
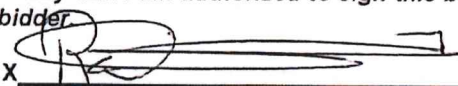


<p>DELIVER TO: City of Fort Pierce, Purchasing Division Room 101 100 North U.S. #1 Fort Pierce, FL 34950</p> <p>MAIL TO: City of Fort Pierce Purchasing Division, Room 101 P.O. Box 1480 Fort Pierce, FL 34954-1480</p>	<p align="center">CITY OF FORT PIERCE</p>  <p align="center">INVITATION TO BID and BIDDER ACKNOWLEDGMENT</p>
<p>Bid Writer: Madison White, 772-467-3102</p>	<p>Bid No: 2025-007</p>
<p>Mandatory Site-Visit / Pre-Bid Conference Date: 10:00 AM, THURSDAY, DECEMBER 5, 2024</p>	<p>Bid Title: SUNRISE THEATRE CHILLER REPLACEMENT</p>
<p>Mandatory Site-Visit/ Pre-Bid Conference Location: <p align="center">SUNRISE THEATRE 117 S 2ND STREET, FORT PIERCE, FL 34950</p> </p>	<p>Bid Opening Location: City of Ft. Pierce Purchasing Division Room 101 100 North U.S. #1, 1st Floor Ft. Pierce, Florida 34950</p>
<p>Bid Due Date & Time: 3:00 PM, TUESDAY, DECEMBER 17, 2024</p>	<p>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.</p>
<p>Bidder Name: Airstron LLC</p> <hr/> <p>Mailing Address: 1559 SW 21st Ave</p> <hr/> Ft. Lauderdale, FL 33312	<p><i>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.</i></p> <p>X </p> <p align="center">Authorized Signature (Manual)</p>
<p>City, State, Zip Code: Ft. Lauderdale, FL 3312</p>	<p>Typed or Printed Name: Robert Pascucci</p>
<p>Type of Entity (Select one):</p> <p>Corporation <input checked="" type="checkbox"/> X</p> <p>Partnership <input type="checkbox"/></p> <p>Proprietorship <input type="checkbox"/></p>	<p>Title: VP Sales and Service</p>
<p>Incorporated in the State of: FL Year: 2025</p>	<p>Delivery in _____ days, ARO</p>
<p>Phone Number: 954-923-1564</p>	<p>Payment Terms: Net 30 Days</p>
<p>Fax Number:</p>	<p>FEIN or SS Number: 59-2525449</p>
<p>E-Mail Address: JJUREK@AIRSTRON.COM</p>	<p>Local Business: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N MWBE: <input type="checkbox"/> Y <input type="checkbox"/> N</p>
<p>Bid Security is attached, when required, in the amount of \$ _____</p> <p align="center">F.O.B. DESTINATION</p>	<p>If returning as a "No Bid" state reason:</p>
<p align="center">THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR BID</p>	



THE SUNRISE CITY
FORT PIERCE
PURCHASING
DEPARTMENT

Florida

DRUG~FREE WORKPLACE FORM

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

Airstron, 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 employee's 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.



Bidder's Signature

1/16/25

Date



NON-COLLUSION AFFIDAVIT FOR PRIME BIDDER

STATE OF Florida

COUNTY OF Broward

Robert Pascucci, being first duly sworn, deposes
and says:

That he is an Officer of the Firm
(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.

Airstron, LLC

(Firm Name)

By: Robert Pascucci

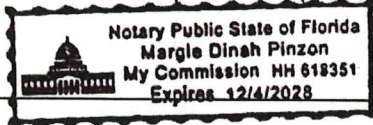
Title: VP Sales and Service

Subscribed and sworn to before me this 16th

day of, JANUARY 2025

Notary Public

My Commission expires: (Seal)



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 Robert Pascucci, VP Sales and Service
(Print individual's name and title)
for Airstron, LLC
whose business address is 1559 SW 21st Ave, Ft. Lauderdale, FL 33312
(If applicable) its Federal Employer Identification Number (FEIN) is 59-2525449

(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
 - b. 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.

c. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall 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)

1/16/2025

(Date)

STATE OF Florida

COUNTY OF Broward

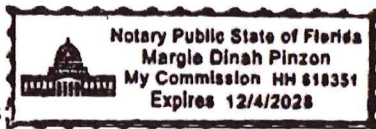
PERSONALLY APPEARED BEFORE ME, the undersigned authority ROBERT PASCUCCI
(Name of individual signing)

Who, after first being sworn by me, affixed his/her signature in the space provided above on this
day 16th of JANUARY, 20 25.



(NOTARY PUBLIC)

My Commission Expires





E-VERIFY AFFIRMATION STATEMENT

Description: SUNRISE THEATRE CHILLER REPLACEMENT

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 Airstron, LLC
 Authorized Company Person's Signature: [Signature]
 Authorized Company Person's Title: VP Sales and Service
 Date: 1/16/2025

STATE OF FLORIDA
 COUNTY OF Broward

Sworn (or affirmed) and subscribed before me by means of physical presence or online notarization this 16th day of JANUARY, 2025 by ROBERT PASCUCCI, who is

personally known or produced identification (ID produced: _____).

Signature: [Signature] (Seal)

NOTARY PUBLIC

My Commission Expires: _____





CERTIFICATION REGARDING SCRUTINIZED COMPANIES LISTS

Respondent Name:	Airstron, LLC		
Respondent's Authorized Representative Name and Title:	Robert Pascucci VP Sales and Service		
Address:	1559 SW 21st Ave		
City:	Fort Lauderdale	State:	FL Zip: 33312
Phone Number:	954-923-1564	Respondent FEIN:	59-2525449
Email Address:	JJUREK@AIRSTRON.COM		

Section 287.135, Florida Statutes prohibits a company from bidding on, submitting a proposal/bid 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 company to civil penalties, attorney's fees, and/or costs.



CITY OF FORT PIERCE

AFFIDAVIT REGARDING THE USE COERCION FOR LABOR OR SERVICES

Vendor name: Airstron, LLC

Authorized Representative's Name and Title: Robert Pascucci, VP Sales and Service

Address: 1559 SW 21st Ave

City: Fort Lauderdale State: FL Zip Code: 33312

Phone Number: 954-923-1564 Email Address: JJUREK@AIRSTRON.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.


	Robert Pascucci, VP Sales and Service	1/16/2025
Authorized Signature	Printed Name and Title	Date

STATE OF FLORIDA
COUNTY OF Broward

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

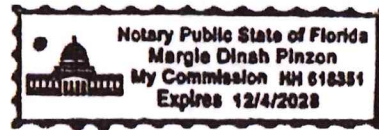
this 16th day of JANUARY, 2025 by ROBERT PASCUCCI, who is

- personally known or
- produced identification (ID produced: _____).

Notary Public Signature:  (Seal)

Print Name: MARGIE DINAH PINZON

My Commission Expires 12/4/28





REFERENCES

BID NO. 2025-007 SUNRISE THEATRE CHILLER REPLACEMENT

Bidders shall submit as a part of the bid package, a minimum of two (2) Customer references with name of the customer, address, contact person, telephone number, and a description of the work completed.

Contact Person & Title	Stephen Landry
Email Address	Stephen.Landry@trane.com
Phone No.	561-683-3306
Company Name	Trane Technologies
Mailing Address	6969 Vista Parkway, Unit #11
City, State, Zip	West Palm Beach, FL 33411
Description of Work	Water Cooled Chiller Replacements
Contact Person & Title	Bob Ettswold
Email Address	bob.ettswold@stlucieco.org
Phone No.	772-267-4517
Company Name	St. Lucie County
Mailing Address	2300 Virginia Ave
City, State, Zip	Ft. Pierce, FL 34982
Description of Work	AHU Changeouts

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.

Print or type. See Specific instructions on page 3.	<p>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.)</p> <p>AIRSTRON, LLC</p>	
	<p>2 Business name/disregarded entity name, if different from above.</p>	
	<p>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.</p> <p><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) S</p> <p style="font-size: x-small;">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.</p> <p><input type="checkbox"/> Other (see instructions)</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right; font-size: x-small;">(Applies to accounts maintained outside the United States.)</p>
	<p>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 <input type="checkbox"/></p>	
	<p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p>1559 SW 21ST AVENUE</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p> <p>FORT LAUDERDALE, FLORIDA 33312</p>	
	<p>7 List account number(s) here (optional)</p>	

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.

Social security number													
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or													
Employer identification number													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</td> </tr> </table>	5	9	-	2	5	2	5	4	4	9			
5	9	-	2	5	2	5	4	4	9				

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.

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person <i>Paula Szymanski, Controller</i>	Date 1-6-2025
------------------	---	----------------------

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



BID RESPONSE FORM

Bid Item	SUNRISE THEATRE CHILLER REPLACEMENT		
Bid Number	2025-007	Due Date & Time	3:00PM, TUESDAY, DECEMBER 17, 2024

The offeror agrees to furnish the following items and associated 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
Furnish and installation of a 100-ton air cooled, packaged chiller (Model #CGAM100A2 or comparable), with scroll compressors.	\$ 181,740. ⁰⁰
Two (2) Bell & Gossett Centrifugal Pumps	\$ 60,580. ⁰⁰
TOTAL	\$ 242,320.⁰⁰
Total price should include ALL associated items and services specified in the Statement of Work.	

VENDOR INFORMATION

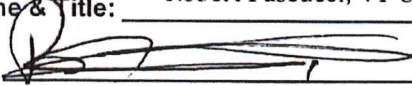
Vendor Name: Airstron, LLC

Address: 1559 SW 21st Ave

City, State, Zip Code: Fort Lauderdale, FL 33312

Email Address: JJUREK@AIRSTRON.COM

Typed Name & Title: Robert Pascucci, VP Sales and Service

Signature:  Date: 1/16/2025

Telephone No.: 954-923-1564 Fax No.: _____

Please include Remit to address below if different than address stated above

(*Remit To: _____)

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?	X	
Are you registered on Demandstar to receive addendums?	X	
Did you include proof of insurance as stated in bid documents.	X	
Are all the Required forms complete and included?	X	
Have you checked your bid for proper organization, tabs are correct?	X	
Hard Copy Submissions. Confirmation of one (1) original and one (1) copy on a flash drive.	X	
Did you submit your bid electronically?		X
Have you made sure your corporate address matches your Sunbiz information?	X	
Is each Addendum (when issued) signed and included?	X	

PLEASE SIGN AND RETURN WITH BID



December 16, 2024



CITY OF FORT PIERCE

SUNRISE THEATRE CHILLER REPLACEMENT

BID# 2025-007


ADDENDUM NO. 1

The purpose of this addendum is to extend the bid due date from 3:00 P.M., December 17, 2024 to:

3:00 P.M., FRIDAY, JANUARY 3, 2025

All other conditions of this bid remain the same.

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

Signature: 
Manual

Signature: Robert Pascucci
Typed or Printed

Company Name: Airstron, LLC

Address: 1559 SW 21st
Fort Lauderdale, FL 33312

Date: 1/16/25

/mg

December 27, 2024



CITY FORT PIERCE

SUNRISE THEATRE CHILLER REPLACEMENT

BID# 2025-007

ADDENDUM NO. 2

The purpose of this addendum is to respond to questions submitted by potential bidders and extend the last day for questions as listed below. An addendum addressing the remaining questions previously submitted will be posted once a response is received from the project manager. The Bid Due Date is extended from 3:00PM, Friday, January 3, 2025, to:

10:00 AM, FRIDAY, JANUARY 17, 2025

Additional questions must be received no later than **5:00PM, Wednesday, January 8, 2025.**

- 1. QUESTION:** Will temporary air conditioning be required, or will it be possible to shut the air off for a week while we change the chiller and pumps?

ANSWER: Yes, we will require temporary air conditioning throughout the facility while the chiller and pumps are being replaced.
- 2. QUESTION:** How is the existing HVAC System controlled?

ANSWER: Currently controlled via Siemens Desigo automation control
- 3. QUESTION:** After reviewing I could not locate any drawings for this project, will there be any uploaded or did I look pass them on accident.

ANSWER: Please see the two (2) drawings attached to the posting of this bid on the City Website and Demandstar titled: "HVAC Plans" and "SunriseCompleteArchSet". See below for the links to the bid posting.
- 4. QUESTION:** Is there a need for a Temporary Chiller?

ANSWER: Yes, we will require temporary air conditioning throughout the facility while the chiller and pumps are being replaced.
- 5. QUESTION:** Chiller being replaced has a belimo 3-way valve installed in piping, is this to be replaced?

ANSWER: Yes, all accessories that are currently installed should be replaced to allow the system to run as required.

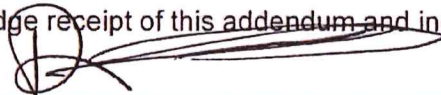
6. **QUESTION:** The chilled water pumps have existing triple duty and suction diffusers, are these to be replaced?
- ANSWER:** Yes, assuming new pumps are similar in function they should maintain the same specifications and diffusers to ensure system reliability and longevity.
7. **QUESTION:** The old chiller is not secured to the beams. The newer chill is secured with stainless cable, is this the method for the new chiller?
- ANSWER:** The new chiller should be secured to the building utilizing all standard safety practices.
8. **QUESTION:** Is the working schedule weekdays 7:00-5:00 or does the project need to be done during weekends?
- ANSWER:** The working schedule would be during weekdays; weekends are possible if needed.

Website Links:

City of Fort Pierce Bid Posting – <https://www.cityoffortpierce.com/bids.aspx?bidID=309>
 Demandstar Bid Posting -- <https://www.demandstar.com/app/buyers/bids/481924/details>

All other conditions of this bid remain the same.

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

Signature:  _____

Manual

Robert Pasucci

Signature: _____

Typed or Printed

Company Name: Airstron, LLC

Address: 1559 SW 21st Ave

Fort Lauderdale, FL 33312

Date: 1/16/25

/mw

January 6, 2025



CITY FORT PIERCE

SUNRISE THEATRE CHILLER REPLACEMENT

BID# 2025-007

ADDENDUM NO. 3

The purpose of this addendum is to respond to questions submitted by potential proposers for clarification of the proposal specifications:

1. **QUESTION:** Do you have a spec sheet for the pumps, need to know the flow rate required along with other information?

ANSWER: The drawings under the bid posting should give the required specifications for the pump. Unfortunately, that is the only information I have available for the pump.

2. **QUESTION:** There is a large junction box in front of the area were the disconnect for the chiller will be. Has anyone verified with the inspector that this will be allowed normally there cannot be any tripping hazards within 42 inches.

ANSWER: I have not been able to have an inspector come to the site as of now. I think the best course of action would be to install the product to the normal specifications including any tripping hazards.

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

Signature: Robert Pascucci

Typed or Printed

Company Name: Airstron, LLC

Address: 1559 SW 21st Ave

Fort Lauderdale, FL 33312

Date: 1/16/25

/mw

January 10, 2025



CITY FORT PIERCE

SUNRISE THEATRE CHILLER REPLACEMENT

BID# 2025-007

ADDENDUM NO. 4

The purpose of this addendum is to respond to questions submitted by potential proposers for clarification of the proposal specifications:

1. **QUESTION:** Are there taps installed for temporary chiller hook-up, if there are, what are their locations?
ANSWER: I am not aware of any taps installed for temporary chiller hookup.
2. **QUESTION:** Is there a power hook-up for temporary chiller, if so, where is its location?
ANSWER: We have a 600A Non-Isolated Three Phase Disconnect with Cam Lock tails located in the main power room on the second-floor backstage. To utilize this power, you would need to supply at least 200' of cam lock feeder to get to the temporary chiller.
3. **QUESTION:** Belimo control valve doesn't appear to be on Siemens as built, are there any specifics regarding the valve?
ANSWER: Unfortunately, I am unaware of any specifics to the control valve.
4. **QUESTION:** Can the temporary chiller be placed at the rear of the building, left on a flatbed?
ANSWER: Yes, it would need to be located behind the theatre on the north side of the building nearest to the backup generator, to allow traveling events to best utilize our space.

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

Signature: Robert Pascucci
Typed or Printed

Company Name: Airstron, LLC

Address: 1559 SW 21st Ave
Fort Lauderdale, FL 33312

Date: 1/16/25

/mw



CERTIFICATE OF LIABILITY INSURANCE

4/1/2025

DATE (M/WD/YYYY)
1/15/2025

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).

PRODUCER Lockton Companies, LLC 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000 kcasu@lockton.com	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	XL Insurance America, Inc.	24554
INSURER B:	Greenwich Insurance Company	22322
INSURER C:	Allied World National Assurance Company	10690
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
1304803 AIRSTRON, LLC
1559 SW 21ST AVE
FORT LAUDERDALE FL 33312-3159

COVERAGES CERTIFICATE NUMBER: 17642320 REVISION NUMBER: XXXXXXXX

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	ADD'L SUBR INSD' WVD'	POLICY NUMBER	POLICY EFF (M/WD/YYYY)	POLICY EXP (M/WD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	N N	RGD300147505	4/1/2024	4/1/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COM/POP AGG \$ 4,000,000 OTHER: \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	N N	RAD943796405	4/1/2024	4/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX OTHER: \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTIONS \$0	N N	0313-7473	4/1/2024	4/1/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 OTHER: \$ XXXXXXXX
A	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 N N/A	RWD300147605 STOP GAP: ND, OH, WA, WY	4/1/2024	4/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.

CERTIFICATE HOLDER

17642320
SUNRISE THEATRE
117 S 2ND STREET
FT PIERCE FL 34950

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

Joseph M. Amello



CERTIFICATE OF LIABILITY INSURANCE

4/1/2025

DATE (MM/DD/YYYY)

1/17/2025

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).

PRODUCER Lockton Companies, LLC 444 W. 47th St., Ste. 900 Kansas City MO 64112-1906 (816) 960-9000 keasu@lockton.com	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): _____	FAX (A/C, No): _____
E-MAIL ADDRESS: _____		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: XL Insurance America, Inc.		24554
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INSURER C: Allied World National Assurance Company		10690
INSURER D:		
INSURER E:		
INSURER F:		

INSURED 1304803 AIRSTRON, LLC 1559 SW 21ST AVE FORT LAUDERDALE FL 33312-3159
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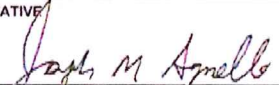
COVERAGES **CERTIFICATE NUMBER:** 21308575 **REVISION NUMBER:** XXXXXXX

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
B	<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 OTHER: _____	N	N	RGD300147505	4/1/2024	4/1/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COM/OP AGG \$ 4,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	N	N	RAD943796405	4/1/2024	4/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ XXXXXXX BODILY INJURY (Per accident) \$ XXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXX \$ XXXXXXX
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 50	N	N	0313-7473	4/1/2024	4/1/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXX
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 City of Fort Pierce and their Members, Officials, and Employees

CERTIFICATE HOLDER**CANCELLATION**

21308575 City of Fort Pierce Attn: Purchasing Department P.O. Box 1480 Fort Pierce FL 34954	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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Airstron Mechanical

Building Efficiency and Sustainability

A Service Logic Company

AIR CONDITIONING / REFRIGERATION
SALES / SERVICE / INSTALLATIONS
532 NW Mercantile PL. #102 Port St Lucie FL 34986
St Lucie (772) 924-3000 • Fax (772) 336-5513 • CMC1251258

January 17th, 2025

Sunrise Theatre
117 S 2nd St
Ft Pierce, FL 34950

RE: Sunrise Theatre 100 Ton Chiller Replacement

ATTN: Maddison White/Ryan Holland

I would like to take a moment to thank you for including Airstron, Inc. in the proposal for the 100-ton air cooled chiller replacement project, we understand that you have a choice in contractors to perform this work and appreciate that you have chosen to include us.

Based on the information collected during site visit our intended scope of work for this project will be:

Scope of work:

- Provide and install one Trane 100-Ton air cooled chiller, two Bell & Gossett chill water pumps, two Bell & Gossett triple duty valves, two Bell & Gossett suction diffusers, seven butterfly isolation valves, and associated piping
- Schedule shut down to replace chiller isolation valves
- De-energize chiller and install lock out tag out device on breaker
- Perform shut down and drain chiller water
- Remove existing isolation valves
- Install new isolation valves, fill system and leak check
- Remove lock out tag out device and energize chiller
- Ensure proper functionality of system
- Schedule 100-Ton air cooled chiller replacement. With the new isolation valves that will be installed prior to the air-cooled chiller replacement, there will be no need for temporary cooling. We will be able to provide cooling to building from chiller #2.
- De-energize existing chiller #1 and chill water pump #1 install lock out tag out device
- Remove electrical whip from chiller #1 and chill water pump #1
- Remove existing controls
- Close/isolate valves on chiller #1 and chill water pump #1
- Remove existing chill water control valve

- Disconnect associated supply and return chill water piping for removal of chiller #1
- Rig and remove chiller #1 and chill water pump #1
- Rig and set new chiller #1 and chill water pump #1
- Stage new chill water pump #2 in location on roof to be installed after chill water pump #1 is up and running
- Install/weld new piping, associated fittings on chill water supply and return loop
- Install new chill water control valve
- Fill chill water system and leak check
- Open isolation valves for chiller #1 and chill water pump #1
- Re-install controls
- Re-connect electrical whip
- Remove lock out tag out device and energize chiller
- Startup of chiller/pump and ensure proper functionality
- Install lock out tag out device on breaker for chill water pump #2
- Disconnect electrical from chill water pump #2
- Remove and install new chill water pump #2
- Re-connect electrical whip to new chill water pump #2
- Remove lock out tag out device on breaker for chill water pump #2
- Check rotation, proper amperage, and functionality
- Remove any trash or debris directly related to job scope

Working hours:

- Chiller and pump replacement quoted for normal business hours
- Isolation valve replacement quoted for after hours

Provided Equipment:

- One Trane 100-Ton Air Cooled Chiller with condenser coil coating, 5 year compressor parts warranty, 1 year parts, labor, and refrigerant warranty, and factory start up
- Two Bell & Gossett chill water pumps
- Two Bell & Gossett triple duty valves
- Two Bell & Gossett suction diffusers
- Seven butterfly isolation valves
- Siemens chill water control valve

Pricing excludes:

- Any work performed outside the scope of work as described above
- Permit pulled by Airstron funded by owner
- Any roofing
- Any fire alarm modifications
- Any engineered drawings or engineering
- Any forklifts or scissor lifts
- Any code upgrades
- Any temporary cooling

➤ Any test and balance

Any alteration or deviation above specifications involving extra costs, will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance upon above work. Workmen's Compensation and Public Liability Insurance on above work to be taken out by Airstron, Inc. Purchaser (Debtor) agrees to pay all cost of Collection damages, including a reasonable attorneys fee for collecting this account or repossessing the said property, whether Suit be brought or not. The Purchaser (Debtor) agrees that the said materials above described will not be removed from above address without prior written consent of Airstron Inc., The Seller (Secured Party). Purchaser (Debtor) waives demand and all requirements to hold it liable. All delinquent payments shall bear interest at 11.2% per month until paid.

If Airstron Inc. is required to make repairs occasioned by improper operation, damage caused by electrolytic action (either battery action or stray currents), negligence or misuse of the equipment or due to any cause beyond our control, purchaser shall reimburse Airstron, for the expenses incurred in making such repairs. It is mutually understood that replacement parts, refrigerant and service

materials must be purchased by you, from us, at our regular selling prices, and installed by us, during the terms of this contract. Any repairs, refrigerant, chemicals, and supplies deemed necessary and recommended by so for efficient operation of your installation are to be authorized by you. Unless these recommendations are accepted by you and authorization given to perform this Service, we will not furnish emergency service. Airstron shall not be liable for injuries to persons, or damages to property, except buss due to the negligent acts or omissions of Airstron employees. In no event shall Airstron be liable for any form of damage to the equipment listed in this agreement. This contract contains the entire agreement between the parties and shall become effective on the date shown below, provided it has been accepted by you and approved by us. If the customer is a corporation, or any other entity created by law, than the person executing this agreement on behalf of the customer is hereby executing this agreement as an authorized agent of the customer and in addition hereto agrees to serve as a guarantor and is personally liable for all the debts of the customer, company or corporation arising out of this contract. Any modifications in this Agreement must be done in writing and executed by all parties. It is hereby agreed by the parties that venue or jurisdiction to any litigation arising out of the terms of this contract shall be in Dade County, Florida. In the event that any provisions of this contract are found to be illegal, unenforceable or void, by any Court of law, then the remaining provisions shall remain in full force and effect. This Proposal may be withdrawn by us if not accepted within 30 Days.

Project pricing:

Proposed pricing for above listed scope: _____ \$242,320.00
Proposed pricing for above listed scope with chiller skirting: _____ \$245,926.00

Price good for 30 days from date of proposal

Respectfully,

Edward French,
Project Manager
efrench@airstron.com
863-801-3059

Airstron Mechanical
Building Efficiency and Sustainability

A Service Logic Company

Authorization to Proceed:

Signature

Print name

Date

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829

VALID OCTOBER 1, 2024 THROUGH SEPTEMBER 30, 2025

Business Name: AIRSTRON LLC

Receipt #: 183-338761
Business Type: HEATING/AIRCONDITION CONTRACTR
(MECHANICAL CONTRACTOR)

Owner Name: TYLER M BERGENS/QUAL
Business Location: 1559 SW 21ST AVE
FT LAUDERDALE
Business Phone: 954-923-1654

Business Opened: 10/13/2023
State/County/Cert/Reg: CMC1251258
Exemption Code:

Rooms Seats Employees Machines Professionals
20

For Vending Business Only						
Number of Machines:				Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
54.00	0.00	0.00	0.00	0.00	0.00	54.00

Receipt Fee 54.00
Packing/Processing/Canning Employees 0.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

**THIS BECOMES A TAX RECEIPT
WHEN VALIDATED**

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

Mailing Address:

AIRSTRON LLC
1559 SW 21ST AVE
FT LAUDERDALE, FL
33312-3159

Receipt # WWW-23-00264513
Paid 07/03/2024 54.00

2024 - 2025

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829

VALID OCTOBER 1, 2024 THROUGH SEPTEMBER 30, 2025

Business Name: AIRSTRON LLC

Receipt #: 183-338761
Business Type: HEATING/AIRCONDITION CONTRACTR
(MECHANICAL CONTRACTOR)

Owner Name: TYLER M BERGENS/QUAL
Business Location: 1559 SW 21ST AVE
FT LAUDERDALE
Business Phone: 954-923-1654

Business Opened: 10/13/2023
State/County/Cert/Reg: CMC1251258
Exemption Code:

Rooms Seats Employees Machines Professionals
20

For Vending Business Only						
Number of Machines:				Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
54.00	0.00	0.00	0.00	0.00	0.00	54.00

Receipt # WWW-23-00264513
Paid 07/03/2024 54.00

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829

VALID OCTOBER 1, 2024 THROUGH SEPTEMBER 30, 2025

Business Name: AIRSTRON LLC

Receipt #: 183-775
Business Type: HEATING/AIRCONDITION CONTRACTR
 (CERT MECHANICAL CTR)

Owner Name: TYLER M BERGENS/QUAL
Business Location: 1559 SW 21ST AVE
 FT LAUDERDALE
Business Phone: 954-923-1654

Business Opened: 05/01/1985
State/County/Cert/Reg: CMC1251258
Exemption Code:

	Rooms	Seats	Employees	Machines	Professionals	
			4			
For Vending Business Only						
	Number of Machines:			Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
27.00	3.00	0.00	0.00	0.00	0.00	30.00

Receipt Fee 27.00
 Packing/Processing/Canning Employees 0.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

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 WHEN VALIDATED**

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

Mailing Address:

AIRSTRON LLC
 1559 SW 21ST AVE
 FORT LAUDERDALE, FL
 33312-3159

Receipt # WWW-23-00275725
Paid 07/29/2024 30.00

2024 - 2025

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829

VALID OCTOBER 1, 2024 THROUGH SEPTEMBER 30, 2025

Business Name: AIRSTRON LLC

Receipt #: 183-775
Business Type: HEATING/AIRCONDITION CONTRACTR
 (CERT MECHANICAL CTR)

Owner Name: TYLER M BERGENS/QUAL
Business Location: 1559 SW 21ST AVE
 FT LAUDERDALE
Business Phone: 954-923-1654

Business Opened: 05/01/1985
State/County/Cert/Reg: CMC1251258
Exemption Code:

	Rooms	Seats	Employees	Machines	Professionals	
			4			
For Vending Business Only						
	Number of Machines:			Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
27.00	3.00	0.00	0.00	0.00	0.00	30.00

Receipt # WWW-23-00275725
Paid 07/29/2024 30.00

