Water Works of Florida LLC

Sarasota FL 34231	7
941-544-5621 DATE: 2/1/2,	4
TO MARY MaloNEY MARY MaloNEY 87@ GMA: 1	
TO: MARY WARDS State Deciment & 20000074016 Incircul	, Long
For: Irrigation repair/ Drain State Document# L20000074016, Insured 941-474-0167	
Common Aneas, Phon ENGLE WOOD F1 34223/518-312-2064	
ENG/= WOOD F/ 34223/518-312-2064	*
756 TANGORINE WOODS DESCRIPTION	AMOUNT
All Irrigation Service/Inspection calls include testing the Timer/ Controller, cleaning all filters, Testing and clearing	187.50
voltage wiring, testing each irrigation zone, inspecting each irrigation head, testing batteries, testing Well pump.	vice call
testing the intake Main Line and filter. Make Mail one 816 Com A. I. Com Out	\$90.00 arterly
BIG PROJECT HAS NOT BEEN SERVICED	
FOR OVER 2 YEARS.	Non-Irrigation
10 1 00 C-> 1 1 - 1 - 1	
) WE will provide (3) Inrigation Techs	
Minimum.	and the second
LABOR + MACHINE AND Tool Rental, f	A. g
New will be well and 1 \$2 400 = 1	
NEED WILL be INCLUDED At \$3,600 DISCOUNT TO PER PAJ. THE PROSECT WILL TAKE Z-33,3000	per,
JER PAY: THE TROSECT WITCHERE 2-3	Pay
DAYS, 2) PARTS + MOTERI / WILL SEPERATE, I EXPE	ict.
2) PARTS + MATERITURE DEPERANTE, I 100	0= 1500
Agreed to on	
Balance due now	
Weather/material supply permitting Work to start on	
ALL CHECK MADE PAYABLE TO WATER WORKS, ALL WORK WARRENTIED FOR 1 YEAR. BALANCE MINUS DEPOSITE DUE UPON COMPLETION. DEPOSIT IS NON REFUNDALBE AS WORK WILL BE SCHEDULED BASED ON RECIPT OF DEPOSIT	
Company of the Compan	
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WATER WORKS OF FLORIDA ELC S827 PHYLISS AVE SARASOTA, FL 34231

ACTIVE

BARBARA FORD-COATES, TAX COLLECTOR 101 S. Washington Blvd. | Sarasota FL 34236 941.851.8300, option 3 | Info@SarasotaTaxCollector.com www.SarasotaTaxCollector.com

MUST BE DISPLAYED IN A CONSPICUOUS PLACE VALID UNTIL 09/30/21

SARASOTA COUNTY BUSINESS TAX RECEIPT

ACCOUNT NO

2020-21 MACHINES THIS TAN DOES NOT ASSURE QUALITY OF WORK OR CONVERM THAT REGULATORY OR ZONING REQUIREMENTS HAVE BEEN MET. IT IS THE OWNER'S RESPONSIBILITY TO ENSURE COMPLIANCE. EMPLOYEES

BUSINESS B827 PHYLISS AVE ADDRESS SARASOTA, FL 34231

INESS TYPE 003000 SERVICE

PAID-3026114.0006-0006 M03 08/04/2021 18:04

WATER WORKS OF FLORIDA LLC 5327 PHYLISS AVE SARASOTA, FL 34231

MUST BE DISPLAYED IN A CONSPICUOUS PLACE
VALID UNTIL 09/30/21

BARBARA FORD COATES, TAX COLLECTOR 101 S. Washington Bivd. | Sarasotis, Fl. 3423 941.861,8300, option 3 | IndigoSarasotia Tuz-Collector.com www.SarasotaTaxCollector.com

INFORMATION ONLY: REMOVE OR FOLD BEHIND BEFORE POSTING RECEIPT

ACTIVE

THIS RECEIPT IS FURNISHED PURSUANT TO CHAPTER 205 LAWS OF FLORIDA AND SARASOTA COUNTY ORDINANCE 91-084, AS AMENDED

The law requires this receipt to be displayed conspicuously at the place of business so that it is open to the view of the public and available for inspection. Upon failure to do so, the business shall be subject to the payment of another full tax for the same business, profession or occupation.

Payment is due each year by September 30th. Payment after September 30th is delinquent and subject to a penalty of 10% for the month of October, plus an additional 5% penalty for each month thereafter. The total delinquency penalty shall not exceed 25% of the tax. A 25% penalty is imposed on any person engaged in any new business, occupation or profession without first paying a Sarasota County Business Tax.

This receipt is for a business tax only. It does not permit the person/business to violate any existing regulatory or zoning laws of the state, county or claims, nor does it exempt the business from licenses or permits that may be required by law. This receipt does not assure the quality of work.

All businesses in Sarasota County are responsible for complying with the Sarasota County mandatory recycling ordinance.

Business Taxes are subject to change according to law.

Form W-9 (New, October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do no send to the IRS.

	nt of the Treasury	➤ Go to www.irs.gov/FormW9 for inst	nuclions and the letest information	The second secon	
CONTRACTOR OF THE PERSON OF TH	Name (se shown on y	our income tax return). Name is required on this line; do	not lame this line blank.		
	Water Works of FI			the grant and the beat and the second state of the	
	Business navoral companded entity name, if different from above				
	Mater Works of F	lorida LLC			
13	Water Works of Florida LLC 3. Check appropriate box for federal tox classification of the person whose raine is critised on line 1. Check only one of the following seven bosss.		he 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 30:		
Instructions on page	Individual/sole pro	oprietter or Corporation Scorporation	Pertnership		
		empany. Enter the tax classification (C=C composation, S-	G comoration, P=Partnership) >		
	Note: Check the LLC is	property. Evice the fact classification (CMV Continuent, suppropriate box as the line above for the tax elements of classified as a single-member LLC that is discognized for its owner for U.S. faderal tax or set discognized from the owner for U.S. faderal tax or set discognized from the owner for U.S. faderal tax or set discount about for the last of the country about for the last of the country about for the last of the l	on the cerner unless the cerner of the LLC	eck. Examption from FATCA reporting code (if any)	
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Specific	Other (see instruc	dional >	Requester's na	rne and address (optional)	
8		nest, and apt. or suite sp.) See instructions.			
800	8827 Phyliss Ave				
	6 City, state, and ZIP of				
	Sarasota FL 3423				
	7 List account number	(s) beine (cythiania))			
		11 NE NE Dischar (TIA)			
ar	Taxpaye	r Identification Number (TIN) prose box. The TIN provided must match the nur	Speig	al security number	
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ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/10/2024

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

If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or 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). CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS: Hiscox Inc. FAX (A/C, No) (888) 202-3007 5 Concourse Parkway contact@hiscox.com Suite 2150 Atlanta GA, 30328 INSURER(S) AFFORDING COVERAGE NAIC# Hiscox Insurance Company Inc INSURER A: 10200 INSURED INSURER B Water Works of Florida LLC. INSURER C 8827 Phyliss Avenue Sarasota, FL 34231 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 ADDL SUBR INSD WYD TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) s 1,000,000 CLAIMS-MADE X OCCUR \$ 100,000 MED EXP (Any one person) \$ 5,000 P102.831.232.1 01/10/2024 01/10/2025 PERSONAL & ADV INJURY s 1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE s 2,000,000 X POLICY PRO-PRODUCTS - COMP/OP AGG s S/T Gen. Agg. OTHER: AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) ANY AUTO BODILY INJURY (Per person) ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS BODILY INJURY (Per accident HIRED AUTOS PROPERTY DAMAGE (Per accident) \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTIONS . AND EMPLOYERS' LIABILITY STATUTE ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? OFFICER/MEMBEREAUL (Mandatory in NH) If yes, describe under DESCRIPTION OF OPER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	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