### DRAFT

### COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST

Applicant:	Andrades Fl Inc   Date: 09.29.25
Status	Brief Description of Application Requirements
☐ Met; 1.	Identity of the applicant, to include its principals, partners, and management. Section 4-1 C. (2)(a)
☐ Met; 2. ☐ Not Met	Evidence the entity is authorized to do business with the State of Florida and in good standing with the Department of State. Section 4-1 C. (2)(a)
☐ Met; 3.	Information regarding the experience and qualifications of the applicant and its personnel with regard to Solid Waste collection. Section 4-1 C. (2)(b)
□ Met; 4.	Information about the applicant's (including its principals, partners, and officers) involvement as a subject or as a part in any litigation, criminal proceedings, or agency enforcement cases. Section 4-1 C. (2)(c) MUST BE NOTARIZED
☐ Met; 5.	List of all vehicles, equipment and other physical assets [by make, model, capacity, size, type and VIN] the applicant will use to collect and transport Solid Waste when providing Commercial Collection service within Polk County. Section 4-1 C. (2)(d)
☐ Met; 6.	List identifying the frequency of Commercial Collection Service applicant provides to its customers with the identification number, size, capacity, and type of each dumpster, roll cart, roll-off Container and compactor that the applicant will use to collect Commercial Solid Waste within the County. Section 4-1 C. (2)(e)
□ Met; 7.	Applicant's acknowledgment and consent the County has the right to inspect the applicant's vehicles, Containers, compactors and other equipment at any time. Section 4-1 C. (2)(f)
☐ Met; 8.	Original Certificates of Insurance evidencing current compliance with CGL coverage (NLT \$2M per occurrence) and State statutory workers' comp. coverage (or waiver). Section 4-1 C. (2)(g) Certificate Holder: Polk County, a political subdivision of the State of Florida. 330 W Church St, Rm 150 Bartow, FL 33830
☐ Met; 9.	Evidence the applicant has obtained all permits and licenses required by law or ordinance to provide Commercial Collection Service within the County. Section 4-1 C. (2)(h)
☐ Met 10.	Delivery of Sworn affidavit confirming: (i) no unsatisfied judgments pending against the applicant; (ii) no liens of record filed by the IRS or State against the applicant; (iii) applicant will comply with all Ord. requirements and all applicable laws. Section 4-1 C. (2)(i) MUST BE NOTARIZED
☐ Met; 11.	Delivery of written indemnity of County from any loss which may result from the applicant, its employees, subcontractors, agents, failure to perform in compliance with the terms of the franchise or the Ordinance. Section 4-1 C. (2)(j) MUST BE NOTARIZED
☐ Met 12.	Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5)

#### 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000174877

Entity Name: ANDRADES FLORIDA, LLC

**Current Principal Place of Business:** 

4141 N. ARNOLD MILL RD WOODSTOCK, GA 30188

**Current Mailing Address:** 

4141 N. ARNOLD MILL RD WOODSTOCK, GA 30188 US

FEI Number: 47-2181769 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WHWW, INC. 329 PARK AVENUE NORTH SECOND FLOOR WINTER PARK, FL 32789 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DEBORAH FRICKE, VP 02/14/2025

Electronic Signature of Registered Agent Date

#### Authorized Person(s) Detail:

Title MGR

Name ANDRADE, JORGE

Address 4141 N. ARNOLD MILL RD City-State-Zip: WOODSTOCK GA 30188

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JORGE ANDRADE

Electronic Signature of Signing Authorized Person(s) Detail

**PRESIDENT** 

02/14/2025

FILED Feb 14, 2025

**Secretary of State** 

9705804350CC



Andrade's Florida 414 N. Arnorld Mill Rd. Woodstoock, GA 30188 (770) 928 – 6369

Date: October 8, 2025

To whom it may concern:

As of the date of the correspondence stated above, Andrade's Florida LLC, as well as it's Owner, Jorge Andrade has never had involvement as a subject or as a part in any litigation, criminal proceedings, or agency enforcement cases are applicable to its principals, partners, and officers.

I, Jorge Andrade, Owner of Andrade's Florida, do attest the above statement to be true and correct.

State Georgia

County of Cherokee

The foregoing instrument was acknowledged before me this\_

\_day of

Ocher, 2025 Personally Know or Produced identification

Juan Manuel Salvatierra
NOTARY PUBLIC
Cherokee County, GEORGIA
My Commission Expires 09/15/2027

Jorge Andrade,



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/10/2025

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).

PRO	DUCER				NAME:	Cemnicat	es Department			
Gar	zor Insurance		PHONE (A/C, No, Ext): (321) 206-8035 (A/C, No):							
43€	9 HUNTERS PARK LANE				ADDRESS: certificates@garzorinsurance.com					
1						INS	URER(S) AFFOI	RDING COVERAGE		NAIC#
Orl	ando			FL 32837	INSURE	RA: Crum &	Forster Specia	alty Insurance Company		44520
INSU	RED				INSURE	RB:				
And	rades Florida LLC				INSURE	RC: NAUTII	US INS CO			17370
280	US HIGHWAY 17 92 W, Unit #C				INSURE	RD:				
					INSURE					
HA	NES CITY			FL 33844-9372	INSURE					
$\overline{}$		TIFIC	ATF	NUMBER:	Intoone			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.							HIS			
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LI	MITS	
l	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
l	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	100,000
l								MED EXP (Any one person)	\$	5,000
A				BAK-91662-4		02/12/2025	02/12/2026	PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO-							PRODUCTS - COMP/OP AG	G \$	2,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accider	nt) \$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	2,000,000
С	X EXCESS LIAB CLAIMS-MADE			AN1305050	- 1	02/12/2025	02/12/2026	AGGREGATE	s	2,000,000
	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	s	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOY	_	
	If yes, describe under DESCRIPTION OF OPERATIONS below						İ	E.L. DISEASE - POLICY LIMI	_	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (	ACORE	) 101, Additional Remarks Sched	ule. mav l	be attached if mo	re space is requ	ulred)	-1	
	ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
OFF	TIFICATE HOLDER	_			CALIC	TI ATION				
CER	TIFICATE HOLDER	_			CANCE	ELLATION				
	Polk County a political subdivis	ion o	f the S	tate of Florida	THE	EXPIRATION D	ATE THEREO	SCRIBED POLICIES BE F, NOTICE WILL BE DEL Y PROVISIONS.		
	330 w Church St,			ı	AUTHOR	IZED REPRESEN	TATIVE			
	Rm 150				Maria	zna Zorrilla				I
	Bartow, FL 33830									I
_		_						CORD CORDORATION		

**GBOGINS** 

## ACORD'

#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 10/13/2025

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.

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

-	his certificate does not confer rights to DDUCER	to the	cer	tificate holder in lieu of s		dorsement(s c⊤ Alana To				
Leg	gacy Risk Solutions, LLC Box 2976				PHONE (A/C, N	o, Ext): (678)	775-0524	FAX (A/C, No):	(678)	775-0521
	inesville, GA 30503							risksolutions.com	` '	
						INS	SURER(S) AFFO	RDING COVERAGE		NAIC#
					INSURE	R A : Bridget	ield Casua	Ity Insurance Compa	ny	10335
INS	URED				INSURE	RB:				
	Andrade's Florida LLC				INSURE	RC:				
	4141 North Arnold Mill Road	d d			INSURE	RD:				
	Woodstock, GA 30188				INSURE	RE:				
L_					INSURE	RF:				
				E NUMBER:				REVISION NUMBER:		
II   C	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER POLI	IREM TAIN CIES	ENT, TERM OR CONDITION, THE INSURANCE AFFOR LIMITS SHOWN MAY HAV	ON OF A RDED BY	ANY CONTRAI 7 THE POLIC	CT OR OTHER IES DESCRIE	R DOCUMENT WITH RESPI BED HEREIN IS SUBJECT T	ECT TO	O WHICH THIS
INSR	TYPE OF INSURANCE	ADDL	SUBF	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
	COMMERCIAL GENERAL LIABILITY		contro				Harris Anna Para Harris III (1866)	EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	5	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	
	OTHER:							COMPINED CINCLE LIMIT	\$	
	AUTOMOBILE LIABILITY							(Ea accident)	\$	
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
	AUTOS ONLY AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	UMPREU A LIAB OCCUP								\$	
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$	
	DED RETENTION\$							AGGREGATE	\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH-	\$	
				196-56086		9/26/2025	9/26/2026	E.L. EACH ACCIDENT	s	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	-	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	s	1,000,000
								E.E. DIOLAGE "I OLIGIT LIMITI	•	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI kers Compensation Excluded Officer Jo				ule, may b	e attached if more	e space is requir	ed)		
CEF	RTIFICATE HOLDER	_			CANC	ELLATION				
	Polk County, a political subd 330 W Church St, Rm 150 Bartow, FL 33830	liviise	on of	the State of Florida	SHOOTHE ACCO	ULD ANY OF T	DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		

(Ed. 4-84)

#### WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

\*Blanket Waiver of Subrogation Applies\*

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Countersigned by

Date Prepared: June 25, 2025

Carrier: Bridgefield Casualty Insurance Company

Effective Date of Endorsement: September 26, 2025

Insured: Andrade's Clean Up Inc.

WC 00 03 13 (Ed. 4-84)

Policy Number: 196-56086

POLK COUNTY WASTE & RECYC	LING				OFFICE USE ONLY	
NON-EXCLUSIVE COMMERCIAL	FRANCHISE ANNUAL VEHICL	E LIST			DATE RECEIVED	
FRANCHISEE Andrade's Florida	i		5		DATE TO AUDITING	
FOR YEAR 202	:5		ē		ACCEPTED	
VEHICLE MAKE	VEHICLE MODEL	YEAR	TYPE (RO, REL, FEL, ASL, ETC.)	CAPACITY (CU YD)	VEHICLE SIZE (GVW)	VEHICLE IDENTIFICATION NUMBER
Hino	338	2019	Dump truck	30	26000	5PVNV8JT6K4S55231
Hino	338	2018	Dump truck	30	33000	5PVNV8JV4J4S57625
Hino	L7	2022	Dump truck	30	25900	5PVNV7AT6NST50008
Hino	L7	2022	Dump truck	30	25900	5PVNV7AT2N5T50006
International	MV607	2023	Dump truck	30	25900	3HAEUTAL3PL617986
International	MV607	2023	Dump truck	30	26000	3HAEUTAL5PL617987
International	MV607	2023	Dump truck	30	25999	3HAEUTALXPL556653
International	MV607	2024	Dumptruck	30	25900	3HAEUTAL7RL560825
Hino	L7	2025	Dump truck	30	25950	5PVNV7AR0S5T50182
Hino	L7	2025	Dump truck	30	25950	5PVNV7AR9S5T50178
Hino	L7	2025	Dump truck	30	25950	5PVNV7AROS5T50179

VEHICLE	ID VIN	MAKE	MODE	L	YEAR		Туре	
P-93	5PVNV8	JT6 Hino		338	2	2019	Dump Truck	
P-116	5PVNV8	JV4 Hino		338	2	2018	Dump Truck	
P-122	5PVNV7	AT( Hino	L7		2	2022	Dump Truck	
P-124	5PVNV7	AT2 Hino	L7		2	2022	Dump Truck	
P-128	3HAEUT.	AL: Internation	n MV607		2	2023	Dump Truck	
P-129	3HAEUT.	AL{ Internation	n MV607		2	2023	Dump Truck	
P-131	3HAEUT.	AL) Internation	n MV607		2	2023	Hooklift	
P-135	3HAEUT/	AL7 Internatio	n. MV607		2	2024	Dump Truck	
P-141	5PVNV7	AR⊦Hino	L7		2	025	Dump Truck	
P-142	5PVNV7	AR! Hino	L7		2	025	Dump Truck	
P-145	5PVNV7	AR(Hino	L7		2	025	Dump Truck	
T-34	ALJG224	60 Bobcat	T650		2	017	Skid steer	
T-80	B3CA233	30! Bobcat	T740		2	022	Skid steer	
T-81	B3CA233	30{ Bobcat	T740		2	022	Skid steer	
T-84	B3CA240	04: Bobcat	T740		2	023	Skid steer	
T-86	B3CA240	06: Bobcat	T740		2	023	Skid steer	
T-87	B3CA242	29! Bobcat	T740 - J	oyst	2	023	Skid steer	
T-90	B3CA238	34! Bobcat	T740		2	022	Skid steer	
T-91	B5FF118	44 Bobcat	T650		20	023 \$	Skid steer	
T-94	B5FF118	40 Bobcat	T650		20	023 \$	Skid steer	
DT-37	1WHBU1	62 A & F	UTILITY	18'	20	017	Γrailer	
DT-41	1WHBU1	82 A & F	UTILITY	18'	20	019 1	<b>Trailer</b>	
DT-45	1WHBU1	82 A & F	UTILITY	18'	20	019 1	Trailer	
DT-50	1WHBU1	82 A & F	UTILITY	18'	20	020 1	<b>Trailer</b>	
DT-67		4 HMDE 7x18			20	023 1	railer	
DT-73	T1074328	3 HMDE HON	1EMADE	TL	20	024 1	railer	

POLK COUNTY WASTE & RECYCL	ING					OFFICE USE ONLY		
NON-EXCLUSIVE COMMERCIAL F	RANCHISE ANNU	AL CONTAINE	R LIST			DATE RECEIVED		
FRANCHISEE Andrade's Flo	arida					DATE TO AUDITUG		
THAT GIT DEL ANGIAGES FILE	люа			<del>-</del>		DATE TO AUDITING		
FOR YEAR	2025			21		ACCEPTED		
		CONTAINER	TYPE/SIZE		CAPACITY (CU	COLLECTION	FREQUENCY	CONTAINER IDENTIFICATION
CUSTOMER NAME	DUMPSTER	COMPACTOR	ROLL OFF	OTHER	YD)	ON CALL	DAYS/WK	NUMBER
Rental	x				30		1-2	P-93
Rental	х				30		1-2	P-116
Rental	х				30		1-2	P-122
Rental	x				30		1-2	P-124
Rental	×				30		1-2	P-128
Rental	х				30		1-2	P-131
Rental	х				30		1-2	P-135
Rental	x				30		1-2	P-141
Rental	x				30		1-2	P-142
Rental	х				30		1-2	P-145

#### POLK COUNTY LOCAL BUSINESS TAX APPLICATION FORM

**ACCOUNT NO. 187365** 

CLASS: A

PAYMENT DUE BY: 09/30/2025

OWNER NAME	LOCATION						
JORGE A ANDRADE		1 W HWY 17-92 Suite #C NES CITY					
BUSINESS NAME AND MAILING ADDRESS	CODE	ACTIVITY TYPE					
ANDRADES FLORIDA LLC ANDRADES FLORIDA LLC 13700 ARNOLD MILL RD Suite ROSWELL, GA 300756433	810000 230000	LTD OTHER SERVICES LTD NON-LICENSED CONSTRUCTION ONLY					

SIGNATURE INDICATES APPLICANT READ AND UNDERSTANDS THE APPLICATION AFFIDAVIT ON THE BACK OF THE FORM AND AFFIRMS THE INFORMATION PROVIDED IS	AMOUNT DUE: 31.50
TRUE AND CORRECT.	

PAID - 3531739 09/19/2025 OPY

**OLP 31.50 ANDRADES FLORIDA LLC** 

### For Your Information: What You Need To Know About Tangible Personal Property

Every individual or firm doing business and located in Polk County is also subject to the tangible personal property requirement.

An initial tangible personal property tax return is required to be filed with the Polk County Property Appraiser's Office by April 1st of the year after the business opens. The initial return is required if the business owns or leases any personal property, without regard to the value of that personal property. In subsequent years, however, no return is required unless the combined value of all business equipment is more than 25,000 dollars.

To file an initial tangible personal property tax return or for additional information, visit Polk County Property Appraiser's Office website, polkpa.org.

#### POLK COUNTY LOCAL BUSINESS TAX RECEIPT

ACCOUNT NO. 187365	CLASS: A	E	(PIRES:	09/30/2026
OWNER NAME		LOCATI	ON	
JORGE A ANDRADE		2801 W	HWY 17-92 St CITY	rite #C
BUSINESS NAME AND MAILING	ADDRESS	CODE	ACTIVITY	TYPE
ANDRADES FLORIDA LLC ANDRADES FLORIDA LLC 13700 ARNOLD MILL RD Suite ROSWELL, GA 300756433		810000 230000	LTD OTHER LTD NON-LIC	SERVICES CENSED CONSTRUCTION ONLY

THIS POLK COUNTY LOCAL BUSINESS TAX RECEIPT MUST BE CONSPICUOUSLY OFFICE OF JOE G. TEDDER, CFC \* TAX COLLECTOR DISPLAYED AT THE BUSINESS LOCATION

PAID - 3531739 09/19/2025 OPY

OLP 31.50

ANDRADES FLORIDA LLC

# AFFIDAVIT SUPPORTING RENEWAL OF NONEXCLUSIVE FRANCHISE TO COLLECT, REMOVE, AND TRANSPORT COMMERCIAL SOLID WASTE WITHIN POLK COUNTY

STATE OF COUNTY O	
Before me, Jorge A	the undersigned notary public authorized to administer oaths, personally appeared who, first being duly sworn, on oath deposes and states, as follows:
1)	He is Andrade's Florida, LLC, a Florida corporation.
2)	He has personal knowledge of the facts stated in this Affidavit and that all such facts are true and correct.
3)	There are no unsatisfied judgments entered againstAndrade's Florida, LLC
4)	There are no liens of record filed by the Internal Revenue Service against Andrade's Florida, LLC
5)	There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, againstAndrade's Florida, LLC
6)	Andrade's Florida, LLC acknowledges and consents that the County shall have the right to inspect Andrade's Florida, LLC vehicles, containers, compactors, and other equipment at any time.
7)	During the time of the existing Commercial Franchise, Andrade's Florida, LLC has complied with all of the requirements stated in the Polk County Ordinance 13-069 and with all other applicable laws, and if awarded a renewal term Andrade's Florida, LLC will continue to comply with the same.
Further the af	fiant sayeth not.
Dated	the
	Sworn Person Signature  Jorge Andrade, CEO
	Printed Name and Title of Sworn Person
The foregoing October nas produced	instrument was sworn (or affirmed) and subscribed before me this 7th day of , 2025, by 3000 Androve, who is either to personally known to me; or as identification.
	uel Salvatierra
	RY PUBLIC Notary Public Signature
Commission	ounty, GEORGIA Suon Manuel Salvatierra
Commissior	Printed Name of Notary Public 9-15-2027
AFFIX NOT	ORIAL SEAL) Notary Commission Number/Expiration

### **INDEMNITY**

WHEREAS, THE UNDERSIGNED	Jorge Andrade							
(the "Undersigned"), is the owner	of Andrade's Florida							
(the "Undersigned"), is the owner (the " Company "), a Florida LLC								
	nchise (a "Commercial Franchise") to collect,							
WHEREAS, the Commercial Franchise approximate 13-069 (the "Ordinance") and require indemnify the County from and against any loss employees, subcontractors, and agents, failure to pawarded Commercial Franchise and the terms of the	s which may result from the applicant, its perform in accordance with the terms of the							
WHEREAS, the Undersigned is duly auth behalf of the Andrade's Florida	orized to execute this instrument by and on							
NOW, THEREFORE, in consideration of the benefits accruing to the								
IN WITNESS WHEREOF, the Undersigne								
behalf of the this 8	day of, 20 <u>25</u> .							
ATTEST:	a							
By: N.	Jorge Andrade, CEO							
ONAN SAVATICINA / 10 TOLY	(							
[Printed Name, Title]	[Printed Name, Title]							

AFFIX NOTORIAL SEAL

Juan Manuel Salvatlerra
NOTARY PUBLIC
Cherokee County, GEORGIA
My Commission Expires 09/15/2027

### Thank you for your payment!

This service has been provided by Polk County BoCC - Solid Waste, FL and Point & Pay. We value your business. Please keep this receipt for future reference.

You have made a payment to Polk County BoCC - Solid Waste, FL . The Polk County BoCC - Solid Waste department Thanks You For Your Payment. Credit Card Services provided by Polk County BoCC - Solid Waste department are in connection with POINT & PAY.

Jorge Andrade Name:

Address: 4141 N. Arnold Mill Rd, Woodstock GA, US, 30188

Contact: 7709286369

Comments:

Payment ID: 183910428

Date: 10/10/25 02:09 PM

Subtotal: \$750.00 Fee: \$23.15 \$773.15 Total:

Credit Card(\*\*\*\*\*\*\*\*\*1002) Method:

Item Purchased	Transaction Description	Account	Amount
License Renewal	CTYPolkWsteGOV	Application fee	\$750.00

Signature:	/ Date://
By cigning this receipt you agree to the terms	and conditions of this service

By signing this receipt you agree to the terms and conditions of this service.

You will see one line item on your credit or debit card statement indicating the amount you paid and will be identified as CTYPolkWsteGOV. If you have any questions about the charges please call 1-888-891-6064.

Print Receipt Close Window