Telephone: (305) 758-9888 Fax: (305) 758-0802

CLAIM OF LOCAL BUSINESS PREFERENCE

I hereby certify that to the best of my knowledge and belief all the foregoing facts are true and correct.

Ruben Alen

(Signature of Authorized Representative)

Title Vice President

Date 9/14/09

STATE OF:

COUNTY OF:

The above affidavits were acknowledged before me this 14 day of Sept., 2009

By Ruben Alen,
(Authorized Representative)

of Mercury Development
(Name of Corporation, Partnership, etc.)

who is personally known to me or has produced as identification and who did/did not take an oath.

Cheryl de Cespedes

(Signature of Notary)

Notary Stamp or Seal:

Cheryl de Cespedes
(Print Name)

NOTARY PUBLIC-STATE OF FLORIDA
Cheryl de Cespedes
Commission # DD806659
Expires: JULY 16, 2012
BONDED THRU ATLANTIC BONDING CO., INC.

Notary Commission Number: _____

My Commission Expires: 7-16-2012

RENEWAL NOTICE 2009-10

June 30, 2009

LOCAL BUSINESS TAX

MIAMI-DADE COUNTY

SEE REVERSE SIDE FOR MORE INFORMATION

0154708

ACCOUNT NUMBER	RECEIPT NUMBER	EXEMPTION	TOTAL NO. OF RECEIPTS	STATE/CC#
457654-3	477780-2		1 OF 1	CGC060990

DBA MERKURY DEVELOPMENT

Owner/Corporation
MERKURY CORPORATION

Phone (305)758-9888

Business Location:
7300 BISCAYNE BLVD 204

Mailing Address:
7300 BISCAYNE BLVD 204
MIAMI FL 33138

Municipality Miami

Business Type
196 GENERAL BUILDING CONTRACTOR

NAICS Code 2389

Units 11 WORKER/S

FILE COPY

DESCRIPTION OF TAXES	TAXES LEVIED
Current Year 2010	
County Wide Tax	32.00
Beacon Council - Economic Dev	16.00

Pay online - www.miamidade.gov/taxcollector

Amount Due by September 30, 2009 $48.00

Amount due with penalties if paid after due date

OCTOBER 10%	NOVEMBER 15%	DECEMBER 20%	JANUARY 25%	FEBRUARY 25% + $100
52.80	55.20	57.60	60.00	160.00

↑ RETAIN FOR YOUR RECORDS ↑

↓ IF REQUESTING CHANGES, DETACH HERE AND RETURN THIS PORTION WITH YOUR PAYMENT ↓

Items with a ★ require documentation for requested change

Receipt Number: 477780-2

★ Business Name	Phone Number
Business Address	Employees/Units
Mailing Address	★ Owner Name
★ C/O (President)	★ Employer Identification Number or Social Security Number

↑ RETAIN FOR YOUR RECORDS ↑

Form 941 for 2008: **Employer's QUARTERLY Federal Tax Return** 970108

(Rev. January 2008) Department of the Treasury – Internal Revenue Service

OMB No. 1545-0029

(EIN) Employer identification number 06-1290055

Name (not your trade name) MERKURY CORPORATION

Trade name (if any) MERKURY DEVELOPMENT

Address 7300 BISCAYNE BLVD., STE. 204

MIAMI FL 33138

Report for this Quarter of 2008 Check one

- [X] 1: January, February, March
- [ ] 2: April, May, June
- [ ] 3: July, August, September
- [ ] 4: October, November, December

QBVT2901 12-12-08

Part 1: Answer these questions for this quarter.

1 **Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4)** . . 1 57

2 **Wages, tips, and other compensation** 2 659,861.40

3 **Total income tax withheld from wages, tips, and other compensation** 3 74,748.01

4 **If no wages, tips, and other compensation are subject to social security or Medicare tax** . . . . . [ ] Check and go to line 6.

5 **Taxable social security and Medicare wages and tips:**

		Column 1		Column 2
5a	Taxable social security wages . .	666,812.28	x .124 =	82,684.72
5b	Taxable social security tips . . .		x .124 =	
5c	Taxable Medicare wages & tips . .	666,812.28	x .029 =	19,337.56

FILE COPY

5d **Total social security and Medicare taxes** (Column 2, lines 5a + 5b + 5c = line 5d) . . . 5d 102,022.28

6 **Total taxes before adjustments** (lines 3 + 5d = line 6) 6 176,770.29

7 **TAX ADJUSTMENTS** (Read the instructions for line 7 before completing lines 7a through 7g):

7a **Current quarter's fractions of cents** . . . . . -0.04

7b **Current quarter's sick pay** . . . .

7c Current quarter's adjustments for tips and group-term life insurance . . . .

7d **Current year's income tax withholding** (attach Form 941c) . . . .

7e Prior quarter's social security and Medicare taxes (attach Form 941c) . . .

7f **Special additions to federal income tax** (attach Form 941c)

7g Special additions to social security and Medicare (attach Form 941c) . .

7h **TOTAL ADJUSTMENTS** (Combine all amounts: lines 7a through 7g.) 7h -0.04

8 **Total taxes after adjustments** (Combine lines 6 and 7h.) . . . 8 176,770.25

9 **Advance earned income credit (EIC) payments made to employees** . . . 9

10 **Total taxes after adjustment for advance EIC** (line 8 - line 9 = line 10) . . 10 176,770.25

11 **Total deposits for this quarter, including overpayment applied from a prior quarter** . 11 176,770.25

12 **Balance due** (If line 10 is more than line 11, enter the difference here.) . . . 12

For information on how to pay, see the instructions.

13 **Overpayment** (If line 11 is more than line 10, enter the difference here.) Check one [ ] Apply to next return. [ ] Send a refund.

Name (not your trade name) MERKURY CORPORATION

Employer identification number (EIN) 06-1290055

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Publication 15 (Circular E), section 11.

14 FL Enter the state abbreviation for the state where you made your deposits OR enter "MU" if you made your deposits in multiple states.

15 Check one:

☐ Line 10 is less than $2,500. Go to Part 3.

☐ You were a monthly schedule depositor for the entire quarter. Fill out your tax liability for each month. Then go to Part 3.

Tax liability: Month 1 _____

Month 2 _____

Month 3 _____

Total liability for quarter _____ Total must equal line 10.

☒ You were a semiweekly schedule depositor for any part of this quarter. Fill out Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to this form.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

16 If your business has closed or you stopped paying wages ☐ Check here, and

enter the final date you paid wages _____.

17 If you are a seasonal employer and you do not have to file a return for every quarter of the year ☐ Check here

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See instructions for details.

☐ Yes. Designee's name and phone number _____ _____

Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS. _____

☐ No.

Part 5: Sign here. You MUST fill out both pages of this form and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

▶ Sign your name here _____

Print your name here RUBEN ALEN, V.P.

Print your title here vice-president

Date 04/14/2008

Best daytime phone (305) 758-9388

Part 6: For paid preparers only (optional)

Paid Preparer's Signature _____

Firm's name (or yours if self-employed) _____

Address _____ EIN _____

_____ ZIP code _____

Date _____ Phone _____ SSN/PTIN _____

☐ Check if you are self-employed.

COPY

970108

Form 941 for 2008: Employer's QUARTERLY Federal Tax Return

(Rev. January 2008) Department of the Treasury – Internal Revenue Service

OMB No. 1545-0029

(EIN) Employer identification number 06-1290055

Name (not your trade name) MERKURY CORPORATION

Trade name (if any) MERKURY DEVELOPMENT

Address 7300 BISCAYNE BLVD., STE. 204

MIAMI FL 33138

Report for this Quarter of 2008 (Check one.)

- [ ] 1: January, February, March
- [X] 2: April, May, June
- [ ] 3: July, August, September
- [ ] 4: October, November, December

QBM72901 02-12-08

Part 1: Answer these questions for this quarter.

1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4) 1 63

2 Wages, tips, and other compensation 2 625,858.20

3 Total income tax withheld from wages, tips, and other compensation 3 72,089.99

4 If no wages, tips, and other compensation are subject to social security or Medicare tax . . . . [ ] Check and go to line 6.

5 Taxable social security and Medicare wages and tips:

		Column 1		Column 2
5a	Taxable social security wages	633,338.90	x .124 =	78,534.02
5b	Taxable social security tips		x .124 =	
5c	Taxable Medicare wages & tips	633,338.90	x .029 =	18,366.83

5d Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d) 5d 96,900.85

6 Total taxes before adjustments (lines 3 + 5d = line 6) 6 168,990.84

7 TAX ADJUSTMENTS (Read the instructions for line 7 before completing lines 7a through 7g):

7a Current quarter's fractions of cents . . . . -0.05

7b Current quarter's sick pay . . . .

7c Current quarter's adjustments for tips and group-term life insurance . . . .

7d Current year's income tax withholding (attach Form 941c) . . . .

7e Prior quarter's social security and Medicare taxes (attach Form 941c) . . .

7f Special additions to federal income tax (attach Form 941c) . . .

7g Special additions to social security and Medicare (attach Form 941c) . . .

7h TOTAL ADJUSTMENTS (Combine all amounts: lines 7a through 7g.) . . . . 7h -0.05

8 Total taxes after adjustments (Combine lines 6 and 7h.) . . . 8 168,990.79

9 Advance earned income credit (EIC) payments made to employees 9

10 Total taxes after adjustment for advance EIC (line 8 - line 9 = line 10) . . . 10 168,990.79

11 Total deposits for this quarter, including overpayment applied from a prior quarter . . . 11 168,991.79

12 Balance due (If line 10 is more than line 11, enter the difference here.) . . . 12

For information on how to pay, see the instructions.

13 Overpayment (If line 11 is more than line 10, enter the difference here.) 1.00 Check one: [ ] Apply to next return. [X] Send a refund.

Name (not your trade name): MERKURY CORPORATION

Employer identification number (EIN): 06-1290055

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Publication 15 (Circular E), section 11.

14 FL Enter the state abbreviation for the state where you made your deposits OR enter "MU" if you made your deposits in multiple states.

15 Check one:

- ☐ Line 10 is less than $2,500. Go to Part 3.
- ☐ You were a monthly schedule depositor for the entire quarter. Fill out your tax liability for each month. Then go to Part 3.

Tax liability:

Month 1 _____

Month 2 _____

Month 3 _____

Total liability for quarter _____ Total must equal line 10.

- ☒ You were a semiweekly schedule depositor for any part of this quarter. Fill out Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to this form.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

16 If your business has closed or you stopped paying wages . . . . . ☐ Check here, and enter the final date you paid wages _____.

17 If you are a seasonal employer and you do not have to file a return for every quarter of the year . . . . ☐ Check here

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See instructions for details.

☒ Yes. Designee's name and phone number Richard J. Roth (786) 406-2437

Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS. 99999

☐ No.

Part 5: Sign here. You MUST fill out both pages of this form and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

▶ Sign your name here

Print your name here: Ruben Alen, E.V.P.

Print your title here: Executive Vice-President

Date: 07/28/2008

Best daytime phone: (305) 758-9888

Part 6: For paid preparers only (optional)

Paid Preparer's Signature

Firm's name (or yours if self-employed): Richard J. Roth

Address: 9271 SW 136 ST CIR EIN _____

MIAMI FL ZIP code 33176

Date: 07/18/2008 Phone (786) 406-2437 SSN/PTIN _____

☒ Check if you are self-employed.

Form **941 for 2008:** **Employer's QUARTERLY Federal Tax Return** FILE COPY 970108

(Rev. January 2008) Department of the Treasury – Internal Revenue Service OMB No. 1545-0029

(EIN) Employer identification number 06-1290055

Name (not your trade name) MERKURY CORPORATION

Trade name (if any) MERKURY DEVELOPMENT

Address 7300 BISCAYNE BLVD STE 204

MIAMI FL 33138-5182

Report for this Quarter of 2008 (Check one.)

- ☐ 1: January, February, March
- ☐ 2: April, May, June
- ☒ 3: July, August, September
- ☐ 4: October, November, December

QBMT2901 02/12/08

Part 1: Answer these questions for this quarter.

1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4) 1 68

2 Wages, tips, and other compensation 2 751,762.87

3 Total income tax withheld from wages, tips, and other compensation 3 91,854.99

4 If no wages, tips, and other compensation are subject to social security or Medicare tax ..... ☐ Check and go to line 6.

5 Taxable social security and Medicare wages and tips:

		Column 1		Column 2
5a	Taxable social security wages	759,647.47	x .124 =	94,196.29
5b	Taxable social security tips		x .124 =	
5c	Taxable Medicare wages & tips ...	761,351.87	x .029 =	22,079.20

5d Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d) 5d 116,275.49

6 Total taxes before adjustments (lines 3 + 5d = line 6) 6 208,130.48

7 TAX ADJUSTMENTS (Read the instructions for line 7 before completing lines 7a through 7g):

7a	Current quarter's fractions of cents	0.07
7b	Current quarter's sick pay	
7c	Current quarter's adjustments for tips and group-term life insurance	
7d	Current year's income tax withholding (attach Form 941c)	
7e	Prior quarter's social security and Medicare taxes (attach Form 941c)	
7f	Special additions to federal income tax (attach Form 941c)	
7g	Special additions to social security and Medicare (attach Form 941c)	

7h TOTAL ADJUSTMENTS (Combine all amounts: lines 7a through 7g.) 7h 0.07

8 Total taxes after adjustments (Combine lines 6 and 7h.) 8 208,130.55

9 Advance earned income credit (EIC) payments made to employees 9

10 Total taxes after adjustment for advance EIC (line 8 - line 9 = line 10) 10 208,130.55

11 Total deposits for this quarter, including overpayment applied from a prior quarter 11 208,129.55

12 Balance due (If line 10 is more than line 11, enter the difference here.) 12 1.00

For information on how to pay, see the instructions.

13 Overpayment (If line 11 is more than line 10, enter the difference here.) ..... Check one: ☐ Apply to next return. ☐ Send a refund.

970208

Name (not your trade name)	Employer identification number (EIN)
MERKURY CORPORATION	06-1290055

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Publication 15 (Circular E), section 11.

14 FL Enter the state abbreviation for the state where you made your deposits OR enter "MU" if you made your deposits in multiple states.

15 Check one:

☐ Line 10 is less than $2,500. Go to Part 3.

☐ You were a monthly schedule depositor for the entire quarter. Fill out your tax liability for each month. Then go to Part 3.

Tax liability: Month 1 _____

Month 2 _____

Month 3 _____

Total liability for quarter _____ Total must equal line 10.

☒ You were a semiweekly schedule depositor for any part of this quarter. Fill out Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to this form.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

16 If your business has closed or you stopped paying wages ☐ Check here, and enter the final date you paid wages _____.

17 If you are a seasonal employer and you do not have to file a return for every quarter of the year ☐ Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See instructions for details.

☒ Yes. Designee's name and phone number Richard J. Roth (305) 758-9889

Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS. 99999

☐ No.

Part 5: Sign here. You MUST fill out both pages of this form and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

▶ Sign your name here Ruben Alen

Print your name here Ruben Alen, E.V.P.

Print your title here Executive Vice-President

Date 10/15/2008

Best daytime phone (305) 758-9888

Part 6: For paid preparers only (optional)

Paid Preparer's Signature _____

Firm's name (or yours if self-employed) _____

Address _____ EIN _____

_____ ZIP code _____

Date _____ Phone _____ SSN/PTIN _____

☐ Check if you are self-employed.

970108

Form **941 for 2008:** **Employer's QUARTERLY Federal Tax Return**
(Rev. October 2008) Department of the Treasury – Internal Revenue Service

OMB No. 1545-0029

(EIN) Employer identification number: 06-1290055

Name (not your trade name): MERKURY CORPORATION
Trade name (if any): MERKURY DEVELOPMENT
Address: 7300 BISCAYNE BLVD STE 204
MIAMI FL 33138-5132

Report for this Quarter of 2008 (Check one.)
- [ ] 1: January, February, March
- [ ] 2: April, May, June
- [ ] 3: July, August, September
- [X] 4: October, November, December

QBMT2901 11/26/08

Part 1: Answer these questions for this quarter.

1 **Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4)** 1 73

2 **Wages, tips, and other compensation** 2 755,321.03

3 **Income tax withheld from wages, tips, and other compensation** 3 95,234.00

4 **If no wages, tips, and other compensation are subject to social security or Medicare tax** ..... [ ] Check and go to line 6.

5 **Taxable social security and Medicare wages and tips:**

		Column 1		Column 2
5a	Taxable social security wages	675,210.73	x .124 =	83,726.13
5b	Taxable social security tips		x .124 =	
5c	Taxable Medicare wages & tips ...	760,101.73	x .029 =	22,042.95

5d **Total social security and Medicare taxes** (Column 2, lines 5a + 5b + 5c = line 5d) 5d 105,769.08

6 **Total taxes before adjustments** (lines 3 + 5d = line 6) 6 201,003.08

7 **TAX ADJUSTMENTS.** Read instructions for line 7 before completing lines 7a through 7g.

7a	**Current quarter's fractions of cents**	-0.04
7b	**Current quarter's sick pay**	
7c	Current quarter's adjustments for tips and group-term life insurance	
7d	**Current year's income tax withholding.** Attach Form 941c	
7e	Prior quarters' social security and Medicare taxes. Attach Form 941c	
7f	**Special additions to federal income tax.** Attach Form 941c	
7g	Special additions to social security and Medicare. Attach Form 941c	

7h **TOTAL ADJUSTMENTS.** Combine all amounts on lines 7a through 7g ..... 7h -0.04

8 **Total taxes after adjustments.** Combine lines 6 and 7h 8 201,003.04

9 **Advance earned income credit (EIC) payments made to employees** 9

10 **Total taxes after adjustment for advance EIC** (line 8 - line 9 = line 10) 10 201,003.04

11 **Total deposits for this quarter, including overpayment applied from a prior quarter** 11 201,003.04

12 **Balance due.** If line 10 is more than line 11, enter the difference here 12
For information on how to pay, see the instructions.

13 **Overpayment.** If line 11 is more than line 10, enter the difference here ... Check one [ ] Apply to next return. [ ] Send a refund.

970208

Name (not your trade name)	Employer identification number (EIN)
MERKURY CORPORATION	06-1290055

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

14 FL **Enter the state abbreviation for the state where you made your deposits** OR enter "MU" if you made your deposits in multiple states.

15 **Check one:** ☐ **Line 10 is less than $2,500.** Go to Part 3.

☐ **You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month.** Then go to Part 3.

Tax liability: **Month 1** _____

Month 2 _____

Month 3 _____

Total liability for quarter _____ **Total must equal line 10.**

☒ **You were a semiweekly schedule depositor for any part of this quarter.** Complete Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

16 **If your business has closed or you stopped paying wages** ..... ☐ Check here, and enter the final date you paid wages _____.

17 **If you are a seasonal employer and you do not have to file a return for every quarter of the year** ..... ☐ Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See instructions for details.

☒ Yes. Designee's name and phone number Richard J. Roth (305) 758-9888

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. 9999

☐ No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ **Sign your name here** Ruben Alen

Print your name here Ruben Alen, E.V.P.

Print your title here Executive Vice-President

Date 1/26/09

Best daytime phone (305) 758-9888

Paid preparer's use only

Check if you are self-employed ..... ☐

Preparer's name _____ Preparer's SSN/PTIN _____

Preparer's signature _____ Date _____

Firm's name (or yours if self-employed) _____ EIN _____

Address _____ Phone _____

City _____ State _____ ZIP code _____

BID BOND

State of Florida County of Miami-Dade

We, Merkury Development as Principal

and Berkley Regional Insurance Company as Surety, are held and firmly bound unto Miami-Dade County, Florida hereinafter called the County, in the Penal sum of Five Percent of Amount Bid Dollars ($ *****5%*****) lawful money of the United States, for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents. The Principal has submitted the attached Bid, dated September 14th, 20 09, for Project Name: Gate J17 PLB Modifications for A380, Project No. K151A.

The Principal shall at time of bid opening furnish all documents and information required by the Contract Documents, and shall not withdraw said Bid within the time stipulated in the advertisement for bids and shall within the time stipulated in the Instructions to Bidders execute and deliver to the County, the Contract, the Performance and Payment Bond and satisfactory evidence of all required Insurance. The Principal shall give a Performance and Payment Bond with good and sufficient surety, as required by the Contract Documents, for the faithful performance and proper fulfillment of such Contract and for the prompt payment of all persons furnishing labor or materials in connection therewith. Having met these obligations shall render this Bond void and of no effect; or in the event of withdrawal of said Bid within the period specified, or in the event of the failure to comply with the Contract Documents, or in the event of failure to enter into such Contract and give such Bonds and evidence of insurance within the time specified, if the Principal shall pay the County the difference between the amounts specified in said Bid and the amount for which the County may procure the required work and supplies, provided the latter amount be in excess of the former, then the above obligations shall be void and of no effect; otherwise, to remain in full force and virtue.

The above parties have caused this Bond to be executed by their appropriate officials as of the 14th day of September, 20 09.

CORPORATION Merkury Development

Witness

By:

Title V.P.

PARTNERSHIP OR JOINT VENTURE *

N/A

Witness

By:

Title

Witness

By:

Title

* Note: All Partners or Joint Venture Members shall sign and submit documentation proving their authority to sign on behalf of the Partnership or Joint Venture.

(Corporate Seal)

COUNTERSIGNED BY RESIDENT FLORIDA AGENT OF SURETY:

Michael Bonet

SURETY: Berkley Regional Insurance Company

By: Attorney-in-Fact Michael Bonet

(A copy of Agent's current Identification Card as issued by State of Florida Insurance Commissioner must be attached.)

(THIS FORM MUST BE SUBMITTED IN DUPLICATE - ONE ORIGINAL AND ONE COPY)

ALEX SINK
Chief Financial Officer
State of Florida

MICHAEL ANTHONY BONET

License Number A025509

IS LICENSED TO TRANSACT THE FOLLOWING CLASSES OF INSURANCE

General Lines (Prop & Casu) 05/25/1984

RESIDENT
LICENSE

53

No. 344b

POWER OF ATTORNEY
BERKLEY REGIONAL INSURANCE COMPANY
WILMINGTON, DELAWARE

NOTICE: The warning found elsewhere in this Power of Attorney affects the validity thereof. Please review carefully.

KNOW ALL MEN BY THESE PRESENTS, that BERKLEY REGIONAL INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Delaware, having its principal office in Urbandale, Iowa, has made, constituted and appointed, and does by these presents make, constitute and appoint: ***Antonio Arias, Michael Bonet or Michael A. Holmes of Brown & Brown, Inc. of Miami Lakes, Florida***

its true and lawful Attorney-in-Fact, to sign its name as surety only as delineated below and to execute, seal, acknowledge and deliver any and all bonds and undertakings, with the exception of Financial Guaranty Insurance, providing that no single obligation shall exceed **Fifteen Million and 00/100 Dollars ($15,000,000.00),** to the same extent as if such bonds had been duly executed and acknowledged by the regularly elected officers of the Company at its principal office in their own proper persons.

This Power of Attorney shall be construed and enforced in accordance with, and governed by, the laws of the State of Delaware, without giving effect to the principles of conflicts of laws thereof. This Power of Attorney is granted pursuant to the following resolutions which were duly and validly adopted at a meeting of the Board of Directors of the Company held on August 21, 2000:

"**RESOLVED**, that the proper officers of the Company are hereby authorized to execute powers of attorney authorizing and qualifying the attorney-in-fact named therein to execute bonds, undertakings, recognizances, or other suretyship obligations on behalf of the Company, and to affix the corporate seal of the Company to powers of attorney executed pursuant hereto; and further

RESOLVED, that such power of attorney limits the acts of those named therein to the bonds, undertakings, recognizances, or other suretyship obligations specifically named therein, and they have no authority to bind the Company except in the manner and to the extent therein stated; and further

RESOLVED, that such power of attorney revokes all previous powers issued on behalf of the attorney-in-fact named; and further

RESOLVED, that the signature of any authorized officer and the seal of the Company may be affixed by facsimile to any power of attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligation of the Company; and such signature and seal when so used shall have the same force and effect as though manually affixed. The Company may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Company, notwithstanding the fact that they may have ceased to be such at the time when such instruments shall be issued."

IN WITNESS WHEREOF, the Company has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 21 day of March, 2008.

Attest:

(Seal)

By _____
Ira S. Lederman
Senior Vice President & Secretary

Berkley Regional Insurance Company

By _____
Robert P. Cole
Senior Vice President

WARNING: THIS POWER INVALID IF NOT PRINTED ON BLUE "BERKLEY" SECURITY PAPER.

STATE OF CONNECTICUT)
) ss:
COUNTY OF FAIRFIELD)

Sworn to before me, a Notary Public in the State of Connecticut, this 21 day of March, 2008, by Robert P. Cole and Ira S. Lederman who are sworn to me to be the Senior Vice President, and the Senior Vice President and Secretary, respectively, of Berkley Regional Insurance Company.

EILEEN KILLEEN
NOTARY PUBLIC
MY COMMISSION EXPIRES JUNE 30, 2012

_____
Notary Public, State of Connecticut

CERTIFICATE

I, the undersigned, Assistant Secretary of BERKLEY REGIONAL INSURANCE COMPANY, DO HEREBY CERTIFY that the foregoing is a true, correct and complete copy of the original Power of Attorney; that said Power of Attorney has not been revoked or rescinded and that the authority of the Attorney-in-Fact set forth therein, who executed the bond or undertaking to which this Power of Attorney is attached, is in full force and effect as of this date.

Given under my hand and seal of the Company, this 14th day of September, 2009.

(Seal)

_____
John F. Beers

54

WARNING - Any unauthorized reproduction or alteration of this document is prohibited. This power of attorney is void unless seals are readable and the certification seal at the bottom is embossed. The background imprint, warning and confirmation (on reverse) must be in blue ink.

SUBCONTRACTOR/SUPPLIER LISTING
PURSUANT TO SECTION 10-34 OF THE CODE

Firm Name of Prime Entity/Respondent: Mevkuvy Development Project No. K151A

Project Name: MIA Gate J17 PLB Modifications for A380

Business Name and Address of First tier Subcontractor/Subconsultant	Principal Owner	Scope of Work to be Performed by Subcontractor/Subconsultant	Subcontractor/ Subconsultant Dollar Amount	(Principal Owner) Gender Race	
DKG	Keith Geouse	Misc Metals	$22K		
Solares Electrical	Andres Solano	Electrical	$12K		

Business Name and Address of Direct Supplier	Principal Owner	Supplies/Materials/Services to be Provided by Supplier	Supplier Dollar Amount	(Principal Owner) Gender Race	

I certify that the certifications contained in this Subcontractor/Supplier Listing are to the best of my knowledge true and accurate.

Prime Entity/Respondent Signature	Print Name	Print Title	Date
Ruben Allen	Ruben Allen	V.P.	9/14/09

(Duplicate if additional space is needed)

SUBCONTRACTING POLICIES STATEMENT PURSUANT TO SECTION 2-8.8(4) OF THE CODE

Subcontracting Policies Statement (County Code 2-8.8(4)). For all contracts in which a bidder may use a Subcontractor, prior to contract award, the bidder shall provide a detailed statement of its policies and procedures for awarding subcontracts. Failure to provide the required statement shall preclude the bidder from receiving the contract. The format for this document is the Bidder's choice.

(Insert Here)

To be submitted prior to award

PROOF OF AUTHORIZATION TO DO BUSINESS

(Attach a copy of the Certificate of Status or Authorization per 607.0128 F.S., and certificate evidencing compliance with the Florida Fictitious Name Statute per 865.09 F.S., if applicable.)

(Insert Here)

To be submitted prior to award

MIAMI-DADE COUNTY CLEARINGHOUSE
PROCEDURES FOR PLACING JOB OPPORTUNITIES
IN ACCORDANCE WITH RESOLUTIONS NO. R-937-98 AND R-1145-99

1. Complete the attached Miami-Dade County Clearinghouse Opportunities, Job Order Request Form. Please provide as much detailed information as possible concerning the job openings (requirements. experience. job opportunities. hours. education, salary, employer contact information. etc.)

2. The completed Job Order Request Form may be submitted to the Department of Small Business Development by one of the following means:

   A. The Job Order Request Form may be faxed directly to the Department of Small Business Development:

   FAX NUMBER: (305) 375-2343

   B The Job Order Request Form may be Emailed to:

   dbdmail@miamidade.gov

C The Job Order Request Form information may be mailed to the Department of Small Business Development within ten (10) working days following the Contractor's receipt of an executed Contract to:

Department of Small Business Development
Attn: Ms. Alecia Anderson
111 NW 1st Street, Suite 1900
Miami, Florida 33128-1900

Questions regarding Miami-Dade County Job Clearinghouse Procedures may be directed to Ms. Alecia Anderson at at (305) 375-3157.

To be completed prior to award

Bid Tabulation

PROJECT NAME: **Gate J17 PLB Modifications for A380** PROJECT No: **K-151A** CIP No: **652**

A/E CONSULTANT: **T. Y. Lin International / H.J. Ross** PROJECT MANAGER: **William C Murphy**

BID OPENING DATE: **Monday September 16, 2009** BIDS VALID THRU: **Friday 03/12/2010**

BIDDERS' NAMES

	A/E's Pre-Bid Estimate	Merkury Development	MCM	Boran Craig Barber Engel	TGSV Enterprises	Thornton Construction	AARYA Construction
Bid Item # 1		369,000.00	498,800.00	548,621.00	585,000.00	590,024.00	645,400.00
Bid Item # 2		30,000.00	30,000.00	30,000.00	30,000.00	30,000.00	30,000.00
Bid Item # 3		18,000.00	18,000.00	18,000.00	18,000.00	18,000.00	18,000.00
Bid Item # 4							
Bid Item # 5							
Bid Item # 6							
SUBTOTAL	$1,033,200.00	$417,000.00	$546,800.00	$596,621.00	$633,000.00	$638,024.00	$693,400.00
Allowance Account	$103,320.00	$ 41,700.00	$ 54,680.00	$ 59,662.00	$ 63,300.00	$ 63,802.00	$ 69,340.00
Insp. General Audit Acct.	$2,583.00	$ 1,146.75	$ 1,503.70	$ 1,640.00	$ 1,740.00	$ 1,755.00	$ 1,906.85
TOTAL	$1,172,103.00	$459,846.75	$602,983.70	$657,924.00	$698,040.00	$703,581.00	$764,646.85

REMARKS: Allowance account = 10% and Insp. General = ¼%,

William C Murphy
MDAD Project Manager
PRINT NAME: WILLIAM C MURPHY

Cc: MDAD Asst. Aviation Director-Capital Facilities Development, A/E Consultant(s), Consulting Engineer, MDAD Finance, MDAD Facilities Development Chiefs, MDAD Project Managers, MDAD Minority Affairs, CIP Contracts, Contracts Administration (Bldg. 5A), MDAD Project Manager, MDAD Project Controls, MDAD Safety and Insurance, Document Control.

Bid Tabulation

PROJECT NAME: **Gate J17 PLB Modifications for A380** PROJECT No: **K-151A** CIP No: **652**

A/E CONSULTANT: **T. Y. Lin International / H.J. Ross** PROJECT MANAGER: **William C Murphy**

BID OPENING DATE: **Monday September 16, 2009** BIDS VALID THRU: **Friday 03/12/2010**

BIDDERS' NAMES

	A/E's Pre-Bid Estimate	Portland Construction	ABC Construction				
Bid Item # 1		656,592.00	772,205.00				
Bid Item # 2		30,000.00	30,000.00				
Bid Item # 3		18,000.00	18,000.00				
Bid Item # 4							
Bid Item # 5							
Bid Item # 6							
SUBTOTAL	$1,033,200.00	$704,592.00	$820,205.00				
Allowance Account	$103,320.00	$ 70,459.00	$ 82,020.50				
Insp. General Audit Acct.	$2,583.00	$ 1,938.00	$ 2,255.56				
TOTAL	$1,172,103.00	$776,989.00	$904,481.06				

REMARKS: Allowance account = 10% and Insp. General = ¼%,

William C Murphy
MDAD Project Manager
PRINT NAME: William C Murphy

Cc: MDAD Asst. Aviation Director-Capital Facilities Development, A/E Consultant(s), Consulting Engineer, MDAD Finance, MDAD Facilities Development Chiefs, MDAD Project Managers, MDAD Minority Affairs, CIP Contracts, Contracts Administration (Bldg. 5A), MDAD Project Manager, MDAD Project Controls, MDAD Safety and Insurance, Document Control.

CONTRACT AWARD RECOMMENDATION
CONSTRUCTION PROJECT

Thru: Budget Department
To: County Manager's Office

Date: Thur. 09/17/09

Project Name: Gate 17 PLB Modifications for A380 Project No: K-151A

Location: Miami International Airport

Original Cost Estimate: (Pre-Bid Estimate by A/E) $1,033,200.00

Recommended Amount of Contract: ..... $ 459,846.75

Art in Public Places Contribution: $0.00

Contract Period: 180 calendar days

Number of bidding documents taken out: 10 General Contractors 0 Subcontractors

Number of bids received: 8 (Tabulation Attached)

It is recommended that a Contract be awarded to:

Firm Name: Mercury Development Corporation

Address: 7300 Biscayne Blvd. Suite 204, Miami, FL 33138

Explanation: Modifications to Gate J17 for the A380 Airbus at Miami International Airport. The work entails modifying two existing bridges and adding one bridge to the upper deck. The contractors responsibility is for the maintenance of traffic, installation of foundations, bollards, pavement markings, curtain wall modifications, new automatic sliding door assembly and supporting electrical services.

Signature: William C Murphy Printed Name: William C Murphy, MDAD P.M.

Title: MDAD Project Manager Department: MDAD Facilities

FUNDS BUDGETED

Code: _____

By: _____ Date: _____

BUDGET DEPARTMENT CERTIFICATION

Code: _____

By: _____ Date: _____

cc: Originating Department, A/E Consultant, APP Coordinator, MDAD Accounting, MDAD Public Affairs, Project Manager

MIAMI-DADE COUNTY
BOARD OF COUNTY COMMISSIONERS
OFFICE OF THE COMMISSION AUDITOR

Legislative Notes

Agenda Item:	8(A)1(K)
File Number:	092724
Committee(s) of Reference:	Board of County Commissioners
Date of Analysis:	October 14, 2009
Type of Item:	Award Recommendation- $459,846.75

Summary
This resolution awards a contract between Miami-Dade Aviation Department (MDAD) and Merkury Development Corporation (Merkury) for Modifications to Gate J17 for the A380 Airbus by August 2010, Project K-151A at Miami International Airport (MIA) in the amount of $459,846.75.

The contract term for this work is 180 days from the effective date established in the Notice to Proceed date of December 7, 2009. The contract provides for liquidated damages in the amount of $1,900 per day deducted from the contract amount for each calendar day of delay in the contract time due to Non-Excusable Delays. Additionally, the contract provides for liquidated indirect costs recoverable by the contractor in the amount of $1,250 per day for each day the project is delayed up to 120 days due to a Compensable Excusable Delay.

The A/E Consultant, T.Y. Lin International/H.J. Ross, pre-bid base estimate was $1,033,200, excluding allowance and inspector general amounts. Eight bids were received ranging from $417,000 to $820,205. The lowest bid was presented by Merkury.

According to the contract summary for Merkury Development, the contract amount is detailed in the following manner:

- $369,000 Lump Sum Price
- $48,000 Dedicated Allowance Account
- $41,700 General Allowance Account
- $1,146.75 Inspector General Audit Account
- $459,846.75 Total Maximum Contract Amount

The memorandum states that the base estimate for the project was submitted on January 30, 2009, and the downturn in the economy and construction industry yielded more competitive bidders, resulting in the $417,000 bid from Merkury. However, it is $616,200 lower than the estimate.

- ***Can the project be completed with the low bid amount?*** *According to MDAD, Merkury is currently working on another project at MIA, Buildings 3094 and 3095, therefore their mobilization costs for working on a new project at MIA could be considerably less than for a company not working at the airport hence the lower cost.*

Although, the Firm History Report provided in the item on hand written p. 9, states that zero change orders have been approved for Merkury, on hand written p. 8 of the item, under current contractor notes, a change order is listed in the amount of $188,547.84 from 2/1/2006.

The Department of Small Business Development Violations Report dated October 9, 2009 lists a closed violation for Merkury, for "Deviation from the Schedule of Intent" closed on October 24, 2006.

On hand written p. 4 of the item, it states the review committee assigned a 19% Community Small Business Enterprise (CSBE) goal and Community Workforce Program (CWP) goal of 11.5%. The following firms will be used:

- Solares Electrical, Inc.- 3%- $13,795.40
- DKG Metals- 6.5%- $29,890.00
- Merkury Development- 9.5%- $50,000.00

However, on hand written p. 15 and p. 55, DKG is listed for $22,000 and Solares Electrical is listed for $12,000.

- ***Which amounts reflect the correct dollar amount to be applied to this contract?*** *According to MDAD, the information provided on hand written p. 4 is correct. The subcontractor amounts were adjusted so as not to push Merkury over the 50% mark allowed for general contractors that are CSBE's, because of this, the sub-contractors fared better.*

In the event that the contractor does not achieve the established local workforce goal (CWP), liquidated damages of a minimum of $1,500 per position will be imposed or the wages that would have been payable for such position had the person been hired as listed on the Workforce Plan, will be assessed in accordance with Special provision 3, Community Workforce Program Participation Provisions.

Budgetary Impact
There is a Florida Department of Transportation (FDOT) grant in the amount of $208,500 and MDAD will provide $251,346.75.

Prepared by: Bia Marsellos