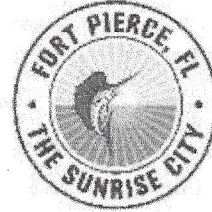


**DELIVER TO:**

City of Fort Pierce, Purchasing Division  
Room 101  
100 North U.S. #1  
Fort Pierce, FL 34950

**MAIL TO:**

City of Fort Pierce Purchasing Division,  
Room 101  
P.O. Box 1480  
Fort Pierce, FL 34954-1480



**INVITATION TO BID  
and  
BIDDER ACKNOWLEDGMENT**

**Bid Writer:** Latonya Hubbard, 772-467-3102

**Bid No:** 2024-042

**Mandatory Site-Visit:**  
10:00 A.M, FRIDAY, JUNE 28, 2023

**Bid Title:** SHIP RESIDENTIAL  
REHABILITATION OF 902 HICKORY STREET

**Mandatory Site-Visit Location:**  
902 HICKORY STREET  
FORT PIERCE, FL 34947

**Bid Opening Location:**  
Purchasing Division Conference Room, Room 101  
100 North U.S. #1, 1st Floor  
Fort Pierce, Florida 34950

**Bid Due Date & Time:**  
4:00 PM, FRIDAY, JULY 5, 2024

If you need any reasonable accommodation for any type of disability in order to participate in this procurement, please contact this department as soon as possible.

**Bidder Name:**

Andros Roof & Construction LLC

*I hereby certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a bid for the same materials, supplies or equipment, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this bid and certify that I am authorized to sign this bid for the bidder.*

**Mailing Address:**

2700 Atlantic Ave  
Fort Pierce, FL 34947

X   
Authorized Signature (Manual)

**City, State, Zip Code:**

**Typed or Printed Name:**

Lloyd M. Constant

**Type of Entity (Select one):**

Corporation \_\_\_\_\_  
Partnership \_\_\_\_\_  
Proprietorship X

**Title:**

Manager

**Incorporated in the State of:** FL **Year:** 2006

**Delivery in** \_\_\_\_\_ **days, ARO**

**Phone Number:** 772-475-4915

**Payment Terms:** Net 30 Days

**Fax Number:**

**FEIN or SS Number:** 51-0564492

**E-Mail Address:**

**Local Business:** X **Y**   **N** **MWBE:** X **Y**   **N**

**Bid Security is attached, when required, in the amount of \$** \_\_\_\_\_  
**F.O.B. DESTINATION**

**If returning as a "No Bid" state reason:**

**THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR BID**



## DRUG~FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certified that

Andros Roofing \* Construction LLC does:  
(Name of Business)

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 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 proposed a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the 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 employees community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

[Handwritten Signature]  
Proposer's Signature

07-05-2024  
Date



# NON-COLLUSION AFFIDAVIT FOR PRIME BIDDER

STATE OF FLORIDA

COUNTY OF Saint Lucie

Lloyd M. Constant, being first duly sworn, deposes  
and says:

That he is Manager of Andros Roofing \* Construction LLC  
(a partner or officer of the firm, etc.)

the party making the foregoing proposal or bid, that such proposal or bid is genuine and not collusive or sham; that said bidder has not colluded, conspired, connived or agreed directly or indirectly with any bidder or person, to put in a sham bid or to refrain from bidding, and has not in any manner, directly or indirectly sought by agreement or collusion, or communication or conference with any person, to fix the bid price of affiant or of any other bidder, or to fix any overhead, profit or cost element of said bid price, or of that of any other bidder, or to secure any advantage against the City of Fort Pierce, of the County of St. Lucie, or any person interested in the proposed contract; and that all statements in said proposal or bid are true.

Andros Roofing \* Construction LLC  
(Firm Name)

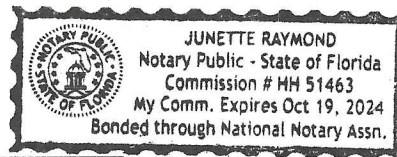
By: [Signature]  
Title: Manager

Subscribed and sworn to before me this 5<sup>th</sup>  
day of, July 2024.

[Signature]  
Notary Public

My Commission expires: (Seal)

Oct. 19, 2024



**PUBLIC ENTITY CRIMES AFFIDAVIT**  
SWORN STATEMENT UNDER SECTION 287.133(3)(a),  
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

**THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.**

1. This sworn statement is submitted by City of Fort Pierce  
(Print name of the public entity).  
by Lloyd M. Constant  
(Print individual's name and title)  
for Andros Roofing \* Construction  
whose business address is 2706 Atlantic Ave, Fort Pierce, FL 34947  
(If applicable) its Federal Employer Identification Number (FEIN) is 51-0564492

(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: On the attached sheet). Required as per the IRS Form W-9.

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in paragraph 287.133(1)(a), Florida Statutes, means:
- a. A predecessor or successor of a person convicted of a public entity crime: or

An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls

another person. A person who knowingly enters into a joint venture with a person who has been

- b. convicted of a public entity crime in Florida during the preceding 36 months shall
- c. be considered an affiliate. I understand that a "person" as defined in Paragraph 287.133(1)(c), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

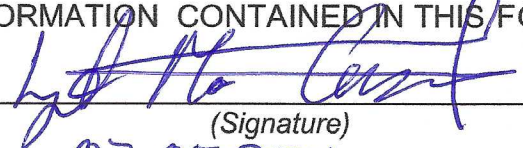
5. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **(Please indicate which statement applies.)**

X Neither the entity submitted this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity nor affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, member, or agents who are active in management of the entity, or an affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, member, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearing and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. **(Attach a copy of the final order)**

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OR ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

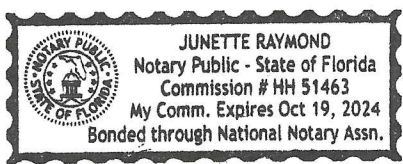
  
\_\_\_\_\_  
(Signature)  
07-05-2024  
\_\_\_\_\_  
(Date)

STATE OF Florida

COUNTY OF Saint Lucie

PERSONALLY APPEARED BEFORE ME, the undersigned authority Lloyd M. Constant  
(Name of individual signing)

Who, after first being sworn by me, affixed his/her signature in the space provided above on this  
day 5<sup>th</sup> of July, 2024.



Junette Raymond  
(NOTARY PUBLIC)

My Commission Expires: Oct. 19, 2024



# E-VERIFY AFFIRMATION STATEMENT

Description: SHIP RESIDENTIAL REHABILITATION – 902 HICKORY STREET

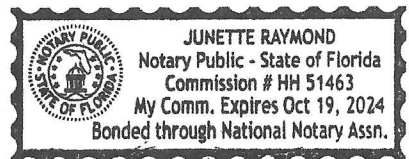
Pursuant to Section 448.095, Florida Statutes, Contractor/Proposer/Responder acknowledges and agrees:

- (a) to register with and use the E-Verify System to verify the work authorization status of all persons employed by the Contractor/Proposer/Responder to perform employment duties during the term of the Contract, and
- (b) to require any subcontractor (as defined in Section 448.095, Florida Statutes) assigned by Contractor/Proposer/Respondent to perform work pursuant to the Contract to register with and use the E-Verify System to verify the work authorization status of all persons employed by the subcontractor during the term of the Contract, and
- (c) if Contractor/Proposer/Responder enters into a contract with a subcontractor, Contractor/Proposer/Responder shall obtain an affidavit from every subcontractor stating the subcontractor does not employ, contract with, or subcontract with an unauthorized alien and the Contractor/Proposer/Responder shall maintain a copy of such affidavit for the term of the Contract, and
- (d) the Contractor/Proposer/Bidder shall use the E-Verify System during the term of the Contract, as a condition of the Contract.

Contractor/Proposer/Bidder Company Name: Andros Roofing \* Construction LLC  
 Authorized Company Person's Signature: [Signature]  
 Authorized Company Person's Title: Manager  
 Date: 07-05-2024

STATE OF FLORIDA  
 COUNTY OF Saint Lucie  
 Sworn (or affirmed) and subscribed before me by means of  physical presence or  online notarization this 5<sup>th</sup> day of July, 2024 by Lloyd M. Constant, who is  personally known or  produced identification (ID produced: \_\_\_\_\_).

Signature: [Signature] (Seal)  
 NOTARY PUBLIC



My Commission Expires: Oct 19, 2024



## CERTIFICATION REGARDING SCRUTINIZED COMPANIES LISTS

Respondent Name: Andros Building \* Construction LLC  
Respondent's Authorized Representative Name and Title: Lloyd M. Constant,  
Manager  
Address: 2700 Atlantic Ave.  
City: Fort Pierce State: FL Zip: 34947  
Phone Number: 772-475-4915 Respondent FEIN: 51-0564492  
Email Address: androsconstruction@gmail.com

Section 287.135, Florida Statutes prohibits a company from bidding on, submitting a proposal for, or entering into or renewing a contract for goods or services of any amount if, at the time of contracting or renewal, the company is on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, Florida Statutes, or is engaged in a boycott of Israel. Section 287.135, Florida Statutes, also prohibits a company from bidding on, submitting a proposal for, or entering into or renewing a contract for goods or services of \$1,000,000 or more, that are on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector Lists which were created pursuant to s. 215.473, Florida Statutes.

Certification:

As the person authorized to sign on behalf of Respondent, I hereby certify that the company identified above in the section entitled "Respondent Vendor Name" is not listed on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List. I further certify that the company is not engaged in a boycott of Israel. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject a company to civil penalties, attorney's fees, and/or costs.



## REFERENCES

BID NO. 2024-042

*See attached*

### SHIP RESIDENTIAL REHABILITATION OF 902 HICKORY STREET

Contact Person & Title	
Email Address	
Phone No.	
Company Name	
Mailing Address	
City, State, Zip	
Type of commercial work contracted	
Contact Person & Title	
Email Address	
Phone No.	
Company Name	
Mailing Address	
City, State, Zip	
Type of commercial work contracted	



## Andros Roofing\*Construction, LLC

2706 Atlantic Ave, FT. Pierce, FL 34947  
Roofing Contractors LIC# CCC1327225  
General Contractors LIC# CGC1516095  
SDVOSB contact 772-475-4915

### Professional Reference:

#### **1. Ferrell Graham, CMG Builders LLC**

3820 SE Dixie Hwy  
Stuart, FL 34997

Main: E: [fgraham5477@comcast.net](mailto:fgraham5477@comcast.net) T: 772-247-7602

**Built a number of homes and retrofitted a number of commercial buildings for this company.**

#### **2. Danny Wilson, LCAM**

Wilson Landscaping & Management Corp.  
1300 NW 17<sup>th</sup> Ave. Suite 270, Delray Beach, FL 33445  
(561)637-3402 Office  
(561)637-3407 Fax

[danny@wilsonmanagement.net](mailto:danny@wilsonmanagement.net)

[www.wilsonmanagement.net](http://www.wilsonmanagement.net)

Hurricane/Storm repairs:

Rehabbed over 30 condo units in Kings Point Villa, Delray Beach, FL since December of 2022, some complete gutted and rebuild

#### **3. Dieula Louis**

President and CEO

(561)201-3879 Cell

(772)577-2800 Office

Administrative Service Agencies

Contract and placement of multiple workers throughout S Florida and N Carolina for Andros Roofing\*Construction, LLC

**Request for Taxpayer  
 Identification Number and Certification**

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

Print or type  
 See Specific instructions on page 2.

Name (as shown on your income tax return)  
**ANDROS ROOFING CONSTRUCTION, LLC**

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification (required):  
 Individual/sole proprietor     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

Other (see instructions) ▶

Address (number, street, and apt. or suite no.)  
**2706 ATLANTIC AVE**

City, state, and ZIP code  
**FORT PIERCE, FL 34947**

List account number(s) here (optional)

Requester's name and address (optional)

Exempt payee

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

			-			
--	--	--	---	--	--	--

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number

5	1	-	0	5	6	4	4	9	2
---	---	---	---	---	---	---	---	---	---

**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below).

**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 on page 4.

Sign Here    Signature of U.S. person ▶     Date ▶ **6-6-2024**

**General Instructions**

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

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/7/2024

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

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).

PRODUCER <b>IMPACT INSURANCE SERVICES LLC</b> 18064 SW 33 Court Miramar, FL 33029 A032618	CONTACT NAME: <b>PAULETTE BROWN</b>	FAX (A/C. No.): <b>(954)885-3885</b>	
	PHONE (A/C. No. Ext): <b>(954)885-3884</b>	E-MAIL ADDRESS: <b>impactserv@msn.com</b>	
INSURED  <b>ANDROS ROOFING CONSTRUCTION LLC</b> 2706 ATLANTIC AVENUE FORT PIERCE, FL 34947	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:	<b>NAUTILUS INSURANCE COMPANY</b>	
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

## 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			NN1605444	10/10/2023	10/10/2024	EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						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						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$
	DED	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

## GENERAL CONTRACTOR - ROOFING CONSTRUCTION

## CERTIFICATE HOLDER

**PALM BEACH COUNTY**  
C/O CONTRACTORS CERTIFICATION  
2300 N JOG ROAD STE 2W-61  
WEST PALM BEACH, FL 33411

## CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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Department of State / Division of Corporations / Search Records / Search by Entity Name /

## Detail by Entity Name

Florida Limited Liability Company  
ANDROS ROOFING\*CONSTRUCTION LLC

### Filing Information

**Document Number** L06000012122  
**FEI/EIN Number** 51-0564492  
**Date Filed** 02/03/2006  
**Effective Date** 02/10/2006  
**State** FL  
**Status** ACTIVE  
**Last Event** REINSTATEMENT  
**Event Date Filed** 10/12/2020

### Principal Address

2706 ATLANTIC AV  
FORT PIERCE, FL 34947

### Mailing Address

2706 ATLANTIC AV  
FORT PIERCE, FL 34947

### Registered Agent Name & Address

CONSTANT, LLOYD M  
2706 ATLANTIC AV  
FORT PIERCE, FL 34947

Name Changed: 10/06/2019

### Authorized Person(s) Detail

#### **Name & Address**

Title MGR

CONSTANT, LLOYD M  
2706 ATLANTIC AV  
FORT PIERCE, FL 34947

Title MGR

CONSTANT, LOYD M  
2706 ATLANTIC AV  
FORT PIERCE, FL 34947

Title MGR

CONSTANT, LLOYD M  
2706 ATLANTIC AV  
FORT PIERCE, FL 34947

Title MGR

CONSTANT, LLOYD M

July 1, 2024

CITY OF FORT PIERCE

BID NO. 2024-042

SHIP RESIDENTIAL REHABILITATION – 902 HICKORY STREET  
ADDENDUM NO. 1



The purpose of this addendum is to revise the scope of work and the bid response form.

- The following revision have been added to the Scope of Work:
  - **Replace side entry door**
  - **Replace rotten wood siding including front windows (front of the house) (include paint)**
  - **Repair plumbing under kitchen sink**
  - **Repair kitchen sink and faucet**
- Revised Bid Response Form, see attached. This form should be used for submitting your bid.

All other conditions of this bid remain the same.

Please acknowledge receipt of this addendum and include it with your submittal.

Signature: Lloyd M. Constant Date: 07-05-2024  
Manual

Signature: Lloyd M. Constant  
Typed or Printed

Company Name: Andros Roofing \* Construction

Address: 2706 Atlantic Ave, Fort Pierce, FL 34947



# REVISED BID RESPONSE FORM

<b>Bid Item</b>	<b>SHIP RESIDENTIAL REHABILITATION – 902 HICKORY STREET FORT PIERCE, FL 34947</b>		
<b>Bid Number</b>	2024-042	<b>Due Date &amp; Time</b>	4:00PM, FRIDAY, JULY 05, 2024

This project should be bid according to the housing rehabilitation specifications. The offeror agrees to furnish the following items or services to the City of Fort Pierce at the place specified, in accordance with specifications herein at the prices quoted below:

ITEM DESCRIPTION	TOTAL COST
Renovate bathroom #1 – include walk-in shower/grab rails/lights. <span style="float: right;">3950</span>	\$ 5937.50
Renovate bathroom #2 <span style="float: right;">5500</span>	\$ 6,875
Replace main entry door <span style="float: right;">550</span>	\$ 687.50
Replace side entry door <span style="float: right;">550</span>	\$ 687.50
Replace/install main entry light <span style="float: right;">160</span>	\$ 200.00
Replace rear door <span style="float: right;">550</span>	\$ 687.50
Replace pitch roof <span style="float: right;">10,400</span>	\$ 10,400
Replace/Repair fascia and soffit <span style="float: right;">5,000</span>	\$ 5,000
Replace 12 windows – impact <span style="float: right;">9600</span>	\$ 12,960
Repair exterior & interior wall (include paint) <span style="float: right;">1,200</span>	\$ 1,620
Replace HVAC <span style="float: right;">7000</span>	\$ 9,450
Replace air vents <span style="float: right;">150</span>	\$ 202.50
Repair plumbing under kitchen sink <span style="float: right;">500</span>	\$ 675.00
Replace kitchen sink and faucet <span style="float: right;">510</span>	\$ 688.50
Misc plumbing repairs <span style="float: right;">500</span>	\$ 675.00
Repair rotten wood siding including front windows (front of the house) (including paint) <span style="float: right;">1500</span>	\$ 2,025.00
Misc electrical repair <span style="float: right;">600</span>	\$ 750.
Permits <span style="float: right;">1500</span>	\$ 1,500
	\$
<b>TOTAL</b>	<b>\$ 60,021.00</b>

The Bidder hereby acknowledges receipt of the following addenda:

ADDENDUM NO.	ADDENDUM DATE
1	July 1, 2024

Vendor: Andros Roofing \* Construction LLC

Address: 2706 Atlantic Ave

City, State, Zip Code: Fort Pierce, FL 34947

Email Address: androsconstruction@gmail.com

Typed Name & Title: \_\_\_\_\_

Signature: [Handwritten Signature] Date: 07-05-2024

Telephone No.: 772-475-4915 Fax No.: \_\_\_\_\_

(\*Please include Remit to address if different than address stated above)

Remit To: See above

Check block below for applicable minority indicator:

MINORITY	CHECK BOX
Asian Indian	
Black	✓
Asian Pacific	
Hispanic	
Native American	
Small Business	✓
Women Owned	
Small Disadvantage Business	✓

## CITY OF FORT PIERCE BIDDER'S CHECKLIST

This checklist is provided to assist each Bidder in the preparation of their bid response. Included in this checklist are important requirements, which is the responsibility of each Bidder to submit with their response in order to make their response fully compliant. This checklist is only a guideline, it is the responsibility of each Bidder to read and comply with the Invitation to Bid in its entirety.

**Check "Yes" or "No" to each of the following:**

	YES	NO
Is Invitation to Bid cover page (page 1) completed, signed, and attached?	✓	
Include proof of proper insurance as stated in bid documents.	✓	
Are all of the Required forms complete and included?	✓	
Is Bid Response Form completed, signed, and attached?	✓	
All prices have been reviewed for mathematical accuracy, all price corrections initialed, and all price extensions and totals thoroughly checked?	✓	
Did you submit your bid electronically?	✓	
<b>For Hard Copy Submissions Only:</b> Are two (2) complete bid packages included (one original and one copy)		
<b>For Hard Copy Submissions Only:</b> Bid envelope is marked accordingly.		
Have you made sure your corporate address matches your Sunbiz information ?	✓	
Is each Bid Addendum (when issued) signed and included?	✓	

**PLEASE SIGN AND RETURN WITH BID**

