

Date: July 6, 2023

To: Honorable Chairman Oliver G. Gilbert, III
and Members, Board of County Commissioners

Agenda Item No. 8(A)(2)

From: Daniella Levine Cava
Mayor

Resolution No. 578-23

Subject: Approval of a Construction Contract Award Recommendation to Renovate the Ticket Counters, Conveyors, and Fire Security Doors of the Central Terminal at Miami International Airport, Contract No. MDAD-CIP-V043A-4

EXECUTIVE SUMMARY

This item seeks approval from the Board of County Commissioners (Board) to award a construction contract to CES Construction, LLC (CES) that will replace the ticket counters, conveyors, and fire security doors (K-1 Doors) on the second floor and ramp level of the Central Terminal at Miami International Airport (MIA). The new ticket counters will comply with the most recent American Disabilities Act (ADA), fire and building codes, and furthermore, will provide air passengers with a more efficient check-in process as well as security related enhancements. Additionally, the replacement project serves as an enabling project for MIA's South and Central Terminal Baggage (BHS) Handling System Improvements Project which allows baggage belt work to commence at the ramp level.

This construction project, known as Project No. MDAD-CIP-V043A-4, was advertised by the County under full and open competition resulting in two responsive bids, one from CES and the other from Magnum Construction Management, LLC. The Engineer of Record, JSM & Associates, was sent the bid information for evaluation, and it was determined that CES, whose base bid is approximately 0.8 percent below the Engineer's Base Estimate, is the low bidder and is qualified for award of this construction contract.

RECOMMENDATION

It is recommended that the Board approve the attached resolution awarding Project No. MDAD-CIP-V043A-4 to CES for a construction project entitled: "Miami International Airport (MIA) Central Terminal Ticket Counters, Conveyors, and K-1 doors for TC 12 through TC 17" pursuant to Section 2-8.1 of the Miami-Dade County Code. The County has agreed to pay CES a total compensation amount of \$16,977,774.00, which includes a lump sum amount of \$15,395,850.00, a 10 percent contingency of \$1,539,585.00 and an Inspector's General Fee of \$42,339.00. The total contract term consists of 492 calendar days from the effective date of the Notice to Proceed.

Contract measures were established as part of this construction contract including a Small Business Enterprise – Construction (SBE-CON) participation goal of 18.89 percent, an SBE Goods (SBE-G) goal of 1.00 percent, and a 10 percent Community Workforce Program (CWP) goal. CES committed to the 18.89 percent SBE-CON participation goal as well as the 1.00 percent SBE-G participation goal, which meets the required participation goals for this construction project.

Per the terms and conditions of this construction contract, liquidated damages at a rate of \$1,000.00 per day will be deducted from the contract amount for each calendar day of a delay due to a non-excusable delay.

This recommendation to award has been prepared by the Miami-Dade Aviation Department (Aviation Department or MDAD).

SCOPE

MIA is located primarily within District 6, which is represented by Commissioner Kevin M. Cabrera; however, the impact of this agenda item is Countywide in nature as MIA is a regional asset.

Project Name: Miami International Airport (MIA) Central Terminal Ticket Counters, Conveyors, and K-1 doors for TC 12 through TC 17

Project No.: MDAD-CIP-V043A-4

Contract No: MDAD-CIP-V043A-4

Project Location: MIA

**Project
Description:**

The scope of work for this project, which will be performed on the second floor of the Central Terminal and on the ramp level consists of, but not limited to:

1. Ticket counters replacement.
2. New terrazzo floor and ceiling finishes above the ticket counters.
3. New conveyors enclosures and Fire Security K-1 Doors.
4. All system modifications and support required to implement the above noted additions.

Approval Path: Board of County Commissioners, Section 2-8.1 of the Miami-Dade County Code

BACKGROUND:

The existing ticket counters in MIA's Central Terminal are more than 35 years old, they require renovation to improve the passenger check-in process and provide a better customer experience. The scope of work includes but is not limited to the replacement of the existing ticket counters; replacement of the baggage belt systems with a new induction type belt system; installation of new K1 doors; interior modifications to accommodate the new belts and new decline conveyors; installation of new fire rated interior partitions and doors, removal of carpet; replacement of the adjacent ceiling; relocation of light fixtures and sprinkler heads; and relocation of security cameras, diffusers and any other ceiling mounted devices as required for the new layout.

FISCAL IMPACT/ FUNDING SOURCES

Funding Source

Future Financing

Capital Project Budget:

Project# 200000096, Miami International Airport – Miscellaneous Project Subprogram, Adopted Budget Book Vol. 3, Page 170, Funding Year: FY 2022-2023 and future years. (See Exhibit “A” as attached)

Base (Engineer’s) Estimate: \$15,526,856.00

Base Award Amount: \$15,395,850.00

Contingency Allowance: (Section 2-8.1 Miami-Dade County Code)	<u>Type</u>	<u>Percent</u>	<u>Amount</u>	<u>Comment</u>
	Construction	10%	\$1,539,585.00	
IG Fee (Ordinance No. 97-215):			\$42,339.00	0.25%
Total Contract Award Amount:			\$16,977,774.00	
Total (Engineer’s) Estimate:			\$17,122,240.45	

Operations and Maintenance Costs:

The annualized cost of operation and routine maintenance is \$12,462,747.86.

Total Contract Period: 492 Consecutive Calendar Days

Contingency Period: 1 year for parts and labor and 5 years for programming.

Life Expectancy of Asset: 25 years

IG Fee Included In the Contract: Yes

PTP Funding: No

GOB Funding: No

ARRA Funding: No
**Art in Public
Places:** No

**Applicable Wages
Resolution (54-10):** Responsible Wages, Type: Building

**Sustainable Buildings
Ordinance (I.O. 8-8):** The design elements of the proposed upgrades meet the criteria established by Leaders in Energy and Environmental Design (LEED). All replacement materials shall meet the latest LEED criteria requirements for specific features. The renovations/upgrades will be reviewed and approved by the County's Office of Resilience.

**Sea Level Rise
(Ord. 14-79):** The impact of Sea Level Rise was considered as part of the design.

**Buy American Iron
and Steel Procurement
Program
(Ordinance No. 2-22):** Yes

Bid Packages Issued: 1

Bid Packages Received: 2

DELEGATION OF AUTHORITY

Pursuant to Sections 2-285 and 285.2 of the Miami-Dade County Code, the County Mayor's designee is authorized to exercise the provisions thereof, including the authority to execute Contract No. MDAD-CIP-V043A-4 and the authority to exercise its termination provisions.

TRACK RECORD/MONITOR

MDAD Project Manager Mel Blanco will monitor this project.

Due Diligence

Pursuant to Resolution No. R-187-12, due diligence was conducted to determine the responsibility of CES including verifying the firm's corporate status and conducting a review of their safety records (per R-1181-18) as well as confirming that there are no performance or compliance issues. The following lists were reviewed: 1) Occupational Safety and Health Administration (OSHA) logs of work-related injuries and illness (Form 300) including OSHA inspection data, and 2) convicted vendors, debarred vendors, delinquent contractors, suspended vendors, and federal-excluded parties list. The Florida Department of State Division of Corporations records show the company's status as active.

**SBD History of
Violations:** No

Procurement History

Project MDAD-CIP-V043A-4 was advertised on March 23, 2022, under full and open competition. On December 19, 2022, MDAD received and opened two (2) responsive bids (as noted below) which were forwarded to the Internal Services Department's (ISD) Division of Small Business Development (SBD) for compliance review. On January 26, 2023, SBD issued the results of its compliance review, finding both bidders to be compliant. A copy of SBD's Compliance Review along with the associated Certificate of Assurance showing CES's commitment to utilize local subcontractors and suppliers are attached. (See Exhibit "B" as attached)

CES Construction, LLC	\$15,395,850.00
Magnum Construction Management, LLC	\$17,226,058.00

JSM & Associates, the Engineer of Record, was sent the bid information for evaluation. In a letter dated March 9, 2023 addressed to the Aviation Department, JSM & Associates explained that the low bidder, CES, whose base bid is approximately 0.8 percent below the Engineer's Base Estimate, qualified for award of this construction contract. (See Exhibit "C" as attached)

ISD's Capital Improvements Information System (CIIS) database contains no evaluations for CES as CES has never provided services to the County as a Prime Contractor.

According to ISD's SBD's "Firm History Report," CES has not been awarded any contracts by the County in the past as a Prime Contractor. However, CES has performed as a Tier 1 subcontractor in a construction contract awarded by the County. (See Exhibit "D" as attached)

Contract measures were established as part of this construction contract including an SBE-CON participation goal of 18.89 percent, an SBE-G goal of 1.00 percent, and a 10 percent CWP goal. A copy of the SBD Project Worksheet is enclosed. (See Exhibit "E" as attached)

The Contract Summary, Bonds (Bid, Performance, and Payment Bonds), Insurance and Condition of Award Requirements (also called "Combined Affidavit) executed by CES are enclosed. (See Exhibit "F" as attached)

Company Principals: Rudy M. Ortiz, P.E., CGC 1512966 100%

Company Location: 880 S.W. 145th Avenue, Suite 106
Pembroke Pines, FL 33027

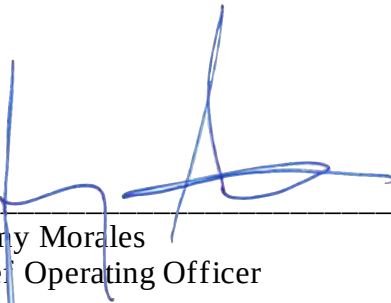
How Long in Business: 5 years

Contract Manager Name Sylvia Novela, Division Director III
Phone/Email: Office: (305) 876-7048 Cell: (786) 769-1580
snovela@flymia.com

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and Members, Board of County Commissioners
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Project Manager Name
Phone/Email:

Jose A. Cordoves, Chief of Construction
Office: (305) 869-3659 Cell: (786) 890-0077
jacordoves@flymia.com



Jimmy Morales
Chief Operating Officer

Signature Page

**Contract No: MDAD-CIP-V043A-4
to CES Construction, LLC**


DIRECTOR OMB

**OFFICE OF MANAGEMENT DATE
AND BUDGET (OMB)
DIRECTOR**

RL
**BUDGET
APPROVAL
FUNDS
AVAILABLE:**

**APPROVED AS
TO LEGAL
SUFFICIENCY:**



COUNTY ATTORNEY

5-2-23

DATE



**COUNTY MAYOR OR
DESIGNEE**

5-10-23

DATE

**CLERK
DATE**

DATE

Exhibit A

FY 2022 - 23 Adopted Budget and Multi-Year Capital Plan

MIAMI INTERNATIONAL AIRPORT (MIA) - MISCELLANEOUS PROJECTS SUBPROGRAM

PROGRAM #: 2000000096



DESCRIPTION: Rehabilitate Taxiway T and S; realign Taxiway R; construct Airport Operations Control Room (AOC); construct new employee parking garage; replace Concourses E through H ticket counters; and repair MIA parking garage structure

LOCATION: Miami International Airport
Unincorporated Miami-Dade County

District Located: 6
District(s) Served: Countywide

REVENUE SCHEDULE:	PRIOR	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	FUTURE	TOTAL
Aviation 2016 Commercial Paper	40,638	0	0	0	0	0	0	0	40,638
Aviation 2021 Commercial Paper	58,962	0	0	0	0	0	0	0	58,962
Aviation Revenue Bonds	840	9,292	0	0	0	0	0	0	10,132
Double-Barreled GO Bonds	20,000	0	0	0	0	0	0	0	20,000
FDOT Funds	10,575	9,019	0	0	0	0	0	0	19,594
Federal Aviation Administration	38,509	0	0	0	0	0	0	0	38,509
Future Financing	0	45,440	207,194	61,310	0	0	0	0	313,944
Improvement Fund	1,567	0	0	0	0	0	0	0	1,567
Reserve Maintenance Fund	351	0	0	0	0	0	0	0	351
TOTAL REVENUES:	171,442	63,751	207,194	61,310	0	0	0	0	503,697
EXPENDITURE SCHEDULE:	PRIOR	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	FUTURE	TOTAL
Construction	158,484	63,054	206,234	60,834	0	0	0	0	488,606
Planning and Design	12,958	697	960	476	0	0	0	0	15,091
TOTAL EXPENDITURES:	171,442	63,751	207,194	61,310	0	0	0	0	503,697

MIAMI INTERNATIONAL AIRPORT (MIA) - NEW PROGRAM CONTINGENCY

PROGRAM #: 2000001674

DESCRIPTION: Provide contingency funding for various unusual and/or extraordinary project costs including but not limited to unforeseen construction costs

LOCATION: Miami International Airport
Unincorporated Miami-Dade County

District Located: 6
District(s) Served: Countywide

REVENUE SCHEDULE:	PRIOR	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	FUTURE	TOTAL
Future Financing	0	0	0	0	0	0	0	385,290	385,290
TOTAL REVENUES:	0	0	0	0	0	0	0	385,290	385,290
EXPENDITURE SCHEDULE:	PRIOR	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	FUTURE	TOTAL
Construction	0	0	0	0	0	0	0	385,290	385,290
TOTAL EXPENDITURES:	0	0	0	0	0	0	0	385,290	385,290

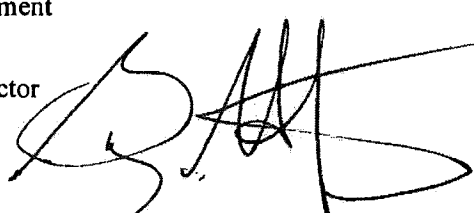
Exhibit B

Memorandum



Date: January 26, 2023

To: Andre T. Ragin, Aviation Small Business Strategic Advisor
Minority Affairs
Miami-Dade Aviation Department

From: Gary Hartfield, Division Director
Internal Services Department
Small Business Development 

Subject: Compliance Review
Project # V043A-4
MIA-Central Terminal Ticket Counters, Conveyors and K-1 Doors for TC12 thru TC17

The Small Business Development (SBD) Division has completed its review of the subject project for compliance with the Small Business Enterprise-Construction (SBE-Con), and the Small Business Enterprise-Goods (SBE-G) Programs. The contract measures established for this project are an 18.89% SBE-Con, and a 1% SBE-Goods measure.

Miami-Dade Aviation Department submitted bid documents that included the Certificate of Assurance (COA) for the firms listed below acknowledging the project's SBE measures. The firms also submitted their Utilization Plan (UP) identifying the SBE subcontractors to fulfill the measures via the Business Management Workforce System (BMWS). The following is the pre-award compliance status and summary.

<u>FIRM:</u>	<u>STATUS:</u>
1. CES Construction, LLC	Compliant
2. Magnum Construction Management, LLC	Compliant

SUMMARY:

CES Construction, LLC, a non-certified SBE-Con firm, submitted a UP committing to utilize the following certified SBE-Con firms: Alasur Interior Corp. to supply and install metal safety railings, ornamental stainless steel wall panels and installation of stainless-steel cladding for conveyors and ticket counters at 1.15%, C.J. Fire Protection, Inc. to perform Fire Protection work at 1.08%, Coakley Mechanical, Inc. to perform HVAC work at 2.07%, Commercial Interior Contractors Corp. to perform Flooring and Finishing work at 2.35%, Dunn Development LLC to perform Drywall and Demolition work at 8.57%, MAAR Electrical Solutions, Inc., a second tier SBE-Con firm to Dynalectric Company, a non-certified SBE-Con firm, to perform Electrical work at 0.49%, Alasur Interior Corp., a second tier SBE-Con to Jervis B Webb Company at 1.3%, and Tropical Electric, a third tier certified SBE-Con firm to Dynalectric Company, a second tier non-certified contractor, and Jervis B Webb Company, a first tier subcontractor non-certified subcontractor, where Tropical Electric, Inc. is contracted at 1.88% for a total of 18.89% SBE-Con participation. The subcontractors confirmed their participation via the BMWS in agreement with the measure.

CES Construction, LLC also identified Paramount Electric and Lighting, Inc., a certified SBE-G&S firm, to supply electrical material at 1% for a total of 1%. The subcontractor confirmed their participation via the BMWS in agreement with the measure.

CES Construction, LLC, has satisfied the contract 18.89% SBE-Con, and the 1% SBE-Goods measures and is in compliance with the overall Small Business measures established for this contract.

Magnum Construction Management, LLC, a non-certified SBE-Con firm, submitted a UP committing to utilize Thevenin Enterprises, Inc., a certified SBE-Con firm, to perform Electrical work at 18.89% for total of 18.89%. The subcontractor confirmed their participation via the BMWS in agreement with the measure. Magnum Construction Management, LLC, identified A & B Pipe and Supply, Inc./Global Distribution Industries, Inc., a certified SBE-G&S firm, to supply electrical material at 1% for a total 1%. The subcontractor confirmed their participation via the BMWS in agreement with the measure.

Magnum Construction Management, LLC has satisfied the contract 18.89% SBE-Con, and the 1% SBE-Goods subcontractor goals and is in compliance with the overall Small Business measures established for this contract.

SBD has verified that none of the aforementioned firms are listed with an open violation on the *Compliance Report of open and closed Small Business Wage and/or Workforce Violations in the last three (3) years, as of January 26, 2023*. Please note that SBD staff reviewed and addressed compliance with the SBE-Con program only. The Miami-Dade Aviation Department is responsible for any other issues that may exist.

Should you have any questions or need any additional information, please do not hesitate to call Gayna McDonald, SBD Contract Compliance Officer II at (305) 375-3135.

c: L. Johnson, ISD
T. Wright, MDAD



**SMALL BUSINESS DEVELOPMENT
CERTIFICATE OF ASSURANCE(COA)
SMALL BUSINESS PARTICIPATION ON COUNTY PROJECTS**

This completed form must be submitted with bid documents by all bidders/proposers on a Miami-Dade County project with Small Business Enterprise ("SBE") program measure(s).

Project No.: MDAD-CIP-V043A-4 Project Title: Miami International Airport (MIA) Central Terminal Ticket Counters, Conveyors, and K-1 Doors for TC 12 through TC 17
Bidder/Proposer: CES Construction, LLC FEIN: 82-4531491
Address: 880 SW 145th Ave., Suite 106 City Pembroke Pines State FL ZIP 33027
Phone Number: 954-613-4353 Email address: egonzalez@cesconstruct.com

The bidder/proposer is committed to meeting the established measure(s) assigned to this project: _____ % SBE-A/E, 18.89 % SBE-Cons, N Trade Set-aside SBE-Cons, 1 % SBE-G, and/or _____ % SBE-S.
(For Goals, write in the percentage. For Set-aside, put Y or N.)

Eric Gonzalez, Vice President

Print Prime Bidder's Name & Title



Prime Bidder's Signature

12/19/2022

Date

To satisfy the requirements for Step 1 - Bid Submittal and Compliance with Small Business Enterprise Program(s), the following are required:

1. Acknowledgement of the SBE-Architecture & Engineering, SBE-Construction, SBE-Good and/or SBE-Service (non-construction, architecture or engineering) measure(s) established for this project via this Certificate of Assurance.
2. Agree to engage in the solicitation of approved Miami-Dade County Small Business Enterprise firm(s) to achieve the established measure(s) as indicated in the Project Documents (specifications).
3. Agree to select and submit the names of the certified SBEs to satisfy the measures via Miami-Dade County's Business Management Workforce System ("BMWS") within the specified timeframe, upon email notification from the Small Business Development ("SBD") Division or BMWS.

To satisfy the requirements for Step 2 - Bid Evaluation and Recommendation for Award, please attest that:

I understand that my company will be deemed non-compliant and not eligible for award if I fail to (1) submit this form with my bid/proposal documents and/or (2) submit my company's Utilization Plan which shall list all certified Miami-Dade County Small Business Enterprise firms whom will be subcontracted with to satisfy the project's established SBE measure(s) via BMWS, within the specified timeframe, upon email notification from SBD or BMWS. Each SBE subcontractor, subconsultant, and/or sub-vendor will also be required to confirm its contractual relationship via BMWS, within the specified timeframe, for final approval by SBD.

STATE OF FLORIDA

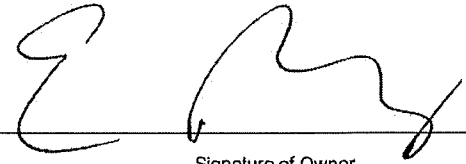
COUNTY OF MIAMI-DADE

BEFORE ME, an officer duly authorized to administer oaths and take acknowledgement, personally appeared Eric Gonzalez, who being first sworn deposes and affirms that the provided information statements are true and correct to the best of his/her knowledge information and belief.

A-47

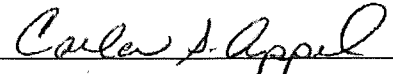
1/22 SBE ADV

MDC013



Signature of Owner

SWORN TO and subscribed before me this day 19 of December, 20 22



Signature of Notary Public-State of Florida

My Commission Expires:

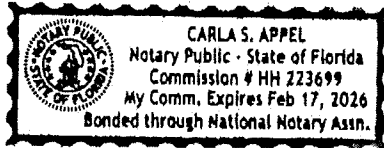


Exhibit C



Designed for the Future. Maintained for Performance.

03-09-2023

Ms. Mel Blanco, Const. Manager III, R. I.D.
Miami-Dade Aviation Department
305-876-8344 Phone
305-335-3540 Cell
eblanco@flyMIA.com
www.miami-airport.com

cc: Ms. Maria C. Barrenechea, RA, NCARB- Construction Manager 3
Miami-Dade Aviation Department – Facilities Development
P.O. Box 025504
Miami, FL 33102-5504
305-869-3351 Phone
786-620-8847 Cell
305-869-3457 Fax
mbarrenechea@flyMIA.com
www.iflyMIA.com

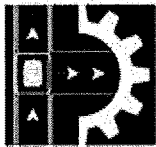
BID No. MDAD-CIP-V043A-4

TITLE: Miami International Airport (MIA) Central Terminal Ticket Counters, Conveyors, and K-1 doors for TC 12 through TC 17

Re: CES/MGM Bid Review

Ms., Mel Blanco,
JSM has completed the review of both bids submitted by CES and MGM.
CES did list their “approved” BHS Contractor as Jervis B. Webb Company. Jervis B. Webb Company meets all the requirements for the BHS system TC12 thru 17 and K1-doors.
JSM recommends the award to CES.
Regards,

Ted Majewski
Sr. Vice President
Office: 352.383.2600
Cell: 772.260.0689
www.jsmandassociates.com



**Designed for the Future.
Maintained for Performance.**

Exhibit D

Vendor Profile: Contract Assignments

General Public Profile Users Commodity Codes Contacts & Owners Comments Certifications **Contracts** Concessions Site Visits

Workforce Comp/EEO EDP Registrations Docs Reports

CES Construction, LLC

System Vendor Number: 20805603

[Mark As Favorite](#)[View Summary](#)[Refresh Table](#) [Reset Filters](#) [Download](#)To **resort** click on column title. To **filter** click on the drop down menu.

<u>Assignment Type</u>	<u>Status</u>	<u>Contract Number & Title</u>	<u>Prime Contractor</u>	<u>Assigned Contacts</u>	<u>Dates</u>	<u>Current Value</u>	<u>Paid To Date</u>
All ▼	All ▼	All ▼		All ▼			
Subcontractor (Tier 1)	Closed	2017-034 0004: SFCT CARGO YARD DENSIFICATION ERTGS PH 1	Odebrecht Construction, Inc.	Luciano Perera	11/20/2018 - 12/7/2019	\$1,000,000	\$299,642

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Records per page 20 ▼

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Exhibit E



Small Business Development Division

Project Worksheet

Project/Contract Title: MIA-Central Terminal Ticket Counters, Conveyors and K-1 Doors for TC12 thru TC17

Received Date: 6/4/2021

Resubmittal Date: 1/19/2022

Project/Contract No: V043A-4

Funding Source: Aviation Revenue Bonds

Department: Aviation

Estimated Cost of Project/Bid: \$13,996,299.00

Description of Project/Bid: New upgrade for ticket counters, new finishes, new conveyors, and new security door with security cameras for Conveyors TC12 thru TC17.

<u>Measure</u>	<u>Program</u>	<u>Goal Percent</u>
Goal	SBE - Con	18.89%
Goal	SBE-G	1%
Workforce Goal	CWP	10%

SMALL BUSINESS ENTERPRISE - CONSTRUCTION (SBE-Con)

An analysis of the factors contained in Section VI. C. of Implementing Order 3-22 indicates that a 18.89% Small Business Enterprise - Construction (SBE-Con) subcontractor goal is appropriate for the trades of: Site Preparation Contractors; Electrical Contractors and Other Wiring Installation Contractors; Painting and Wall Covering Contractors; Door Installation, Building Fire proofing, Drywall and Insulation, Flooring and Sprinkler Installation.

SMALL BUSINESS ENTERPRISE - GOODS (SBE-G)

An analysis of the factors contained in section VIII. B. of Implementing Order 3-41 & Ordinance 14-41 indicates that a 1.00% is appropriate for the goods portion of this contract in; Builder's Supplies; Electrical Cable and Wire, Electrical Equipment and Supplies, Except Cable and Wire; Electronic Equipment, Components, Parts, and Accessories.

SBE-Con and SBE-G subcontractor Goals can be met by 1st, and 2nd Tier Subcontractor.

CWP Estimated Workforce: CWP Workforce Recommendation 10%

NAICS 238190 Other Foundation, Structure, and Building Exterior Contractors, NAICS 238220 Sprinkler system, building, installation, NAICS 238290 Door, commercial- or industrial-type, installation, NAICS 238330 Flooring Contractors, NAICS 238910 Site Preparation Contractors, NAICS 326140 Thermal insulation, polystyrene foam, manufacturing, NAICS 238320 Painting and Wall Covering Contractors, NAICS 238310 Drywall and Insulation Contractors, NAICS 238310 Building fireproofing contractors

<u>Sub trade</u>	<u>Category</u>
Site Preparation	SBE-Con
Doors	SBE-Con
Fireproofing	SBE-Con
Drywall	SBE-Con
Painting	SBE-Con
Flooring	SBE-Con

Sprinklers

SBE-Con

Living Wages:

YES

☐

NO

☒

Highway:

YES

☐

NO

☒

Heavy Construction:

YES

☐

NO

☒

Responsible Wages:

YES

☒

NO

☐

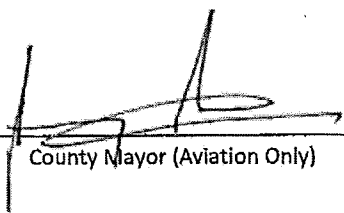
Building:

YES

☒

NO

☐


County Mayor (Aviation Only)

2-4-22

Date

Exhibit F

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 CES Construction, LLC

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: Miami International Airport (MIA) Central Terminal Ticket Counters, Conveyors, and K-1 doors for TC 12 through TC 17

BID NO: MDAD-CIP-V043A-4

CONTRACT TIME: Completion of the Work within the Contract Time is of the essence. The Contract Time for this Work is 492 calendar days from the effective date established in the Notice To Proceed.

INDEMNITY: The value of the indemnity hereunder shall not exceed \$1,000,000

LIQUIDATED DAMAGES: Liquidated Damages at the rate of \$1,000.00 per day, will be deducted from the Contract amount for each calendar day of delay due to a Non-Excusable Delay. After 45 days, the recoverable Liquidated Indirect Costs by the Contractor, resulting from a Compensable Excusable Delay, shall be \$300 per day.

LIQUIDATED INDIRECT COSTS: Liquidated Indirect Costs recoverable by the Contractor, shall be \$1,000 per day for each day the project is delayed up to 45 days due to a Compensable Excusable Delay. After 45 days, the recoverable Liquidated Indirect Costs by the Contractor, resulting from a Compensable Excusable Delay, shall be \$300 per day.

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

Sixteen Million Nine Hundred Seventy Seven Thousand Seven Hundred Seventy-Three Dollars and Fifty Nine Cents (\$ 16,977,773.59),

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

Total L.S. Price Items \$ 15,395,850.00

<u>Contingency Allowance Account</u>	<u>\$ 1,539,585.00</u>
<u>Inspector General Audit Account</u>	<u>\$ 42,338.59</u>
<u>TOTAL MAXIMUM CONTRACT AMOUNT</u>	<u>\$ 16,977,773.59</u>

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.

Notwithstanding and prevailing over any other provision of the Contract Documents to the contrary, the County Mayor or County Mayor's designee's may exercise the provisions of Section 2-285.2 (4) (d) and (e) of the Code of Miami-Dade County. Individual change orders or amendments shall not exceed 10 percent of the base contract price in cumulative percentage amount; provided however, that the foregoing limitation shall not apply to any change order or amendment related to emergency actions impacting remediation, public safety, health requirements or recovery from natural disaster and the foregoing change orders and amendments shall require ratification by the Board; provided further that the County Mayor or his designee may reduce in any amount the scope and compensation payable under this Contract and grant compensable and non-compensable time extensions thereunder. Pursuant to Section 2-285.2 (6), the County Mayor or the County Mayor's designee's award and execution of this Contract is subject to ratification by the Board of County Commissioners. If the County Mayor or the County Mayor's designee's action is not ratified, and such legislative action becomes final, this Contract shall be deemed terminated without further notice. In such event, the Contractor shall not be entitled to recovery of any lost profits or other consequential or indirect damages. However, the Contractor is eligible for payment for any work done prior to failure of the ratification, in accordance with the Article 13 of the General Conditions.

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,

ATTEST: Luis G. Montaldo, Clerk AD Interim

By: _____
Mayor or designee

By: _____
Deputy Clerk

(MIAMI-DADE COUNTY SEAL)

CONTRACTOR (If Corporation)

CES Construction, LLC

(Corporate Name)

Approved for Form and Legal Sufficiency

By: _____

President

Juan Alfonso, AIA, NCARB, CCM

(Assistant County Attorney)

Attest: _____

Secretary

Rudy M. Ortiz, PE, CGC



CONTRACTOR (if Partnership or Corporate Joint Venture)

(A) PARTNERSHIP OR CORPORATE
JOINT VENTURER:

(B) PARTNERSHIP OR CORPORATE
JOINT VENTURER:

(Corporate Name)

(Corporate Name)

By: _____
President

By: _____
President

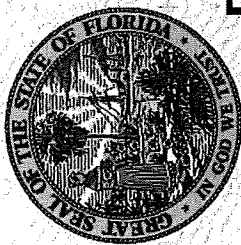
Attest _____
Secretary

Attest _____
Secretary

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

NAME OF MANAGING JOINT VENTURER:

By _____
Signature of Authorized Representative of Joint Venture



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

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



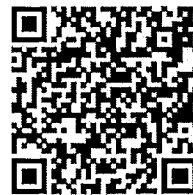
ORTIZ, RUDY M

GES CONSTRUCTION, LLC
880 SW 145TH AVE SUITE 106
PEMBROKE PINES FL 33027

LICENSE NUMBER: CGC1512966

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

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

State of Florida

Department of State

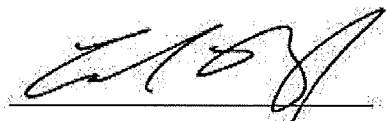
I certify from the records of this office that CES CONSTRUCTION, LLC is a limited liability company organized under the laws of the State of Florida, filed on February 14, 2018.

The document number of this limited liability company is L18000041186.

I further certify that said limited liability company has paid all fees due this office through December 31, 2023, that its most recent annual report was filed on January 3, 2023, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Third day of January, 2023*




Secretary of State

Tracking Number: 9504104079CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



NON-COLLUSION AFFIDAVIT

(In accordance with Sections 2-8.1.1 and 10-33.02.1 of the Code of Miami-Dade County)

I, the undersigned, am over 18 years of age, have personal knowledge of the facts stated in the Non-Collusion Affidavit (*this Affidavit*) and I am an owner, officer, director, principal shareholder and/or otherwise authorized to bind the Bidder/Proposer of this solicitation.

A. I have reviewed the list of respondents attached to this Affidavit. I state that the Bidder/Proposer of this competitive solicitation (check one):

☒ is **not related** to any of the other respondents submitting a Bid/Proposal in the competitive solicitation.

☐ is **related** to the following respondents who submitted a Bid/Proposal in the competitive solicitation, which are identified and listed below:

Magnum Construction Management, LLC d/b/a MCM

B. I state that the Bidder/Proposer of this competitive solicitation:

1. has prepared this Bid/Proposal independently without consultation, communication, agreement or arrangement with any other Bidder/Proposer or competitor for the purpose of restricting competition;
2. has submitted the Bid/Proposal in its own behalf, and not in the interest or on behalf of any person not therein named;
3. has not, directly or indirectly, induced or solicited any other Bidder/Proposer to put in a sham proposal, or any other person, firm, or corporation to refrain from proposing;
4. has not in any manner sought by collusion to secure an advantage over any other Bidder/Proposer.

Note: Any person or entity that fails to submit this executed Affidavit shall be ineligible for contract award. In accordance with Section 2-8.1.1 of the Code of Miami-Dade County, where two or more related parties, as defined herein, each submit a Bid for any contract, such Bids shall be presumed to be collusive. The foregoing presumption may be rebutted by the presentation of evidence as to the extent of ownership, control and management of such related parties in preparation and submittal of such Bids. **Related parties** shall mean the Bidder/Proposer; the principals, corporate officers, and managers of a Bidder/Proposer; or the spouse, domestic partner, parents, stepparents, siblings, children or stepchildren of a Bidder/Proposer or the principals, corporate officers and managers thereof which have a direct or indirect ownership interest in another Bidder/Proposer for the same contract or in which a parent company or the principals thereof of one Bidder/Proposer have a direct or indirect ownership interest in another Bidder/Proposer for the same contract. Bid/Proposal found to be collusive shall be rejected. Bidder/Proposer who has been found to have engaged in collusion may be considered non-responsible, and may be suspended or debarred, and any contract resulting from collusive bidding may be terminated for default.

Written Declaration: Pursuant to §92.525, Florida Statutes, under penalties of perjury, I declare that I have read the foregoing Affidavit and that the facts stated in it are true, accurate, and complete.

Solicitation No.: MDAD-CIP-V043A-4 Solicitation Title: MIA Central Terminal Ticket Counters, Conveyors, and K-1 doors for TC 12 through TC 17

By: Eric Gonzalez
Signature of Affiant

Date: March 27 2023

Eric A. Gonzalez, P.E. - V.P. of Construction Operations
Printed Name of Affiant and Title

8 / 2 - 4 / 5 / 3 / 1 / 4 / 9 1
Federal Employer Identification Number

CES Construction, L.L.C.

Printed Name of Bidder/Proposer

880 SW 145th Ave., Suite 106 Pembroke Pines, FL 33027

Address of Bidder/Proposer

MDC028



April 11, 2023

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

To whom it may concern,

In compliance with Section 2-8.8 of the Miami-Dade County Code, the proposer submits the following detailed statement of its policies and procedures for awarding subcontracts:

It is the policy of CES Construction, LLC to promote diversity in the subcontracting of consultants for Miami-Dade County Projects and to allow opportunities for subcontracting to as many qualified subcontractors as needed, in accordance with the Section 2.8.8-Fair Subcontracting Practices of Miami-Dade County Code of Ordinance.

Sincerely,

A handwritten signature in cursive script that reads 'Eric A. Gonzalez'.

Eric A. Gonzalez, P.E.
Vice President of Construction Operations
CES Construction, LLC



March 27th, 2023

Ms. Tiondra Wright
Aviation Senior Contracting Officer
Miami-Dade Aviation Department
P.O. Box 025504
Miami, Florida 33102-5504

RE: MDAD-CIP-V043A-4 - Miami International Airport (MIA) Central Terminal Ticket Counters, Conveyors, and K-1 doors for TC 12 through TC 17 – OSHA 300

Ms. Wright,

I am writing to inform you that CES Construction is exempt from providing the OSHA 300 form as we have had fewer than ten employees for the last three years. According to the Occupational Safety and Health Administration (OSHA) guidelines, companies with fewer than ten employees are not required to maintain injury and illness records or submit the OSHA 300 form.

We take the safety and health of our employees seriously and follow all necessary OSHA regulations and guidelines to maintain a safe workplace. If at any point we are no longer exempt, we will provide the required documentation.

If you have any further questions regarding our compliance with OSHA regulations or need any additional information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads 'Eric Gonzalez'.

Eric A. Gonzalez, P.E.
Vice President of Construction Operations
CES Construction, LLC

OSHA INFORMATION
1st Tier Subcontractors

Commercial Interior Contractors Corp.
Alasur Interior Corp.
CJ Fire Protection, Inc.
Dynaletric Company
Dunn Development, LLC
Jervis B. Webb Company
Coakley Mechanical, Inc.

Commercial Interior
Contractors Corp.

Summary of Work-Related Injuries and Illnesses

All establishment's covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the form to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every place of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G) 0	(H) 0	(I) 0	(J) 0
Number of Days			
Total number of days away from work	Total number of days of job transfer or restriction		
(K) 0	(L) 0		
Injury and Illness Types			
Total number of ...			
(M)	(N)	(O)	(P)
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

On this Summary page from February 1 to April 30 of the year following the year covered by the form.

PLEASE PRINT THIS SUMMARY PAGE (JANUARY 1991) ON A SEPARATE PAGE, ATTACHING IT TO THE SUMMARY PAGE. Do not send the completed form to this office.

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 20

**U.S. Department of Labor
Occupational Safety and Health Administration**

Form Approved OMB No. 1218-0178

Establishment Information

Your establishment name Commerical Interior

Street 1799 NW 22nd Street

City Miami State FL Zip 3314

Industry description (e.g., *Manufacture of motor truck trailers*)
Construction

North American Industrial Classification (NAICS), if known (e.g., 336212)
238320

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 6

Total hours worked by all employees last year 8867

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

[Signature] VP
Title

Company executive
3056363700
Phone

Date 12/28/2021

Reset

OSHA's Form 300A (Rev. 04/2004)

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G) 0	(H) 0	(I) 0	(J) 0

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(K) 0	(L) 0

Injury and Illness Types

Total number of ...	(1) Injuries	(2) Skin disorders	(3) Respiratory conditions	(4) Poisonings	(5) Hearing loss	(6) All other illnesses
(M)	0	0	0	0	0	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.



Year 20 21

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Establishment Information

Your establishment name Commerical Interior Contractors Co
 Street 1799 NW 22nd Street
 City Miami State FL Zip 33142
 Industry description (e.g., *Manufacture of motor truck trailers*)
Construction
 North American Industrial Classification (NAICS), if known (e.g., 336212)
2 3 8 3 2 0

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 10
 Total hours worked by all employees last year 9578

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive [Signature] Title [Signature]
 Phone 305 636 3700 Date 02.03.22

Reset



OSHA's Form 300A (Rev. 04/2004)

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it.
Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 22

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G) 0	(H) 0	(I) 0	(J) 0

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(K) 0	(L) 0

Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin disorders	(3) Respiratory conditions	(4) Poisonings	(5) Hearing loss	(6) All other illnesses
0	0	0	0	0	0	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 8 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact US Department of Labor, OSHA, Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name Commerical Interior Contractors Co

Street 1799 NW 22nd Street

City Miami State FL Zip 33142

Industry description (e.g., *Manufacture of motor truck trailers*) Construction

North American Industrial Classification (NAICS), if known (e.g., 336212) 238320

Employment Information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 8

Total hours worked by all employees last year 4,034.50

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

V/D

Company Executive [Signature] Title VP

Phone 305.636.3700 Date 03.23.2023

Reset

Alasur Interior Corp.

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(1) Injury	(2) Skin Disorder	(3) Respiratory Condition	(4) Poisoning	(5) Hearing Loss	(6) All Other Illnesses
(M)	0	0	0	0	0	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave. NW, Washington, DC 20210. Do not send the completed forms to this office.



Year 2020

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Establishment information

Your establishment name Alasur Interior Corp
 Street 13410 SW 24th Street
 City Miami State Florida Zip 33175
 Industry description (e.g., Manufacture of motor truck trailers)
Exterior and Interior Finishes
 Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

OR North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment information

Annual average number of employees 15
 Total hours worked by all employees last year 31,200

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Rodolfo Alayon
 CFO
 Phone 1.1221 Date 1.12.21

MDC037

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 307 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0 (G)	0 (H)	0 (I)	0 (J)

Number of Days

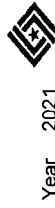
Total number of days away from work	Total number of days of job transfer or restriction
0 (K)	0 (L)

Injury and Illness Types

Total number of...	(1) Injury	(2) Skin Disorder	(3) Respiratory Condition	(4) Poisoning	(5) Hearing Loss	(6) All Other Illnesses
(M)	0	0	0	0	0	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave. NW, Washington, DC 20210. Do not send the completed forms to this office.



Year 2021

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Establishment information

Your establishment name Alasur Interior Corp

Street 13410 SW 24th Street

City Miami State Florida Zip 33175

Industry description (e.g., Manufacture of motor truck trailers)
Exterior and Interior Finishes

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

OR North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment information

Annual average number of employees 15

Total hours worked by all employees last year 31,200

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Rodolfo Alayon
CFO

Phone 1.952 Date 1.09.22

MDC038

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
185	0
(K)	(L)

Injury and Illness Types

Total number of...	(1) Injury	(2) Skin Disorder	(3) Respiratory Condition	(4) Poisoning	(5) Hearing Loss	(6) All Other Illnesses
(M)	1	0	0	0	0	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave. NW, Washington, DC 20210. Do not send the completed forms to this office.



Year 2022

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Establishment information

Your establishment name Alasur Interior Corp
 Street 13410 SW 24th Street
 City Miami State Florida Zip 33175
 Industry description (e.g., Manufacture of motor truck trailers)
Exterior and Interior Finishes
 Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

OR North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment information

Annual average number of employees 19
 Total hours worked by all employees last year 39,520

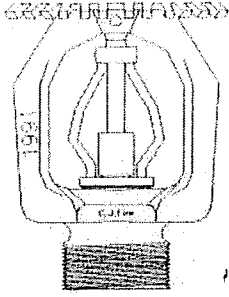
Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Rodolfo Alayon
 CFO
786-451-8291 Phone 152023 Date

CJ Fire Protection, Inc.



C.J. Fire Protection Inc.

10850 N.W. 138 Street, Unit 1

Hialeah Gardens, FL 33018

786 271-4139 PH

March 24, 2023

Certified CSBE #427

DCPS Certification

Attn. CES Construction, Inc. / Eric Gonzalez

Project: MIA – TICKET COUNTER

Re: Exempt from OSHA 300 Logs

Fire Sprinklers

TO WHOM IT MAY CONCERN:

To the best of my knowledge, for each year ending 2020, 2021 and 2022, our company employed fewer than 10 employees which therefore exempted us from filing OSHA Form 300A injury and illness recordkeeping and posting requirements/logs. If OSHA requirements change and specifically require our firm to file any such information, we will do so as requested. Further, our company has no OSHA inspection data during these time periods.

If you have any questions, please contact CJ @ 786-271-4139.

Sincerely,

C. J. Fire Protection, Inc.

Connell Johnson

Connell Johnson,

President

Dynalectric Company

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
------------------------	--	--	--

(G) 0 (H) 0 (I) 0 (J) 0

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
-------------------------------------	---

(K) 0 (L) 0

Injury and Illness Types

Total number of -- (M)

(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact US Department of Labor, OSHA Office of Statistics, Room N-364, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.



Year 2020

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Establishment information

Your establishment name Dynaletric Company - Florida

Street 2501 SW 180th Avenue

City Miramar State FL ZIP 33027-

Industry description (e.g., Manufacture of motor truck trailers)

Electrical Contractor

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

1731

OR

North American Industrial Classification (NAICS) if known (e.g., 336212)

238210

Employment information

(If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees 54

Total hours worked by all employees last year 101,919

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive

[Signature] Title Pres/CEO

Phone 954-624-0000 Date 09/02/2021

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths _____ Total number of cases with job transfer or restriction _____ Total number of other recordable cases _____

(G) 0 (H) 0 (I) 0 (J) 3

Number of Days

Total number of days away from work _____ Total number of days of job transfer or restriction _____

(K) 0 (L) 0

Injury and Illness Types

Total number of ...

(M) (1) Injuries 3 (4) Poisonings 0
(2) Skin disorders 0 (5) Hearing loss 0
(3) Respiratory conditions 0 (6) All other illnesses 0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about this estimate of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed form to this office.



Year 2021

U.S. Department of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1215-0176

Establishment information

Your establishment name Dynallectic Company - Florida
Street 3300 Corporate Ave.

City Weston State FL ZIP 33331-

Industry description (e.g., Manufacture of motor truck trailers)

Electrical Contractor

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

1731

OR

North American Industrial Classification (NAICS) if known (e.g., 336212)

238210

Employment information

(If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees 80

Total hours worked by all employees last year 163,432

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

[Signature] 954-624-0000 2/7/22
Company executive Title Date
Phone

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G) 0	(H) 1	(I) 0	(J) 0

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(K) 3	(L) 33

Injury and Illness Types

Total number of ... (M)

(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing the burden, to Washington, DC 20503, OMB Office of Management and Budget, Paperwork Project Director (0704-0188).



Year 2022

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Establishment information

Your establishment name Dynalene Company - Florida
Street 3300 Corporate Ave.
City Weston State FL ZIP 33331-
Industry description (e.g., Manufacture of motor truck trailers)

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

1731

OR

North American Industrial Classification (NAICS) if known (e.g., 3363212)

238210

Employment information

(If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees 64
Total hours worked by all employees last year 136,177

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

[Signature] Title PHS/CEO
Company executive
Phone 954-624-0000 Date 1/19/23

Dunn Development, LLC

OSHA's Form 300A (Rev. 04/2004)

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types				
Total number of ...	(M)	(N)	(O)	(P)
(1) Injuries	0	(4) Poisonings	0	
(2) Skin disorders	0	(5) Hearing loss	0	
(3) Respiratory conditions	0	(6) All other illnesses	0	

Post this Summary page from February 1 to April 30 of the year following the year covered by the form. Public reporting burden for this collection of information is estimated to average 38 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name

Dunn Development LLC

Street

10300 SW 72nd Street Suite 445

City

Miami

State

FL

Zip

33173

Industry description (e.g., Manufacture of motor truck trailers)

General Contractor

North American Industrial Classification (NAICS), if known (e.g., 336212)

236220

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees

3

Total hours worked by all employees last year

6240

Sign here

Knowing falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive

Principal

Title

1/6/21

Date

Phone

954-589-6566

Reset

MDC047

OSHA's Form 300A (Rev. 04/2004)

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G) 0	(H) 0	(I) 0	(J) 0

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(K) 0	(L) 0

Injury and Illness Types

Total number of . . .	(1) Injuries	(2) Skin disorders	(3) Respiratory conditions	(4) Poisonings	(5) Hearing loss	(6) All other illnesses
(M)	0	0	0	0	0	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.



Year 20 21

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Establishment information

Your establishment name Dunn Development LLC
 Street 10300 SW 72nd Street Suite 445
 City Miami State FL Zip 33173
 Industry description (e.g., *Manufacture of motor truck trailers*)
 General Contractor
 North American Industrial Classification (NAICS), if known (e.g., 336212)
236220

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 3
 Total hours worked by all employees last year 6240

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Principle Title
 Phone 954-589-6566 Date 1/4/22



OSHA's Form 300A (Rev. 04/2004)

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G) 0	(H) 0	(I) 0	(J) 0

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(K) 0	(L) 0

Injury and Illness Types

Total number of ...	(1) Injuries	(2) Skin disorders	(3) Respiratory conditions	(4) Poisonings	(5) Hearing loss	(6) All other illnesses
(M)	0	0	0	0	0	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

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Year 20 22

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Establishment information

Your establishment name Dunn Development LLC
Street 10300 SW 72nd Street Suite 445
City Miami State FL Zip 33173
Industry description (e.g., *Manufacture of motor truck trailers*)
General Contractor

North American Industrial Classification (NAICS), if known (e.g., 336212)

236220

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 2
Total hours worked by all employees last year 4160

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Principle Title
Phone 954-589-6566 Date 1/2/23

Reset

Jervis B. Webb Company

OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G)	(H)	(I)	(J)
0	3	0	0

	Total number of days away from work	Total number of days of job transfer or restriction
1. Number of days	1	1
2. Number of workers	1	1
3. Number of days	1	1
4. Number of workers	1	1
5. Number of days	1	1
6. Number of workers	1	1
7. Number of days	1	1
8. Number of workers	1	1
9. Number of days	1	1
10. Number of workers	1	1
11. Number of days	1	1
12. Number of workers	1	1
13. Number of days	1	1
14. Number of workers	1	1
15. Number of days	1	1
16. Number of workers	1	1
17. Number of days	1	1
18. Number of workers	1	1
19. Number of days	1	1
20. Number of workers	1	1
21. Number of days	1	1
22. Number of workers	1	1
23. Number of days	1	1
24. Number of workers	1	1
25. Number of days	1	1
26. Number of workers	1	1
27. Number of days	1	1
28. Number of workers	1	1
29. Number of days	1	1
30. Number of workers	1	1
31. Number of days	1	1
32. Number of workers	1	1
33. Number of days	1	1
34. Number of workers	1	1
35. Number of days	1	1
36. Number of workers	1	1
37. Number of days	1	1
38. Number of workers	1	1
39. Number of days	1	1
40. Number of workers	1	1
41. Number of days	1	1
42. Number of workers	1	1
43. Number of days	1	1
44. Number of workers	1	1
45. Number of days	1	1
46. Number of workers	1	1
47. Number of days	1	1
48. Number of workers	1	1
49. Number of days	1	1
50. Number of workers	1	1
51. Number of days	1	1
52. Number of workers	1	1
53. Number of days	1	1
54. Number of workers	1	1
55. Number of days	1	1
56. Number of workers	1	1
57. Number of days	1	1
58. Number of workers	1	1
59. Number of days	1	1
60. Number of workers	1	1
61. Number of days	1	1
62. Number of workers	1	1
63. Number of days	1	1
64. Number of workers	1	1
65. Number of days	1	1
66. Number of workers	1	1
67. Number of days	1	1
68. Number of workers	1	1
69. Number of days	1	1
70. Number of workers	1	1
71. Number of days	1	1
72. Number of workers	1	1
73. Number of days	1	1
74. Number of workers	1	1
75. Number of days	1	1
76. Number of workers	1	1
77. Number of days	1	1
78. Number of workers	1	1
79. Number of days	1	1
80. Number of workers	1	1
81. Number of days	1	1
82. Number of workers	1	1
83. Number of days	1	1
84. Number of workers	1	1
85. Number of days	1	1
86. Number of workers	1	1
87. Number of days	1	1
88. Number of workers	1	1
89. Number of days	1	1
90. Number of workers	1	1
91. Number of days	1	1
92. Number of workers	1	1
93. Number of days	1	1
94. Number of workers	1	1
95. Number of days	1	1
96. Number of workers	1	1
97. Number of days	1	1
98. Number of workers	1	1
99. Number of days	1	1
100. Number of workers	1	1

Total number of... (M)	3	0
(1) Injury	0	0
(2) Skin Disorder	0	0
(3) Respiratory Condition	0	0
(4) Poisoning	0	0
(5) Hearing Loss	0	0
(6) All Other Illnesses	0	0

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3604, 200 Constitution Ave. NW, Washington, DC 20210. Do not send the completed forms to this office.

U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1218-0176

COMBINATION: NOVI FIELD; HARBOR SPRINGS, BOYNE CITY, CARUSLE S.C. AND LOGAN

Establishment information

Your establishment name Jervis B. Webb Company

Street 30100 Cabot Drive

City Novi State Michigan Zip 48377

Industry description (e.g., Manufacture of motor truck trailers)
Administrative & Manufacturing

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
1 7 9 6

OR North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment information

Annual average number of employees _____ 525

Total hours worked by all employees last year _____
990,773

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Timothy Hund Company executive President
Title

(248) 415-7429 Phone 1/18/2021 Date

MDC051

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0 (G)	2 (H)	0 (I)	0 (J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
19 (K)	162 (L)

Injury and Illness Types

Total number of ... (M)	(1) Injury	(2) Skin Disorder	(3) Respiratory Condition	(4) Poisoning	(5) Hearing Loss	(6) All Other Illnesses
	2	0	0	0	0	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave. NW, Washington, DC 20210. Do not send the completed forms to this office.



Year 2021

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Establishment information		COMBINATION: NOM, FIELD, HARBOR SPRINGS, BOYNE CITY, AND LOUISVILLE	
Your establishment name		Jervis B. Webb Company	
Street		30100 Cabot Drive	
City	Novi	State	Michigan
Industry description (e.g., Manufacture of motor truck trailers)		Administrative & Manufacturing	
Standard Industrial Classification (SIC), if known (e.g., SIC 3715)		1 7 9 6	
OR North American Industrial Classification (NAICS), if known (e.g., 336212)		3 3 3 9 2 2	
Employment information			
Annual average number of employees		441	
Total hours worked by all employees last year		857,766	
Sign here		Todd Alderman	
Knowing falsifying this document may result in a fine.			
I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.			
Todd Alderman		Company executive	
(248) 553-1213		Phone	
		President	
		Title	
		1/24/2022	
		Date	

MDC052

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35. In OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	2	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
62	88
(K)	(L)

Injury and Illness Types

Total number of...	(1) Injury	(2) Skin Disorder	(3) Respiratory Condition	(4) Poisoning	(5) Hearing Loss	(6) All Other Illnesses
(M)	3	0	0	0	0	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Year 2022

U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB No. 1218-0176

Establishment information													
Your establishment name	COMBINATION, NOWI, FIELD, HARBOR SPRINGS, BOYNE CITY, AND LOUISVILLE												
Street	Jervis B. Webb Company												
City	Novi, Michigan												
State	Zip 48377												
Industry description (e.g., Manufacture of motor truck trailers)													
Administrative & Manufacturing													
Standard Industrial Classification (SIC), if known (e.g., SIC 3715)													
OR North American Industrial Classification (NAICS), if known (e.g., 336212)													
<table border="0"> <tr> <td>1</td><td>7</td><td>9</td><td>6</td> </tr> <tr> <td>3</td><td>3</td><td>3</td><td>9</td> </tr> <tr> <td>2</td><td>2</td><td>2</td><td>2</td> </tr> </table>		1	7	9	6	3	3	3	9	2	2	2	2
1	7	9	6										
3	3	3	9										
2	2	2	2										
Employment information													
Annual average number of employees	440												
Total hours worked by all employees last year	813,709												
Sign here Knowingly falsifying this document may result in a fine. I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.													
Todd Alderman	President												
Company executive	Title												
(248) 553-1213	2/17/2023												
Phone	Date												

MDC053

Search

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Inspection Detail

Quick Link Reference

1598501.015 | 1565691.015

Case Status: CLOSED

Inspection: 1598501.015 - Wa317968940 - Jervis B Webb Company

Inspection Information - Office: Washington Region 2

Inspection Nr: 1598501.015

Report ID: 1055320

Date Opened: 05/24/2022

Site Address:

Wa317968940 - Jervis B Webb Company
 17801 International Blvd
 Seatac, WA 98158

Union Status: NonUnion

SIC:

NAICS: 238990/All Other Specialty Trade
 Contractors

Mailing Address:

30100 Cabot Dr, Novi, MI 48377

Inspection Type: Unprog Rel

Safety/Health: Health

Scope: Partial

Close Conference: 08/18/2022

Advanced Notice: N

Emphasis:

Ownership: Private

Case Closed: 10/12/2022

Related Activity

Type	Activity Nr	Safety	Health
Complaint	1896368	MDC054	Yes

Inspection	1600091		Yes
------------	---------	--	-----

Case Status: CLOSED

Violation Summary

Violations/Penalties	Serious	Willful	Repeat	Other	Unclass	Total
Initial Violations				1		1
Current Violations				1		1
Initial Penalty	\$0	\$0	\$0	\$0	\$0	\$0
Current Penalty	\$0	\$0	\$0	\$0	\$0	\$0
FTA Penalty	\$0	\$0	\$0	\$0	\$0	\$0

Violation Items

#	Citation ID	Citation Type	Standard Cited	Issuance Date	Abatement Due Date	Current Penalty	Initial Penalty	FTA Penalty	Contest	Latest Event	Note
1.	01001	Other	296-841-20005(1)	09/06/2022	05/24/2022	\$0	\$0	\$0		Z - Issued	

Case Status: CLOSED

Inspection: 1565691.015 - Jervis B Webb Co

Inspection Information - Office: Michigan Safety Gen

Inspection Nr: 1565691.015

Report ID: 0552652

Date Opened: 11/29/2021

Site Address:

Jervis B Webb Co
1254 Boyne Avenue
Boyne City, MI 49712

Union Status: Union

SIC:

NAICS: 333922/Conveyor and Conveying
Equipment Manufacturing

Mailing Address:

1254 Boyne Avenue, Boyne City, MI 49712

Inspection Type: Referral

Safety/Health: Safety

Scope: Partial

Close Conference: 12/01/2021

Advanced Notice: N

Emphasis: N:Amputate

Ownership: Private

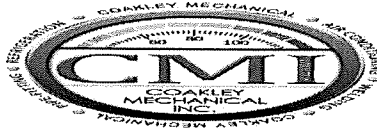
Case Closed: 12/27/2021

Related Activity

Type	Activity Nr	Safety	Health
Referral	1819556	Yes	

Case Status: CLOSED

Coakley Mechanical, Inc.



COAKLEY MECHANICAL, INC.

16155 SW 117 Ave B-6
Miami, FL 33177
Phone (305) 234-9922
Fax (305) 234-9977

March 24, 2023

TO: CES Construction, Inc.
ATT: Eric Gonzalez

RE: Exempt from OSHA 300 Logs

To: Whom it may concern,

To the best of my knowledge, for each year ending 2020, 2021 and 2022, our company employed fewer than 10 employees which therefore exempted us from filing OSHA Form 300A injury and illness recordkeeping and posting requirements/logs. If OSHA requirements change and specifically require our firm to file any such information, we will do so as requested. Further, our company has no OSHA inspection data during these time periods.

Sincerely,

Signature of Company Representative
Derrington Coakley / President
Print Name & Title

COAKLEY MECHANICAL, INC.

MDC057

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

PROJECT: Miami International Airport (MIA) Central Terminal Ticket Counters, Conveyors, and K-1 doors for TC 12 through TC 17

BID NO.: MDAD-CIP-V043A-4

BID ITEMS 1 – 45 – LUMP SUM AMOUNT BID (LS): Lump sum amount bid shall include labor and material and fully burdened labor, equipment, services, overhead and profit for the items listed. See specifications for Divisions and Schedule of Payment.

- a. The total bid amount shall include all items needed to provide a complete, operable and maintainable system for MDAD to use as intended, to include, but without limitation; all equipment, labor, material, tools, supplies, supervision, incidentals, engineering, design, manufacture, delivery, construction administration, project management, installation, testing, startup, commissioning, permitting and any other item necessary to fully complete the work pursuant to this solicitation.
- b. Any work items omitted from this solicitation which are clearly necessary for the completion of this work and its appurtenances shall be considered a part of such work although not directly specified or called for in this solicitation.
- c. The Manufacturer/Installer shall be responsible for verifying installation locations, methods and shall notify MDAD Representative of any conflicts or Code violations prior to manufacturing of the equipment. Modifications will be coordinated and approved by MDAD. Modifications shall be made at no additional cost to MDAD.
- e. The Manufacturer/Installer's total bid amount shall include all employees out of pocket expenses, including travel, per diem, and miscellaneous costs and fees.

Item No.	Phase	Description	Quantity	Metric Unit	Unit Price	Method of Measurement/Payment
1	1	DIVISION 01 - GENERAL REQUIREMENTS	1	N/A	\$1,684,169.00 LS	
2	1	DIVISION 02 - EXISTING CONDITIONS	1	N/A	\$ 104,376.00 LS	

Item No.	Phase	Description	Quantity	Metric Unit	Unit Price	Method of Measurement/Payment
3	1	DIVISION - 03 CONCRETE	1	N/A	\$ 100.00	LS
4	1	DIVISION - 05 METALS	1	N/A	\$ 3,600.00	LS
5	1	DIVISION - 06 WOOD, PLASTIC AND COMPOSITES	1	N/A	\$ 100.00	LS
6	1	DIVISION - 07 THERMAL AND MOISTURE PROTECTION	1	N/A	\$ 7,043.00	LS
7	1	DIVISION - 08 OPENINGS	1	N/A	\$ 28,750.00	LS
8	1	DIVISION - 09 FINISHES	1	N/A	\$ 520,526.00	LS
9	1	DIVISION -10 SPECIALTIES	1	N/A	\$ 367.00	LS
10	1	DIVISION - 21 FIRE SUPPRESSION	1	N/A	\$ 70,000.00	LS

Item No.	Phase	Description	Quantity	Metric Unit	Unit Price	Method of Measurement/Payment
11	1	DIVISION - 23 HEATING, VENTILATING AND AIR CONDITIONING	1	N/A	\$ 122,850.00	LS
12	1	DIVISION - 26 ELECTRICAL	1	N/A	\$ 378,000.00	LS
13	1	DIVISION - 27 COMMUNICATIONS	1	N/A	\$ 337,000.00	LS
14	1	DIVISION - 28 ELECTRONIC SAFETY AND SECURITY	1	N/A	\$ 42,000.00	LS
15	1	DIVISION -34 TRANSPORTATION	1	N/A	\$ 2,794,344.00	LS
16	2	DIVISION 01 - GENERAL REQUIREMENTS	1	N/A	\$ 1,769,484.00	LS
17	2	DIVISION 02 - EXISTING CONDITIONS	1	N/A	\$ 104,646.00	LS
18	2	DIVISION - 03 CONCRETE	1	N/A	\$ 100.00	LS

Item No.	Phase	Description	Quantity	Metric Unit	Unit Price	Method of Measurement/Payment
19	2	DIVISION - 05 METALS	1	N/A	\$ 3,780.00	LS
20	2	DIVISION - 06 WOOD, PLASTIC AND COMPOSITES	1	N/A	\$ 100.00	LS
21	2	DIVISION - 07 THERMAL AND MOISTURE PROTECTION	1	N/A	\$ 7,439.00	LS
22	2	DIVISION - 08 OPENINGS	1	N/A	\$ 14,860.00	LS
23	2	DIVISION - 09 FINISHES	1	N/A	\$ 527,729.00	LS
24	2	DIVISION -10 SPECIALTIES	1	N/A	\$ 367.00	LS
25	2	DIVISION - 21 FIRE SUPPRESSION	1	N/A	\$ 70,000.00	LS
26	2	DIVISION - 23 HEATING, VENTILATING AND AIR CONDITIONING	1	N/A	\$ 158,000.00	LS

Item No.	Phase	Description	Quantity	Metric Unit	Unit Price	Method of Measurement/Payment
27	2	DIVISION - 26 ELECTRICAL	1	N/A	\$ 380,000.00	LS
28	2	DIVISION - 27 COMMUNICATIONS	1	N/A	\$ 336,250.00	LS
29	2	DIVISION - 28 ELECTRONIC SAFETY AND SECURITY	1	N/A	\$ 35,000.00	LS
30	2	DIVISION -34 TRANSPORTATION	1	N/A	\$ 2,994,135.00	LS
31	3	DIVISION 01 - GENERAL REQUIREMENTS	1	N/A	\$ 801,764.00	LS
32	3	DIVISION 02 - EXISTING CONDITIONS	1	N/A	\$ 37,846.00	LS
33	3	DIVISION - 03 CONCRETE	1	N/A	\$ 100.00	LS
34	3	DIVISION - 05 METALS	1	N/A	\$ 4,140.00	LS

Item No.	Phase	Description	Quantity	Metric Unit	Unit Price	Method of Measurement/Payment
35	3	DIVISION – 06 WOOD, PLASTIC AND COMPOSITES	1	N/A	\$ 100.00	LS
36	3	DIVISION – 07 THERMAL AND MOISTURE PROTECTION	1	N/A	\$ 7,578.00	LS
37	3	DIVISION – 08 OPENINGS	1	N/A	\$ 20,230.00	LS
38	3	DIVISION – 09 FINISHES	1	N/A	\$ 305,211.00	LS
39	3	DIVISION -10 SPECIALTIES	1	N/A	\$ 366.00	LS
40	3	DIVISION – 21 FIRE SUPPRESSION	1	N/A	\$ 26,500.00	LS
41	3	DIVISION – 23 HEATING, VENTILATING AND AIR CONDITIONING	1	N/A	\$ 38,000.00	LS
42	3	DIVISION – 26 ELECTRICAL	1	N/A	\$ 90,245.00	LS

Item No.	Phase	Description	Quantity	Metric Unit	Unit Price	Method of Measurement/Payment
43	3	DIVISION - 27 COMMUNICATIONS	1	N/A	\$ 54,440.00	LS
44	3	DIVISION - 28 ELECTRONIC SAFETY AND SECURITY	1	N/A	\$ 29,000.00	LS
45	3	DIVISION -34 TRANSPORTATION	1	N/A	\$ 1,485,215.00	LS

TOTAL BID ITEM A: \$ 15,395,850.00

Miami-Dade County will calculate the amount (sum of Items 1 through 45)

NOTE: ALLOWANCE ACCOUNT(S):

One Million Five Hundred Thirty-Nine Thousand Five Hundred
Eighty-Five Dollars and no 100's

Contingency ALLOWANCE ACCOUNT
(Amount in Words)

\$ 1,539,585.00

10% OF TOTAL BID ITEM A
(Amount in Figures)

Thirty-Eight Thousand Four Hundred Ninety Dollars
and no 100's

Inspector General
(Amount in Words)

\$ 38,490.00

0.25% OF TOTAL BID ITEM A
(Amount in Figures)

BID FORM

MIAMI-DADE COUNTY, FLORIDA
BIDDER CES Construction, LLC

DATE: 12/19/2022

ADDRESS 880 SW 145th Ave., Suite 106, Pembroke Pines, FL 33027

TELEPHONE NO. 954-613-4353 EMAIL: egonzalez@cesconstruct.com

PROJECT TITLE Miami International Airport (MIA) Central Terminal Ticket Counters, Conveyors, and K-1 doors for TC 12 through TC 17

BID NUMBER MDAD-CIP-V043A-4

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 work site 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. 2 Addendum No. 3 Addendum No. 4 Addendum No. 5 Addendum No. 6

Addendum No. 7 Addendum No. 8 Addendum No. 9 Addendum No. 10 Addendum No. 11 Addendum No. 12

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

Addendum No. 13

Addendum No. 14

Addendum No. 15

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 Bond and Payment Bond for not less than the Total Contract Amount, including the Allowance Account(s), 10% 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 equivalent to five percent (5%) of the Bid Price or 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.

DISADVANTAGED BUSINESS ENTERPRISE PROGRAMS:

The Bidder, when applicable, shall comply with the following Contract Measures. Contract Measures are based on the Contract Amount, exclusive of the amount for the Inspector General audit account.

THE CONTRACT MEASURE(S) APPLICABLE TO THIS PROJECT:

- A. Small Business Enterprise – Construction participation goal for this project is:
SBE-Con 18.89 %
- B. Small Business Enterprise – Goods participation goal for this project is:
SBE-G 1 %

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 a 10% Community Workforce Goal for this Contract as required by the Community Workforce Program Participation Provisions.

CWP LIQUIDATED DAMAGES: N/A

CONTRACT TIME: Completion of the Work within the Contract Time is of the essence. The Contract Time for this Work is 492 calendar days from the effective date established in the Notice To Proceed.

LIQUIDATED DAMAGES: Liquidated Damages at the rate of \$1,000.00 per day, will be deducted from the Contract amount for each calendar day of delay due to a Non-Excusable Delay. After 45 days, the recoverable Liquidated Indirect Costs by the Contractor, resulting from a Compensable Excusable Delay, shall be \$300 per day.

LIQUIDATED INDIRECT COSTS: Liquidated Indirect Costs recoverable by the Contractor, shall be \$1,000 per day for each day the project is delayed up to 45 days due to a Compensable Excusable Delay. After 45 days, the recoverable Liquidated Indirect Costs by the Contractor, resulting from a Compensable Excusable Delay, shall be \$300 per day.

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:

BID SIGNATURE PAGE FOR CORPORATION

Attached is a Bid Bond equivalent to five percent (5%) of the Bid Price on the standard form as provided herein, for the sum of ~~SIXTEEN MILLION NINE HUNDRED AND~~ U.S. Dollars, (\$ ~~16,973,925~~ ^{SEVENTY THREE THOUSAND NINE HUNDRED TWENTY FIVE}), in accordance with the Instructions to Bidders.

The execution of this form constitutes the unequivocal offer of Bidder to be bound by the terms of its Bid. Failure to sign this solicitation where indicated below by an authorized representative shall render the Bid non-responsive. The County may, however, in its sole discretion, accept any Bid that includes an executed document which unequivocally binds the Bidder to the terms of its offer. The Officers of the Corporation are as follows:

Name Address

President Rudy M. Ortiz, 880 SW 145th Ave., Suite 106, Pembroke Pines, FL 33027
Executive VP Luciano Perera, 880 SW 145th Ave., Suite 106, Pembroke Pines, FL 33027
Vice President Jose Caraballo, 880 SW 145th Ave., Suite 106, Pembroke Pines, FL 33027
Vice President Ernest Cano, 3150 SW 38th Ave., Suite 450, Miami, FL 33146
Vice President Eric Gonzalez, 1555 Palm Beach Lakes Blvd., Suite 920, West Palm Beach, FL 33401
Secretary Rudy M. Ortiz, 880 SW 145th Ave., Suite 106, Pembroke Pines, FL 33027
Treasurer _____

STATE OF FLORIDA CERTIFICATE OF CERTIFICATION FOR CORPORATION

Rudy M. Ortiz CGC1512966
Name of Holder (Qualifier) (Certificate No.)

MIAMI-DADE COUNTY CERTIFICATE OF COMPETENCY FOR CORPORATION

Name of Holder (Qualifier) (Certificate No.)

Post Office Address:

BIDDER:

CES Construction, LLC

(Corporate Name)

Florida
State in which Chartered:
President

BY:

Vice President, Eric Gonzalez

Registry with Florida Secretary
of State, if foreign:

Attest: Rudy M. Ortiz
Secretary

Date: _____

(CORPORATE SEAL)



**IN ADDITION TO THE BID FORM, THE FOLLOWING DOCUMENTS ARE REQUIRED TO BE
SUBMITTED AS A PART OF THE BID/PROPOSAL**

The Bidder/Proposer is required to execute and submit the following documents as a part of their bid. Failure to submit the following document may be cause to reject the Bid/Proposal.

<u>DOCUMENT TITLE</u>	<u>PAGE</u>
• Miami-Dade Aviation Department Single Execution Affidavit.....	A-39 – A-44

Consisting of the following affidavits:

5. Public Entity Crimes Affidavit
6. Criminal Record Affidavit
7. Bidder's Affidavit In Compliance With Florida Trench Safety Act
8. Trade Restriction Clause

• Buy American Certificate	A-45
• Insurance Requirements	A-46
• Small Business Certificate of Assurance	A-47
• BID BOND (or other authorized Bid Guaranty).....	A-49

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

This sworn statement is submitted for:

PROJECT TITLE: Miami International Airport (MIA) Central Terminal Ticket Counters, Conveyors, and K-1 doors for TC 12 through TC 17

BID NUMBER: MDAD-CIP-V043A-4

COUNTY OF MIAMI-DADE

STATE OF FLORIDA

Before me the undersigned authority appeared Eric Gonzalez (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

CES Construction, LLC

(Name of Entity)

880 SW 145th Ave., Suite 106, Pembroke Pines, FL 33027

(Address of Entity)

8 / 2 - 4 / 5 / 3 / 1 / 4 / 9 / 1
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)

 X 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:

 X 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.	Trenching not required on this project				\$
B.					\$
C.					\$
D.					\$
E.					\$

AFFIDAVIT No. 4
TRADE RESTRICTION CLAUSE

Pursuant to 49 CFR, Part 30.13, FAA Order 5100.38, the Entity, by submission of a bid an offer and/or execution of a contract, certifies that it:

- a. is not owned or controlled by one or more citizens of a foreign country included in the list of countries that discriminate against U.S. firms published by the Office of the United States Trade Representative (USTR);
- b. has not knowingly entered into any contract or subcontract for this project with a person that is a citizen or national of a foreign country on said list, or is owned or controlled directly or indirectly by one or more citizens or nationals of a foreign country on said list;
- c. has not procured any product nor subcontracted for the supply of any product for use on the project that is produced in a foreign country on said list.

Unless the restrictions of this clause are waived by the Secretary of Transportation in accordance with 49 CFR 30.17, no contract shall be awarded to a contractor or subcontractor who is unable to certify to the above. If the contractor knowingly procures or subcontracts for the supply of any product or service of a foreign country on said list for use on the project, the Federal Aviation Administration may direct through the Sponsor cancellation of the contract at no cost to the Government.

Further, the contractor agrees that, if awarded a contract resulting from this solicitation, it will incorporate this provision for certification without modification in each contract and in all lower tier subcontracts. The contractor may rely on the certification of a prospective subcontractor unless it has knowledge that the certification is erroneous.

The contractor shall provide immediate written notice to the sponsor if the contractor learns that its certification or that of a subcontractor was erroneous when submitted or has become erroneous by reason of changed circumstances. The subcontractor agrees to provide written notice to the contractor if at any time it learns that its certification was erroneous by reason of changed circumstances.

This certification is a material representation of fact upon which reliance was placed when making the award. If it is later determined that the contractor or subcontractor knowingly rendered an erroneous certification, the Federal Aviation Administration may direct through the Sponsor cancellation of the contract or subcontract for default at no cost to the Government.

Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render, in good faith, the certification required by this provision. The knowledge and information of a contractor is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

This certification concerns a matter within the jurisdiction of an agency of the United States of America and the making of a false, fictitious, or fraudulent certification may render the maker subject to prosecution under Title 18, United States Code, Section 1001.

 X The Entity affirms under oath that the Entity will comply with requirements of 49 CFR, Part 30.13, FAA Order 5100.38

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


(Signature of Authorized Representative)

Title Vice President

Date 12/19/2022

STATE OF: Florida

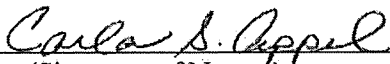
COUNTY OF: Miami-Dade

The above affidavits were acknowledged before me this 19 day of December, 2022,

By Eric Gonzalez,
(Authorized Representative)

of CES Construction, LLC
(Name of Corporation, Partnership, etc.)

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

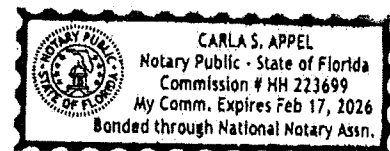

(Signature of Notary)

Carla S. Appel
(Print Name)

Notary Commission Number: HH223699

My Commission Expires: 2/17/2026

Notary Stamp or Seal:



(Pursuant to The Aviation Safety and Capacity Expansion Act of 1990 [49 U.S.C. 50101])

[illegible]

MDC075

INSURANCE REQUIREMENTS

Please insert the following documents:

- List of both automobile and personal liability coverage currently in force
- Copy of a Certificate of Insurance verifying above coverage (auto & personal liability)
- Statement of premium cost issued by the agent or insurance carrier for the coverage
- Third Party Coverage - Statement from the agent/carrier reflecting additional premium cost for listing the County (Owner) as additional insured



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/8/2022

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

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

PRODUCER		CONTACT NAME:	
RSC Insurance Brokerage, Inc.		PHONE (A/C, No, Ext): (305) 446-2271	
9350 S Dixie Hwy		FAX (A/C, No):	
Suite 1400		E-MAIL ADDRESS: MIA-Certificates@risk-strategies.com	
Miami FL 33156		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Continental Casualty Co	
		INSURER B: American Casualty Co of Reading PA	
		INSURER C: Continental Insurance Co	
		INSURER D: Valley Forge Ins Co	
		INSURER E: IRONSHORE SPECIALTY INS CO	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL2271184950 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☐ LOC OTHER:	X		6057448400	7/2/2022	7/2/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☒ HIRED AUTOS ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS			BUA6071959514	7/2/2022	7/2/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION \$ 10,000			6075689940	7/2/2022	7/2/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC6057448395	7/2/2022	7/2/2023	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Professional Liability Claims-Made			DCP7NACKDHN001 Retro-Date: 04/24/2020	7/2/2022	7/2/2023	Limit \$5,000,000 Retention \$15,000

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

Project: BID No. MDAD-CIP-V043A-4, Miami International Airport (MIA) Central Terminal Ticket, Counters, Conveyors, and K-1 doors for TC 12 through TC 17
Additional Insured clause applies in favor of the Certificate Holder & Miami Dade County, P.O. Box 025504, Miami, Florida 33102-5504 with respect to Commercial General Liability as required per written contract for operations of the Named Insured on behalf of the Additional Insured

CERTIFICATE HOLDER

Miami-Dade Aviation Department
P.O. Box 025504
Miami, FL 33102-5504

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

R Ins. Brokerage/JANP

APPROVED
APR 20 2023
MILFORD COCKFIELD

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ACORD 25 (2014/01)
INS025 (201401)

The ACORD name and logo are registered marks of ACORD

MDC077



CNA PARAMOUNT

**Blanket Additional Insured - Owners, Lessees or
Contractors - with Products-Completed
Operations Coverage Endorsement**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

It is understood and agreed as follows:

- I. **WHO IS AN INSURED** is amended to include as an **Insured** any person or organization whom you are required by **written contract** to add as an additional insured on this **coverage part**, but only with respect to liability for **bodily injury, property damage or personal and advertising injury** caused in whole or in part by your acts or omissions, or the acts or omissions of those acting on your behalf:
- A. in the performance of your ongoing operations subject to such **written contract**; or
 - B. in the performance of **your work** subject to such **written contract**, but only with respect to **bodily injury or property damage** included in the **products-completed operations hazard**, and only if:
 - 1. the **written contract** requires you to provide the additional insured such coverage; and
 - 2. this **coverage part** provides such coverage.
- II. But if the **written contract** requires:
- A. additional insured coverage under the 11-85 edition, 10-93 edition, or 10-01 edition of CG2010, or under the 10-01 edition of CG2037; or
 - B. additional insured coverage with "arising out of" language; or
 - C. additional insured coverage to the greatest extent permissible by law;
- then paragraph I. above is deleted in its entirety and replaced by the following:
- WHO IS AN INSURED** is amended to include as an **Insured** any person or organization whom you are required by **written contract** to add as an additional insured on this **coverage part**, but only with respect to liability for **bodily injury, property damage or personal and advertising injury** arising out of **your work** that is subject to such **written contract**.
- III. Subject always to the terms and conditions of this policy, including the limits of insurance, the Insurer will not provide such additional insured with:
- A. coverage broader than required by the **written contract**; or
 - B. a higher limit of insurance than required by the **written contract**.
- IV. The insurance granted by this endorsement to the additional insured does not apply to **bodily injury, property damage, or personal and advertising injury** arising out of:
- A. the rendering of, or the failure to render, any professional architectural, engineering, or surveying services, including:
 - 1. the preparing, approving, or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
 - 2. supervisory, inspection, architectural or engineering activities; or
 - B. any premises or work for which the additional insured is specifically listed as an additional insured on another endorsement attached to this **coverage part**.
- V. Under **COMMERCIAL GENERAL LIABILITY CONDITIONS**, the Condition entitled **Other Insurance** is amended to add the following, which supersedes any provision to the contrary in this Condition or elsewhere in this **coverage part**:

CNA75079XX (10-16)

Page 1 of 2

CONTINENTAL CASUALTY COMPANY

Insured Name: CES CONSTRUCTION, LLC

Policy No: 6057448400

Endorsement No: 2

Effective Date: 07/02/2022

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MDC078

00020000060574484000068





CNA PARAMOUNT

**Blanket Additional Insured - Owners, Lessees or
Contractors - with Products-Completed
Operations Coverage Endorsement**

Primary and Noncontributory Insurance

With respect to other insurance available to the additional insured under which the additional insured is a named insured, this insurance is primary to and will not seek contribution from such other insurance, provided that a **written contract** requires the insurance provided by this policy to be:

1. primary and non-contributing with other insurance available to the additional insured; or
2. primary and to not seek contribution from any other insurance available to the additional insured.

But except as specified above, this insurance will be excess of all other insurance available to the additional insured.

VI. Solely with respect to the insurance granted by this endorsement, the section entitled COMMERCIAL GENERAL LIABILITY CONDITIONS is amended as follows:

The Condition entitled **Duties In The Event of Occurrence, Offense, Claim or Suit** is amended with the addition of the following:

Any additional insured pursuant to this endorsement will as soon as practicable:

1. give the Insurer written notice of any **claim**, or any **occurrence** or offense which may result in a **claim**;
2. send the Insurer copies of all legal papers received, and otherwise cooperate with the Insurer in the investigation, defense, or settlement of the **claim**; and
3. make available any other insurance, and tender the defense and indemnity of any **claim** to any other insurer or self-insurer, whose policy or program applies to a loss that the Insurer covers under this **coverage part**. However, if the **written contract** requires this insurance to be primary and non-contributory, this paragraph 3. does not apply to insurance on which the additional insured is a named insured.

The Insurer has no duty to defend or indemnify an additional insured under this endorsement until the Insurer receives written notice of a **claim** from the additional insured.

VII. Solely with respect to the insurance granted by this endorsement, the section entitled DEFINITIONS is amended to add the following definition:

Written contract means a written contract or written agreement that requires you to make a person or organization an additional insured on this **coverage part**, provided the contract or agreement:

- A. is currently in effect or becomes effective during the term of this policy; and
- B. was executed prior to:

1. the **bodily injury or property damage**; or
 2. the offense that caused the **personal and advertising injury**;
- for which the additional insured seeks coverage.

Any coverage granted by this endorsement shall apply solely to the extent permissible by law.

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy, unless another effective date is shown below, and expires concurrently with said Policy.

CNA75079XX (10-16)

Page 2 of 2

CONTINENTAL CASUALTY COMPANY

Insured Name: CES CONSTRUCTION, LLC

Policy No: 6057448400

Endorsement No: 2

Effective Date: 07/02/2022

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MDC079

From: Trombly, Donald <dtrombly@risk-strategies.com>
Sent: Thursday, December 15, 2022 3:27 PM
To: Eric Gonzalez <egonzalez@cesconstruct.com>
Cc: Luciano O. Perera <lperera@cesconsult.com>; Pagan, Susan <spagan@risk-strategies.com>
Subject: MDAD-CIP-V043A-4 MIA Central Terminal Ticket Counters, Conveyors and K-1 Doors for TC 12 though TC17 - Insurance Information

Eric,

The cost for your policies are as follows:

General Liability: \$32,174.84
Auto: \$772.00
Umbrella: \$16,195.00
Workers Compensation: \$4,443.00
Installation Floater: \$8,932.14

There is not a cost associated with adding an Additional Insured.

Please let me know if you need anything further.

Donald R. Trombly, AAI, ARM, CRIS
Agent – Risk Strategies

Donald Trombly | AAI, ARM, CRIS
Sales Executive
Risk Strategies Company
p 305-461-8208 | m 305-794-2947 | f 786-975-1533
dtrombly@risk-strategies.com
9350 S Dixie Highway, Suite 1400 | Miami, FL 33156
Riskstrategies.com/learnmore



**SMALL BUSINESS DEVELOPMENT
CERTIFICATE OF ASSURANCE(COA)
SMALL BUSINESS PARTICIPATION ON COUNTY PROJECTS**

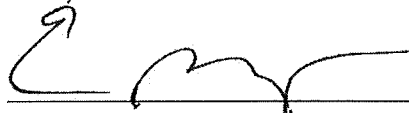
This completed form must be submitted with bid documents by all bidders/proposers on a Miami-Dade County project with Small Business Enterprise ("SBE") program measure(s).

Project No.: MDAD-CIP-V043A-4 Project Title: Miami International Airport (MIA) Central Terminal Ticket Counters, Conveyors, and K-1 Doors for TC 12 through TC 17
Bidder/Proposer: CES Construction, LLC FEIN: 82-4531491
Address: 880 SW 145th Ave., Suite 106 City Pembroke Pines State FL ZIP 33027
Phone Number: 954-613-4353 Email address: egonzalez@cesconstruct.com

The bidder/proposer is committed to meeting the established measure(s) assigned to this project: _____ % SBE-A/E, 18.89 % SBE-Cons, N Trade Set-aside SBE-Cons, 1 % SBE-G, and/or _____ % SBE-S.
(For Goals, write in the percentage. For Set-aside, put Y or N.)

Eric Gonzalez, Vice President

Print Prime Bidder's Name & Title


Prime Bidder's Signature

12/19/2022

Date

To satisfy the requirements for Step 1 - Bid Submittal and Compliance with Small Business Enterprise Program(s), the following are required:

1. Acknowledgement of the SBE-Architecture & Engineering, SBE-Construction, SBE-Good and/or SBE-Service (non-construction, architecture or engineering) measure(s) established for this project via this Certificate of Assurance.
2. Agree to engage in the solicitation of approved Miami-Dade County Small Business Enterprise firm(s) to achieve the established measure(s) as indicated in the Project Documents (specifications).
3. Agree to select and submit the names of the certified SBEs to satisfy the measures via Miami-Dade County's Business Management Workforce System ("BMWS") within the specified timeframe, upon email notification from the Small Business Development ("SBD") Division or BMWS.

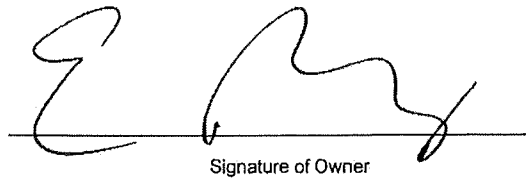
To satisfy the requirements for Step 2 - Bid Evaluation and Recommendation for Award, please attest that:

I understand that my company will be deemed non-compliant and not eligible for award if I fail to (1) submit this form with my bid/proposal documents and/or (2) submit my company's Utilization Plan which shall list all certified Miami-Dade County Small Business Enterprise firms whom will be subcontracted with to satisfy the project's established SBE measure(s) via BMWS, within the specified timeframe, upon email notification from SBD or BMWS. Each SBE subcontractor, subconsultant, and/or sub-vendor will also be required to confirm its contractual relationship via BMWS, within the specified timeframe, for final approval by SBD.

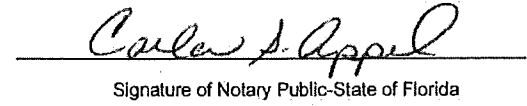
STATE OF FLORIDA

COUNTY OF MIAMI-DADE

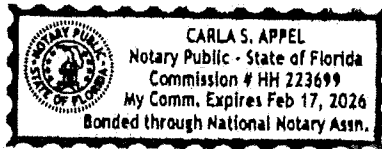
BEFORE ME, an officer duly authorized to administer oaths and take acknowledgement, personally appeared Eric Gonzalez, who being first sworn deposes and affirms that the provided information statements are true and correct to the best of his/her knowledge information and belief.


Signature of Owner

SWORN TO and subscribed before me this day 19 of December, 20 22


Signature of Notary Public-State of Florida

My Commission Expires:



BID BOND

State of Florida County of Miami-Dade

We, CES Construction LLC as Principal
and Harco National 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 Total Amount Bid Dollars (\$ 5% of Amount Bid)¹

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 December 19, 2022, for Project Name: Miami
International Airport (MIA) Central Terminal Ticket Counters, Conveyors, and K-1 doors for TC 12 through TC
17 Bid No: MDAD-CIP-V043A-4

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 Summary,
Performance Bond, 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 8th day of
December, 2022.

[Signature]
Witness
JAMES STOREY

CORPORATION
CES Construction LLC
By: [Signature] Eric Gonzalez
Title VP of Construction Operations

PARTNERSHIP OR JOINT VENTURE *

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.

COUNTERSIGNED BY RESIDENT
FLORIDA AGENT OF SURETY:

[Signature]
Warren M. Alter, Florida Licensed Insurance Agent

SURETY: Harco National Insurance Company

[Signature]
By: Attorney-in-Fact, Warren M. Alter

(A copy of Agent's current Identification Card as issued by State of Florida)

A-49

(Corporate Seal)
1/22 SBE ADV

MDC083

Insurance Commissioner must be attached.)

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

¹ Bid Bond equivalent to five percent (5%) of the Bid Price

FLORIDA DEPARTMENT OF FINANCIAL SERVICES

WARREN MITCHELL ALTER

License Number : A004782

Resident Insurance License

- 0216 - LIFE
- 0220 - GENERAL LINES (PROP & CAS)
- 0218 - LIFE & HEALTH

Issue Date

- 04/08/1989
- 06/27/1989
- 04/08/1989

Please Note: To validate the accuracy of this license you may review the individual or business entity's license record under "Licensee Search" on the FL Dept. of Financial Services website at <http://www.myfloridafdo.com/agents/>.

Jeff Altvater
Chief Financial Officer
State of Florida



POWER OF ATTORNEY
HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Bond # _____ Letter of Intent _____

Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

KNOW ALL MEN BY THESE PRESENTS: That HARCO NATIONAL INSURANCE COMPANY, a corporation organized and existing under the laws of the State of Illinois, and INTERNATIONAL FIDELITY INSURANCE COMPANY, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

RUSSELL S. STAMPLER, WARREN M. ALTER, DAVID T. SATINE

Miami Lakes, FL

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY and is granted under and by authority of the following resolution adopted by the Board of Directors of INTERNATIONAL FIDELITY INSURANCE COMPANY at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of HARCO NATIONAL INSURANCE COMPANY at a meeting held on the 13th day of December, 2018.

"RESOLVED, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL
FIDELITY INSURANCE COMPANY have each executed and attested these presents
on this 31st day of December, 2018



STATE OF NEW JERSEY
County of Essex

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

STATE OF ILLINOIS
County of Cook



On this 31st day of December, 2018, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.



IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, December 08, 2022

Irene Martins, Assistant Secretary

A01209

MDC086

COPY

BID BOND

State of Florida County of Miami-Dade

We, CES Construction LLC as Principal

and Harco National 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 Total Amount Bid Dollars (\$ 5% of Amount Bid)¹

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 December 19, 2022, for Project Name: Miami International Airport (MIA) Central Terminal Ticket Counters, Conveyors, and K-1 doors for TC 12 through TC 17 Bid No: MDAD-CIP-V043A-4

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 Summary, Performance Bond, 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 8th day of December, 2022.

Witness

JAMES STORCY

CORPORATION

CES Construction LLC

By

Title

Eric Gonzalez
VP of Construction Operations

PARTNERSHIP OR JOINT VENTURE *

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.

COUNTERSIGNED BY RESIDENT
FLORIDA AGENT OF SURETY:

Warren M. Alter, Florida Licensed Insurance Agent

SURETY: Harco National Insurance Company

By: Attorney-in-Fact, Warren M. Alter

(A copy of Agent's current Identification Card as issued by State of Florida

A-49

1/22 SBE ADV

MDC087

Insurance Commissioner must be attached.)

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

¹ Bid Bond equivalent to five percent (5%) of the Bid Price

FLORIDA DEPARTMENT OF FINANCIAL SERVICES

WARREN MITCHELL ALTER

License Number : A004782

Resident Insurance License

- 0216 - LIFE
- 0220 - GENERAL LINES (PROP & CAS)
- 0218 - LIFE & HEALTH

Issue Date

04/08/1989
06/27/1989
04/08/1989

Please Note:

To validate the accuracy of this license you may review the individual or business entity's license record under "License Search" on the FL Dept. of Financial Services website at <http://www.myfloridacfo.com/agents/>.


Jeff Atwater
Chief Financial Officer
State of Florida

POWER OF ATTORNEY
HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Bond # _____ Letter of Intent _____

Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

KNOW ALL MEN BY THESE PRESENTS: That HARCO NATIONAL INSURANCE COMPANY, a corporation organized and existing under the laws of the State of Illinois, and INTERNATIONAL FIDELITY INSURANCE COMPANY, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

RUSSELL S. STAMPLER, WARREN M. ALTER, DAVID T. SATINE

Miami Lakes, FL

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY and is granted under and by authority of the following resolution adopted by the Board of Directors of INTERNATIONAL FIDELITY INSURANCE COMPANY at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of HARCO NATIONAL INSURANCE COMPANY at a meeting held on the 13th day of December, 2018.

"RESOLVED, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY have each executed and attested these presents
on this 31st day of December, 2018



STATE OF NEW JERSEY
County of Essex

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

STATE OF ILLINOIS
County of Cook



On this 31st day of December, 2018, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.



IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, December 08, 2022

A01209

Irene Martins, Assistant Secretary

MDC090



MEMORANDUM

(Revised)

TO: Honorable Chairman Oliver G. Gilbert, III
and Members, Board of County Commissioners

DATE: July 6, 2023

FROM: 
Gen Bonzon-Keenan
County Attorney

SUBJECT: Agenda Item No. 8(A)(2)

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
- ☐ Statement of social equity required
- ☐ Ordinance creating a new board requires detailed County Mayor's report for public hearing
- ☐ No committee review
- ☐ Applicable legislation requires more than a majority vote (i.e., 2/3's present ____, 2/3 membership ____, 3/5's ____, unanimous ____, CDMP 7 vote requirement per 2-116.1(3)(h) or (4)(c) ____, CDMP 2/3 vote requirement per 2-116.1(3)(h) or (4)(c) ____, or CDMP 9 vote requirement per 2-116.1(4)(c)(2) ____ 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)(2)
7-6-23

RESOLUTION NO. _____ 578-23

RESOLUTION APPROVING CONTRACT MIAMI INTERNATIONAL AIRPORT (MIA) CENTRAL TERMINAL TICKET COUNTERS, CONVEYORS, AND K-1 DOORS FOR TC 12 THROUGH TC 17, MDAD PROJECT NO. MDAD-CIP-V043A-4, BETWEEN MIAMI-DADE COUNTY AND CES CONSTRUCTION, LLC, IN THE AMOUNT OF \$16,977,774.00; AUTHORIZING THE COUNTY MAYOR OR COUNTY MAYOR'S DESIGNEE TO EXECUTE SAME, AND TO EXERCISE THE PROVISIONS THEREOF, INCLUDING TERMINATION

WHEREAS, this Board desires to accomplish the purposes outlined in the accompanying memorandum and documents, copies of which are incorporated herein by reference,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that:

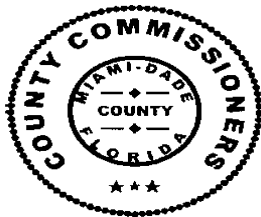
Section 1. This Board approves the contract between Miami-Dade County and CES Construction, LLC for MDAD Project No. MDAD-CIP-V043A-4 provides for the replacement of the Central Terminal Ticket counters, Conveyors and K-1 Doors for TC12 through TC17 (U Pods 1, 2 and 3, (F & G) in three Phases, in the amount of \$16,977,774.00, in substantially the form on file with the Clerk, an excerpt of which is attached hereto and made a part hereof.

Section 2. Pursuant to sections 2-285 and 2-285.2 of the Miami-Dade County Code, this Board authorizes the County Mayor or County Mayor's designee to exercise the provisions thereof, including the authority to execute Contract No. MDAD-CIP-V043A-4 and the authority to exercise its termination provisions.

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

Oliver G. Gilbert, III, Chairman	aye		
Anthony Rodríguez, Vice Chairman	aye		
Marleine Bastien	aye	Juan Carlos Bermudez	aye
Kevin Marino Cabrera	aye	Sen. René García	absent
Roberto J. Gonzalez	aye	Keon Hardemon	absent
Danielle Cohen Higgins	aye	Eileen Higgins	aye
Kionne L. McGhee	aye	Raquel A. Regalado	absent
Micky Steinberg	aye		

The Chairperson thereupon declared this resolution duly passed and adopted this 6th day of July, 2023. This resolution shall become effective upon the earlier of (1) 10 days after the date of its adoption unless vetoed by the County Mayor, and if vetoed, shall become effective only upon an override by this Board, or (2) approval by the County Mayor of this resolution and the filing of this approval with the Clerk of the Board.



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

JUAN FERNANDEZ-BARQUIN, CLERK

Basia Pruna

By: _____
 Deputy Clerk

Approved by County Attorney as
 to form and legal sufficiency.

DMM

David M. Murray