

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: Madison White, 772-467-3102

Bid No: 2025-023

Mandatory Site-Visit:
10:00 A.M, THURSDAY, MARCH 6, 2025

Bid Title: CDBG Residential Rehabilitation –
2803 Avenue M

Mandatory Site-Visit Location:
2803 AVENUE M,
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:
3:00 PM, WEDNESDAY, MARCH 19, 2025

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

Bidder Name:

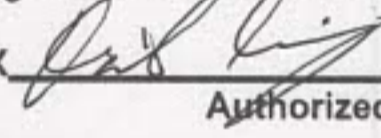
Zorian LLC

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:

1875 11th St SW

Vero Beach, FL 32962

x 

Authorized Signature (Manual)

City, State, Zip Code:

Vero Beach, FL, 32962

Typed or Printed Name:

Daniel Irving

Type of Entity (Select one):

Corporation

Partnership

Proprietorship

Title:

Managing Member

Incorporated in the State of: FL **Year:** 2024

Delivery in 90 **days, ARO**

Phone Number: (772) 708-6772

Payment Terms: Net 30 Days

Fax Number:

FEIN or SS Number: 93-4453552

E-Mail Address: zorianllc@outlook.com

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

Bid Security is attached, when required, in the amount of \$ _____

If returning as a "No Bid" state reason:

F.O.B. DESTINATION

THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR BID

Bid No. 2025-023



Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion

Contractor Covered Transactions

- (1) The prospective contractor of the Recipient, Zorion LLC,
(Contractor's Name)
certifies by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal Department or Agency.
- (2) Where the Recipient's contractor's is unable to certify to the above statement, the prospective contractor shall attach an explanation to this form.

Zorion LLC
(Contractor's Name)

Daniel Irving
(Authorized Signature)

Daniel Irving
(Print Name)

Managing Member
(Title)

1875 11th Ct SW
(Street and Address)

Vero Beach, FL, 32962
(City, State, Zip)

City of Fort Pierce
(Recipient's Name)

Date: 3/18/2025

Division Contract Number

Materials are guaranteed for how many years? 1yr

Bid Response Form
Page 2 of 2

Vendor: Zorion LLC

Address: 1875 11th Ct SW

City, State, Zip Code: Vero Beach, FL, 32962

Email Address: Zorion LLC @ outlook.com

Typed Name & Title: Daniel Irving - Managing Member

Signature: *Daniel Irving* Date: 3/18/25

Telephone No.: (772) 708-6772 Fax No.: _____

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

Remit To: _____

Check block below for applicable minority indicator:

| MINORITY | CHECK BOX |
|-----------------------------|-------------------------------------|
| Asian Indian | |
| Black | <input checked="" type="checkbox"/> |
| Asian Pacific | |
| Hispanic | |
| Native American | |
| Small Business | |
| Women Owned | |
| Small Disadvantage Business | |



REVISED BID RESPONSE FORM

| | | | |
|-------------------|--|----------------------------|-----------------------------------|
| Bid Item | CDBG RESIDENTIAL REHABILITATION – 2803 AVENUE M | | |
| Bid Number | 2025-023 | Due Date & Time | 3:00PM, WEDNESDAY, MARCH 19, 2025 |

This project should be bid on 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 |
|---|---------------------|
| Repair bathroom – ADA compliant | \$ 12,680.20 |
| Replace main entry door | \$ 1,430.00 |
| Replace 2 exterior doors | \$ 2,200.00 |
| Replace patch/flat roof | \$ 27,000.00 |
| Misc. wood trim/drywall repair (include bullet hold impression) | \$ 498.88 |
| Replace garage door and opener | \$ 4,290.00 |
| Replace 12-impact windows | \$ 18,500.00 |
| Replace wall condition/engineer (rear porch) | \$ 3,500.00 |
| Replace 2 sliding doors – impact | \$ 9,500.00 |
| Replace 2 interior doors | \$ 900.00 |
| Install doorbell | \$ 53.66 |
| Remove wood siding with stucco | \$ 2,500.00 |
| Replace front entry light fixture | \$ 83.81 |
| Replace rear entry light fixture | \$ 83.81 |
| Repair ceiling and drywall damage from roof leak | \$ 2,500.00 |
| Permits | \$ 1,500.00 |
| | \$ |
| TOTAL | \$ 87,220.36 |

Please respond to the following questions:

| | |
|---|---------|
| This project will be completed within how many calendar days after the notice to proceed is issued. | 90 days |
| Work is guaranteed for how many years? | 1yr |

March 13, 2025



CITY OF FORT PIERCE

CDBG RESIDENTIAL REHABILITATION – 2803 AVENUE M

BID NO. 2025-023

ADDENDUM NO. 1

The purpose of this addendum is to modify the scope of work and to include revised bid response form.

Scope of Work Modifications

The following items were added to the Scope of Work:

- Replace front entry light fixture
- Replace rear entry light fixture
- Repair ceiling and drywall damage from roof leak

Revised Bid Response Form

See attached the Revised Bid Response Form. This form should be used for submitting your bid response.

All other conditions of this bid remain the same.

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

Signature: *[Handwritten Signature]* Manual Date: 3/18/25

Signature: *[Handwritten Signature]* Typed or Printed

Company Name: ZORION LLC

Address: 1875 11th St SW Vero beach, FL 32962



DRUG~FREE WORKPLACE FORM

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

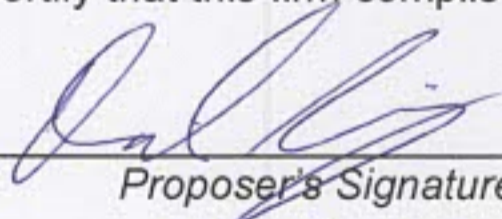
Zorian LLC

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.



Proposer's Signature

12/19/2024

Date



NON-COLLUSION AFFIDAVIT FOR PRIME BIDDER

STATE OF Florida

COUNTY OF Saint Lucie

Daniel Irving, being first duly sworn, deposes and says:

That he is Partner/Managing Member
(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.

Zorion LLC
(Firm Name)

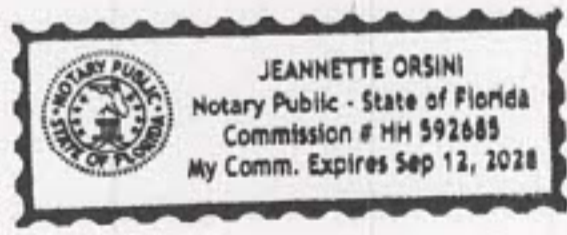
By: Daniel Irving

Title: Partner/Managing Member

Subscribed and sworn to before me this 19
day of, December 2024.

Jeannette Orsini
Notary Public

My Commission expires: (Seal)
Sept. 12, 2028



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 Daniel Irving Partner / Managing Member
(Print individual's name and title)
for Zorian LLC
whose business address is 1875 11th Court SW, Vero Beach, FL 32962
(If applicable) its Federal Employer Identification Number (FEIN) is 93-4453552

(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)
12/19/2024

(Date)

STATE OF Florida
COUNTY OF Osceola

PERSONALLY APPEARED BEFORE ME, the undersigned authority Daniel Irving
(Name of individual signing)

Who, after first being sworn by me, affixed his/her signature in the space provided above on this
day 19 of December, 2024.



Jeannette Orsini
(NOTARY PUBLIC)

My Commission Expires: Sept. 12, 2028



E-VERIFY AFFIRMATION STATEMENT

Description: CDBG RESIDENTIAL REHABILITATION — 2803 AVENUE M

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: Zorian LLC

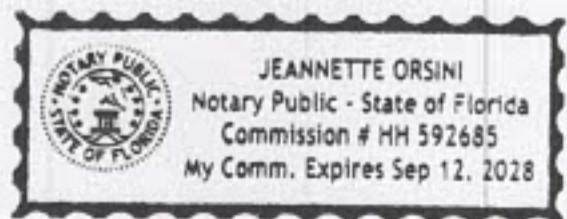
Authorized Company Person's Signature: [Signature]

Authorized Company Person's Title: Partner / Managing Member

Date: 12/19/2024

STATE OF FLORIDA
 COUNTY OF Osceola
 Sworn (or affirmed) and subscribed before me by means of physical presence or online notarization this 19 day of December, 2024 by Daniel Irving, who is personally known or produced identification (ID produced: Florida Driver License).

Signature: [Signature] (Seal)
 NOTARY PUBLIC
 My Commission Expires: Sept. 12, 2028





**CITY OF FORT PIERCE
AFFIDAVIT REGARDING THE USE COERCION
FOR LABOR OR SERVICES**

Vendor name: Zorian LLC

Authorized Representative's Name and Title: Daniel Irving Partner/Managing Member

Address: 1875 11th court SW

City: Vero Beach State: FL Zip Code: 32962

Phone Number: (772) 708-6772 Email Address: Zorianllc@outlook.com

Section 787.06(13), Florida Statutes, requires all nongovernmental entities executing, renewing, or extending a contract with a governmental entity to provide an affidavit signed by an officer or representative of the nongovernmental entity under penalty of perjury that the nongovernmental entity does not use coercion for labor or services as defined in that statute. As the person authorized to sign on behalf of Vendor, I certify that the company identified does not:

1. Use or threaten to use physical force against any person;
2. Restrain, isolate, or confine or threaten to restrain, isolate, or confine any person without lawful authority and against her or his will;
3. Use lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied toward the liquidation of the debt, the length and nature of the labor or services are not respectively limited and defined;
4. Destroy, conceal, remove, confiscate, withhold, or possess any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification document, of any person;
5. Cause or threaten to cause financial harm to any person;
6. Entice or lure any person by fraud or deceit; or
7. Provide a controlled substance as outlined in Schedule I or Schedule II of section 893.03, Florida Statutes, to any person for the purpose of exploitation of that person.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

By: [Signature] Daniel Irving Partner/Managing Member 12/19/2024

Authorized Signature

Printed Name and Title

Date

STATE OF FLORIDA
COUNTY OF Osceola

Sworn (or affirmed) and subscribed before me by means of physical presence or online notarization

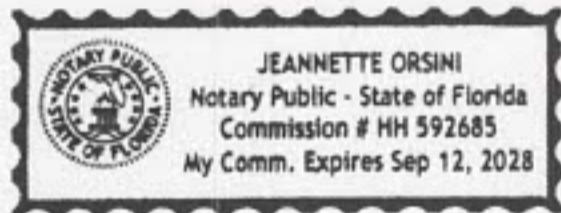
this 19 day of December, 2024 by Daniel Irving, who is

personally known or

produced identification (ID produced: Florida Driver License).

Notary Public Signature: Jeannette Orsini (Seal)

Print Name: Jeannette Orsini My Commission Expires: Sept. 12, 2028





REFERENCES

BID NO. 2025-010

CDBG RESIDENTIAL REHABILITATION OF 2803 AVENUE M

| | |
|------------------------------------|---|
| Contact Person & Title | Roderick Waller |
| Email Address | rodwaller1@gmail.com |
| Phone No. | (772) 201-2850 |
| Company Name | Sunrise city community Housing development Org Inc. |
| Mailing Address | PO Box |
| City, State, Zip | Fort Pierce, FL, 34948 |
| Type of commercial work contracted | General Contracting |
| Contact Person & Title | Benjamin Tarver - Project Manager |
| Email Address | Betarver@wgyates.com |
| Phone No. | (901) 487-7903 |
| Company Name | Yates Construction |
| Mailing Address | 22 Century Boulevard suite 140 |
| City, State, Zip | Nashville, TN 37214 |
| Type of commercial work contracted | Managed Install of commercial packing equipment |



REFERENCES

BID NO. 2025-010

CDBG RESIDENTIAL REHABILITATION OF 2803 AVENUE M

| | |
|------------------------------------|---|
| Contact Person & Title | Philip Blalock - Project Manager |
| Email Address | pblalock@sametecorp.com |
| Phone No. | (704) 718-0306 |
| Company Name | Samet Corp. |
| Mailing Address | 5430 Wade Park Blvd suite 110 |
| City, State, Zip | Raleigh, NC 27607 |
| Type of commercial work contracted | Managed install of commercial parking equipment |
| Contact Person & Title | |
| Email Address | |
| Phone No. | |
| Company Name | |
| Mailing Address | |
| City, State, Zip | |
| Type of commercial work contracted | |

Bid Clarification

To the City of Fort Pierce Purchasing Department:

We realize that the certificate of insurance included does not include the workers compensation or automobile insurance that as needed as noted in the invitation to bid. We are working with our insurance provider and will provide proof of all insurance required before start of work. Please let us know if any other clarifications are needed for this bid package.

Best,

Daniel Irving-Partner/Managing Member

Zorion LLC

1875 11th Ct SW

Vero Beach, FL 32962





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

IRVING, DANIEL

ZORION LLC

1875 11CT SW

VERO BEACH FL 32962

LICENSE NUMBER: CGC1536058

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at MyFloridaLicense.com



ISSUED: 05/27/2024

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.

**Request for Taxpayer
 Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)
Zorion LLC

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.
 Individual/sole proprietor C corporation S corporation Partnership Trust/estate
 LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) **P**
Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.
 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____
 (Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions

5 Address (number, street, and apt. or suite no.). See instructions.
1875 11th Ct SW

6 City, state, and ZIP code
Vero Beach, FL 32962

7 List account number(s) here (optional)

Requester's name and address (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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

| | | | | | | | | |
|--------------------------------|---|---|---|---|---|---|---|---|
| Social security number | | | | | | | | |
| | | | - | | | | | |
| OR | | | | | | | | |
| Employer identification number | | | | | | | | |
| 9 | 3 | - | 4 | 4 | 5 | 3 | 5 | 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); and
- 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 *Rilby* Date **3/14/2025**

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



CERTIFICATION REGARDING SCRUTINIZED COMPANIES LISTS

Respondent Name: Zorion LLC

Respondent's Authorized Representative Name and Title: Daniel Irving

Managing Member

Address: 1875 11th Ct SW

City: Vero Beach State: FL Zip: 32962

Phone Number: (772) 708-6772 Respondent FEIN: 93-4453552

Email Address: ZorionLLC@outlook.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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/13/2025

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).

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| PRODUCER Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306 | CONTACT NAME: PHONE (A/C, No, Ext): (855) 222-5919 E-MAIL ADDRESS: support@nextinsurance.com FAX (A/C, No): |
| | INSURER(S) AFFORDING COVERAGE INSURER A : State National Insurance Company, Inc. NAIC # 12831 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : |

COVERAGES **CERTIFICATE NUMBER:** 929377422 **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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | X | | NXTDR7YTP9-01-GL | 03/13/2025 | 03/13/2026 | EACH OCCURRENCE \$1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000.00 MED EXP (Any one person) \$15,000.00 PERSONAL & ADV INJURY \$1,000,000.00 GENERAL AGGREGATE \$2,000,000.00 PRODUCTS - COMP/OP AGG \$2,000,000.00 \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ 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 DED 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 | | | N/A | | | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| A | Contractors Errors and Omissions | X | | NXTDR7YTP9-01-GL | 03/13/2025 | 03/13/2026 | Each Occurrence: \$25,000.00 Aggregate: \$50,000.00 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Certificate Holder is St. Lucie County. This Certificate Holder is an Additional Insured on the General Liability policy per the Additional Insured Automatic Status Endorsement. NEXT will endeavor to provide this Certificate Holder with written notice of cancellation 30 days in advance for any of the following policies: General Liability. All Certificate Holder privileges apply only if required by written agreement between the Certificate Holder and the insured, and are subject to policy terms and conditions.

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| CERTIFICATE HOLDER St. Lucie County 2300 Virginia Ave Fort Pierce, FL 34982 | LIVE CERTIFICATE  Click or scan to view | 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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