



# CERTIFICATE OF COMPETENCY - REGISTERED & SPECIALTY CONTRACTORS

CITY CLERK, 100 N US HWY 1, FORT PIERCE, FL 34950  
PH: 772-467-3065 cityclerk@cityoffortpierce.com

No application will be considered by the Board unless the applicant provides all information required in Section 101-131 of the City of Fort Pierce Code of Ordinances by 5:00 pm on the TUESDAY prior to the scheduled Board Meeting.

Date:	_____
Receipt #	_____
Application Fee	\$125.00
License Amount	50.00
Total	\$175.00

Falsification of any information herein, including all supplementary pages and attachments, is grounds for disqualification or revocation.

- General Contractor
- Building Contractor
- Residential Contractor

- Plumbing Contractor
- Electrical Contractor
- Air Conditioning

- Commercial Pool
- Residential Pool
- Specialty Trade

I am qualifying for a:  Sole Proprietorship  Partnership  Corporation  LLC

Applicant Name	Nicholas Howell	State License #	RB29003945
Applicant's Title		Number of Years	
Home Address (Include City, State and Zip) 3082 SE Miracle LN PSL, FL 34952			
Applicant Phone	850-384-8500	E-Mail	FNHservicesllc@gmail.com
Citizen of United States	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth	2/19/87
Business Name	FNH Services, LLC	Classification	
Business Address (Include City, State, Zip) 3082 SE Miracle LN PSL, FL 34952			
Business Phone	772-265-0799	EIN# (If applicable)	92-063362

### Office Use Only:

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

Building Official: \_\_\_\_\_

Date: \_\_\_\_\_

Approved

Disapproved

Forward to Board for Review



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PH: 772-467-3065 cityclerk@cityoffortpierce.com

If the applicant is a Corporation or Limited Liability Company, per Section 101-131 (3)(d) City of Fort Pierce Code of Ordinances, the name and residence of all directors and officers and their interest (percentage must total 100%) therein must be provided:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List businesses owned or managed by applicant or in which the applicant has had an interest of any kind, or worked during the past five years; and the addresses of these businesses.

Date Month/year	Employer/Place of Business	Address & Phone Number	Responsibilities
From 2/23 To Present	FNH Services LLC	3082 SE Miracle Ln PSL, FL 34952	owner
From 2/2020 To 10/24	LTD Builders	5830 NW 81st Terr Parkland, FL	supervisor of construction
From			
To			
From			
To			
From			
To			

High school 4 years College 4 years Trade School \_\_\_\_\_

I have practical and working knowledge of the State Statutes and Ordinances of the City of Fort Pierce applicable to the business in which I seek to engage. I also have practical and working knowledge of the business of contracting or subcontracting, as the case may be, in which I seek to engage.

I have not been convicted of a misdemeanor involving moral turpitude or felony during the past five years and am not presently charged with committing a felony or misdemeanor.

Applicant Signature



### AFFIDAVIT

State of Florida }  
St. Lucie County }

The foregoing instrument was sworn to be true and correct before me this 27 day of January, 2021, by Jessica Sirum.

Notary Signature

(SEAL)



# CERTIFICATE OF COMPETENCY - REGISTERED & SPECIALTY CONTRACTORS

CITY CLERK, 100 N US HWY 1, FORT PIERCE, FL 34950  
PH: 772-467-3065 cityclerk@cityoffortpierce.com

## Financial Statement

Name of Business FNH Services LLC Date 1/26/26

### ASSETS

Current Assets	Amounts
Cash in Bank	\$21,000.00
Notes Receivable	
Accounts Receivable	3,000
Inventory	8,000
U.S. Government Securities	0
Other Current Assets	90,000
Tools, Trailer, forms	
<b>Total Current Assets</b>	<b>\$122,000</b>
Land	
Machinery, fixtures, equipment (after depreciation)	15,000
Cash value life insurance	0
Stocks & Bonds	0
Prepaid Expenses & Deferred Charges	0
<b>Total Assets</b>	<b>\$137,000</b>

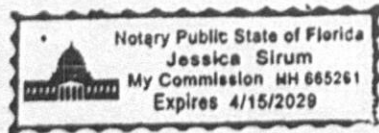
### LIABILITIES

Current Liabilities	Amounts
Accounts Payable	\$ 4,000
Notes Payable to Bank	
Other Notes Payable	
Notes Receivable Discounted	
Mortgage & Bonds Payable	0
Other Current Liabilities	1,000
<b>Total Current Liabilities</b>	<b>\$ 5,000</b>
Other Liabilities (Due after one year)	
<b>Total Liabilities</b>	<b>\$</b>
Capital Stock Surplus	
Capital (Individual or partnership)	
<b>Net Worth</b>	<b>\$ 132,000</b>
<b>Total Liabilities &amp; Net Worth</b>	<b>\$ 137,000</b>

\* Total Assets **MUST** equal Total Liabilities & Net Worth.

The undersigned certifies that the information submitted is true and correct:

State of Florida }  
St. Lucie County }



Signature: [Signature]

Title: Owner

The foregoing instrument was sworn to be true and correct before me this 27 day of January, 2026 by Jessica Sirum.

(SEAL)

[Signature]  
Notary Signature

**GBK Marine Services**  
Mobile Marine Repair & Service  
772-307-6398  
Giokoester@gmail.com

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1/26/2026

**RE: Character Reference for Nicholas Howell**

To Whom It May Concern,

My name is **Giovanni Koester**, and I am the owner of **GBK Marine Services**. I am writing this letter in support of **Nicholas Howell**, owner of **FNH Services, LLC**, to speak to his character, professionalism, and integrity.

I have had the opportunity to know Nicholas both professionally and personally, and throughout that time he has consistently demonstrated honesty, a strong work ethic, and a genuine commitment to doing things the right way. Nicholas takes pride in his work and holds himself to high standards, whether it is in how he treats customers, manages projects, or conducts business overall.

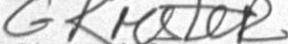
As a fellow business owner, I understand the importance of reliability and accountability. Nicholas exemplifies these qualities. He is dependable, transparent, and respectful in all interactions. His dedication to FNH Services, LLC reflects his desire to provide quality workmanship while maintaining trust within the community he serves.

Beyond his professional abilities, Nicholas is a person of good moral character. He is respectful, family-oriented, and community-minded. He takes responsibility for his actions and approaches challenges with maturity and determination.

I confidently recommend Nicholas Howell without hesitation. He is someone I trust both personally and professionally, and I believe he will continue to represent himself and his company with integrity and professionalism in all future endeavors.

If additional information is required, please feel free to contact me.

Sincerely,



**Giovanni Koester**

Owner

**GBK Marine Services**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/26/2026

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

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Sailfish Insurance Group 3652 SW 30th Avenue  Palm City FL 34990		<b>CONTACT NAME:</b> Salvatore Yonta <b>PHONE (A/C, No, Ext):</b> 772-286-3997 <b>E-MAIL ADDRESS:</b> sal@sailfishins.com		<b>FAX (A/C, No):</b> (772) 286-3998
<b>INSURED</b>  FNH Services LLC 3082 SE Miracle Ln  Port St Lucie FL 34952		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> TAPCO UNDERWRITERS		<b>NAIC #</b>
		<b>INSURER B:</b>		
		<b>INSURER C:</b>		
		<b>INSURER D:</b>		
		<b>INSURER E:</b>		
		<b>INSURER F:</b>		

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>		NN1915324	12/20/2025	12/20/2026	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
						MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 1,000,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
OTHER:						
<b>AUTOMOBILE LIABILITY</b>						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) \$
						\$
<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
DED RETENTION \$						\$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE OTH-ER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A						E.L. EACH ACCIDENT \$
If yes, describe under DESCRIPTION OF OPERATIONS below						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)

**CERTIFICATE HOLDER****CANCELLATION**

City of Fort Pierce 100 N US Highway 1  Fort Pierce FL 34950-4205	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 Salavatore Yonta
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# CREDIT CHECK<sup>SM</sup>

CONFIDENTIAL

## Commercial Credit Report

Company: **FNH SERVICES, LLC**

Date: 02/19/26

Address: 3082 SE MIRACLE LANE

Cust. No: 9999

PORT SAINT LUCIE, FLORIDA 34952

Ordered By: 28921

Page: 1

Telephone: (772) 265-0799

(X) LLC

**EIN: 92-0633362**

### PRINCIPALS:

OWNER/MANAGER	HOWELL, NICHOLAS
Address:	3082 SE MIRACLE LANE PORT SAINT LUCIE, FLORIDA 34952
Social Security Number:	XXX-XX-2965
Stock Ownership:	100%

MANAGER	HOWELL, FLAVIA
Address:	3082 SE MIRACLE LANE PORT SAINT LUCIE, FLORIDA 34952
Social Security Number:	N/A
Stock Ownership:	0%

Address:

Social Security Number:

Stock Ownership:

Address:

Social Security Number:

Stock Ownership:

FNH SERVICES, LLC was FORMED in the county of ORANGE, state of FLORIDA, on 10/06, 2022. The charter number is L22000431243. The registered agent is HOWELL, FLAVIA of 3082 SE MIRACLE LANE, PORT SAINT LUCIE, FLORIDA 34952. Offices are LEASED from N/A at N/A per month. The company employs N/A.

NET WORTH: ON FILE WITH STATE

The company maintains banking relations with CHASE

The officer handling the account is N/A - PORT SAINT LUCIE, FLORIDA

Reported for: APPLICANT - SEE NAME ABOVE

Reported by: Credit Check, Inc. - 3017 Exchange Court, Suite H, West Palm Beach, FL 33409 . (561) 616-5556

# CREDIT CHECK<sup>SM</sup>

CONFIDENTIAL

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Cust. No: 9999

PORT SAINT LUCIE, FLORIDA 34952

Ordered By: 28921

Page: 2

**PUBLIC RECORDS WERE CHECKED FOR MULTIPLE COUNTY, FLORIDA. A SEARCH OF LOCAL, STATE, AND FEDERAL RECORDS HAS BEEN CONDUCTED WITH THE FOLLOWING RESULTS: CLEAR AS OF 01/27/26 - SEVEN YEAR SEARCH.**

### \*\*\* Credit Profile \*\*\*

Creditor	Opened	High	Balance	Rating
ONDECK	08/07/24	\$65,000.00	\$5,985.00	EXCELLENT
CAPITAL ONE CREDIT CARD	12/2022	\$3,500.00	\$697.42	PROMPT

#### REMARKS:

N/A = NOT APPLICABLE/NOT AVAILABLE

REPORT WORKED BY KELLY

END OF REPORT.

# CREDIT CHECK<sup>SM</sup>

CONFIDENTIAL

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Social Security Number:	XXX-XX-2965
Stock Ownership:	100%

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Address:	3082 SE MIRACLE LANE PORT SAINT LUCIE, FLORIDA 34952
Social Security Number:	N/A
Stock Ownership:	0%

Address:	
Social Security Number:	
Stock Ownership:	

Address:	
Social Security Number:	
Stock Ownership:	

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NET WORTH: ON FILE WITH STATE

The company maintains banking relations with CHASE  
The officer handling the account is N/A - PORT SAINT LUCIE, FLORIDA

Reported for: APPLICANT - SEE NAME ABOVE

Reported by: Credit Check, Inc. - 3017 Exchange Court, Suite H, West Palm Beach, FL 33409 . (561) 616-5556

# CREDIT CHECK<sup>SM</sup>

CONFIDENTIAL

## Commercial Credit Report

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Date: 02/19/26

Address: 3082 SE MIRACLE LANE

Cust. No: 9999

PORT SAINT LUCIE, FLORIDA 34952

Ordered By: 28921

Page: 2

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CAPITAL ONE CREDIT CARD	12/2022	\$3,500.00	\$697.42	PROMPT

#### REMARKS:

N/A = NOT APPLICABLE/NOT AVAILABLE

REPORT WORKED BY KELLY

END OF REPORT.

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L22000431243  
FILED 8:00 AM  
October 06, 2022  
Sec. Of State  
jafason

**Article I**

The name of the Limited Liability Company is:

FNH SERVICES, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

3082 SE MIRACLE LANE  
PORT ST. LUCIE, FL. US 34952

The mailing address of the Limited Liability Company is:

3082 SE MIRACLE LANE  
PORT ST. LUCIE, FL. US 34952

**Article III**

The name and Florida street address of the registered agent is:

INC AUTHORITY RA  
390 NORTH ORANGE AVE., STE 2300-N  
ORLANDO, FL. 32801

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: TREVOR ROWLEY

#### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
NICHOLAS HOWELL  
3082 SE MIRACLE LANE  
PORT ST. LUCIE, FL. 34952 US

Title: MGR  
FLAVIA HOWELL  
3082 SE MIRACLE LANE  
PORT ST. LUCIE, FL. 34952 US

Signature of member or an authorized representative

Electronic Signature: NICHOLAS HOWELL

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

**L22000431243**  
**FILED 8:00 AM**  
**October 06, 2022**  
**Sec. Of State**  
jafason

# CREDIT CHECK<sup>SM</sup>

CONFIDENTIAL

## Individual Credit Report

Name...: HOWELL, NICHOLAS BRADY Ordered By: 29067  
Address: 3082 SE MIRACLE LANE Customer : 9999  
PORT SAINT LUCIE, FL 34952 Received : 02/06/26  
Social#: Applicant: ██████████ Completed : 02/06/26

### CREDIT SCORE:

**APPLICANT FICO SCORE: 718** (scores range from 300 to 850)

**SOURCE(S): EXPERIAN TRANSUNION**

### PUBLIC RECORDS:

**PUBLIC RECORDS HAVE BEEN CHECKED AT THE LOCAL, STATE AND FEDERAL LEVELS WITH THE FOLLOWING RESULTS AS OF 02/06/26: DETAILS FOLLOW CREDIT RECORD**

## CREDIT RECORD

(Credit history has been checked for a period of seven years or from open date.)

Creditor	Date	Date	High	Unpaid	Past	Historic	Status	Current	Mos		
Account Number	Reported	Opened	Credit	Balance	Due	30	60	90	Status	Rev	EOA
ALLIANT CU 257389250001 DLA=04/23	04/23	11/21	22446	0	0	00	00	00	AS AGREED <b>I01</b>	17	I
AMEX 3499933426067263 DLA=01/26	01/26	02/25	738	658	0	00	00	00	AS AGREED <b>R01</b>	10	I
CAP ONE AUTO 62010239039781001 DLA=07/24	07/24	11/22	44972	0	0	00	00	00	AS AGREED <b>I01</b>	20	I
CAPITAL ONE 515676870541 DLA=01/26	01/26	08/21	322	0	0	00	00	00	AS AGREED <b>R01</b>	48	I
CAPITAL ONE 517805979240 DLA=01/26	01/26	01/18	1467	0	0	00	00	00	AS AGREED <b>R01</b>	48	I
CAPITAL ONE 510875027729 DLA=01/26	01/26	07/22	995	31	0	00	00	00	AS AGREED <b>R01</b>	41	I

**Licensee Applicant: APPLICANT - SEE NAME ABOVE**

Reporting Agency: Credit Check, Inc. - 3017 Exchange Court, Suite H, West Palm Beach, FL 33409 . (561) 616-5556

# CREDIT CHECK<sup>SM</sup>

CONFIDENTIAL

Name: HOWELL, NICHOLAS BRADY Customer: 9999 Page: 2

CAPITAL ONE 517805932741 DLA=01/26	01/26	03/19	1654	0	0	00	00	00	AS AGREED <b>R01</b> 48 I
CAPITAL ONE 552869501172 DLA=01/26	01/26	03/23	2074	1955	0	00	00	00	AS AGREED <b>R01</b> 33 I
CCB/DNTLFRST 578097610272 DLA=05/22	05/22	05/20	5108	0	0	01	01	02	PD WAS 120 <b>R01</b> 23 I
CREDITONEBNK 470793051379 DLA=06/25	06/25	04/21	401	0	0	00	00	00	AS AGREED <b>R01</b> 48 I
DISCOVERCARD 601100317493 DLA=01/26	01/26	03/24	4040	4040	0	00	00	00	AS AGREED <b>R01</b> 21 I
HARLEY DAVID 20180630044739 DLA=11/22	11/22	06/18	14679	0	0	00	00	00	AS AGREED <b>I01</b> 48 I
JPMCB CARD 414720254283 DLA=02/26	02/26	05/22	12574	7788	0	00	00	00	AS AGREED <b>R01</b> 44 I
NAVY FCU 4060952834 DLA=01/26	01/26	11/20	8023	1889	0	00	00	00	AS AGREED <b>R01</b> 48 I
NAVY FCU 6182 DLA=01/26	01/26	04/23	85000	78528	0	00	00	00	AS AGREED <b>I01</b> 33 I
NAVY FEDERAL CR 43001584026	01/26	04/23	85000	78528	0	00	00	00	AS AGREED <b>I01</b> 34 I
NSTAR/COOPER 701341240 DLA=12/25	12/25	05/22	387845	362520	0	00	00	00	AS AGREED <b>M01</b> 36 I
PNC BANK 3302008141650588 DLA=01/26	01/26	07/25	71833	68458	0	00	00	00	AS AGREED <b>I01</b> 05 I
PRIMELENDING 8000217515 DLA=06/22	06/22	05/22	387845	0	0	00	00	00	AS AGREED <b>M01</b> 01 I

Licensee Applicant: **APPLICANT - SEE NAME ABOVE**

Reporting Agency: Credit Check, Inc. - 3017 Exchange Court, Suite H, West Palm Beach, FL 33409 . (561) 616-5556

# CREDIT CHECK<sup>SM</sup>

CONFIDENTIAL

Name: HOWELL, NICHOLAS BRADY Customer: 9999 Page: 3

RUSHMORE LMS 1024401855305 DLA=12/22	12/22	05/22	387845	0	0	00	00	00	AS AGREED <b>M01</b> 05 I
SPACECOASTCU 8100020370649 DLA=01/26	01/26	06/24	102368	<b>77931</b>	0	00	00	00	AS AGREED <b>I01</b> 18 I
SYNCB/SAMSDC 521333145679 DLA=02/26	02/26	07/22	5773	<b>5387</b>	0	00	00	00	AS AGREED <b>R01</b> 43 I
TELECOM SELFREP A5BD015BDA584746B6 DLA=01/26	01/26	/	386	<b>386</b>	0	00	00	00	AS AGREED <b>I01</b> 54 I
UTILITY SELFREP F14501CBF6BF4F9D90 DLA=01/26	01/26	/	266	<b>266</b>	0	00	00	00	AS AGREED <b>I01</b> 56 I
YAMAHA MOTOFN 1000328635 DLA=12/25	12/25	05/24	26553	<b>22619</b>	<b>539</b>	00	00	00	PASTDUE 30 <b>I02</b> 18 I

Total trade lines on this report: 25

## PUBLIC RECORDS:

PUBLIC RECORDS SEARCH IS AS FOLLOWS:

STATE TAX LIEN  
KANAWHA COUNTY (WV)  
AMOUNT: \$1,424.00  
CREDITOR: STATE OF WEST VIRGINIA  
WITHDRAWN 05/16/22 - SEE ATTACHED

FILED: 01/08/20  
#BK305PG604

STATE TAX LIEN  
KANAWHA COUNTY (WV)  
AMOUNT: \$474.00  
CREDITOR: STATE OF WEST VIRGINIA  
WITHDRAWN 05/16/22 - SEE ATTACHED

FILED: 01/08/20  
#BK305PG700

END OF PUBLIC RECORDS SEARCH.

## INQUIRIES:

07/26/25 by BK OF AMER (EXP) #1197678  
07/26/25 by SPACE COAST CREDIT UNI (EXP) #1733640  
07/26/25 by PNC BANK (EXP) #1923081  
02/13/25 by AMERICAN EXPRESS (EXP) #2930844  
06/19/24 by BK OF AMER (EXP) #1197678  
06/19/24 by SPACE COAST CREDIT UNI (EXP) #1733640  
06/19/24 by MIDFLORIDA CREDIT UNIO (EXP) #1779302

Licensee Applicant: **APPLICANT - SEE NAME ABOVE**

Reporting Agency: Credit Check, Inc. - 3017 Exchange Court, Suite H, West Palm Beach, FL 33409 . (561) 616-5556

# CREDIT CHECK<sup>SM</sup>

CONFIDENTIAL

Name: HOWELL, NICHOLAS BRADY

Customer: 9999

Page: 4

## INQUIRIES - continued:

06/19/24	by PNC BANK	(EXP)	#1923081
05/29/24	by TCI/RECFI, LLC	(EXP)	#2911002
07/26/25	by CULS/CINCH	(TU)	#4005027
02/13/25	by AMERICAN EXP	(TU)	#1056156
06/19/24	by FIFTH THIRD	(TU)	#1780815
05/29/24	by YAMAHA MOTOR	(TU)	#3578659
05/29/24	by SAND N SEA M	(TU)	#6493838
05/29/24	by NEEDHAM/RECF	(TU)	#4593172

## RESIDENCE HISTORY:

3082 SE MIRACLE LN, PORT SAINT LUCIE FL 34952  
5904 SE TANGERINE BV, STUART FL 34997  
2593 RENFROE RD, MILTON FL 32571

## COMMENTS:

FRAUD RECORDS HAVE BEEN SYSTEMATICALLY CHECKED BY THE ACCESSED BUREAUS.  
CHECKS FOR IDENTITY THEFT, FAKE SSN, DECEASED SSN AND OFAC DATABASE PERFORMED.

## CREDITOR PHONE DIRECTORY:

CAPITAL ONE		BC1DTV001	(800) 955-7070
PO BOX 31293	SALT LAKE	CITY UT. 84131	
CCB/DNTLFRST		MZ1NZ8208	
PO BOX 182120	COLUMBUS	OH. 43218	
NSTAR/COOPER		FM1QC3005	(888) 480-2432
350 HIGHLAND	HOUSTON	TX. 77067	
CAP ONE AUTO		FA1W2K001	(800) 946-0332
CREDIT BUREAU DISP	PLANO	TX. 75025	
AMEX		BC21WB001	(800) 874-2717
P.O. BOX 981537	EL PASO	TX. 79998	
SYNCB/SAMSDC		BC235061D	(800) 964-1917
PO BOX 71727	PHILADELPHIA	PA. 19176	
SPACECOASTCU		QU257E001	(407) 724-5730
8045 N WICKHAM RD	MELBOURNE	FL. 32940	
JPMCB CARD		BC26QK001	(800) 945-2000
PO BOX 15369	WILMINGTON	DE. 19850	
PRIMELENDING		BM29V5006	(800) 597-0233
SERVICING DEPARTME	DALLAS	TX. 75252	
RUSHMORE LMS		FM2D5T001	(888) 504-6700
POB 52708	IRVINE	CA. 92619	
YAMAHAMOTOFN		AU2F8K001	(866) 719-3902
PO BOX 504125	SAN DIEGO	CA. 92150	
HARLEY DAVID		FZ41LD002	(702) 884-4466
3850 ARROWHEAD DRI	CARSON CITY	NV. 89706	
CREDITONEBNK		BC54MR013	(877) 825-3242
PO BOX 98872	LAS VEGAS	NV. 89193	
PNC BANK		BZ6613012	
PNC CB INVESTIGATI	CLEVELAND	OH. 44101	
NAVY FCU		QU692N001	(800) 336-3333
PO BOX 3700	MERRIFIELD	VA. 22119	
NAVY FCU		QU692N002	(800) 914-9494
PO BOX 3700	MERRIFIELD	VA. 22119	

Licensee Applicant: **APPLICANT - SEE NAME ABOVE**

Reporting Agency: Credit Check, Inc. - 3017 Exchange Court, Suite H, West Palm Beach, FL 33409 . (561) 616-5556

# CREDIT CHECK<sup>SM</sup>

CONFIDENTIAL

Name: HOWELL, NICHOLAS BRADY

Customer: 9999

Page: 5

## CREDITOR PHONE DIRECTORY - continued:

ALLIANT CU		QU95QE003	
POB 66945	CHICAGO	IL. 60666	
DISCOVERCARD		BC9616003	(800) 347-2683
PO BOX 30939	SALT LAKE CITY	UT. 84130	
YAMAHA MOTOR		F 3578659	(866) 348-2706
6555 KATELLA AVENU	CYPRESS	CA. 90630	
SAND N SEA M		S 6493838	(772) 600-7789
3705 SE DIXIE HWY	STUART	FL. 34997	
CULS/CINCH		Q 4005027	(404) 669-5380
10800 ALPHARETTA H	ROSWELL	GA. 30076	
CREDIT CHECK		Z 0630273	(877) 616-5556
3017 EXCHANGE COUR	WEST PALM BEAC	FL. 33409	
NEEDHAM/RECF		F 4593172	(855) 234-1304
200 EAST ROBINSON	ORLANDO	FL. 32801	
FIFTH THIRD		B 1780815	(513) 579-5353
38 FOUNTAIN SQUARE	CINCINNATI	OH. 45263	
AMERICAN EXP		B 1056156	(800) 916-8800
P O BOX 2000	CHESTER	PA. 19016	

\*\*\* END OF REPORT \*\*\*

This information is confidential and is not to be divulged except as required by the Fair Credit Reporting Act.  
This personal report is furnished simply as an aid in determining the credit desirability of the applicant(s). It is based upon information obtained in good faith by this agency from sources deemed reliable.  
The accuracy of same, however, is in no way guaranteed. By your acceptance and use of this report, you specifically agree to hold Credit Check, Inc. harmless from any liability whatsoever.

Licensee Applicant: **APPLICANT - SEE NAME ABOVE**

Reporting Agency: Credit Check, Inc. - 3017 Exchange Court, Suite H, West Palm Beach, FL 33409 . (561) 616-5556



# LETTER OF RECIPROCITY

Date: 1/26/26 Jurisdiction: CITY OF FORT PIERCE

Address: 100 N U.S. HWY 1 City/State: FORT PIERCE FL, 34950

Email address: cityclerk@cityoffortpierce.com

Qualifier's Name: NICHOLAS HOWELL St. Lucie Certificate#: 035051

Company: FNH SERVICES LLC

Dear Sir/Madam: This is to certify that the above referenced applicant tested with Prometric, GITS(Gainesville) and/or PROV Inc., prepared, proctored and graded examination as indicated below:

EXAM	Date	Score
BUILDING CONTRACTOR	10-7-2024	72.0%
BUSINESS & LAW 2ND EDITION	6-21-2024	78.0%

Certificate of Competency is currently:  Active  Not Active  Not Issued

Experience required for this trade: 4 Years ( Include min 1 year sup)

Number of complaints on file: 0

Type of complaints: N/A

Action taken by the Board: Suspension  Revocation  Letter of Reprimand  Other

Comments: STATE REGISTERED RB29003945

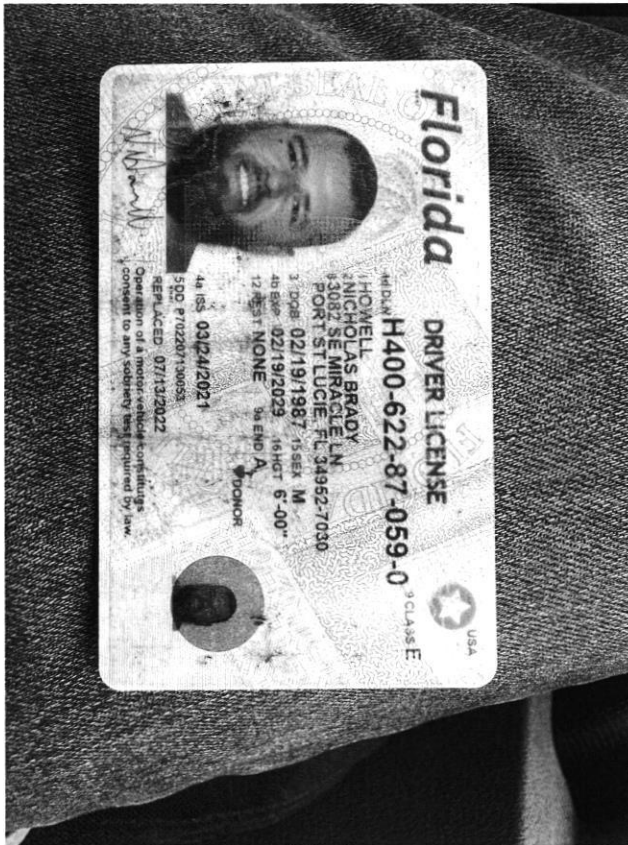
Sincerely,



*Stacy Iovieno*  
2026.01.26 14:57:51  
-05'00'

**Stacy Iovieno**  
**Contractor Certification**

Stacy Iovieno Administrative Operations Assistant II | Code Enforcement and Contractor Licensing



Nicholas Howell  
January, 28 2026

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*Nicholas Howell*

---



5830 NW 81<sup>st</sup> Ter, Parkland, FL 33067

P: (561) 756-0829 | F:(561) 910-2355

CGC 1514796 | [hello@ltdbuilders.com](mailto:hello@ltdbuilders.com)

October 30, 2024

St. Lucie County Board of County Commissioners  
Planning & Development Services  
Building & Code Regulation Division

Re: Nick Howell

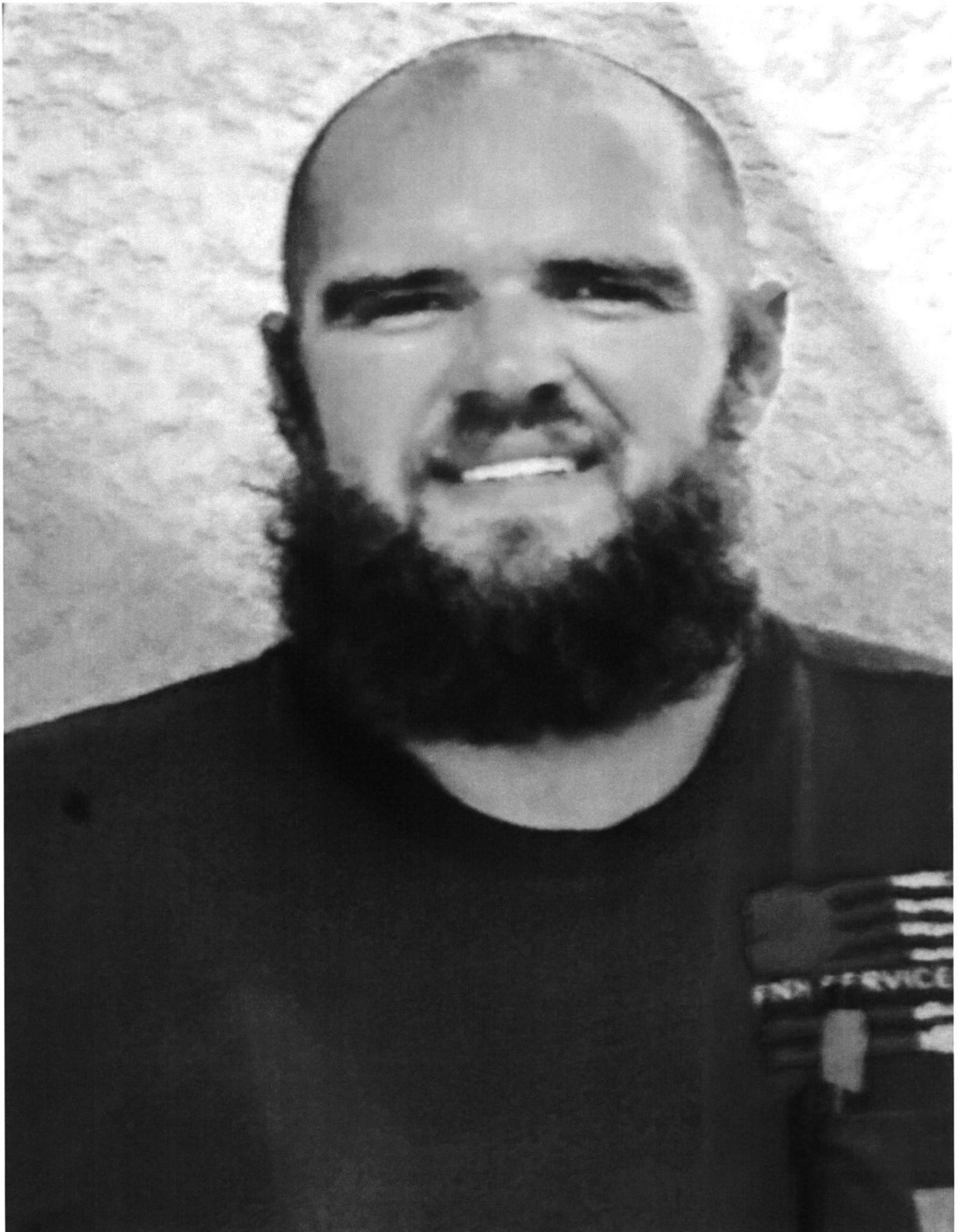
To Whom It May Concern:

Nick Howell is personally and professionally known to me, and he has extensive experience in the construction industry. From 2/1/2020 through the present date, Nick has demonstrated proficiency supervising many aspects of construction, including footers, trusses, roofing, interior framing and drywall installation, finish carpentry, flooring, and other interior finish work. He has performed these trades himself over the course of his occupation, as well as acted in a supervisory role for the past two years.

Kind Regards,

A handwritten signature in black ink, appearing to read 'Audra Von Minden', is written over a thin horizontal line.

Audra Von Minden  
President, LTD Builders



To Whom It May Concern,

I am pleased to recommend **Nicholas Howell**, whom I have known in a professional capacity for the past three years. During this time, I have consistently observed Nicholas demonstrate a high level of professionalism, dedication, and integrity in all aspects of his work.

Based on my personal and professional interactions with him, I can confidently attest that Nicholas is a person of honesty, strong character, and reliability. He approaches every task with accountability, communicates respectfully, and consistently follows through on his commitments. His trustworthy nature and solid work ethic make him an asset in any professional environment.

I wholeheartedly vouch for Nicholas and recommend him without reservation.

Sincerely,

Eugenia Espinal

Pro Sales Specialist at Lowes, Jensen Beach, FL

772 405 2020

 || **Claudette Espinal**

PRO Services Specialist | Lowe's Companies Inc.  
C 772.405.2020 O 772.692.7745

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NOTICE: All information in and attached to the e-mails below may be proprietary, confidential, privileged and otherwise protected from improper or erroneous disclosure. If you are not the sender's intended recipient, you are not authorized to intercept, read, print, retain, copy, forward, or disseminate this message. If you have erroneously received this communication, please notify the sender immediately by phone (704-758-1000) or by e-mail and destroy all copies of this message electronic, paper, or otherwise. By transmitting documents via this email: Users, Customers, Suppliers and Vendors collectively acknowledge and agree the transmittal of information via email is voluntary, is offered as a convenience, and is not a secured method of communication; Not to transmit any payment information E.G. credit card, debit card, checking account, wire transfer information, passwords, or sensitive and personal information E.G. Driver's license, DOB, social security, or any other information the user wishes to remain confidential; To transmit only non-confidential information such as plans, pictures and drawings and to assume all risk and liability for and indemnify Lowe's from any claims, losses or damages that may arise from the transmittal of documents or including non-confidential information in the body of an email transmittal. Thank you.



BLAISE INGOGLIA  
CHIEF FINANCIAL OFFICER

**STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION**

**\*\* CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW \*\***

**CONSTRUCTION INDUSTRY EXEMPTION**

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

**EFFECTIVE DATE:** 2/18/2026

**EXPIRATION DATE:** 2/18/2028

**PERSON:** FLAVIA HOWELL

**EMAIL:** FNHSERVICESLLC@GMAIL.COM

**FEIN:** 920633362

**BUSINESS NAME AND ADDRESS:**

FNH SERVICES, LLC

3082 SE MIRACLE LN  
PORT SAINT LUCIE, FL 34952

This certificate of election to be exempt is NOT a license issued by the Department of Business and Professional Regulation. To determine if the certificate holder is required to have a license to perform work or to verify the license of the certificate holder, go to [www.myfloridalicense.com](http://www.myfloridalicense.com).

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IMPORTANT: Pursuant to subsection 440.05(13), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(11), F.S., Certificates of election to be exempt issued under subsection (3) apply only to the corporate officer named on the notice of election to be exempt. Pursuant to subsection 440.05(12), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT  
RULE 69L-6.012, F.A.C. REVISED 08/2025

E02297399      QUESTIONS? (850) 413-1609



STATE OF WEST VIRGINIA  
 State Tax Department, Compliance Division, AMU  
 P.O. Box 229  
 Charleston, WV 25321-0229



Matthew R. Irby, State Tax Commissioner

KANAWHA COUNTY CLERK  
 PO BOX 3226  
 CHARLESTON, WV 25322

Letter Id: L1484948768  
 Issued: 05/16/2022  
 Account #: 2371-6461  
 Lien #: 1820009



Primary Id: XXXXX2965

Secondary Id: XXXXX7285

**WITHDRAWAL OF STATE TAX LIEN**

WHEREAS, there is of record a Notice of Tax Lien in favor of the State of West Virginia against NICHOLAS HOWELL & AMANDA STAUB, 206 DARLINGTON RD BEAVER FALLS PA 15010-3144, filed and docketed in the office of the Clerk of the County Commission of KANAWHA COUNTY, West Virginia, to-wit:

LIEN DATE	FILING PERIOD	RECORDED DATE	BOOKPAGE	AMOUNT
12/20/2019	12/31/2017	1/8/2020	305-604	\$1,424.31

Under W. Va. Code §11-10-12(g) this lien is hereby WITHDRAWN by the authority of the West Virginia State Tax Commissioner on 05/16/2022.

This instrument was prepared on 05/16/2022 by the undersigned pursuant to the lawful delegation of authority by the Tax Commissioner under W. Va. Code §38-10C-2.

*Rita Dunlap*

Rita Dunlap, Tax Unit Supervisor  
 Compliance Division

The above signature is authenticated as required by W. Va. Code §38-10C-2 and 6-14-2.

RELEAS 1367 875  
 Recorded In Above Book and Page  
 05/31/2022 09:42:28 AM  
 Vera J. McCormick  
 County Clerk  
 Kanawha County, WV  
 Deed Tax 0.00  
 Recording Fee 0.00  
 TOTAL 0.00

This instrument was presented to the Clerk of the Court, Commission of Kanawha County, West Virginia, on **MAY 31 2022** and the same is admitted to record.

Teste: *Dana J. McCormick* Clerk  
 Kanawha County Commission



STATE OF WEST VIRGINIA  
 State Tax Department, Compliance Division, AMU  
 P.O. Box 229  
 Charleston, WV 25321-0229



Matthew R. Irby, State Tax Commissioner

KANAWHA COUNTY CLERK  
 PO BOX 3226  
 CHARLESTON, WV 25322

Letter Id: L1150616864  
 Issued: 05/16/2022  
 Account #: 2371-6461  
 Lien #: 1820008



Primary Id: XXXXX2965

Secondary Id: XXXXX7285

**WITHDRAWAL OF STATE TAX LIEN**

WHEREAS, there is of record a Notice of Tax Lien in favor of the State of West Virginia against NICHOLAS HOWELL & AMANDA STAUB, 206 DARLINGTON RD BEAVER FALLS PA 15010-3144, filed and docketed in the office of the Clerk of the County Commission of KANAWHA COUNTY, West Virginia, to-wit:

LIEN DATE	FILING PERIOD	RECORDED DATE	BOOKPAGE	AMOUNT
12/20/2019	12/31/2018	1/8/2020	305-700	\$474.63

Under W. Va. Code §11-10-12(g) this lien is hereby WITHDRAWN by the authority of the West Virginia State Tax Commissioner on 05/16/2022.

This instrument was prepared on 05/16/2022 by the undersigned pursuant to the lawful delegation of authority by the Tax Commissioner under W. Va. Code §38-10C-2.

*Rita Dunlap*

Rita Dunlap, Tax Unit Supervisor  
 Compliance Division

The above signature is authenticated as required by W. Va. Code §38-10C-2 and 6-14-2.


RELEASE 1367 796  
 Recorded In Above Book and Page  
 05/27/2022 01:44:10 PM  
 Vera J. McCormick  
 County Clerk  
 Kanawha County, WV  
 Deed Tax 0.00  
 Recording Fee 0.00  
 TOTAL 0.00

This instrument was presented to the Clerk of the County Commission of Kanawha County, West Virginia, on **MAY 27 2022** and the same is admitted to record.

btL036 v. 8

Teste: Dana J. McCormick Clerk  
 Kanawha County Commission

PLEASE CUT OUT CARD BELOW AND RETAIN FOR FUTURE REFERENCE

<p>BLAISE INGOLLIA CHIEF FINANCIAL OFFICER</p>	<p>STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION</p>		<p><b>IMPORTANT</b></p> <p>Pursuant to subsection 440.05(13), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.</p> <p>Pursuant to subsection 440.05(11), F.S., Certificates of election to be exempt issued under subsection (3) apply only to the corporate officer named on the notice of election to be exempt.</p> <p>Pursuant to subsection 440.05(12), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.</p> <p>E02229360</p> <p>QUESTIONS? (850) 413-1609</p>
<p><b>CONSTRUCTION INDUSTRY EXEMPTION</b></p> <p><b>CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW</b></p> <p>EFFECTIVE DATE: 10/10/2025      EXPIRATION DATE: 10/10/2027</p> <p>PERSON: NICHOLAS HOWELL      EMAIL: FNHSERVICESLLC@GMAIL.COM</p> <p>FEIN: 920633362</p> <p><b>BUSINESS NAME AND ADDRESS:</b></p> <p>FNH SERVICES, LLC</p> <p>3082 SE MIRACLE LN PORT SAINT LUCIE, FL 34952</p> <p><small>This certificate of election to be exempt is NOT a license issued by the Department of Business and Professional Regulation. To determine if the certificate holder is required to have a license to perform work or to verify the license of the certificate holder, go to <a href="http://www.myfloridalicense.com">www.myfloridalicense.com</a>.</small></p> <p><small>DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT    RULE 69L-6.012, F.A.C. REVISED 08.2025</small></p>			