

## BID PROPOSAL FORM MCRA 2024-01

**BID TO: THE BOARD OF THE MARGATE COMMUNITY REDEVELOPMENT AGENCY**

1. The undersigned bidder proposes and agrees, if this bid is accepted, to enter into an agreement with the Owner in the form included in the contract documents to perform the Work as specified or indicated in said Contract Documents entitled:

### **SOUTHGATE BLVD INTERSECTION IMPROVEMENTS MCRA 2024-01**

2. Bidder accepts all of the terms and conditions of the Contract Documents, including without limitation those in the "Notice Inviting Bids" and "Instructions to Bidders", dealing with the disposition of the bid security.

3. The bid will remain open for the period stated in the "Notice Inviting Bids", unless otherwise required by law. Bidder will enter into an agreement within the time and in the manner required in the "Notice Inviting Bids" and the "Instructions to Bidders", and will furnish the insurance certificates, payment bond and performance bonds required by the Contract Documents.

4. It is the Contractor's responsibility to contact the City's Purchasing Division @ (954) 935-5346 prior to the bid opening to determine if any addenda have been issued on the project. Bidder has examined copies of all the Contract Documents including the following addenda (receipt of all of which is acknowledged):

Number	#1	Date	03/20/2024
	#2		04/10/2024
	#3		04/18/2024
	#4		04/24/2024
	#5		05/07/2024

5. Bidder has familiarized itself with the nature and extent of the Contract Documents, Work site, and locality, where the Work is to be performed, the legal requirements (federal, state and local laws, ordinances, rules and regulations), and the conditions affecting cost, progress or performance of the Work and has made such independent investigations as bidder deems necessary.

6. This bid is genuine and not made in the interest of or on behalf of any undisclosed person, firm, or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization, or corporation. Bidder has not directly or indirectly induced or solicited any other bidder to submit a false or sham bid. Bidder has not solicited or induced any person, firm or corporation to refrain from bidding and bidder has not sought by collusion to obtain for itself any advantage over any other bidder or over Owner.

To all the foregoing, and including all bid schedule(s) and information required of bidder contained in this Bid Form, said bidder further agrees to complete the Work required under the Contract Documents within the Contract Time stipulated in said Contract Documents, and to accept in full payment thereof the Contract Price based on the total bid price(s) named in the aforementioned bidding schedule(s).

**BID PROPOSAL FORM MCRA 2024-01**

NAME OF FIRM Sleiman Construction LLC

ADDRESS: 2801 NW 74th Ave, #214, Miami, FL 33122

NAME OF SIGNER Danny Sleiman  
(Print or Type)

TITLE OF SIGNER President

SIGNATURE:  DATE: 05/15/2024

TELEPHONE NO: (786) 332-0137 FACSIMILE NO: N/A

E-MAIL: danny@sleimamnc.com

## SCHEDULE OF BID PRICES – MCRA 2024-01

**TO: THE BOARD OF COMMISSIONERS OF THE MARGATE COMMUNITY REDEVELOPMENT AGENCY**

**(Please fill in all blanks and return with your proposal.)**

In accordance with your request for proposals and the specifications contained herein, the undersigned proposes the following:

BIDDER AGREES TO PERFORM ALL THE WORK DESCRIBED IN THE CONTRACT DOCUMENTS FOR THE FOLLOWING UNIT PRICES OR LUMP SUMS. BIDS SHALL INCLUDE SALES TAX AND ALL OTHER APPLICABLE TAXES AND BIDDER UNDERSTANDS THAT THE EXTENDED TOTAL FOR EACH AND EVERY ITEM IS THE RESULT OF MULTIPLYING THE QUANTITY TIMES THE UNIT COST STATED IN FIGURES. ANY DISCREPANCY BETWEEN THE UNIT AND TOTAL, THE UNIT PREVAILS.

**City Building permit fees are waived and should not be included in your bid proposal. Non-City permit fees (County and other regulatory agencies) are not waived and shall be included in the bid.**

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MAINTENANCE OF TRAFFIC					
ITEM #	ITEM	QTY	UNIT	UNIT COST	TOTAL COST
1	Maintenance of Traffic, Survey Mobilization, Testing, Bond Costs	1	LS	\$ 178,472.37	\$ 178,472.37
EARTHWORK AND DEMOLITION					
ITEM #	ITEM	QTY	UNIT	UNIT COST	TOTAL COST
2	Remove Type D Curb	200	LF	\$ 28.47	\$ 5694
3	Remove Type D Curb Bid Alternative 1	100	LF	\$ 28.47	\$ 2847
4	Remove Type D Curb Bid Alternative 2	511	LF	\$ 28.47	\$ 14548.17
5	Palm Removal	27	EA	\$ 1267.06	\$ 34210.62
6	Soil Removal	1	LS	36423.26	36423.26
PAVEMENT					
ITEM #	ITEM	QTY	UNIT	UNIT COST	TOTAL COST
7	12" Stabilized Subgrade	14	SY	\$ 506.06	\$ 7084.84
8	8" Limerock Base	11	SY	\$ 644.08	\$ 7084.88
9	Saw Cut to Match Existing	1	LS	\$ 5759.35	\$ 5759.35
10	Paving 1st Lift	8	SY	\$ 885.61	\$ 7084.88
11	Paving 2 <sup>nd</sup> /Final Lift	8	SY	\$ 885.61	\$ 7084.88
12	Type D Curb	200	LF	\$ 28.47	\$ 5694
13	Type D Curb Bid Alternative 1	100	LF	\$ 28.47	\$ 2847
14	Type D Curb Bid Alternative 2	511	LF	\$ 28.47	\$ 14548.17



PAVEMENT MARKING					
ITEM #	ITEM	QTY	UNIT	UNIT COST	TOTAL COST
15	6" Solid Yellow Markings	165	LF	\$ 7.9	\$ 1303.5
16	Yellow/Yellow RPM's	48	EA	\$ 27.15	\$ 1303.2
17	6'-10' Skip 6" Yellow Markings	24	LF	\$ 78.3	\$ 1879.2
18	Remove & replace existing striping in same location Bid Alternative No. 1	1	EA	\$ 575.94	\$ 575.94
19	Remove & replace existing striping in same location Bid Alternative No. 2	1	EA	\$ 575.94	\$ 575.94
HARDSCAPE					
ITEM #	ITEM	QTY	UNIT	UNIT COST	TOTAL COST
20	4X8 Pavers & setting sand	300	SF	\$ 10.17	\$ 3051
21	6" Limerock Base for Pavers in Medians	6	CY	\$ 508.36	\$ 3050.16
22	Edge restraint continuous concrete & mortar	76	LF	\$ 40.13	\$ 3049.88
LANDSCAPE					
ITEM #	ITEM	QTY	UNIT	UNIT COST	TOTAL COST
	<b>TREES</b>				
23	Elaeocarpus decipiens - Japanese Blueberry	8	EA	\$ 983.7	\$ 7869.6
24	Ligustrum japonicum - Ligustrum	11	EA	\$ 1530.84	\$ 16839.24
	<b>PALMS</b>				
25	Dictyosperma album - Princess Palm	5	EA	\$ 1539.48	\$ 7697.4
26	Phoenix Sylvestris - Wild Date Palm	13	EA	\$ 6838.07	\$ 88894.91
	<b>SHRUBS</b>				
27	Agave americana - Blue Century Plant	1	EA	\$ 172.78	\$ 172.78
28	Rondeletia leucophylla - Panana Rose	199	EA	\$ 14.4	\$ 2865.6
29	Schefflera Arboricola - Trinetto	30	EA	\$ 40.32	\$ 1209.6
30	Tabernaemontana d. 'Flore Pleno' - Pinwheel Jasmine	120	EA	\$ 25.92	\$ 3110.4
31	Carrissa macrocarpa - Carissa	1,344	EA	\$ 14.4	\$ 19353.6
32	Chrysobalanus i. 'horizontalis' - Horizontal Cocoplum	119	EA	\$ 51.83	\$ 6167.77
33	Chrysobalanus i. 'red tip' - Cocoplum	18	EA	\$ 46.07	\$ 829.26
34	Duranta e. 'Gold Mound' - Duranta	204	EA	\$ 40.32	\$ 8225.28
35	Liriope m. 'Big Blue' - Liriope	1,153	EA	\$ 7.49	\$ 8635.97
36	Psychotria nervosa - Wild Coffee	82	EA	\$ 21.31	\$ 1747.42
37	Zamia pumila - Coontie	148	EA	\$ 28.8	\$ 4262.4
38	Impatiens 'Sunpatiens' - Flowering Annuals	159	EA	\$ 4.9	\$ 779.1
39	Planting Soil	175	CY	\$ 63.35	\$ 11086.25
40	Mulch	70	CY	\$ 117.66	\$ 8235.92



IRRIGATION					
ITEM #	ITEM	QTY	UNIT	UNIT COST	TOTAL COST
41	Irrigation spray heads, nozzles, swing joints, & fittings	186	EA	\$ 37.64	\$ 7000.11
42	Bubblers, swing joints, & fittings	50	EA	\$ 64.62	\$ 3231
43	Zone valve assembly & valve box	4	EA	\$ 835.11	\$ 3340.44
44	Lateral pipe	2,255	LF	\$ 3.104	\$ 7000.11
45	Mainline	110	LF	\$ 11.52	\$ 1267.2
46	Sleeves	260	LF	\$ 12.06	\$ 3135.6
ELECTRICAL					
ITEM #	ITEM	QTY	UNIT	UNIT COST	TOTAL COST
47	Lighting, outlets, & all electrical components per plans	1	LS	\$ 106770.8	\$ 106770.8
BASE BID					
	TOTAL COST OF BASE BID:			\$ 673,900.00	
Miscellaneous					
	Contingency (10% OF BASE BID)	LS		\$ 67,390.00	
	Cost of Indemnification	LS		\$100.00	
TOTAL FOR ALL ITEMS					
GRAND TOTAL:				\$ 741,390.00	

ALL BIDS MUST BE SIGNED WITH THE VENDOR NAME AND BY AN OFFICER OR EMPLOYEE HAVING THE AUTHORITY TO BIND THE COMPANY OR FIRM BY SIGNATURE.

SAFETY DATA SHEETS ENCLOSED? YES \_\_\_\_\_ NO X

SPECIFICATION SHEETS/BROCHURES? YES \_\_\_\_\_ NO X

WILL YOUR FIRM ACCEPT PAYMENT VIA A CITY OF MARGATE VISA CARD? YES \_\_\_\_\_ NO X

HAVE YOUR INSURANCE REPRESENTATIVE REVIEW THE SAMPLE INSURANCE CERTIFICATE TO ENSURE COMPLIANCE.

*yes ✓*

## BIDDER'S GENERAL INFORMATION

The bidder shall furnish the following information. Additional sheets shall be attached as required. Failure to complete Item Nos. 1, 3, and 8 will cause the bid to be non-responsive and may cause its rejection. In any event, no award will be made until all of the Bidder's General Information (i.e., items 1 through 9 inclusive) is delivered to the City.

- (1) Contractor's name and address:

Sleiman Construction LLC, 2801 NW 74th Ave, #214, Miami, FL 33122

- (2) Contractor's telephone number: (786) 332-0137

- (3) Contractor's primary license classification: General Contractor

State License Number: CGC 152 9138

Supplemental classifications held, if any:

Name of Licensee, if different from (1) above:

- (4) Name of person who inspected site of proposed Work for your firm:

Name: Ujwal Rao Pinninti

Date of Inspection: 04/10/2024

- (5) Name, address, and telephone number of surety company and agent who will provide the required bonds on this contract: Shawn A Burton, 954-817-3515

Nielson Hoover & Company, 15050v NW 79th Court, #200, Miami FL. 33016

- (6) Attach to this bid, the experience resume of the person who will be designated Supervisor for this project.

Please see the attached

- (7) Attach to this bid, a financial statement (if required), references, and other information, sufficiently comprehensive to permit an appraisal of Contractor's current financial condition.

**References:**

Henry Mendez - Locality Bank Rep - 954-612-2625

Michael Alvarez - Bank of America Rep - 305-745-7085

Jesus Gonzalez - Bank of America Rep - 305-615-5488

(8) List 3 projects completed recently involving work of similar type and complexity:

Project Name	Contract Amount	Name, Address, Phone Number of Owner	Completion Date of Project
Town Center Park Meditation Garden	\$755,394.28	Richard Labinsky, rlabinsky@sibfl.net 305-792-1817 17200 Collins Ave, Sunny Isles Beach, FL 333160	2023
Poinciana Elementary School	\$377,000.00	Rosalyn Acosta, rosalyn.acosta@palmbeachschools.org 561-785-3557 1203 N Seacrest Blvd, Boynton Beach, FL 33435	2023
Miami Dade College Building G HVAC Upgrades	\$542,312.87	Mariela Lobo, mlobo@legocc.com 786-709-0976 500 College Terrace Homestead, FL 33030	2022

(9) Subcontractors: The bidder further proposes that as part of their submittal, attached is a list of subcontracting firms or businesses that will be awarded subcontracts for portions of the work in the event the bidder is awarded the Contract:

Landscaping and Irrigation - Landscape Services LLC  
Curbs and Paving - Atlantic Southern Paving and Seal coating  
Electrical - Elexcel LLC

COMPANY NAME: Sleiman Construction LLC

CONTACT PERSON: Danny Sleiman







## DANNY SLEIMAN

### CONSTRUCTION PROFESSIONAL



Over \$23M  
Projects  
Managed

Professional  
Project  
Manager

14 Years of  
Construction  
Experience

## EDUCATION

BACHELOR'S IN CIVIL ENGINEERING  
Andres Bello Catholic University  
Caracas, Venezuela – 2009

MASTER IN BUSINESS ADMINISTRATION  
Millennia Atlantic University  
Doral, Florida – 2016

## LICENSES AND CERTIFICATIONS

- General Contractor CGC 1529138
- Project Manager Professional (PMP®) by PMI.
- OSHA 30 Hour
- Hazwoper 40 Hour
- Healthcare Construction Workshop Certificate by ASHE
- Infection Control Workshop Certificate by ASHE
- Construction Quality Management for Contractors
- SBE Miami Dade County
- SBE & MWBE Palm Beach County Public Schools

## SKILLS

- Project Management
- Document Control
- Contract Negotiations
- Budget Control
- Schedule Updates
- Estimates Elaboration

## WORK EXPERIENCE

### *PRESIDENT – SLEIMAN CONSTRUCTION, LLC* *Oct 2020 – Present*

#### **Town Center Park Meditation Garden**

City of Sunny Isles Beach | \$755K – 2023

Site grading, new concrete sidewalk, new water feature, new pavers, new landscaping, shade fabric installation, small office renovation.

#### **William Lone Restroom Renovation**

City of Sunny Isles Beach | \$250K – 2023

Beach restroom demolition for new structural updates including concrete beams, wood trusses, new roofing, new plumbing and electrical, new doors, and new finishes.

#### **Poinciana Elementary School Renovations**

Palm Beach County Public School | \$377k – 2023

Subconsultant for Prime Contractor providing Assistant Project Manager for total contract of \$6.3m. Also performed as subcontractor for demolition and drywall scopes of work. The school renovation includes upgrades for restrooms, entire HVAC equipment, fire alarm system replacement, parking lot upgrades, and flooring replacement.

#### **MDC Homestead Campus Bldg G HVAC Upgrades**

Miami Dade College | \$542k – 2022

Subcontractor for demolition, concrete, structural steel, doors, framing, drywall, acoustical ceiling, and painting for scope related to upgrade of 6 AHUs, new VAVs for 18 classrooms, and 16 fume hoods for 6 laboratories.

### *PROJECT MANAGER – NV2A Group, LLC* *Mar 2019 - Oct 2020 (1 year 7 months)*

#### **EMERGENCY CENTER CORAL WAY**

Baptist Health South Florida | \$18M – 2020 – 35,000 SF

New ground up 2 Story Emergency Department with mechanical penthouse, chiller patio, and exhaust patio on rooftop. Scope included Sitework, Landscaping, Concrete, Architectural Precast Concrete, Structural Steel, Waterproofing, Roofing, Glazing, Doors and Hardware, Finishes, Fire Protection, HVAC System, Emergency Generator, Fire Alarm, Low Voltage and Data.



## Akhil Padarthi

PROJECT MANAGER



Master of  
Science in  
Construction

5 Years of  
Construction  
Experience

Professional  
Project  
Manager

### EDUCATION

B.S. CIVIL ENGINEERING  
Sri Ramaswamy Memorial University  
Chennai, India – 2016

M.S. CONSTRUCTION MANAGEMENT  
Eastern Michigan University  
Ypsilanti, Michigan – 2018

### LICENSES AND CERTIFICATIONS

- Autodesk Revit Architecture
- Procore (Project Management)
- OSHA 30 Hour
- CMIT
- Certified to drive Aerial/Scissor Lift
- Adult First Aid/CPR/AED

### SKILLS

- Project Management
- Document Control
- Contract Negotiations
- Budget Control
- Schedule Updates
- Estimates Elaboration

### WORK EXPERIENCE

*Project Manager – SLEIMAN CONSTRUCTION, LLC.  
Mar 2024 – Present*

*PROJECT MANAGER – Provisions Construction and Development Inc.  
Feb 2020 – Feb 2024 (4 years)*

#### EPCOT Office Room Expansion

Walt Disney World | \$1M – 2023

Project Manager – Scope: expanding the costume department offices, demolition, drywall scope, HVAC, electrical upgrades, fire alarm, fire sprinkler replacements, plumbing, flooring, and painting.

#### Polynesian Village Resort

Walt Disney World | \$5M – 2022

Assistant PM – Scope: Renovating 375 resort rooms, demolishing, structural steel, plumbing, electrical, fire sprinklers upgrade, new finish work, drywall, framing, paint, and upgrading kitchen equipment.

#### Orlando Airport International Terminal Construction

Greater Orlando Aviation Authority | \$3M – 2021

Quality engineer – Scope: epoxy flooring, wall tile, hardened flooring for all commercial spaces, restrooms, and terminal gates. Creating project-specific safety plans, conducting sub-safety meetings, reviewing the work, and guiding subcontractors to meet client standards and expectations.

#### Jones High School Capital Renovation

Orange County Public Schools | \$13M – 2020

Project Engineer – Scope: AHU replacement, new fire alarm/fire sprinkler system, structural repairs, finish work. Issuing the contracts, executing the submittal process, creating a schedule, changing orders, RFIs, and closing out processes.

*Assistant Estimator – Timm Group Building and General Contractors.  
Jan 2019 - Jan 2020 (1 year)*

Developed Scope of Work SOW and other related contract Documents

Reviewed and analyzed blueprints and specifications to determine project requirements and prepare estimates.

Control, ensuring projects were completed on time and on budget, and managing a crew.

*Assistant Project Engineer – PALA HOMES, India  
Nov 2015 – Nov 2016*





## EDUARDO LARENAS

FIELD SUPERINTENDENT



Construction  
Safety  
Certified

Strong  
Leadership  
Skills

18 Years of  
Construction  
Experience

### EDUCATION

ADVANCED DIPLOMA IN BUSINESS  
ADMINISTRATION  
Florida International University  
Miami, Florida – 2004

BACHELOR IN CIVIL CONSTRUCTION  
Pontificia Universidad Catolica  
Santiago, Chile - 2001

### LICENSES AND CERTIFICATIONS

- OSHA 30 Hour
- PROCORE Certified

### SKILLS

- Safety coordination
- Subcontractor coordination
- Schedule Updates
- Field Document Control
- Inspection control
- Quality Control

### WORK EXPERIENCE

*Field Superintendent – Sleiman Construction LLC.*  
*June 2023 – Present*

#### **TOWN CENTER PARK MEDITATION GARDEN**

CITY OF SUNNY ISLES BEACH | \$755K – 2023

Site grading, new concrete sidewalk, new water feature, new pavers, new landscaping, shade fabric installation, small office renovation.

*Superintendent – The BEC Group Services, Inc.*  
*Sept 2020 – Dec 2023*

#### **William McFatter Technical College & High School – 7 academic buildings (\$6M ~ 200,000 ft²)**

- Managing roof renovation on 7 buildings
- HVAC improvements on 12 AHUs including ductwork and VAVs throughout many classrooms
- Supervised replacement of pumps for chiller system requiring coordination of full facility shutdown in after hours

*Superintendent – City Construction Group.*  
*Jul 2027 – July 2020*

#### **Boreal Capital Miami Downtown – Half a floor (\$800k ~ 10,000 ft²)**

- Managed demolition on night shift, and entering to other suites in a different floor
- Supervising new layout and coordinate with glass door to make sure the floor is at the level we need.
- Supervising core drilling and running all the conduits necessary for the new workstations

#### **Forrestal Capital Miami Downtown – Half a floor (\$800k ~ 8,000 ft²)**

- Supervising small job extension during Covid 19
- Managed demolition and new layout
- Build a new demising wall including all the fire stopping sleeves and caulking
- Supervising electrical, and HVAC work. Including new connectrac system for new furniture at conference room and open area. Relocation of existing VAV's and installation of new ones

#### **FTAI at Brightline Station – Third of a floor (\$1.5 million ~ 8,000 ft²)**

- Managed polish concrete on open areas.
- Supervising core drilling in conjunction with furniture vendor
- Coordinating location for light fixtures and fire sprinkler heads for a special new fabric ceiling.
- Managed all the wood ceiling work with the light fixture location and other devices, as well as diffusers to align perfectly
- Supervising installation of millwork at pantry and making sure that all appliances fit
- Making sure that airplane wall display got the correct distancing for each aircraft on the wall



## BID BOND

### KNOW ALL MEN BY THESE PRESENTS:

That we Sleiman Construction, LLC, 2801 NW 74th Ave, Suite 214, Miami FL 33122 as Principal, and Great American Insurance Company, 301 E Fourth Street, Cincinnati, OH 45202 as Surety, are held and firmly bound unto Margate Community Redevelopment Agency, hereinafter called "Owner" in the sum of (\$ 5% of Amount Bid ) Five Percent of Amount Bid dollars, not less than 5 percent of the total amount of the bid) 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.

**WHEREAS**, said Principal has submitted a bid to said Owner to perform the Work required under the bidding schedule of the Owner's Contract Documents entitled:

### MCRA 2024-01 SOUTHGATE BLVD INTERSECTION IMPROVEMENTS

**NOW THEREFORE**, if said Principal is awarded a contract by said Owner and, within the time and in the manner required in the "Notice Inviting Bids" and the "Instructions to Bidders", enters into a written agreement on the "Form of Agreement", bound with said Contract Documents, furnishes the required certificates of insurance, and furnishes the required performance bond, then this obligation shall be null and void, otherwise it shall remain in full force and effect. In the event suit is brought upon this bond by said Owner and Owner prevails, said Surety shall pay all costs incurred by said Owner in such suit, including a reasonable attorney's fee to be fixed by the court.

SIGNED AND SEALED, this 24th day of April, 2024.

Sleiman Construction, LLC

(Principal)

Great American Insurance Company

(Surety)

By:

(SIGNATURE) Charles J. Nielson, Attorney-In-Fact

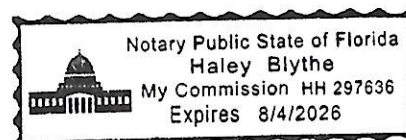
STATE OF FLORIDA, COUNTY OF BROWARD:

BEFORE ME PERSONALLY APPEARED THE ABOVE, KNOWN TO ME BY MEANS OF X PHYSICAL PRESENCE OR    ONLINE NOTARIZATION TO BE THE PERSONS DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND ACKNOWLEDGED TO AND BEFORE ME THAT THEY EXECUTED SAID INSTRUMENT FOR THE PURPOSES THEREIN EXPRESSED.

WITNESS MY HAND AND OFFICIAL SEAL, THIS 24th DAY OF April, 2024

NOTARY  
PUBLIC:

Haley Blythe  
Haley Blythe



# GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by  
this power of attorney is not more than FIVE

No. 0 20705

## POWER OF ATTORNEY

**KNOW ALL MEN BY THESE PRESENTS:** That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

Name	Address	Limit of Power
CHARLES J. NIELSON	ALL OF	ALL
CHARLES D. NIELSON	MIAMI LAKES, FLORIDA	\$100,000,000
MARY C. ACEVES		
DAVID R. HOOVER		
JARRETT MERLUCCI		

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 9TH day of DECEMBER 2021

Attest

GREAT AMERICAN INSURANCE COMPANY



*Atty L C. B.*

Assistant Secretary

*Mark V. Vicario*

Divisional Senior Vice President

MARK VICARIO (877-377-2405)

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this 9TH day of DECEMBER, 2021, before me personally appeared MARK VICARIO, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.



SUSAN A KOHORST  
Notary Public  
State of Ohio  
My Comm. Expires  
May 18, 2025

*Susan A Kohorst*

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

**RESOLVED:** That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisional Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

**RESOLVED FURTHER:** That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

## CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 24th day of April, 2024



*Atty L C. B.*

Assistant Secretary



## REFERENCE SHEET

In order to receive bid award consideration on the proposed bid, it is a mandatory that the following "Information Sheet" must be completed and returned with your bid. This information may be used in determining the bid award for this Contract.

BIDDER (COMPANY NAME): Sleiman Construction LLC  
ADDRESS: 2801 NW 74th Ave, Miami FL 33122 TELEPHONE NO: (786) 332-0137  
CONTACT PERSON: Danny Sleiman TITLE: President  
NUMBER OF YEARS IN BUSINESS: 8  
ADDRESS OF NEAREST FACILITY: 2801 NW 74th Ave, Miami FL 33122

LIST THREE (3) COMPANIES OR GOVERNMENTAL AGENCIES WHERE THESE PRODUCTS AND SERVICES HAVE BEEN PROVIDED IN THE LAST YEAR.

1. Company Name: City of Sunny Isles Beach  
Address: 18070 Collins Avenue, Sunny Isles Beach, FL Phone: 305-792-1817  
Contact Person: Richard Labinsky, rlabinsky@sibfl.net Title: Project Manager
2. Company Name: School District of Palm Beach County  
Address: 3300 Forest Hill Blvd, West Palm Beach, FL Phone: 561-785-3557  
Contact Person: Rosalyn Acosta, Title: Project Manager
3. Company Name: LEGO Construction Corp  
Address: 1011 Sunnybrook Rd #905, Miami, FL 33139 Phone: 786-709-0976  
Contact Person: Mariela Lobo, mlobo@legocc.com Title: Vice President





**NON-COLLUSIVE AFFIDAVIT FOR MCRA**

State of Florida )

County of Miami Dade )

Danny Sleiman being first duly sworn deposes and says that:

He/she is the President, (Owner, Partner, Officer, Representative or Agent) of Sleiman Construction LLC, the Offeror that has submitted the attached Proposal;

He/she is fully informed regarding the preparation and contents of the attached Proposal and of all pertinent circumstances regarding such Proposal;

Such Proposal is genuine and is not a collusive or sham Proposal;

Neither the said Offeror nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Offeror, firm, or person to submit a collusive or sham Proposal in connection with the Work for which the attached Proposal has been submitted; or to refrain from bidding in connection with such Work; or have in any manner, directly or indirectly, sought by agreement or collusion, or communication, or conference with any Offeror, firm, or person to fix the price or prices in the attached Proposal or of any other Offeror, or to fix any overhead, profit, or cost elements of the Proposal price or the Proposal price of any other Offeror, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Work;

The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Offeror or any other of its agents, representatives, owners, employees or parties in interest, including this affiant.

Signed, sealed and delivered in the presence of:

Witness

Witness

By

Printed Name

Title

**ACKNOWLEDGMENT  
NON-COLLUSIVE AFFIDAVIT FOR MCRA**

State of Florida  
County of Miami Dade

On this the 15 day of May, 2024, before me by means of ✓ physical presence or      online notarization, the undersigned Notary Public of the State of Florida, personally appeared

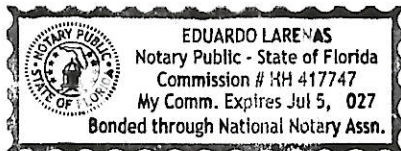
Danny Steinman  
(Name(s) of individual(s) who appeared before notary)

whose name(s) is/are Subscribed to within the instrument, and he/she/they acknowledge that he/she/they executed it.

WITNESS my hand  
and official seal.

[Signature]  
NOTARY PUBLIC, STATE OF FLORIDA

NOTARY PUBLIC  
SEAL OF OFFICE:



Eduardo Larenas

(Name of Notary Public: Print, Stamp,  
or Type as Commissioned)

- ☒ Personally known to me, or  
☐ Produced identification:

\_\_\_\_\_  
(Type of Identification Produced)

☒ DID take an oath, or    ☐ DID NOT take an oath

## DRUG-FREE WORKPLACE PROGRAM FORM

In accordance with Section 287.087, State of Florida Statutes, preference shall be given to businesses with Drug-free Workplace Programs. Whenever two or more bids which are equal with respect to price, quality, and service are received for the procurement of commodities or contractual service, a bid received from a business that certifies that it has implemented a Drug-free Workplace Program shall be given preference in the award process. In the event that none of the tied vendors have a Drug-free Workplace program in effect, the Owner reserves the right to make final decisions in the Owner's best interest. In order to have a Drug-free Workplace Program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the Workplace, the business's policy of maintaining a drug-free Workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify employees that, as a condition of Working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any State, for a violation occurring in the Workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community by any employee who is convicted.
6. Make a good faith effort to continue to maintain a drug-free Workplace through implementation.

If bidder's company has a Drug-free Workplace Program, so certify below:

**AS THE PERSON AUTHORIZED TO SIGN THE STATEMENT, I CERTIFY THAT THIS FIRM COMPLIES FULLY WITH THE ABOVE REQUIREMENTS.**

**SIGNATURE OF BIDDER:**



**DATE:** 05/15/2024



## COMPLIANCE WITH OCCUPATIONAL SAFETY AND HEALTH ACT (O.S.H.A.)

Bidder certifies that all material, equipment, etc. contained in this bid meets all O.S.H.A. requirements. Bidder further certifies that if he/she is the successful bidder, and the material, equipment, etc., delivered is subsequently found to be deficient in any O.S.H.A. requirement in effect on date of delivery, all costs necessary to bring the material, equipment, etc. into compliance with the aforementioned requirements shall be borne by the bidder.

### OCCUPATIONAL HEALTH AND SAFETY DATA SHEET REQUIRED:

In compliance with Chapter 442, Florida Statutes, any item delivered from a contract resulting from this bid must be accompanied by a SAFETY DATA SHEET (SDS). The SDS must include the following information:

- A. The chemical name and the common name of the toxic substance.
- B. The hazards or other risks in the use of the toxic substances, including:
  - 1. The potential for fire, explosion, corrosivity and reactivity;
  - 2. The known acute and chronic health effects of risks from exposure, including the medical conditions which are generally recognized as being aggravated by exposure to the toxic substance; and
  - 3. The primary routes of entry and symptoms of overexposure.
- C. The proper precautions, handling practices, necessary personal protective equipment, and other safety precautions in the use of or exposure to the toxic substances, including appropriate emergency treatment in case of overexposure.
- D. The emergency procedure for spills, fire, disposal and first aid.
- E. A description in lay terms of the known specific potential health risks posed by the toxic substances intended to alert any person reading this information.
- F. The year and month, if available, that the information was compiled and the name, address and emergency telephone number of the manufacturer responsible for preparing the information.

SIGNATURE:  DATE: 05/15/2024

**ACKNOWLEDGEMENT FORM**

**ADDENDUM NO. 1**

**BID NO. MCRA 2024-01**


**Southgate Blvd. Intersection Improvements**

I acknowledge receipt of Addendum No. 1 for BID No. MCRA 2024-01. This addendum contains three (3) pages. Please include the original of this form in your qualifications submission.

Company Name: Sleiman Construction LLC

Address: 2801 NW 74th Ave, #214, Miami, FL 33122

Name of Signer Danny Sleiman  
(please print)

Signature:  Date: 05/15/2024

Telephone: (786) 332-0137 Facsimile: N/A

Please fax your completed form to (954) 935-5258 or e-mail to [purchase@margatefl.com](mailto:purchase@margatefl.com).

Kelly McGilvray  
Kelly McGilvray  
Buyer II

Wednesday, March 20, 2024

NOTE: The original of this form must be included with your qualifications submission.

**ACKNOWLEDGEMENT FORM**

**ADDENDUM NO. 2**

**BID NO. MCRA 2024-01**


**Southgate Blvd. Intersection Improvements**

I acknowledge receipt of Addendum No. 2 for BID No. MCRA 2024-01. This addendum contains four (4) pages. Please include the original of this form in your qualifications submission.

Company Name: Sleiman Construction LLC

Address: 2801 NW 74th Ave, #214, Miami, FL 33122

Name of Signer Danny Sleiman  
(please print)

Signature:  Date: 05/15/2024

Telephone: (786) 332-0137 Facsimile: N/A

Please fax your completed form to (954) 935-5258 or e-mail to [purchase@margatefl.com](mailto:purchase@margatefl.com).

Kelly McGilvray  
Kelly McGilvray  
Buyer II

Wednesday, April 10, 2024

NOTE: The original of this form must be included with your qualifications submission.



**ACKNOWLEDGEMENT FORM**

**ADDENDUM NO. 3**

**BID NO. MCRA 2024-01**


**Southgate Blvd. Intersection Improvements**

I acknowledge receipt of Addendum No. 3 for BID No. MCRA 2024-01. This addendum contains eight (8) pages. Please include the original of this form in your qualifications submission.

Company Name: Sleiman Construction LLC

Address: 2801 NW 74th Ave, #214, Miami, FL 33122

Name of Signer Danny Sleiman  
(please print)

Signature:  Date: 05/15/2024

Telephone: (786) 332-0137 Facsimile: N/A

Please fax your completed form to (954) 935-5258 or e-mail to [purchase@margatefl.com](mailto:purchase@margatefl.com).

Kelly McGilvray  
Kelly McGilvray  
Buyer II

Thursday, April 18, 2024

NOTE: The original of this form must be included with your qualifications submission.

**ACKNOWLEDGEMENT FORM**

**ADDENDUM NO. 4**

**BID NO. MCRA 2024-01**


**Southgate Blvd. Intersection Improvements**

I acknowledge receipt of Addendum No. 4 for BID No. MCRA 2024-01. This addendum contains four (4) pages. Please include the original of this form in your qualifications submission.

Company Name: Sleiman Construction LLC

Address: 2801 NW 74th Ave, #214, Miami, FL 33122

Name of Signer Danny Sleiman  
(please print)

Signature:  Date: 05/15/2024

Telephone: (786) 332-0137 Facsimile: N/A

Please fax your completed form to (954) 935-5258 or e-mail to [purchase@margatefl.com](mailto:purchase@margatefl.com).

Kelly McGilvray  
Kelly McGilvray  
Buyer II

Wednesday, April 24, 2024

NOTE: The original of this form must be included with your qualifications submission.



**ACKNOWLEDGEMENT FORM**

**ADDENDUM NO. 5**

**BID NO. MCRA 2024-01**


**Southgate Blvd. Intersection Improvements**

I acknowledge receipt of Addendum No. 5 for BID No. MCRA 2024-01. This addendum contains ten (10) pages. Please include the original of this form in your qualifications submission.

Company Name: Sleiman Construction LLC

Address: 2801 NW 74th Ave, #214, Miami, FL 33122

Name of Signer Danny Sleiman  
(please print)

Signature:  Date: 05/15/2024

Telephone: (786) 332-0137 Facsimile: N/A

Please fax your completed form to (954) 935-5258 or e-mail to [purchase@margatefl.com](mailto:purchase@margatefl.com).

Kelly McGilvray  
Kelly McGilvray  
Buyer II

Tuesday, May 7, 2024

NOTE: The original of this form must be included with your qualifications submission.



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

**SLEIMAN JOSEPH, DANNY CRISTOPHER**

SLEIMAN CONSTRUCTION, LLC  
2801 NW 74TH AVE  
SUITE 214  
MIAMI FL 33122

**LICENSE NUMBER: CGC1529138**

**EXPIRATION DATE: AUGUST 31, 2024**

Always verify licenses online at [MyFloridaLicense.com](https://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.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/4/2023

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 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).

<b>PRODUCER</b> Bateman Gordon and Sands 3050 North Federal Hwy Lighthouse Point FL 33064	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 954-941-0900 <b>E-MAIL ADDRESS:</b> dadametz@BGSAgency.com	<b>FAX (A/C, No):</b> 954-941-2006
<b>INSURED</b> Sleiman Construction, LLC 2801 NW 74th Ave., Suite 214 Miami FL 33122	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Specialty Builders Insurance Company <b>INSURER B:</b> American Builders Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> 16826 11240

**COVERAGES****CERTIFICATE NUMBER:** 1679514934**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	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	GLP035867100	10/1/2023	10/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			GLP035867100	10/1/2023	10/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			UMB035867300	10/1/2023	10/1/2024	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	Y	WCV035867200	10/1/2023	10/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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

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

General Liability: Additional Insured Ongoing Operations, Primary and Non-Contributory, and Waiver of Subrogation when required by written contract, per form BIG GLEECE (03/20) Additional Insured Completed Operations, when required by written contract, per form CG2039 (12/19).

Workers Compensation: Waiver of Subrogation, when required by written contract, per form WC000313 (04/84).

Excess Liability follows form to the General Liability and Employers Liability (Workers Compensation).

**CERTIFICATE HOLDER****CANCELLATION**

For Information Only  
For Information Only

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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# Local Business Tax Receipt

Miami-Dade County, State of Florida

-THIS IS NOT A BILL - DO NOT PAY



7301360

RECEIPT NO.

RENEWAL

7591172

**BUSINESS NAME/LOCATION**

SLEIMAN CONSTRUCTION LLC

2801 NW 74TH AVE STE 214

MIAMI, FL 33122-1443



**EXPIRES**  
**SEPTEMBER 30, 2024**

Must be displayed at place of business

Pursuant to County Code

Chapter 8A - Art. 9 & 10

**OWNER**

SLEIMAN CONSTRUCTION LLC

C/O DANNY CHRISTOPHER SLEIMAN

JOSEPH OLIVER

Worker(s)

1

**SEC. TYPE OF BUSINESS**

196

GENERAL BUILDING

CONTRACTOR

CGC1529138

**PAYMENT RECEIVED  
BY TAX COLLECTOR**

75.00 07/03/2023

INT-23-383059

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 8a-276.

For more information, visit [www.miamidade.gov/taxcollector](http://www.miamidade.gov/taxcollector)





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## Detail by Entity Name

Florida Limited Liability Company  
SLEIMAN CONSTRUCTION, LLC

### Filing Information

<b>Document Number</b>	L17000050967
<b>FEI/EIN Number</b>	82-0786619
<b>Date Filed</b>	03/06/2017
<b>Effective Date</b>	03/13/2017
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	LC AMENDMENT AND NAME CHANGE
<b>Event Date Filed</b>	11/16/2020
<b>Event Effective Date</b>	NONE

### Principal Address

2801 NW 74th Ave  
Suite 214  
Miami, FL 33122

Changed: 02/03/2023

### Mailing Address

2801 NW 74th Ave  
Suite 214  
Miami, FL 33122

Changed: 02/03/2023

### Registered Agent Name & Address

SLEIMAN JOSEPH, DANNY C  
2801 NW 74th Ave  
Suite 214  
Miami, FL 33122

Address Changed: 02/03/2023

### Authorized Person(s) Detail

#### **Name & Address**

Title President

SLEIMAN JOSEPH, DANNY C  
2801 NW 74th Ave  
Suite 214  
Miami, FL 33122

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>SLEIMAN CONSTRUCTION, LLC</b>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► <b>S</b> <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions. <b>2801 NW 74th Ave, Suite 214</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>Miami FL 33122</b>	
7 List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-			-			
or									
Employer identification number									
8	2		-	0	7	8	6	6	1 9

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► 	Date ► <b>01/05/2024</b>
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*