

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

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Highland Products Group, LLC
West Palm Beach, FL United States

Certificate Number:
2026-1484946

Date Filed:
07/02/2026

Date Acknowledged:

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

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.

Park Equipment for City of Don
Recreational Site Furnishings

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Hidalgo County	Pharr, TX United States		X

5 Check only if there is NO Interested Party. ☐

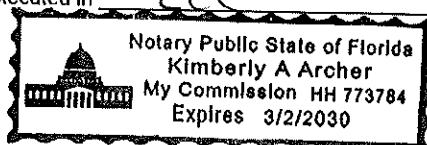
6 UNSWORN DECLARATION

My name is Alexia Henry, and my date of birth is 11/23/82.

My address is 13245 Dusty Lane, Hagerstown, MD, 21740, USA.
(city) (state) (zip code) (country)

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

Executed in Lee County, State of Florida, on the 2 day of July, 2026.
(month) (year)



Alexia Henry
Signature of authorized agent of contracting business entity
(Declarant)

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Highland Products Group, LLC
West Palm Beach, FL United States

Certificate Number:
2026-1484946

Date Filed:
07/02/2026

Date Acknowledged:
07/08/2026

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Hidalgo County

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Park Equipment for City of Don
Recreational Site Furnishings

4	Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
			Controlling	Intermediary
	Hidalgo County	Pharr, TX 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 _____, _____, _____, _____, _____.
(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)

Vendor Name: Playcore Group, Inc

Vendor Number:

Contact Name: Alexia Henry - Assistant Controller

Legal Name: Playcore Group, Inc

Contact Phone: 561-620-7878

Contact Email: ACCOUNTING@THEPARKCATALOG.COM

Fax Number: 561-620-8668

DBA: Highland Products Group, LLC

Mailing Address: 931 Village Blvd., Suite 905-354, West Palm Beach, FL 33409

Physical Address: 931 Village Blvd., Suite 905-354

City, State, Zip: West Palm Beach, FL 33409

Remit Address: 931 Village Blvd., Suite 905-354, West Palm Beach, FL 33409

Status: Purchase Approved

Date Applied: 07/02/2026

TIN: 822297804

Business Type: C Corporation (IRS Determination Letter Required)

COOPs:

Category: 42500 -- Furniture

W9 Upload: [Click Here to View W9](#)

1295 Upload: [Click Here to View 1295](#)

IRS Determination Letter: [Click Here to View IRS Det. Letter](#)

Proof of Insurance: [Click Here to View Proof of Insurance](#)

Submit to Auditors

Close