

ORIGINAL
DO NOT REMOVE

THIS AGREEMENT, made and entered into this 27 day of January, 2011, is by and between the City of Fort Lauderdale, a Florida municipality, ("City"), whose address is 100 North Andrews Avenue, Fort Lauderdale, FL 33301-1016, and Weed-A-Way, Inc., a Florida corporation, ("Contractor"), whose address and phone are 6011 Rodman Street, Suite 208, Hollywood, FL 33023, Phone: 786-326-3585, Fax: 954-374-6562.

WHEREAS, the City issued Invitation to Bid Number 513-10641 ("ITB"), and the Contractor submitted a bid in response to the ITB; and

WHEREAS, on January 4, 2011, the City Commission of the City of Fort Lauderdale approved an agreement with Contractor for the goods or services described in the ITB (Pur-05, CAR No. 10-1868),

NOW, THEREFORE, for and in consideration of the mutual promises and covenants set forth herein and other good and valuable consideration, the City and the Contractor covenant and agree as follows:

1. The Contractor agrees to provide to the City special event clean-up services in accordance with and in strict compliance with the specifications, terms, conditions, and requirements set forth in the ITB and any and all addenda thereto beginning February 8, 2011, and ending February 7, 2012.

2. This contract form G-110 Rev. 01/10, the ITB, any and all addenda to the ITB and the Contractor's response thereto, and the Contractor's proposal in response to the ITB are integral parts of this Contract, and are incorporated herein.

3. In the event of conflict between or among the contract documents, the order of priority shall be as follows:

- First, this contract form, G-110 Rev. 01/10;
- Second, any and all addenda to the City's ITB in reverse chronological order;
- Third, the ITB;
- Fourth, the Contractor's response to any addendum requiring a response;
- Fifth, the Contractor's response to the ITB.

4. The Company warrants that the goods and services supplied to the City pursuant to this Contract shall at all times fully conform to the specifications set forth in the ITB and be of the highest quality. In the event the City, in the City's sole discretion, determines that any product or service supplied pursuant to this Contract is defective or does not conform to the specifications set forth in the ITB the City reserves the right unilaterally to cancel an order or cancel this Contract upon written notice to the Contractor, and reduce commensurately any amount of money due the Contractor.

5. The City may cancel this Contract upon written notice to the Contractor in the event the Contractor fails to furnish the goods or perform the services as described in the ITB within 30 days following written notice to the Contractor.

6. The Contractor shall not present any invoice to the City that includes sales tax (85-8012514506C-7) or federal excise tax (59-6000319).

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FROM FILE

7. Contractor shall direct all invoices in duplicate for payment to Finance Department, City of Fort Lauderdale, 100 N. Andrews Avenue, 6th Floor, Fort Lauderdale, FL 33301. Any applicable discount MUST appear on the invoice.

IN WITNESS WHEREOF, the City and the Contractor execute this Contract as follows:

CITY OF FORT LAUDERDALE

By: [Signature]
Director of Procurement Services

Approved as to form:

[Signature]
Senior Assistant City Attorney

ATTEST

[Signature]
Print Name:
Secretary

CONTRACTOR

By: [Signature]
President

(CORPORATE SEAL)

STATE OF Florida
COUNTY OF Broward

The foregoing instrument was acknowledged before me this 24 day of January, 2011, by Munday Okotoko as president for Weed-A-Way, Inc., a Florida corporation.

(SEAL)



[Signature]
Notary Public, State of Florida
(Signature of Notary)

[Signature]
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced ID _____
Type of ID Produced _____

CONTRACT COPY

WEED-A-WAY, INC

Bid Contact **MONDAY OKOTGBO**
WEEDAWAY@MSN.COM
Ph 305-693-4070
Fax 305-693-4040

Address **6011 RODMAN STREET,**
SUITE 208
HOLLYWOOD, FL 33023

Supplier Code 00018628

Qualifications **DBE MBE SB**

Item #	Line Item	Notes	Unit Price	Qty/Unit	Total Price	Attch.	Docs
513-10641-1-01	Management Employee - Regular Shift (7:01am-12:00am)	Supplier Product Code: PLEASE FIND ATTACHED DOCUMENT REQUESTED IN THE BID PACKAGE. CURRENT SUPPLIERS SONGHAI, INC. AND HOLLYWOOD JANITORIAL SERVICE. FINANCIAL STATEMENT AVAILABLE UPON REQUEST.	First Offer - \$19.50	10 / hour	\$195.00	Y	Y
513-10641-1-02	Management employee - Night Shift (12:01am-7:00am)	Supplier Product Code:	First Offer - \$19.50	10 / hour	\$195.00		Y
513-10641-1-03	Skilled Laborer - Regular Shift (7:01am - 12:00am)	Supplier Product Code:	First Offer - \$16.50	54 / hour	\$891.00		Y
513-10641-1-04	Skilled Laborer - Night Shift (12:01am-7:00am)	Supplier Product Code:	First Offer - \$17.50	596 / hour	\$10,430.00		Y
513-10641-1-05	General Laborer - Regular Shift (7:01am-12:00am)	Supplier Product Code:	First Offer - \$12.85	270 / hour	\$3,469.50		Y
513-10641-1-06	General Laborer - Night Shift (12:01am-7:00am)	Supplier Product Code:	First Offer - \$13.00	3067 / hour	\$39,871.00		Y
513-10641-1-07	Optional	Supplier	First Offer - \$19.00	10 / hour	\$190.00		Y

	Equipment - Golf Cart - Regular Shift (7:01am- 12:00am)	Product Code:				
513-10641-1-08	Optional Equipment - Golf Cart - Night Shift (12:01am- 7:00am)	Supplier Product Code:	First Offer - \$23.00	546 / hour	\$12,558.00	Y
513-10641-1-09	Optional Equipment - Pickup Truck - Regular Shift (7:01am- 12:00am)	Supplier Product Code:	First Offer - \$19.00	10 / hour	\$190.00	Y
513-10641-1-10	Optional Equipment - Pickup Truck - Night Shift (12:01am- 7:00am)	Supplier Product Code:	First Offer - \$19.00	10 / hour	\$190.00	Y
513-10641-1-11	Optional Equipment - Dump Truck - Regular Shift (7:01am- 12:00am)	Supplier Product Code:	First Offer - \$32.00	10 / hour	\$320.00	Y
513-10641-1-12	Optional Equipment - Dump Truck - Night Shift (12:01am- 7:00am)	Supplier Product Code:	First Offer - \$32.00	10 / hour	\$320.00	Y
513-10641-1-13	Optional Equipment - Bobcat w/bucket - Regular Shift (7:01am- 12:00am)	Supplier Product Code:	First Offer - \$29.00	10 / hour	\$290.00	Y
513-10641-1-14	Optional Equipment - Bobcat w/bucket - Night Shift (12:01am- 7:00am)	Supplier Product Code:	First Offer - \$29.00	10 / hour	\$290.00	Y
513-10641-1-15	Optional Equipment - Loader w/bucket - Regular Shift (7:01am- 12:00am)	Supplier Product Code:	First Offer - \$35.00	10 / hour	\$350.00	Y
513-10641-1-16	Optional Equipment -	Supplier Product Code:	First Offer - \$39.00	10 / hour	\$390.00	Y

	Loader w/bucket - Night Shift (12:01am- 7:00am)	Code:				
513-10641-1-17	Optional Equipment - Lift Truck - Regular Shift (7:01am- 12:00am)	Supplier Product Code:	First Offer - \$39.00	10 / hour	\$390.00	Y
513-10641-1-18	Optional Equipment - Lift Truck - Night Shift (12:01am- 7:00am)	Supplier Product Code:	First Offer - \$45.00	10 / hour	\$450.00	Y
Supplier Total					\$70,979.50	

WEED-A-WAY, INC

Item: **Management Employee - Regular Shift (7:01am-12:00am)**

Attachments

BUSINESS TAX 002.jpg

INSURANCE CERTIFICATE 002.jpg

INSURANCE CERTIFICATE 001.jpg

INSURANCE CERTIFICATE.jpg

EQUIPMENT LIST.jpg

JANITORIAL BEACH EVENT.jpg

MIAMI DADE COUNTY BEACH CLEANING.jpg

JANITORIAL SERVICE_YOUNG CIRCLE ARTS PARK.jpg

LITTER AND DEBRI REMOVAL HOLLYWOOD ARTS PARK.jpg

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 - 954-831-4000
VALID OCTOBER 1, 2009 THROUGH SEPTEMBER 30, 2010

DBA:
Business Name: WEED A WAY INC
Owner Name: OKOTOGBO MONDAY
Business Location: 6011 RODMAN ST 208
 HOLLYWOOD
Business Phone: 954-985-2423

Receipt #: 324-8917
Business Type: LAWN MAINTENANCE/LANDSCAPE
 (LAND CLEARING/GRUBBING)
Business Opened: 06/24/1997
State/County/Cert/Reg:
Exemption Code: NONEXEMPT

Rooms Seats Employees Machines Professionals

6

Tax Amount	Number of Machines:			For Vending Business Only			Vending Type:	
	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid		
81.00	0.00	0.00	12.15	0.00	0.00	93.15		

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

**THIS BECOMES A TAX RECEIPT
 WHEN VALIDATED**

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

Mailing Address:

OKOTOGBO MONDAY
 6011 RODMAN ST STE 208
 HOLLYWOOD, FL 33023

Receipt # 12A-09-00000724
Paid 11/03/2009 93.15

2009 - 2010



CERTIFICATE OF INSURANCE

SUCH INSURANCE AS RESPECTS THE INTEREST OF THE CERTIFICATE HOLDER NAMED BELOW WILL NOT BE CANCELED OR OTHERWISE TERMINATED WITHOUT GIVING 10 DAYS PRIOR WRITTEN NOTICE TO THE CERTIFICATE HOLDER, BUT IN NO EVENT SHALL THIS CERTIFICATE BE VALID MORE THAN 30 DAYS FROM THE DATE WRITTEN. THIS CERTIFICATE OF INSURANCE DOES NOT CHANGE THE COVERAGE PROVIDED BY ANY POLICY DESCRIBED BELOW.

- This certifies that:
- STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY of Bloomington, Illinois
 - STATE FARM FIRE AND CASUALTY COMPANY of Bloomington, Illinois
 - STATE FARM COUNTY MUTUAL INSURANCE COMPANY OF TEXAS of Dallas, Texas
 - STATE FARM INDEMNITY COMPANY of Bloomington, Illinois, or
 - STATE FARM GUARANTY INSURANCE COMPANY of Bloomington, Illinois

has coverage in force for the following Named Insured as shown below:

NAMED INSURED: WEED-A-WAY INC.				
ADDRESS OF NAMED INSURED: 18520 NW 67TH AVE HIALEAH FL 33015-3302				
POLICY NUMBER	9040881B0359	9040881B0359	9040881B0359	9040881B0359
EFFECTIVE DATE OF POLICY	07/26/2010	07/26/2010	07/26/2010	07/26/2010
DESCRIPTION OF VEHICLE (including VIN)	2005 CHEVROLET G31 BOX 1GBJG31U051161540	2006 CHEVY SILVERADO 1500 1HGCE14X36Z138452	2000 BERING MD23 KMEVC88D1YC003023	2006 INTL 4300 DUMP 1HTMMAAN26H315627
LIABILITY COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
LIMITS OF LIABILITY				
a. Bodily Injury				
Each Person	SEE SINGLE LIMIT	SEE SINGLE LIMIT	SEE SINGLE LIMIT	SEE SINGLE LIMIT
Each Accident	SEE SINGLE LIMIT	SEE SINGLE LIMIT	SEE SINGLE LIMIT	SEE SINGLE LIMIT
b. Property Damage				
Each Accident	SEE SINGLE LIMIT	SEE SINGLE LIMIT	SEE SINGLE LIMIT	SEE SINGLE LIMIT
c. Bodily Injury & Property Damage Single Limit				
Each Accident	1,000,000	1,000,000	1,000,000	1,000,000
PHYSICAL DAMAGE COVERAGES				
a. Comprehensive	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ 1000.00 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ 1000.00 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ 1000.00 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ 1000 Deductible
b. Collision	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ 1000.00 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ 1000.00 Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ 1000.00 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ 1000 Deductible
EMPLOYERS NON-OWNED CAR LIABILITY COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
HIRED CAR LIABILITY COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
FLEET - COVERAGE FOR ALL OWNED AND LICENSED MOTOR VEHICLES	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

OFFICE REP

59-6741

10/20/2010

Signature of Authorized Representative

Title

Agent's Code Number

Date

Name and Address of Certificate Holder

Name and Address of Agent

CITY OF FT. LAUDERDALE
100 N. ANDREWS AVE
FT. LAUDERDALE, FL, 33301

FRANAH MARINO STATE FARM INSURANCE AGENCY
120 NORTH DOUGLAS ROAD
PEMBROKE PINES, FL 33024

INTERNAL STATE FARM USE ONLY:
122429.3 Rev. 07-26-2005

- Request permanent Certificate of Insurance for liability coverage.
- Request Certificate Holder to be added as an Additional Insured.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/6/2010

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 IMPACT INSURANCE SERVICES LLC PO Box 278347 Miramar, FL 33027 A032618	CONTACT NAME: PAULETTE BROWN PHONE (AC, No. Ext): (954) 885-3884 FAX (AC, No.): (954) 885-3885 E-MAIL ADDRESS: impactserv@msn.com PRODUCER CUSTOMER ID #: 001245
INSURED WEED-A-WAY, INC 18520 NW 67TH AVENUE #227 MIAMI, FL 33015 305-693-4070	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: FCBI: National Union Fire Ins 31259 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

NO.	LTR	TYPE OF INSURANCE	APOL NO.	SUBR NO.	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROD. SECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ed occurr) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALLOWED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						(COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per pers) \$ BODILY INJURY (Per accid) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
		UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TIN	N/A	106-45608	08/04/10	08/04/11	<input checked="" type="checkbox"/> NO STATE TOBY LIMITS <input type="checkbox"/> OTHER \$ EL EACH ACCIDENT \$ 500,000 EL DISEASE - SA EMPLOYEE \$ 500,000 EL DISEASE - POLICY LIMIT \$ 500,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)								

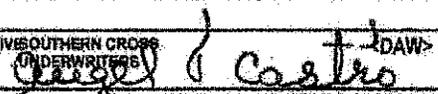
CERTIFICATE HOLDER CITY OF FORT LAUDERDALE 100 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 33301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 10/22/2010
PRODUCER SOUTH FLORIDA COMMERCIAL INSURANCE PLANNERS 15155 NW 77TH AVENUE # 1004 MIAMI LAKES, FLORIDA 33014	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED WEED-A-WAY INC 8011 RODMAN STREET, #208 HOLLYWOOD FL 33023	INSURERS AFFORDING COVERAGE INSURER A: SCOTTSDALE INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # 41297

COVERAGES
 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L	CTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR \$500 BI & PD DED. GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CPS1266458	10/23/2010	10/23/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 LANDSCAPE AND JANITORAL SERVICES / HAULING + DEBRIS REMOVAL

CERTIFICATE HOLDER IS LISTED AS ADDITIONAL INSURED CERTIFICATE HOLDER CITY OF FT. LAUDERDALE 100 NORTH ANDREWS AVENUE FT LAUDERDALE, FL 33301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE: SOUTHERN CROSS UNDERWRITERS 
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Weed-A-Way Inc.**Re: Trucks/Equipment List**

- 1.) Hauling- 1997 Mack
- 2.) Hauling- 2005 Chevy
- 3.) Hauling- 2000 BTDL
- 4.) Hauling- 1994 Mack
- 5.) Hauling- 2000 BTL
- 6.) Equipment Truck- 2005 Chevy
- 7.) 2 Crew Trucks- 2006 Chevy
- 8.) Self Loader- 1992 INTL
- 9.) Self Loader- 2006 INTL
 - a. Case Wheel Loader W/ Third Valve Grapple
- 10.) Bucket Equipment
- 11.) John Deer
- 12.) 5 Weed Eaters
- 13.) 4 Hedgers
- 14.) 2 Tractor Mowers (New Holland Model- 76108/ New Holland Model-
TM65)
- 15.) 1 Rotary Cutter (1.5 foot flex-wing series 3715)
- 16.) Reel Mower
- 17.) 1 Dixie Chopper- (5 foot cut)
- 18.) 2 Snappers- (5 foot cut)
- 19.) 3 Walk behind mowers- (36 inch cut)
- 20.) 2 Hedge Trimmers
- 21.) 2 Blowers



City of Hollywood, Florida

2600 HOLLYWOOD BLVD. • P.O. Box 229045 • ZIP 33022-9045

DATE: January 2, 2008

RE: BLANKET ORDER # B002024

PRODUCT/SERVICE: Janitorial Service/Beach Restrooms - 18 Months

Weed-A-Way, Inc.
Gwendolyn Oktogbo
6011 Rodman Street, #208
Hollywood, FL 33023

Telephone Contact: 954-985-2423

Dear Vendor:

This is to inform you that the City of Hollywood, Florida is entering into a Blanket Order with your Company based on one of the following:

- FORMAL BID # F-4121-08-AK
- INFORMAL BID # DATED:
- RENEWAL OF FORMAL BID # DATED:
- EXTENSION OF FORMAL BID/RFP# DATED:
- WRITTEN QUOTATION # DATED:
- VERBAL QUOTATION PER DATED:
- STATE OF FLORIDA CONTRACT # DATED:
- BROWARD COUNTY BID #
- OTHER:

The term of this order is 2/1/2008 through 7/30/2009.

The estimated dollar value is \$74,412.00 (for eighteen months).

The obligations of the City of Hollywood under this order are subject to the availability of funds lawfully appropriated for its purpose by the City Commission and are subject to the terms and conditions contained on the Purchase Order form.

The City of Hollywood Departments will issue hard copy orders against this Blanket Order as your authorization to deliver. All invoices must reference each unique document number.

If you have any questions, please contact Alicia Kalish at (954) 921-3552.

c: Public Works
Finance

MIAMI-DADE COUNTY
BLANKET PURCHASE ORDER

BPO ID: ABCW0400896 PRINT DATE: 08/23/2004 PAGE: 01

** ORIGINAL **

VENDOR ID: 650894412
WEED A WAY INC

PRIME VENDOR SET ASIDE :
SUBVENDOR GOAL : 00%

STE 227
6500 NW 27 AVE #18
MIAMI

PRIME VENDOR COMMITMENT: 00%

FL 33147

SHIP TO:
AS SPECIFIED ON INDIVIDUAL ORDERS

PLEASE REFER ALL QUESTIONS
CONCERNING THIS ORDER TO:
RODRIGUEZ, ABELIN
(305) 375-4258

ITB ID	EXPR DATE	DISCOUNT TERMS	CONTRACT AMOUNT
AVCW0400138	08/31/2005	0% 30 DAYS NET 25	64,000.00

BID NUMBER
IB6544-2/07

ITEM COMMODITY ID	U/M	UNIT COST
001 988-56	EA	64,000.0000

LITTER REMOVAL SERVICES (INCLUDING BEACHCLEANING)
END OF ITEM LIST

AUTHORIZED DEPT:	CALLERS NAME	DE	DOLLAR LIMIT	ALLOCATION:
CALLER ID				PHONE NUMBER
*****			\$64,000.00	()

TERMS:

COSTS OF MANDATORY RANDOM AUDIT BY THE INSPECTOR GENERAL ARE
INCORPORATED INTO THIS CONTRACT AS 1/4 OF 1% OF THE CONTRACT
PRICE.

CONTINUED, NEXT PAGE



City of Hollywood, Florida

2800 HOLLYWOOD BLVD. • P.O. Box 229046 • ZIP 33022-9046

DATE: November 15, 2006

RE: BLANKET ORDER # B001892

PRODUCT/SERVICE: Janitorial Service/Young
Circle Arts Park

Weed-A-Way, Inc.
Gwendolyn Oktogbo
6011 Rodman Street, #208
Hollywood, FL 33023

Telephone Contact: 954-985-2423

Dear Vendor:

This is to inform you that the City of Hollywood, Florida is entering into a Blanket Order with your Company based on one of the following:

- | | | |
|-------------------------------------|------------------------------|--------|
| <input checked="" type="checkbox"/> | FORMAL BID # F-4055-06-WG | |
| <input type="checkbox"/> | INFORMAL BID # | DATED: |
| <input type="checkbox"/> | RENEWAL OF FORMAL BID # | DATED: |
| <input type="checkbox"/> | EXTENSION OF FORMAL BID/RFP# | DATED: |
| <input type="checkbox"/> | WRITTEN QUOTATION # | DATED: |
| <input type="checkbox"/> | VERBAL QUOTATION PER | DATED: |
| <input type="checkbox"/> | STATE OF FLORIDA CONTRACT # | DATED: |
| <input type="checkbox"/> | BROWARD COUNTY BID # | |
| <input type="checkbox"/> | OTHER: | |

The term of this order is 11/15/2006 through 11/14/2007.

The estimated dollar value is \$85,721.48.

The obligations of the City of Hollywood under this order are subject to the availability of funds lawfully appropriated for its purpose by the City Commission and are subject to the terms and conditions contained on the Purchase Order form.

The City of Hollywood Departments will issue hard copy orders against this Blanket Order as your authorization to deliver. All invoices must reference each unique document number.

If you have any questions, please contact **Kimberly Kilpatrick** at (954) 921-3222

c: Finance
Public Works



City of Hollywood, Florida

2600 HOLLYWOOD BLVD. • P.O. Box 229045 • ZIP 33022-9045

DATE: November 15, 2006

RE: BLANKET ORDER # B001891

PRODUCT/SERVICE: Litter and Debris
Removal/Young Circle Arts Park

Weed-A-Way, Inc.
Gwendolyn Oktogbo
6011 Rodman Street, #208
Hollywood, FL 33023

Telephone Contact: 954-985-2423

Dear Vendor:

This is to inform you that the City of Hollywood, Florida is entering into a Blanket Order with your Company based on one of the following:

- FORMAL BID # F-4061-06-WG
- INFORMAL BID # DATED:
- RENEWAL OF FORMAL BID # DATED:
- EXTENSION OF FORMAL BID/RFP# DATED:
- WRITTEN QUOTATION # DATED:
- VERBAL QUOTATION PER DATED:
- STATE OF FLORIDA CONTRACT # DATED:
- BROWARD COUNTY BID #
- OTHER:

The term of this order is 11/15/2006 through 11/14/2007.

The estimated dollar value is \$208,410.00.

The obligations of the City of Hollywood under this order are subject to the availability of funds lawfully appropriated for its purpose by the City Commission and are subject to the terms and conditions contained on the Purchase Order form.

The City of Hollywood Departments will issue hard copy orders against this Blanket Order as your authorization to deliver. All invoices must reference each unique document number.

If you have any questions, please contact Kimberly Kilpatrick at (954) 921-3222

c: Finance
Public Works

***CITY OF FORT LAUDERDALE
SPECIFICATIONS PACKAGE***

513-10641

Special Event Clean-up Services



CITY OF FORT LAUDERDALE

AnnDebra Diaz

954-828-5949

NON-COLLUSION STATEMENT:

By signing this offer, the vendor/contractor certifies that this offer is made independently and free from collusion. Vendor shall disclose below any City of Fort Lauderdale, FL officer or employee, or any relative of any such officer or employee who is an officer or director of, or has a material interest in, the vendor's business, who is in a position to influence this procurement.

Any City of Fort Lauderdale, FL officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement.

For purposes hereof, a person has a material interest if they directly or indirectly own more than 5 percent of the total assets or capital stock of any business entity, or if they otherwise stand to personally gain if the contract is awarded to this vendor.

In accordance with City of Fort Lauderdale, FL Policy and Standards Manual, 6.10.8.3,

3.3. City employees may not contract with the City through any corporation or business entity in which they or their immediate family members hold a controlling financial interest (e.g. ownership of five (5) percent or more).

3.4. Immediate family members (spouse, parents and children) are also prohibited from contracting with the City subject to the same general rules.

Failure of a vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the City Procurement Code.

NAME

RELATIONSHIPS

N/A

N/A

In the event the vendor does not indicate any names, the City shall interpret this to mean that the vendor has indicated that no such relationships exist.

BID/PROPOSAL SIGNATURE PAGE

How to submit bids/proposals: It is preferred that bids/proposals be submitted electronically at www.bidsync.com, unless otherwise stated in the bid packet. If mailing a hard copy, it will be the sole responsibility of the Bidder to ensure that the bid reaches the City of Fort Lauderdale, City Hall, Procurement Department, Suite 619, 100 N. Andrews Avenue, Fort Lauderdale, FL 33301, prior to the bid opening date and time listed. Bids/proposals submitted by fax or email will NOT be accepted.

The below signed hereby agrees to furnish the following article(s) or services at the price(s) and terms stated subject to all instructions, conditions, specifications addenda, legal advertisement, and conditions contained in the bid. I have read all attachments including the specifications and fully understand what is required. By submitting this signed proposal I will accept a contract if approved by the CITY and such acceptance covers all terms, conditions, and specifications of this bid/proposal.

Please Note: If responding to this solicitation through BidSync, the electronic version of the bid response will prevail, unless a paper version is clearly marked **by the bidder** in some manner to indicate that it will supplant the electronic version. All fields below **must** be completed. If the field does not apply to you, please note N/A in that field.

Submitted by: **MONDAY OKOTOGBO 12/1/2010**
(signature) (date)

Name (printed): **MONDAY OKOTOGBO** Title: **PRESIDENT**

Company: (Legal Registration) **WEED-A-WAY, INC.**

CONTRACTOR, IF FOREIGN CORPORATION, MAY BE REQUIRED TO OBTAIN A CERTIFICATE OF AUTHORITY FROM THE DEPARTMENT OF STATE, IN ACCORDANCE WITH FLORIDA STATUTE §607.1501 (visit <http://www.dos.state.fl.us/>).

Address: **6011 RODMAN STREET, SUITE #208**

City: **HOLLYWOOD** State: **FLORIDA** Zip: **33023**

Telephone No. **786-326-3585** FAX No. **954-374-6562**

Email: **weedaway@msn.com**

Delivery: Calendar days after receipt of Purchase Order (section 1.02 of General Conditions): **15 days**

Payment Terms (section 1.03): **NET 10**

Total Bid Discount (section 1.04): **1%**

Does your firm qualify for MBE or WBE status (section 1.08): MBE WBE

ADDENDUM ACKNOWLEDGEMENT - Proposer acknowledges that the following addenda have been received and are included in the proposal:

<u>Addendum No.</u>	<u>Date Issued</u>
ADDENDUM 1	11/10/2010
ADDENDUM 2	11/10/2010

VARIANCES: State any variations to specifications, terms and conditions in the space provided below or reference in the space provided below all variances contained on other pages of bid, attachments or bid pages. No variations or exceptions by the Proposer will be deemed to be part of the bid submitted unless such variation or exception is listed and contained within the bid documents and referenced in the space provided below. If no

statement is contained in the below space, it is hereby implied that your bid/proposal complies with the full scope of this solicitation. HAVE YOU STATED ANY VARIANCES OR EXCEPTIONS BELOW? BIDDER MUST CLICK THE EXCEPTION LINK IF ANY VARIATION OR EXCEPTION IS TAKEN TO THE SPECIFICATIONS, TERMS AND CONDITIONS. If this section does not apply to your bid, simply mark N/A in the section below.

Variances: **NONE**
revised 3-23-10

QUESTIONNAIRE

Failure to answer each question could result in the disqualification of your bid.

1. Provide three recent references for which you have performed clean-up services.

Company name: **CITY OF HOLLYWOOD BEACH EVENTS**
 Address: **1600 S PARK ROAD**
 Contact Name: **MR. KEEI ENG**
 Telephone Number: **95-921-3552**

Company name: **CITY OF HOLLYWOOD ARTS PARK EVENTS**
 Address: **ONE YOUNG CIRCLE**
 Contact Name: **WADE SANDERS**
 Telephone Number: **954-921-3404**

Company name: **MIAMI DADE COUNTY PARKS/REC**
 Address: **275 NW 2ND STREET, 5TH FLOOR, MIAMI, FL. 33128**
 Contact Name: **KEVIN KIRWIN**
 Telephone Number: **305-755-7854**

2. Number of years experience you have had in providing similar services.
15
3. Have you ever failed to complete work awarded to you? If so, where and why?
 Yes No
4. Have you attached a detailed business plan per paragraph 1.05 of the Special Conditions?
 Yes No
5. Have you included proof of insurance, including General Liability, Auto Liability and Worker's Compensation with your bid submittal?
- | | | |
|-------------------|---|-----------------------------|
| General Liability | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Auto Liability | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Worker's Comp | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
6. Have you provided a list of all sub-contractors with your bid submittal?
 Yes No Not applicable (not using sub-contractors)

7. Briefly describe the number of employees and supervisors available for this contract and the firm's ability to secure subcontractors, if necessary.

**10 EMPLOYEE
3 SUPERVISORS**

8. Briefly describe your firm's financial status and provide proof of adequate line of credit or other financial assets to access funds for construction of multiple projects during the same time period.

**PLEASE FIND ATTACHED PURCHASE ORDERS OF SOME COMPLETED WORK.
EQUIPMENT LISTED OWENED BY COMPANY ATTACHED LIST.
STANDING LINE OF CREDIT WITH SONGHAI,INC.(305)772-4978 AND HOLLYWOOD
JANITORIAL SUPPLIES (954)921-756**

9. Please state any minimum number of hours of use for optional equipment. If spaces are left blank, there is assumed to be no minimum.

A. Golf Cart	4hours
B. Pickup Truck	4hours
C. Dump Truck	4hours
D. Bobcat with bucket	8hours
E. Loader with bucket	8hours
F. Lift truck (10,000 lbs)	8hours

10. State the percentage mark-up for materials and supplies (Ref paragraph 2.06B). The City is estimating an annual expenditure of \$1000 for these items and the bidder's percentage will be applied to that number and used in the tabulation process.

40%

11. State the percentage up-charge for labor for all shifts and skill levels for unscheduled Call-Out Services (Ref paragraph 2.11)

50 %

The bidder understands that the information contained in these proposal pages is to be relied upon by the City in awarding the proposed contract, and such information is warranted by the proposer to be true. The proposer agrees to furnish such additional information, prior to acceptance of any proposal relating to the qualifications of the proposer, as may be required by the City.

Please review the questionnaire to make sure all questions have been answered. Attach additional sheets if necessary. **Failure to answer each question could result in the disqualification of your bid.**