

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

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

**CITY OF FORT PIERCE**



**INVITATION TO BID  
 and  
 BIDDER ACKNOWLEDGMENT**

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

**Bid No:** 2025-039

**Pre-Bid Conference/ Site Visit:**

N/A

**Bid Title:**

**LANDSCAPE MAINTENANCE OF MEDIANS**

**Pre-Bid Conference Location:**

N/A

**Bid Opening Location:**

Purchasing Division Conference Room, Room 101  
 100 North U.S. #1, 1st Floor  
 Ft. Pierce, Florida 34950

**Bid Due Date & Time:**

3:00 PM, WEDNESDAY, OCTOBER 8, 2025

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

**Bidder Name:**

Partnership Landscape

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

**Mailing Address:**

591 Marginal Rd  
 WPB, FL 33411

X

Authorized Signature (Manual)

**City, State, Zip Code:**

**Typed or Printed Name:**

DAVID BERETSKY

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

Corporation

Partnership

Proprietorship

**Title:**

OWNER

**Incorporated in the State of:** FL

**Year:** 2017

**Delivery in** 10 **days, After Receipt Order**

**Phone Number:** 954 325-4692

**Payment Terms:** Net 30 Days

**Fax Number:** N/A

**FEIN or SS Number:** 30-0992212

**E-Mail Address:** Dave@Partnershiplanlandscape.com

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

**Bid Security is attached, when required, in the amount of \$** NOT APPLICABLE

F.O.B. DESTINATION

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

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



\*

## DRUG FREE WORKPLACE FORM

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

Partnership Landscaping 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.

[Signature]  
Proposer's Signature

10/1/25  
Date



**NON-COLLUSION AFFIDAVIT  
FOR PRIME BIDDER**

STATE OF Florida

COUNTY OF Palm Beach

DAVID BERETSKY, being first duly sworn, deposes and says:

That he is OWNER OF PARTNERSHIP LANDSCAPING  
(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.

Partnership Landscaping  
(Firm Name)

By: DAVID BERETSKY

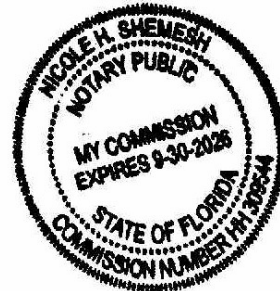
Title: OWNER

Subscribed and sworn to before me this 29<sup>th</sup>  
day of September 2025.

[Signature] 9/29/25  
Notary Public

My Commission expires: (Seal)

9/30/2026





**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 DAVID BERETSKY  
(Print individual's name and title)  
for Partnership Landscaping  
whose business address is 591 Marginal Rd WPO FL 33411  
(If applicable) its Federal Employer Identification Number (FEIN) is 30-0992212

(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. 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.

5. 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.


6. 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.)**

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)  
10/01/25  
\_\_\_\_\_  
(Date)

STATE OF FLORIDA

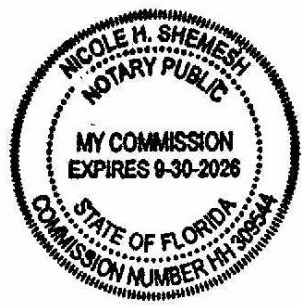
COUNTY OF PALM BEACH

PERSONALLY APPEARED BEFORE ME, the undersigned authority DAVID BERETSKY  
(Name of individual signing)

Who, after first being sworn by me, affixed his/her signature in the space provided above on this  
day 2 of OCTOBER, 2025.

[Signature] 10/2/25  
(NOTARY PUBLIC)

My Commission Expires: 9/30/26





## CERTIFICATION REGARDING SCRUTINIZED COMPANIES LISTS

Respondent Name:	Partnership Landscaping		
Respondent's Authorized Representative Name and Title:	DAVID BEDETSKY / OWNER		
Address:	591 MAGNOL RD		
City:	WPS	State:	FL Zip: 33411
Phone Number:	888 325 4692	Respondent FEIN:	33-0992212
Email Address:	Dave@PartnershipLandscaping.com		

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

### Certification:

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

Authorized Representative's Name and Title: David Benetsky / owner

Address: 591 Marginal Rd

City: WPB State: FL Zip Code: 33411

Phone Number: 954 325 4692 Email Address: Dave@PartnershipLandscaping.com

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

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

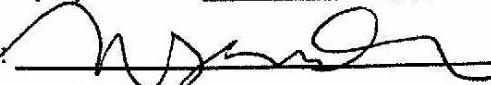
Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

By: [Signature] David Benetsky / owner 10/2/25  
Authorized Signature Printed Name and Title Date

STATE OF FLORIDA  
COUNTY OF FLORIDA

Sworn (or affirmed) and subscribed before me by means of  physical presence or  online notarization  
this 1 day of October, 2025 by David Benetsky, who is

personally known or  
 produced identification (ID produced: \_\_\_\_\_).

Notary Public Signature:  (Seal)

Print Name: Nicole Shemesh My Commission Expires: 9/30/26





# E-VERIFY AFFIRMATION STATEMENT

**Description:** Landscape Maintenance of Medians

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: Partnership Landscaping

Authorized Company Person's Signature: [Signature]

Authorized Company Person's Title: Owner

Date: 10/02/25

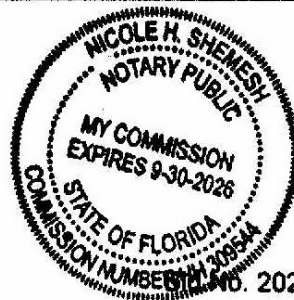
STATE OF FLORIDA  
COUNTY OF FLORIDA

Sworn (or affirmed) and subscribed before me by means of  physical presence or  online notarization this 2 day of October, 2025 by David Benetky, who is  personally known or  produced identification (ID produced: \_\_\_\_\_).

Signature: [Signature] 10/2/25 (Seal)

NOTARY PUBLIC

My Commission Expires: 9/30/26





## REFERENCES

### Bid No. 2025-039 LANDSCAPE MAINTENANCE OF MEDIANS

Contact Person & Title	CITY OF BOCA RATON / JULIE SHELTON
Email Address	J.SHELTON@CI.BOCA-RATON.FL.US
Phone No.	561 251-4047
Company Name	CITY OF BOCA
Mailing Address	499 SW 4th Ave BOCA RATON 33432
City, State, Zip	
Type of commercial work contracted	Grounds maintenance
Contact Person & Title	CITY OF BOYNTON / MAURICE PERMENTER
Email Address	PERMENTERM@BBFL.US
Phone No.	561 631-1505
Company Name	CITY OF BOYNTON BEACH
Mailing Address	100 EAST OCEAN AVE
City, State, Zip	BOYNTON BEACH, FL 33435
Type of commercial work contracted	Grounds maintenance
Contact Person & Title	WOODSPRING SUITES / MARY BIXLER, GM
Email Address	MBIXLER@TGC GROUP.NET
Phone No.	718-551-1266
Company Name	TGC GROUP / WOODSPRING SUITES
Mailing Address	11600 SW Village Pkwy
City, State, Zip	Port. St Lucie FL
Type of commercial work contracted	Grounds maint / LANDSCAPE INSTALLATION

TURN -

PIB References Continued - Partnership

Veranda Club / Kevin Mitzen  
954 600-4315

Kmitzen@verandaclub.com  
601 Palmetto Circle, Boca Raton

**Request for Taxpayer  
Identification Number and Certification**

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

**Name (as shown on your income tax return)**  
*ELITE LANDSCAPE Services*

**Business name, if different from above**

Check appropriate box:  Individual/Sole proprietor  Corporation  Partnership  
 Limited liability company. Enter the tax classification (D--disregarded entity, C--corporation, P--partnership) ▶ .....  Exempt payee  
 Other (see instructions) ▶

**Address (number, street, and apt. or suite no.)**  
*1351 WYNDCLIFF DR*

**City, state, and ZIP code**  
*WELLINGTON FL 33414*

**List account number(s) here (optional)**

**Requester's name and address (optional)**

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

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

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

Social security number: [ ]  
OR  
Employer identification number: *30 0992212*

**Part II Certification**

Under penalties of perjury, I certify that:

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

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign Here** Signature of U.S. person: *[Signature]* Date: *10/2/25*

**General Instructions**

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

**Purpose of Form**

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

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

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

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

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

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

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

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



# BID RESPONSE FORM

<b>Bid Item</b>	<b>LANDSCAPE MAINTENANCE OF MEDIANS</b>		
<b>Bid Number</b>	<b>2025-039</b>	<b>Due Date &amp; Time</b>	<b>3:00 PM, WEDNESDAY, OCTOBER 8, 2025</b>

The offeror agrees to furnish the following items or services to the City of Fort Pierce at the place specified, in accordance with specifications herein at the prices quoted below:

Location	Cost Per Cut	Total Cost (40 cuts x Cost Per Cut)
Virginia Avenue Center Medians	\$ 510. <sup>00</sup>	\$ 20,400
Okeechobee Road Center Medians	\$ 650. <sup>00</sup>	\$ 26,000
Delaware Avenue Center Medians	\$ 100. <sup>00</sup>	\$ 4,000
North 25 <sup>th</sup> Street Medians	\$ 150. <sup>00</sup>	\$ 6,000
South A1A Rights-of-Way	\$ 100. <sup>00</sup>	\$ 4,000
State Road , U.S. #1 Center Medians	\$ 650. <sup>00</sup>	\$ 26,000
<b>TOTAL BID COST</b>		<b>\$ 86,400.00</b>

## MATERIALS AND EQUIPMENT LIST

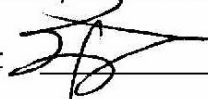
Please include in the space provided below a list of all materials and equipment to be used in providing the service.

2026 ISUZU NPR Dump Truck 14' Body.  
 2021 14' Enclosed trailer  
 Miscellaneous - (3) WEED EATERS, (2) Edgers (2) Trimmers (Hedge) A-Frame ladders  
 MISCELLANEOUS CUTTING TOOLS (MANUAL & AUTO) WEED SPRAY (2) CHEMICAL POST EMERGENTS  
 2024 - 48' - 60" HUSTLER MOWERS.  
 (1) CREW LEADER & (2-3 TECH)

**BIDDER'S ACKNOWLEDGEMENT**

**WE HEREBY AGREE TO FURNISH THE ITEMS ON WHICH PRICES ARE LISTED ABOVE AND IN ACCORDANCE WITH THE TERMS AND CONDITIONS LISTED.**

OFFICIAL SIGNATURE:



TITLE:

OWNER

DATE:

10/2/25







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/14/2025

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).

<b>PRODUCER</b> Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (855) 222-5919 E-MAIL ADDRESS: support@nextinsurance.com FAX (A/C, No):
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: State National Insurance Company, Inc. NAIC # 12831 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
<b>INSURED</b> Elite Landscaping Services Inc DBA Partnership Landscaping 11924 Forest Hill Blvd Ste 10A PMB 371 Wellington, FL 33414	

**COVERAGES**                      **CERTIFICATE NUMBER:** 914005693                      **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
X	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	NXTXJH9C7X-03-GL	03/08/2025	03/08/2026	EACH OCCURRENCE \$1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000.00 MED EXP (Any one person) \$15,000.00 PERSONAL & ADV INJURY \$1,000,000.00 GENERAL AGGREGATE \$2,000,000.00 PRODUCTS - COMP/OP AGG \$2,000,000.00 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Contractors Errors and Omissions	X	NXTXJH9C7X-03-GL	03/08/2025	03/08/2026	Each Occurrence: \$25,000.00 Aggregate: \$50,000.00

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
The Certificate Holder is St. Lucie County. This Certificate Holder is an Additional Insured on the General Liability policy per the Additional Insured Automatic Status Endorsement, with respect to the work performed under contract for Grounds Maintenance for various St. Lucie county Facilities, St Lucie County Bid No 25-052. General Liability coverage applies for Landscaping and Lawn Care operations in Florida. All Certificate Holder privileges apply only if required by written agreement between the Certificate Holder and the insured, and are subject to policy terms and conditions.

<b>CERTIFICATE HOLDER</b> St. Lucie County 2300 Virginia Ave Fort Pierce, FL 34982	<b>LIVE CERTIFICATE</b>  Click or scan to view	<b>CANCELLATION</b> 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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**ANNE M. GANNON**  
 CONSTITUTIONAL TAX COLLECTOR  
*Serving Palm Beach County  
 Serving you.*

P.O. Box 3353, West Palm Beach, FL 33402-3353  
 www.pbctax.com Tel: (561) 355-2264

**\*\*LOCATED AT\*\***  
 1351 WYNDCLIFF DR  
 WELLINGTON, FL 33414

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	BILL #
LANDSCAPING	ELITE LANDSCAPING SERVICES INC		825.3842 10/01/2024	\$35.30	B4077421

This document is valid only when received by the Tax Collector's Office.



7-2141

ELITE LANDSCAPING SERVICES INC  
 ELITE LANDSCAPING SERVICES INC  
 1351 WYNDCLIFF DR  
 WEST PALM BEACH FL 33414-5946

**STATE OF FLORIDA**  
**PALM BEACH COUNTY**  
**2024 / 2025 LOCAL BUSINESS TAX RECEIPT**  
**LBTR Number: 20222149228**  
**EXPIRES: 09/30/2025**

This receipt **MUST** be conspicuously displayed at the place of business and in such a manner as to be open to the view of the public.

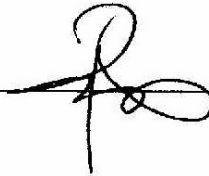
## CITY OF FORT PIERCE CHECKLIST

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 Request for Qualifications in its entirety.

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

	YES	NO
Is the Bidder Acknowledgement Cover Page (page 1) completed, signed and attached?	✓	
Included proof of proper insurance and licensing as stated in bid documents.	✓	
Have all areas of the bid forms and related documents been signed off by and authorized agent of the company and / or witnessed / notarized where applicable?	✓	
Are you registered on Demandstar to receive addendums	✓	
Is each Addendum (if issued) signed and included?	✓	
Have you checked your submission for proper organization? Did you include all the forms required by Section III and Section V?	✓	
Are you in compliance with the page limitations?	✓	
Did you submit your bid electronically?	✓	
Are all of the Required forms complete and included?	✓	
Have you made sure your corporate address matches your Sunbiz information?	✓	

**PLEASE SIGN AND RETURN WITH BID**



September 30, 2025

CITY FORT PIERCE

LANDSCAPE MAINTENANCE OF MEDIANS

BID NO. 2025-039

ADDENDUM NO. 1



The purpose of this addendum is to address inquiries submitted by potential bidders and provide additional specifications for the restrooms.

QUESTIONS / ANSWERS

- 1. QUESTION:** Could you please provide. The name of the incumbent contractor currently performing under this contract ?

**ANSWER:** **Mow 4 Less, LLC is the incumbent contractor currently performing under this contract.**
- 2. QUESTION:** The prior award amount (total contract value or unit pricing, if available).

**ANSWER:** **The prior contract amount award amount was \$151,000.00**
- 3. QUESTION:** Can you please provide the bid tabulation or price sheet from the last award.

**ANSWER:** **Please see the attached bid tabulation from the original solicitation. The current contractor is not listed on the tabulation, as the originally awarded vendor, Higher Ground, declined to renew their contract. Due to the urgent need for continued landscape maintenance services, the Public Works Department – Division of Parks and Grounds – submitted an emergency procurement request. As a result, services were awarded to Mow 4 Less LLC based on availability and ability to perform the scope. The scope included maintenance of (6) six designated median locations ( the Riverwalk location was removed ) at a rate of \$3,150.00 per cut, with a total contract amount approved by the City Commission of \$151,000.00.**



**CITY OF FORT PIERCE  
 TABULATION OF BIDS**

<b>BID ON:</b>	<b>LANDSCAPE MAINTENANCE OF MEDIANS</b>
<b>BID NUMBER:</b>	<b>2021-029</b>
<b>DATE:</b>	8/19/2021@ 3:00 PM
<b>RECOMMENDED AWARD:</b>	<b>HIGHER GROUND LAND SERVICES</b>

<b>RESPONSE</b>
2 of 14 = 14.28 %
0 "No Bids"
Total = 14.28%

"Offers from the vendors listed herein are the only offers received timely as of the above opening date and time. All other offers submitted in response to this solicitation, if any, are hereby rejected as late."


<b>VENDOR NAME</b>	<b>TOTAL BID PRICE</b>
<b>Higher Ground Land Services</b> <i>Okeechobee, FL</i>	\$51,000.00
<b>Terra Maintenance</b> <i>Port St. Lucie, FL</i>	\$96,750.00

**PLEASE NOTE: COMMISSION MEETINGS ARE HELD THE FIRST AND THIRD MONDAY OF EVERY MONTH. CHECK THE CITY'S WEBSITE, <https://www.cityoffortpierce.com/223/Agendas-Minutes> or CALL THE PURCHASING DIVISION, (772) 467-3102, WEDNESDAY PRIOR TO THE MEETINGS FOR RECOMMENDATION OF AWARD.**

Add #1

All other conditions of this bid remain the same.

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

Signature:  David Benetsky.  
Manual

Signature: David Benetsky  
Typed or Printed

Company Name: Partnership Landscaping

Address: 591 Marginal Rd  
WPB, FL 33411

Date: 10/01/25

/lh

**Attachment:** Bid Tabulation Sheet.



DIVISION of  
**CORPORATIONS**  
an official State of Florida website

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## Detail by FEI/EIN Number

Florida Profit Corporation  
ELITE LANDSCAPING SERVICES INC

### Filing Information

<b>Document Number</b>	P17000048312
<b>FEI/EIN Number</b>	20-0122912
<b>Date Filed</b>	05/31/2017
<b>Effective Date</b>	05/31/2017
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	AMENDMENT
<b>Event Date Filed</b>	09/26/2022
<b>Event Effective Date</b>	NONE

### Principal Address

1351 WYNDCLIFF DRIVE  
WELLINGTON, FL 33414

### Mailing Address

11924 Forest Hill Blvd STE10A-#371  
WELLINGTON, FL 33414

Changed: 03/09/2022

### Registered Agent Name & Address

LIZANO, JR., JESUS  
1351 WYNDCLIFF DRIVE  
WELLINGTON, FL 33414

Name Changed: 04/07/2018

Address Changed: 04/07/2018

### Officer/Director Detail

#### **Name & Address**

Title P

LIZANO, JR., JESUS  
1351 WYNDCLIFF DRIVE  
WELLINGTON, FL 33414

**APPLICATION FOR REGISTRATION OF FICTITIOUS NAME**

REGISTRATION# G21000125623

Fictitious Name to be Registered: PARTNERSHIP LANDSCAPING

Mailing Address of Business: 11924 FOREST HILL BLVD  
STE 10A-#371  
WELLINGTON, FL 33414

Florida County of Principal Place of Business: MULTIPLE

FEI Number: 30-0992212

**FILED  
Sep 21, 2021  
Secretary of State**

Owner(s) of Fictitious Name:

ELITE LANDSCAPING SERVICES INC  
11924 FOREST HILL BLVD STE 10A-#371  
WELLINGTON, FL 33414  
Florida Document Number: P17000048312  
FEI Number: 30-0992212

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and 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, Florida Statutes.

JESUS LIZANO JR.

09/21/2021

Electronic Signature(s)

Date

Certificate of Status Requested (X)

Certified Copy Requested (X)