

NAME OF FIRM: Sagaris Corp

ADDRESS: 1847 N. University Drive, Coral Springs, Fl 33071

NAME OF SIGNER Mehrdad Mahmoudi
(Print or Type)

TITLE OF SIGNER President

SIGNATURE:  DATE: 05/30/2018

TELEPHONE NO: 954.688.3407 FACSIMILE NO: 954.688.3407

SCHEDULE OF BID PRICES – BID NO. 2018-019

TO: CITY COMMISSION

CITY OF MARGATE

(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:

ITEM NO.	DESCRIPTION	QTY	UNIT	UNIT COST	TOTAL COST
1	BONDS AND INSURANCE (±10%)	1	LS	\$ 15,000.00	\$ 15,000.00
2	MOBILIZATION	1	LS	\$ 40,000.00	\$ 40,000.00
3	MAINTENANCE OF TRAFFIC	1	LS	\$ 40,000.00	\$ 40,000.00
4	DEMOLITION (RETAINING CURB)	683	SF	\$ 5.00	\$ 3,415.00
5	BRICK PAVERS (REMOVAL AND TRANSPORT)	3,749	SF	\$ 4.00	\$ 14,996.00
6	3" DEEP EXCAVATION TO INSTALL THE PAVEMENT SECTION	937	CF	\$ 10.00	\$ 9,370.00
7	CONCRETE FOR CURBING	90	LF	\$ 35.00	\$ 3,150.00
8	ASPHALT CONSTRUCTION FDOT SP-9.5	99	Ton	\$ 990.00	\$ 98,010.00
9	CONCRETE FLOWABLE FILL (Broward County)	45	CY	\$ 300.00	\$ 13,500.00
10	LED SOLAR PEDESTRIAN CROSSINGS SIGNS	30	EA	\$ 5,500.00	\$ 165,000.00
11	LED SOLAR ROUNDABOUT SIGNS	6	EA	\$ 4,200.00	\$ 25,200.00
12	ALLOWANCE: PERMIT FEES*	1	LS	\$ 1,000.00	\$ 1,000.00
13	ALLOWANCE: CONTINGENCY*	1	LS	\$ 25,000.00	\$ 25,000.00
14	INDEMNIFICATION	1	LS	\$ 100.00	\$ 100.00

TOTAL BASE BID AMOUNT

(Sum of Items 1 through 14)

\$453,741.00

****Allowance items provide for reimbursement of the costs of necessary but unforeseen Work elements, if authorized by the CITY. Payment shall reimburse the CONTRACTOR for direct costs incurred. Any question of whether an unforeseen Work element is required shall be decided by the CITY. Any amounts remaining in these Allowance items at the end of the Work shall be retained by the CITY.***

NOTE: City of Margate permit fees shall not be waived and should be included in your bid proposal.

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.

MATERIAL SAFETY DATA SHEETS ENCLOSED? YES X NO

SPECIFICATION SHEETS/BROCHURES? YES X NO

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

WILL YOUR FIRM ACCEPT PAYMENT VIA A CITY OF MARGATE VISA CREDIT CARD? PLEASE CHECK ONE YES TBD NO

BID PROPOSAL FORM BID NO. 2018-019

**BID TO: CITY COMMISSION
CITY OF MARGATE**

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:

**CDBG Funded Replacement of Pedestrian Paver Crosswalks (14) and
Installation of Regulatory Pedestrian Crosswalk and Roundabout Solar
Powered LED Signs**

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 bond required by the Contract Documents.

4. It is the Contractor's responsibility to contact the City at (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	_____	Date	_____
	_____		_____
	_____		_____

5. Bidder has familiarized himself with the nature and extent of the Contract Documents, Work, site, 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).

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 7 (if required) 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 7 inclusive) is delivered to the CITY.

- (1) CONTRACTOR'S name and address:

Sagaris Corp

1847 N. University Drive, Coral Springs, FL 33071

- (2) CONTRACTOR'S telephone number: 954.688.3407

- (3) CONTRACTOR'S license: Primary classification: Florida Certified General Contractor

State License Number: CGC1520899

Supplemental classifications held, if any: N/A

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

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

Name: Steven Fouladi Date of Inspection: 05/22/2018

- (5) Name, address, and telephone number of surety company and agent who will provide the required bonds on this contract (if required):

Paul J. Ciambriello, Guignard Company, 407.620.4625

1904 Boothe Circle, Longwood, FL 32750

- (6) ATTACH TO THIS BID the experience resume of the person who will be designated as Supervisor for this project:

- (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. (**Not Required**) ✓

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

Stamped Asphalt - Atlantic Paving, LLC

RFFB Solar Signs (Material) - Transportation Solutions & Lighting

Concrete Flatwork - FG Construction

BID BOND

KNOW ALL MEN BY THESE PRESENTS:

That we Sagaris Corp. as Principal,
and United States Fire Insurance Company as Surety, are held and
firmly bound unto City of Margate, hereinafter called "City" in the sum of
(\$ 5.00%) Five Percent of the 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 City to perform the Work required
under the bidding schedule of the City's Contract Documents entitled:

Bid 2018-019

**CDBG Funded Replacement of Pedestrian Paver Crosswalks (14) and Installation
of Regulatory Pedestrian Crosswalk and Roundabout Solar Powered LED Signs**

NOW THEREFORE, if said Principal is awarded a contract by said City 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 the 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 City
and City prevails, said Surety shall pay all costs incurred by said City in such suit,
including a reasonable attorney's fee to be fixed by the court.

SIGNED and SEALED, this 30th day of May, 2018.

Sagaris Corp.

(CONTRACTOR)

By: [Signature]

(SIGNATURE)

United States Fire Insurance Company

(SURETY)

By: [Signature]

(SIGNATURE)

Jennifer L. Hindley, Attorney-in-Fact & FL Licensed
Resident Agent

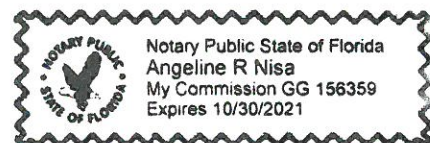
Inquiries: (407) 834-0022

STATE OF FLORIDA, COUNTY OF BROWARD:

BEFORE ME PERSONALLY APPEARED THE ABOVE, KNOWN TO ME 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 30th DAY OF May, 2018

NOTARY PUBLIC: [Signature]



**POWER OF ATTORNEY
UNITED STATES FIRE INSURANCE COMPANY
PRINCIPAL OFFICE - MORRISTOWN, NEW JERSEY**

00661415818

KNOW ALL MEN BY THESE PRESENTS: That United States Fire Insurance Company, a corporation duly organized and existing under the laws of the state of Delaware, has made, constituted and appointed, and does hereby make, constitute and appoint:

*Paul J. Ciambriello, M. Gary Francis, J.W. Guignard, Bryce R. Guignard, April L. Lively
Jennifer L. Hindley, Margie L. Morris, Christine A. Morton, Deborah Ann DeFoe, Eileen C. Heard*

each, its true and lawful Attorney(s)-In-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver: Any and all bonds and undertakings of surety and other documents that the ordinary course of surety business may require, and to bind United States Fire Insurance Company thereby as fully and to the same extent as if such bonds or undertakings had been duly executed and acknowledged by the regularly elected officers of United States Fire Insurance Company at its principal office, in amounts or penalties not exceeding: **Seven Million, Five Hundred Thousand Dollars (\$7,500,000).**

This Power of Attorney limits the act of those named therein to the bonds and undertakings specifically named therein, and they have no authority to bind United States Fire Insurance Company except in the manner and to the extent therein stated.

This Power of Attorney revokes all previous Powers of Attorney issued on behalf of the Attorneys-In-Fact named above and expires on January 31, 2019.

This Power of Attorney is granted pursuant to Article IV of the By-Laws of United States Fire Insurance Company as now in full force and effect, and consistent with Article III thereof, which Articles provide, in pertinent part:

Article IV, Execution of Instruments - Except as the Board of Directors may authorize by resolution, the Chairman of the Board, President, any Vice-President, any Assistant Vice President, the Secretary, or any Assistant Secretary shall have power on behalf of the Corporation:

(a) to execute, affix the corporate seal manually or by facsimile to, acknowledge, verify and deliver any contracts, obligations, instruments and documents whatsoever in connection with its business including, without limiting the foregoing, any bonds, guarantees, undertakings, recognizances, powers of attorney or revocations of any powers of attorney, stipulations, policies of insurance, deeds, leases, mortgages, releases, satisfactions and agency agreements;

(b) to appoint, in writing, one or more persons for any or all of the purposes mentioned in the preceding paragraph (a), including affixing the seal of the Corporation.

Article III, Officers, Section 3.11, Facsimile Signatures. The signature of any officer authorized by the Corporation to sign any bonds, guarantees, undertakings, recognizances, stipulations, powers of attorney or revocations of any powers of attorney and policies of insurance issued by the Corporation may be printed, facsimile, lithographed or otherwise produced. In addition, if and as authorized by the Board of Directors, dividend warrants or checks, or other numerous instruments similar to one another in form, may be signed by the facsimile signature or signatures, lithographed or otherwise produced, of such officer or officers of the Corporation as from time to time may be authorized to sign such instruments on behalf of the Corporation. The Corporation may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Corporation, notwithstanding the fact that he may have ceased to be such at the time when such instruments shall be issued.

IN WITNESS WHEREOF, United States Fire Insurance Company has caused these presents to be signed and attested by its appropriate officer and its corporate seal hereunto affixed this 10th day of March, 2016.



UNITED STATES FIRE INSURANCE COMPANY

A.R.S.

Anthony R. Slimowicz, Senior Vice President

State of New Jersey }
County of Morris }

On this 10th day of March 2016, before me, a Notary public of the State of New Jersey, came the above named officer of United States Fire Insurance Company, to me personally known to be the individual and officer described herein, and acknowledged that he executed the foregoing instrument and affixed the seal of United States Fire Insurance Company thereto by the authority of his office.

**SONIA SCALA
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES 3/25/2019**

Sonia Scala

Sonia Scala (Notary Public)

I, the undersigned officer of United States Fire Insurance Company, a Delaware corporation, do hereby certify that the original Power of Attorney of which the foregoing is a full, true and correct copy is still in force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal of United States Fire Insurance Company on the 30th day of May 2018
UNITED STATES FIRE INSURANCE COMPANY



Al Wright

Al Wright, Senior Vice President

PERFORMANCE BOND

KNOW ALL MEN BY THESE PRESENTS:

That we _____ as Contractor and _____ as Surety, are held and firmly bound unto the **CITY OF MARGATE, FLORIDA** hereinafter called City in the sum of (\$_____) _____ dollars, lawful money of the United States, for the payment of which well and truly to be made, we bind ourselves, our heirs, executors, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, said Contractor has been awarded and is about to enter into the annexed Agreement with said City to perform the Work as specified or indicated in the Bid Documents entitled:

Bid 2018-019

CDBG Funded Replacement of Pedestrian Paver Crosswalks (14) and Installation of Regulatory Pedestrian Crosswalk and Roundabout Solar Powered LED Signs

NOW, THEREFORE, if the said Contractor shall fully and faithfully perform all the requirements of said Bid Documents required to be performed on its part, at the times and in the manner specified herein, inclusive of the one year maintenance period if necessary, then this obligation shall be null and void, otherwise it shall remain in full force and effect.

PROVIDED, that any alterations in the Work to be done or the materials to be furnished, or changes in the time of completion, which may be made pursuant to the terms of said Bid Documents, shall not in any way release said Contractor or said Surety thereunder, nor shall any extensions of time granted under the provisions of said Bid Documents, release either said Contractor or said Surety, and notice of such alterations or extensions of the Agreement is hereby waived by said Surety.

SIGNED and SEALED, this _____ day of _____, 2018.

(CONTRACTOR) _____
(SURETY)

BY: _____ BY: _____
(SIGNATURE) (SIGNATURE)

STATE OF FLORIDA, COUNTY OF BROWARD:

BEFORE ME PERSONALLY APPEARED THE ABOVE, KNOWN TO ME 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 _____ DAY OF _____, 2018.

NOTARY PUBLIC: _____

PAYMENT BOND

KNOW ALL MEN BY THESE PRESENTS:

That we _____ as Contractor and _____ as Surety, are held and firmly bound unto the **CITY OF MARGATE, FLORIDA**, hereinafter called City, in the sum of (\$ _____) _____ dollars, 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 Contractor has been awarded and is about to enter into the annexed Agreement with said City to perform the Work as specified or indicated in the Contract Documents entitled:

Bid 2018-019

CDBG Funded Replacement of Pedestrian Paver Crosswalks (14) and Installation of Regulatory Pedestrian Crosswalk and Roundabout Solar Powered LED Signs

NOW THEREFORE, if said Contractor, or subcontractor, fails to pay for any materials, equipment, or other supplies, or for rental of same, used in connection with the performance of work contracted to be done, or for amounts due under applicable State law for any work or labor thereon, said Surety will pay for the same in an amount not exceeding the sum specified above, and, in the event suit is brought upon this bond, a reasonable attorney's fee to be fixed by the court. This bond shall inure to the benefit of any persons, companies, or corporations entitled to file claims under applicable State law.

PROVIDED, that any alterations in the Work to be done or the materials to be furnished, or changes in the time of completion, which may be made pursuant to the terms of said Contract Documents, shall not in any way release said Contractor or said Surety thereunder, nor shall any extensions of time granted under the provisions of said Contract Documents release either said Contractor or said Surety, and notice of such alterations or extensions of the Agreement is hereby waived by said Surety.

SIGNED and SEALED, this _____ day of _____, 2018.

(CONTRACTOR) _____
(SURETY)

By: _____ By: _____
(SIGNATURE) (SIGNATURE)

STATE OF FLORIDA, COUNTY OF BROWARD:

BEFORE ME PERSONALLY APPEARED THE ABOVE, KNOWN TO ME 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 _____ DAY OF _____, 2018

NOTARY PUBLIC: _____

REFERENCE SHEET – BID NO. 2018-019

In order to receive bid award consideration on the proposed bid, it is a requirement that this sheet be completed and returned with your bid/proposal. This information may be used in determining the bid award for this Project.

BIDDER (COMPANY NAME): SAGARIS CORP

ADDRESS: 1847 N. University Drive, Coral Springs, FL 33071

CONTACT PERSON: Mehrdad Mahmoudi TITLE: President

TELEPHONE: 954.688.3407 FACSIMILE: 954.688.3407

NUMBER OF YEARS IN BUSINESS: 5 Years

ADDRESS OF NEAREST FACILITY: 1847 N. University Drive, Coral Springs, FL 33071

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

1. Company Name: PLEASE REFER TO ATTACHED PROJECT HISTORY/REFERENCE SHEET

Address: _____ Phone: _____

Contact Person: _____ Title: _____

2. Company Name: PLEASE REFER TO ATTACHED PROJECT HISTORY/REFERENCE SHEET

Address: _____ Phone: _____

Contact Person: _____ Title: _____

3. Company Name: PLEASE REFER TO ATTACHED PROJECT HISTORY/REFERENCE SHEET

Address: _____ Phone: _____

Contact Person: _____ Title: _____

COMPLIANCE WITH OCCUPATIONAL SAFETY AND HEALTH ACT

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: 5/30/2018

**CITY OF MARGATE
STATEMENT OF NO BID**

**IF YOU DO NOT INTEND TO BID ON THIS PROPOSAL, RETURN THIS FORM
TO ADDRESS WHERE BID IS TO BE SUBMITTED:**

I/We have declined to bid on your proposal No: 2018-019

Bid Description:

Bid 2018-019

**CDBG Funded Replacement of Pedestrian Paver Crosswalks (14) and Installation
of Regulatory Pedestrian Crosswalk and Roundabout Solar Powered LED Signs**

For the following reason:

- ☐ 1. Specifications are too tight, i.e. geared toward one brand or manufacturer only. (Explain reason below.)
- ☐ 2. Insufficient time to respond to invitation.
- ☐ 3. We do not offer this commodity/service or equivalent.
- ☐ 4. Our product/service schedule would not permit us to perform.
- ☐ 5. Unable to meet specifications.
- ☐ 6. Unable to meet bonding requirements.
- ☐ 7. Specifications unclear (Explain below).
- ☐ 8. Other (Specify below).

REMARKS: _____

Attach additional pages if required.

I/We understand that if the NO BID form is not executed and returned, our name may be deleted from the list of qualified bidders for the City of Margate.

COMPANY NAME: _____

ADDRESS: _____

TELEPHONE NO: _____ DATE: _____

SIGNATURE OF BIDDER: _____

DRUG-FREE WORKPLACE PROGRAM FORM BID NO. 2018-019

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 City reserves the right to make final Decisions in the City'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 of 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: 05/30/2018

OFFEROR'S QUALIFICATION STATEMENT BID NO. 2018-019

The undersigned certifies under oath the truth and correctness of all statements and of all answers to questions made hereinafter:

SUBMITTED TO: City of Margate
(Purchasing Division)

ADDRESS: 5790 Margate Blvd.
Margate, FL 33063

CIRCLE ONE

SUBMITTED BY: Sagaris Corp

NAME: Steven Fouladi

ADDRESS: 1847 N. University Drive, Coral Springs, FL 33071

TELEPHONE NO.: 954.688.3407

FACSIMILE NO.: 954.688.3407

Corporation
Partnership
Individual
Other

1. State the true, exact, correct and complete name of the partnership, corporation, trade or fictitious name under which you do business and the address of the place of business.

The correct name of the Offeror is: Sagaris Corp

The address of the principal place of business is:

1847 N. University Drive, Coral Springs, FL 33071

2. If Offeror is a corporation, answer the following:

a. Date of Incorporation: 06/01/2013

b. State of Incorporation: Florida

c. President's name: Mehrdad Mahmoudi

- d. Vice President's name: N/A
- e. Secretary's name: Samira Fouladi
- f. Treasurer's name: N/A
- g. Name and address of Resident Agent: Mehrdad Mahmoudi /
1847 N. University Drive, Coral Springs, FL 33071
- _____

3. If Offeror is an individual or a partnership, answer the following:

- a. Date of organization: N/A
- b. Name, address and ownership units of all partners:
N/A
- _____
- _____
- c. State whether general or limited partnership: N/A

4. If Offeror is other than an individual, corporation or partnership, describe the organization and give the name and address of principals:

N/A

5. If Offeror is operating under a fictitious name, submit evidence of compliance with the Florida Fictitious Name Statute.

N/A

6. How many years has your organization been in business under its present business name? FIVE YEARS

a. Under what other former names has your organization operated?

NONE.

7. Indicate registration, license numbers or certificate numbers for the businesses or professions which are the subject of this Proposal. Please attach certificate of competency and/or state registration.

CGC 1520899

8. Have you ever failed to complete any work awarded to you? If so, state when, where and why?

No.

9. State the names, telephone numbers and last known addresses of three (3) owners, individuals or representatives of owners with the most knowledge of work which you have performed or goods you have provided, and to which you refer (government owners are preferred as references).

Please refer to attached references

(name)	(address)	(phone number)
--------	-----------	----------------

(name)	(address)	(phone number)
--------	-----------	----------------

(name)	(address)	(phone number)
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10. List the pertinent experience of the key individuals of your organization (continue on insert sheet, if necessary).

Please refer to attached resumes

11. State the name(s) of the individual(s) who will have personal supervision of the work:

Steven Fouladi, Project Manager/ Qualifier

THE OFFEROR ACKNOWLEDGES AND UNDERSTANDS THAT THE INFORMATION CONTAINED IN RESPONSE TO THIS QUALIFICATION STATEMENT SHALL BE RELIED UPON BY OWNER IN AWARDED THE CONTRACT AND SUCH INFORMATION IS WARRANTED BY OFFEROR TO BE TRUE. THE DISCOVERY OF ANY OMISSION OR MISSTATEMENT THAT MATERIALLY AFFECTS THE OFFEROR'S QUALIFICATIONS TO PERFORM UNDER THE CONTRACT SHALL CAUSE THE OWNER TO REJECT THE PROPOSAL, AND IF AFTER THE AWARD TO CANCEL AND TERMINATE THE AWARD AND/OR CONTRACT.

Signature: _____

State of Florida County of BROWARD

On this the 30 day of May, 2018, before me, the undersigned Notary Public of the State of Florida, personally appeared

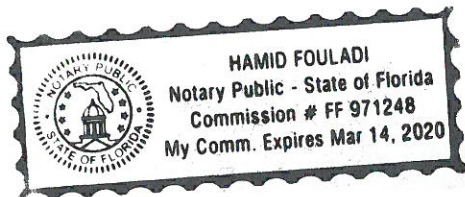
MEHRDAD MAHMOUDI and

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

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

NOTARY PUBLIC, STATE OF FLORIDA

NOTARY PUBLIC
SEAL OF OFFICE:



(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

OPTIONAL INFORMATION:

Type of Document: _____ Number of Pages: _____ Number of Signatures Notarized: _____

**BYRD ANTI LOBBYING CERTIFICATION FOR CONTRACTS, GRANTS, LOANS,
AND COOPERATIVE AGREEMENTS**

To be submitted with each bid or offer exceeding \$100,000

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The Contractor, Sagaris Corp, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. §3801 *et seq.* apply to this certification and disclosure, if any.



Signature of Contractor's Authorized Official

Mehrdad Mahmoudi, President

Name and Title of Contractor's Authorized Official

Date 05/30/2018

STATEMENT OF COMPLIANCE - SMALL AND MINORITY BUSINESSES, WOMEN'S BUSINESS ENTERPRISES, AND LABOR SURPLUS AREA FIRMS

The undersigned Contractor hereby swears under penalty of perjury that Contractor took the following affirmative steps to assure that minority businesses, women's business enterprises, and labor surplus area firms were used when possible:

- (1) Placing qualified small and minority businesses and women's business enterprises on solicitation lists;
- (2) Assuring that small and minority businesses, and women's business enterprises are solicited whenever they are potential sources;
- (3) Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses, and women's business enterprises;
- (4) Establishing delivery schedules, where the requirement permits, which encourage participation by small and minority businesses, and women's business enterprises; and
- (5) Using the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce.

Dated MAY 30, 2018

SAGARIS CORP

Contractor

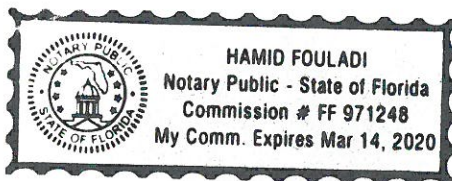
By [Signature]
(Signature)

By MEHRDAD MAHMOUDI, PRESIDENT
(Name and Title)

STATE OF FLORIDA)
) SS.
COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this 30th day of MAY, 2018, by Mehrdad Mahmoudi who is personally known to me or who has produced as identification and who did/did not take an oath. WITNESS my hand and official seal, this 30th day of MAY, 2018.

(NOTARY SEAL)



[Signature]
(Signature of person taking acknowledgment)

(Print Name of officer taking acknowledgment)

(Title or rank)

My Commission expires:
(Serial number, if any)

BIDDER'S INITIAL SECTION 3 GOALS

1. The Bidder agrees to comply with Section 3 of the Housing and Urban Development Act of 1968.
2. The Bidder estimates that there will be 0 new employees hired during the performance of this contract. Furthermore, should this contract be let to the Bidder, the Bidder agrees to delineate work force needs (skilled, semi-skilled, unskilled, labor and trainees) by category.
3. Of these new employees, the Bidder plans to hire at least 0% (percent) from the Section 3 Covered Area (Broward County).

I, Mehrdad Mahmoudi (please print), as an Authorized Officer of the Bidder, do hereby acknowledge that we are aware of the requirements under Section 3 of the Housing and Urban Development Act of 1968 and will abide by them. We further agree to abide by this Affirmative Action Plan to the greatest extent feasible and realize that should we be awarded the contract, Broward County Community Development Division will monitor the project to assure compliance with this plan.


Company Name: Sagaris Corp

Business Address: 1847 N. University Drive, Coral Springs, FL 33071

38-3907942
Employer Federal ID #

Mehrdad Mahmoudi
Printed Name

05/30/2018
Date


Signature

**** Please Note Section 3 Clause**

SECTION 3
UNAVAILABILITY CERTIFICATION

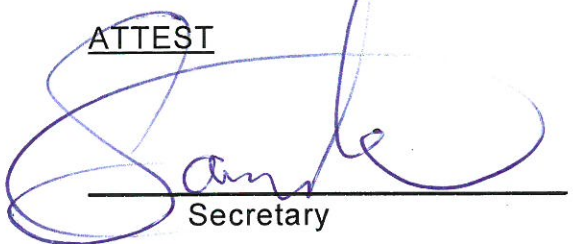
I, Mehrdad Mahmoudi, President
(Title)

of Sagaris Corp
(Prime Contractor)

Certify that the undersigned does not have any entry-level jobs available. However, should such jobs become available during the project period, the undersigned agrees to accept referrals from Workforce One to interview these referrals for the available positions.

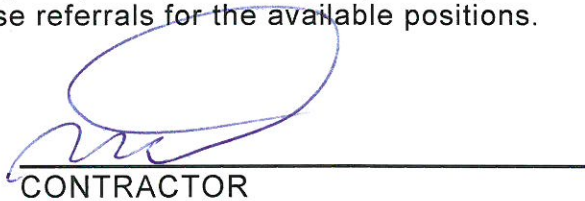
(If incorporated sign here)

ATTEST



Secretary

(CORPORATE SEAL)



CONTRACTOR

By Mehrdad Mahmoudi - President

(If not incorporated sign here)

WITNESSES:

CONTRACTOR

By _____



This Certifies that
Steven Fouladi

Has Completed a Florida Department of Transportation
Approved Maintenance of Traffic (MOT) Intermediate Course.

Date Expires 02/25/2019 Certificate # 5235
Instructor Wallace McCleod FDOT Provider # 140

Metro Florida Safety Council

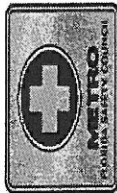
Phone: 954-603-1900

200 SW 6th Street Ste. 502

Fort Lauderdale, FL

www.metrofloridasafetycouncil.com

mlyons@metrofloridasafetycouncil.com



REFERENCES

Contractor's Name: Sagaris Corp. **Phone Number:** 954-688-3407
Contractor's Address: 1847 N. University Drive, Coral Springs, FL 33071

Project Name or Description:	Location/Address:	Completion Date	Contract Amount	Email or Website Address	Contact Person Name & Phone Number:
1. 11458A NW Neighborhood Phase II Improvements	Sistrunk & : NW 14th, Ave, 14th Terr, and 13th Terr Fort Lauderdale, FL	November, 2015	\$537,710.00	KMyat@fortlauderdale.gov	Khant K. Myat, P.E. Project Manager Phone: 954-828-5061
2. 11797 Dillard Park Curbing & Intersection	Dillard Park Neighborhood Fort Lauderdale, FL	October, 2015	\$45,596.00	LLafaurie@fortlauderdale.gov	Louis Lafaurie, P.E. Project Manager Phone: 854-828-6538
3. 11513 Golden Hieghts Curbing	Golden Heights Neighborhood Fort Lauderdale, FL	July, 2015	\$54,670.00	ITokar@fortlauderdale.gov	Irina Tokar, RA, NCARB, LEED AP Senior Project Manager Office: 954-828-6891
4. 11793 South Middle River Entryway Monuments	South Middle River Neighborhood Fort Lauderdale, FL	October, 2015	\$28,550.00	LLafaurie@fortlauderdale.gov	Louis Lafaurie, P.E. Project Manager Phone: 854-828-6538
5. 11702 Dillard Park Sidewalk Improvements	Dillard Park Neighborhood Fort Lauderdale, FL	June, 2015	\$67,000.00	LLafaurie@fortlauderdale.gov	Louis Lafaurie, P.E. Project Manager Phone: 854-828-6538
6. EN-14-014A Pembroke Road Wall Replacement	Pembroke Road from 25th Street to 27th Street City of Hollywood	September, 2015	\$184,445.00	CIP@hollywoodfl.org	Clarissa Ip Engineering Support Services Manager Office: 954-921-3915
7. 15-B-061F Aquatic Center Parking	Coral Springs Aquatic Center Coral Springs, FL	September, 2015	\$46,000.00	rstein@coralsprings.org	Ronald Stein Construction Project Manager - 954-346-1739

8.	Priest Section Improvements	Lady of Mercy Cemetery Miami, FL	September, 2015	\$23,972.00	j.kissel@chsfla.com	John Kissel Director of Development 305-206-6163
9.	First Haitian Baptist Church of Pompano Beach - Renovations to Site	333 NW 3rd St, Pompano Beach, FL 33060	December, 2014	\$272,141.00	jdumor@bellsouth.net	Pastor Jacques Dumornay 333 NW 3rd Street Pompano Beach, FL 33060 (954) 782-4832
10.	11782 Townsend Park Improvements (as a sub-contractor to Pars Dev.)	Townsend Park City of Fort Lauderdale	October, 2014	\$260,000.00	HStanley@fortlauderdale.gov	Herbert E. Stanley Project Manager, Public Works Department Phone: 954-828-6801
11.	P11892 Temp Fire Station #54 (as a sub-contractor to Pars Dev.)	Temporary Fire Station #54 Fort Lauderdale, FL	November, 2014	\$150,000.00	CAcosta@fortlauderdale.gov	Carlos J. Acosta, PE, PMP Project Manager II Office: 954.828.6185
12.	P11099A Palm Aire Village West Entryway Phase II	Palm Aire Village West Neighborhood Fort Lauderdale, FL	January, 2016	\$57,945.00	KMyat@fortlauderdale.gov	Khant K. Myat, P.E. Project Manager Phone: 954-828-5061
13.	Waste Transfer Station Parking Improvements	City of Coral Springs, Waste Transfer Station Coral Springs, FL	January, 2016	\$13,377.00	ggordon@coralsprings.org	Glen Gordon Streets Superintendent Phone: (954) 344-1165
14.	2015-05 NE 16th Avenue Roadway Improvements	NE 16th Avenue City of Wilton Manors, FL	May, 2016	\$160,000.00	darchacki@wiltonmanors.com jmclair@chenmoore.com>	David J. Archacki EM / Utilities Director (Project Manager) City of Wilton Manors Phone: (954) 390-2190 Engineer: Jason McClair, PE, CFM, LEED AP CHEN MOORE AND ASSOCIATES
15.	Additional Parking @ Peace Mound Park	Peace Mound Park City of Weston	August, 2016	\$320,000.00	MConner@cgasolutions.com	Mr. Michael Conner, P.E. Calvin, Giordano & Associates 800 Eller Drive, Suite 600, Fort Lauderdale, FL 33316 Phone: 954.266.6469
16.	Civic Center Park Expansion	Civic Center Park City of Miramar	June, 2017	\$224,000.00	djohnson@miramarfl.gov	Mr. Daryl Johnson Sr. Project Manager - c/o Miramar 2300 Civic Center Place Miramar, Florida 33025 Phone: 954-602-3302
17.	NE 13th Roadway Improvements Project	NE 13th Street City of Fort Lauderdale	April 2018	\$1,398,000.00	CFanchi@fortlauderdale.gov	Christine W. Fanchi, PE, PTP Transportation Engineering Design Mgr 290 N.E. 3rd Avenue Fort Lauderdale, FL 33301 954-828-5226

ADDITIONAL PROJECTS & REFERENCES AVAILABLE UPON REQUEST



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/21/2018

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 REEL INSURANCE AGENCY D/B/A/ COVER ALL INSURANCE 5800 W. ATLANTIC BLVD. MARGATE FL 33063	CONTACT NAME: IBET SERRANO PHONE (A/C, No, Ext): (954) 956-0006 E-MAIL ADDRESS: ilemus@coverallinsurance.net FAX (A/C, No): (954) 956-0555
INSURED SAGARIS CORP. 12349 NW 35TH. STREET CORAL SPRINGS FL 33065	INSURER(S) AFFORDING COVERAGE INSURER A: EVANSTON INSURANCE COMPANY 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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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	Y	1982392	02/19/2018	02/19/2019	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 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> RETENTION \$	Y	EZXS1009309	02/19/2018	02/19/2019	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	V9WC974448	01/03/2018	01/03/2019	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

GENERAL CONTRACTOR

CERTIFICATE HOLDER IS ADDED AS ADDITIONAL INSURED WITH RESPECT TO THE GENERAL LIABILITY POLICY.

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/01/18

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 Glenda's House Of Insurance, Inc 1848 NW 21 St Pompano Beach, FL 33069 Phone (954) 977-7605 Fax (954) 977-7606		CONTACT NAME: GLENDA KAUFFMAN PHONE (A/C, No, Ext): (954) 977-7605 FAX (A/C, No): (954) 977-7606 E-MAIL ADDRESS: GLENDA@GHINSURANCE.NET	
INSURED SAGARIS CORPORATION 1847 NORTH UNIVERSITY DRIVE CORAL SPRINGS, FL 33071		INSURER(S) AFFORDING COVERAGE INSURER A: INFINITY COMMERCIAL AUTO INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	509-26303-1816-001	02/28/2018	08/28/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A					<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, 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

GLENDA ANNE KAUFFMAN

Stuart M. Rotman, C.P.A., P.A.

8551 West Sunrise Boulevard, Suite 100A
Plantation, FL 33322

Phone: (954) 475-8020
Fax: (954) 475-8099
stuart@rotmancpa.com

Independent Accountants' Compilation Report

To the Board of Directors
SAGARIS CORP.
1847 NORTH UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071

I have compiled the accompanying balance sheet of SAGARIS CORP. (an S corporation) as of October 31, 2017 and the related statement of operations for the ten months ended. I have not audited or reviewed the accompanying financial statements and accordingly, do not express an opinion or provide any assurance about whether the financial statements are in accordance with accounting principles generally accepted in the United States of America.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

My responsibility is to conduct the compilation in accordance with the Statements of Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

Management has elected to omit substantially all of the disclosures and the statements of cash flows required by accounting principles generally accepted in the United States of America. If the omitted disclosures and statements of cash flows were included in the financial statements, they might influence the user's conclusions about the Company's financial position, results of operations, and cash flows. Accordingly, these financial statements are not designed for those who are not informed about such matters.

The Company, with the consent of its shareholders, has elected under the Internal Revenue Code to be an S corporation. In lieu of corporation income taxes, the shareholders of an S corporation are taxed on their proportionate share of the Company's taxable income. Therefore, no provision or liability for Federal income taxes has been included in these financial statements.



Stuart M. Rotman, CPA, PA
Certified Public Accountant

December 15, 2017

SAGARIS CORP
BALANCE SHEET
AS OF OCTOBER 31, 2017

ASSETS

Current Assets:

Cash	\$ 64,481
Contract receivables	361,970
Retainage	65,991
Costs and estimated earnings in excess of billings on Uncompleted contracts	<u>25,000</u>

Total Current Assets \$ 517,442

Property and Equipment:

Furniture, fixtures, and equipment	15,340
Accumulated depreciation	<u>(6,135)</u>

9,205

Total Assets \$ 526,647

LIABILITIES AND STOCKHOLDERS EQUITY

Current Liabilities:

Accounts payable & accrued expenses	223,842
Payroll tax payable	5,251
Billings in excess of costs and estimated earnings on uncompleted contracts	<u>0</u>

Total Current Liabilities \$ 229,093

Stockholder loans 77,805

Stockholders Equity:

Common stock	100
Dividends paid	0
Net income	91,650
Retained Earnings	<u>127,999</u>

Total Stockholders Equity 219,749

Total Liabilities and Stockholders Equity \$ 526,647

See accountants compilation report

SAGARIS CORP
STATEMENT OF OPERATIONS
FOR THE TEN MONTHS ENDED OCTOBER, 31, 2017

Contract Revenues earned:	\$ <u>1,582,644</u>
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Cost of Revenues earned:

Materials	755,840
Subcontractors expense	392,260
Equipment rental	95,077
Vehicle expenses	27,810
Payroll	49,222
Insurance	26,276
Bond expenses	7,211

Cost of Revenues earned	<u>1,353,696</u>
--------------------------------	------------------

Gross Profit	228,948
---------------------	---------

General & Administrative expenses:

Insurance	8,980
Merchant fees	22,736
Office expense	11,956
Officer Payroll	48,000
Rent	31,151
Professional fees	4,705
Repairs and maintenance	2,409
Telephone	7,308
Utilities	<u>53</u>

Total General and Administrative Expenses	\$ <u>137,298</u>
--	-------------------

	<u>\$ 91,650</u>
--	------------------

EDUCATION

Construction Management, Everglades University

CERTIFICATIONS AND TRAINING

Certified General Contractor, CGC1520899

Work Zone Safety Specialist – International Municipal Signal Association

Asphalt Level 1 – Florida Department of Transportation

SUMMARY OF EXPERIENCE

Mr. Fouladi has over 15 years of experience in the construction industry.

PROFESSIONAL REFERENCES

Mr. Shahin Hekmat, P.E. -- -- Thomas & Associates - (954) 683-9718

Mr. Mahmoud Davoodi, P.E., Sr. Project Engineer- Metric Engineering – (954) 868-4672

Mrs. Sabrina Baglieri, P.E., Construction Project Manager - City of Miami Beach - (954) 658-1001

Mr. Ron Herzog – Sr. Project Inspector - Calvin Giordano & Associates – (954) 869-8941

Mr. Ryan Spradlin – Project Inspector – Calvin Giordano & Associates – (954) 249-2787

WORK HISTORY

Sagaris Corp, Inc. Pompano Beach, Florida.

Co-Founder / Qualifier / Project Manager 2013 - Present

Tenex Enterprises, Inc. Pompano Beach, Florida.

Estimating / Project Management / Construction Services - 2000 - 2012

Engaged in On-Going Civil Works, Parks and Building Contracts Including Drainage, Water Distribution, Sewer System, Road Construction, Streetscape, Signage, Public Park Development and Public Buildings, Various City Projects in Broward and Dade Counties.

Projects completed

- ◆ City of Fort Lauderdale Sign Improvement Projects:
 - Lake Aire Neighborhood Improvements
 - Lauderdale Manors Improvements
 - Victoria Park Neighborhood Improvements
 - South Middle River Neighborhood Sign Improvements
 - Lake Ridge Neighborhood Improvements
- ◆ City of Margate
 - Margate Boulevard Streetscape Improvements
 - Margate Monument Sign
- ◆ City of Weston
 - AYSO Facility, \$391,300
 - I-75 @ Arvida Park Parkway South Bound Off Ramp, \$888,200
 - Indian Trace Roadway Improvements, \$985,600
 - Weston Road Median Improvements, \$604,100
 - Saddle Club Rd @ South Post Rd Roundabout \$1,182,000

- Sidewalk Improvements – Bonaventure, \$200,000
- South Post Road Improvements, \$1,350,000
- City of Weston, Public Works Fueling Station, \$286,000

Eco-RRFB (Rectangular Rapid Flash Beacon)

Our Rectangular Rapid Flash Beacon (RRFB) is a device using LED flashing beacons in combination with pedestrian warning signs, to provide a high-visibility strobe-like warning to drivers when pedestrians use a crosswalk. In general, RRFBs are a visual cue that pedestrians may begin crossing the roadway at any time. They are always accompanied by crosswalk markings and signs.

Crosswalk RRFBs operate by wireless push button activation. When a pedestrian pushes the button to cross the street, the sign is activated and begins to flash to warn drivers of the crossing pedestrians. The flashing pattern can be activated with pushbuttons or automated (e.g., video or infrared) pedestrian detection.

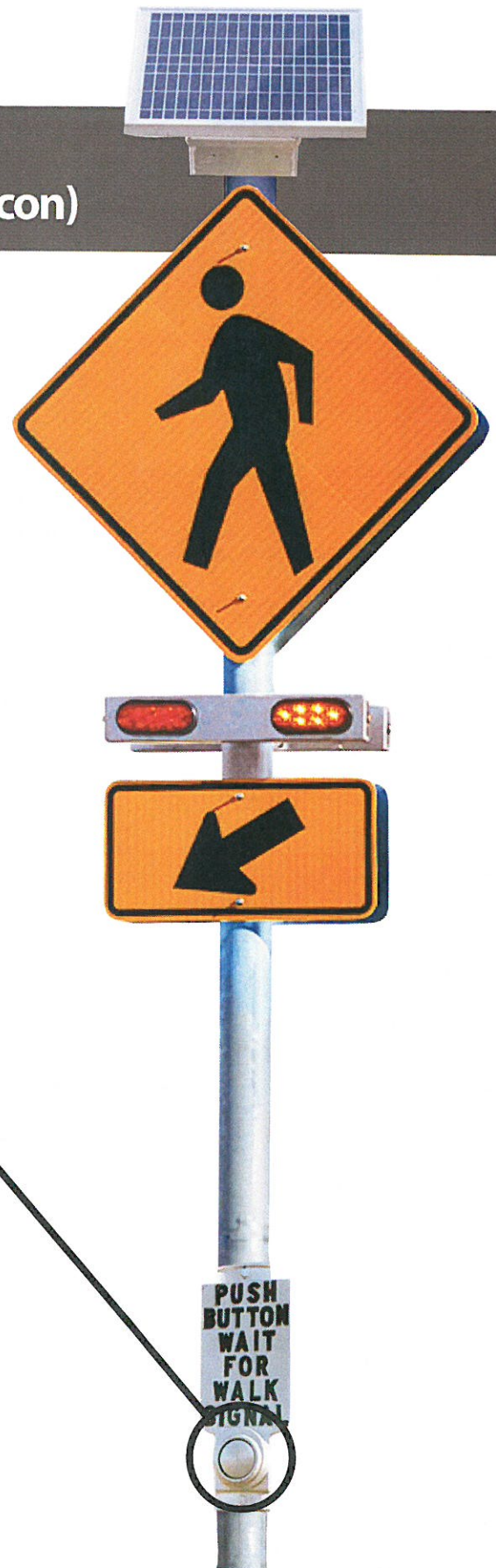
Push Button Assembly:

- 2" Button with momentary switch rated at 36VDC
- 5" x 7" button fixture with crossing sign inserted



Benefits:

- ▶ RRFBs are a lower cost alternative to traffic signals and hybrid signals.
- ▶ RRFBs at pedestrian crosswalks are dramatically more effective at increasing driver yielding rates to pedestrians than traditional overhead beacons.
- ▶ RRFBs stutter flash may elicit a greater response from drivers than traditional methods.

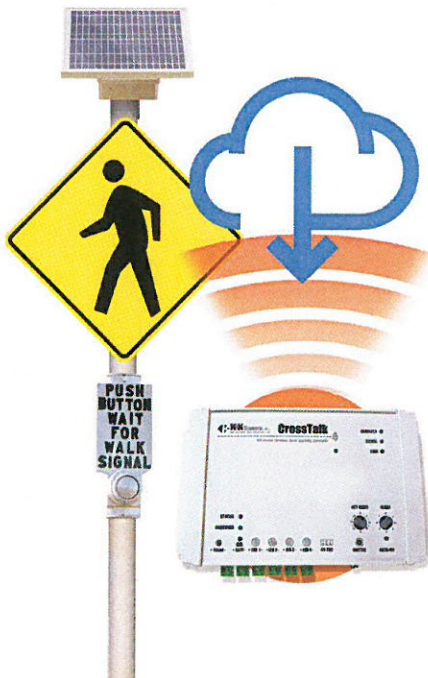


Model Eco-RRFB Specifications

Rectangular Rapid Flashing Beacon Push Button/Crosswalk

(Meets MUTCD & ITE Standards)

Solar Panel	Maximum Power	(P max)	20W
	Voltage at Pmax	(V mp)	17.3 V
	Current at Pmax	(IMP)	1.16 A
	Short-Circuit Current	(Isc)	1.29 A
	Open-Circuit Voltage	(Voc)	21.6 V
Control Cabinet	7.5" x 11.25" x 4"	.063 aluminum	located below solar panel
Battery	(1)	18 amp	included
Push Button	2" Button with momentary switch rated at 36VDC		
	5" x 7" Button fixture with crossing sign inserted		
Optional	Additional RRFB with mounting hardware		
	Pole with mounting hardware		
	Pedestrian Sign		
	Left Down Arrow Sign		
	Right Down Arrow Sign		
RRFB	Aluminum Housing		



CrossTalk Activation

CrossTalk for pedestrian street crossings where people need to cross safely. Pedestrians simply press the button to activate the CrossTalk device located inside the control cabinet. The CrossTalk tells the sign RRFB to activate and communicates wirelessly to the unit on the opposite side of the street to activate that RRFB. The RRFB will flash for the programmed amount of time.

CrossTalk

Our CrossTalk device is a compact, all-in-one solar controller, flasher, auto-dimmer and scheduler that is programmed using CrossLink or cellular service. The CrossTalk is located inside the control cabinet. CrossTalk can be used from a central office to control a single sign or multiple signs at multiple locations by programming through the web interface.