

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY
CERTIFICATION OF FILING**

Certificate Number:
2020-578725

Date Filed:
01/18/2020

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
ADAPCO, LLC
SANFORD, FL United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
County of Hidalgo

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
C-18-248-02-12
Purchase of Mosquito Control Chemicals

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Azelis Americas, LLC	Stamford, CT United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Jason Trumbetta, and my date of birth is 05/24/1981.

My address is 550 Aero Ln., Sanford, FL, 32771, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Seminole County, State of Florida, on the 18th day of January, 2020.
(month) (year)

Jason Trumbetta

Signature of authorized agent of contracting business entity (Declarant)

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Certificate Number:
2020-578725

Date Filed:
01/18/2020

Date Acknowledged:
02/07/2020

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ADAPCO, LLC
SANFORD, FL United States

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			Controlling	Intermediary
	Azelis Americas, LLC	Stamford, CT United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the ____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)