DRAFT

COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST

Applicant: Andrades Fl Inc LLC Date: 09.29.25

Status	Brief Description of Application Requirements
☒ Met; 1. ☐ Not	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. ☐ Not Met	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. ☐ Not Met	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. ☐ Not Met	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. ☐ Not Met	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. ☐ Not Met	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. ☐ Not Met	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. ☐ Not Met	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. ☐ Not Met	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. ☐ Not Met	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. ☐ Not Met	Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5)

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2025
Secretary of State
9705804350CC

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 PRESIDENT 02/14/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date

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 8 day of October, 2025 Personally Know or Produced identification

Jorge Andrade,

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

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).

PRODUCER	CONTACT NAME: Certificates Department
Garzor Insurance 4369 HUNTERS PARK LANE Orlando FL 32837	PHONE (A/C, No, Ext): (321) 206-8035 FAX (A/C, No): E-MAIL ADDRESS: certificates@garzorinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Crum & Forster Specialty Insurance Company	44520
INSURER B :	
INSURER C : NAUTILUS INS CO	17370
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Andrades Florida LLC
2801 US HIGHWAY 17 92 W, Unit #C
HAINES CITY FL 33844-9372

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			BAK-91662-4	02/12/2025	02/12/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG [ ]	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) [ ]	$ $ $ $ $
C	[ ] UMBRELLA LIAB [X] OCCUR [X] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			AN1305050	02/12/2025	02/12/2026	EACH OCCURRENCE AGGREGATE [ ]	$ 2,000,000 $ 2,000,000 $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N / A (Mandatory in NH) 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	 $ $ $

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Polk County a political subdivision of the State of Florida
330 w Church St,
Rm 150
Bartow, FL 33830

CANCELLATION

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
Mariana Zorrilla

ANDRCLE-01 GBOGINS

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.

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).

PRODUCER	CONTACT NAME: Alana Tompkins	
Legacy Risk Solutions, LLC PO Box 2976 Gainesville, GA 30503	PHONE (A/C, No, Ext): (678) 775-0524	FAX (A/C, No): (678) 775-0521
	E-MAIL ADDRESS: atompkins@legacyrisksolutions.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Bridgefield Casualty Insurance Company	10335
INSURED	INSURER B :	
Andrade's Florida LLC 4141 North Arnold Mill Road Woodstock, GA 30188	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: Y	N/A		196-56086	9/26/2025	9/26/2026	E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Workers Compensation Excluded Officer Jorge Andrade

CERTIFICATE HOLDER

Polk County, a political subdiviison of the State of Florida
330 W Church St, Rm 150
Bartow, FL 33830

CANCELLATION

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
Scott K. Kiel

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY **WC 00 03 13**
(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.

Date Prepared: June 25, 2025

Carrier: Bridgefield Casualty Insurance Company

Effective Date of Endorsement: September 26, 2025

Policy Number: 196-56086 Countersigned by: 

Insured: Andrade's Clean Up Inc.

POLK COUNTY WASTE & RECYCLING

NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL VEHICLE LIST

FRANCHISEE Andrade's Florida

FOR YEAR 2025

OFFICE USE ONLY

DATE RECEIVED _____

DATE TO AUDITING _____

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	5PVNV7AT6N5T50008
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	Dump truck	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	5PVNV7AR0S5T50179

REVISED 08/2014

VEHICLE ID	VIN	MAKE	MODEL	YEAR	Type
P-93	5PVNV8JT6	Hino	338	2019	Dump Truck
P-116	5PVNV8JV4	Hino	338	2018	Dump Truck
P-122	5PVNV7AT(	Hino	L7	2022	Dump Truck
P-124	5PVNV7AT2	Hino	L7	2022	Dump Truck
P-128	3HAEUTAL3	Internation	MV607	2023	Dump Truck
P-129	3HAEUTAL5	Internation	MV607	2023	Dump Truck
P-131	3HAEUTAL)	Internation	MV607	2023	Hooklift
P-135	3HAEUTAL7	Internation	MV607	2024	Dump Truck
P-141	5PVNV7AR(	Hino	L7	2025	Dump Truck
P-142	5PVNV7AR5	Hino	L7	2025	Dump Truck
P-145	5PVNV7AR(	Hino	L7	2025	Dump Truck
T-34	ALJG22460	Bobcat	T650	2017	Skid steer
T-80	B3CA2330!	Bobcat	T740	2022	Skid steer
T-81	B3CA2330(	Bobcat	T740	2022	Skid steer
T-84	B3CA2404:	Bobcat	T740	2023	Skid steer
T-86	B3CA2406:	Bobcat	T740	2023	Skid steer
T-87	B3CA2429!	Bobcat	T740 - Joyst	2023	Skid steer
T-90	B3CA2384!	Bobcat	T740	2022	Skid steer
T-91	B5FF11844	Bobcat	T650	2023	Skid steer
T-94	B5FF11840	Bobcat	T650	2023	Skid steer
DT-37	1WHBU162	A & F	UTILITY 18'	2017	Trailer
DT-41	1WHBU182	A & F	UTILITY 18'	2019	Trailer
DT-45	1WHBU182	A & F	UTILITY 18'	2019	Trailer
DT-50	1WHBU182	A & F	UTILITY 18'	2020	Trailer
DT-67	T1074304	HMDE 7x18	UTILITY 18'	2023	Trailer
DT-73	T1074328	HMDE	HOMEMADE TL	2024	Trailer

POLK COUNTY WASTE & RECYCLING

NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL CONTAINER LIST

FRANCHISEE Andrade's Florida

FOR YEAR 2025

OFFICE USE ONLY

DATE RECEIVED _____

DATE TO AUDITING _____

ACCEPTED _____

CUSTOMER NAME	CONTAINER TYPE/SIZE				CAPACITY (CU YD)	COLLECTION FREQUENCY		CONTAINER IDENTIFICATION NUMBER
	DUMPSTER	COMPACTOR	ROLL OFF	OTHER		ON CALL	DAYS/WK	
Rental	x				30		1-2	P-93
Rental	X				30		1-2	P-116
Rental	X				30		1-2	P-122
Rental	X				30		1-2	P-124
Rental	X				30		1-2	P-128
Rental	X				30		1-2	P-131
Rental	X				30		1-2	P-135
Rental	X				30		1-2	P-141
Rental	X				30		1-2	P-142
Rental	X				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	2801 W HWY 17-92 Suite #C HAINES CITY

BUSINESS NAME AND MAILING ADDRESS

ANDRADES FLORIDA LLC
ANDRADES FLORIDA LLC
13700 ARNOLD MILL RD Suite
ROSWELL, GA 300756433

CODE	ACTIVITY TYPE
810000	LTD OTHER SERVICES
230000	LTD NON-LICENSED CONSTRUCTION ONLY

SIGN HERE

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

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** **EXPIRES: 09/30/2026**

OWNER NAME	LOCATION
JORGE A ANDRADE	2801 W HWY 17-92 Suite #C HAINES CITY

BUSINESS NAME AND MAILING ADDRESS

ANDRADES FLORIDA LLC
ANDRADES FLORIDA LLC
13700 ARNOLD MILL RD Suite
ROSWELL, GA 300756433

CODE	ACTIVITY TYPE
810000	LTD OTHER SERVICES
230000	LTD NON-LICENSED CONSTRUCTION ONLY

OFFICE OF JOE G. TEDDER, CFC * TAX COLLECTOR	THIS POLK COUNTY LOCAL BUSINESS TAX RECEIPT MUST BE CONSPICUOUSLY 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 FLORIDA
COUNTY OF Polk

Before me, the undersigned notary public authorized to administer oaths, personally appeared Jorge Andrade 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 against Andrade'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, against Andrade'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 affiant sayeth not.

Dated the 7th day of October, 2025

Sworn Person Signature

Jorge Andrade, CEO
Printed Name and Title of Sworn Person

The foregoing instrument was sworn (or affirmed) and subscribed before me this 7th day of October, 2025, by Jorge Andrade, who is either ☑ personally known to me; or ☐ has produced _____ as identification.

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

(AFFIX NOTORIAL SEAL)

Notary Public Signature

Juan Manuel Salvatierra
Printed Name of Notary Public

9-15-2027
Notary Commission Number/Expiration

INDEMNITY

WHEREAS, THE UNDERSIGNED Jorge Andrade (the "Undersigned"), is the owner of Andrade's Florida (the "Company"), a Florida LLC,

WHEREAS, the Andrade's Florida, is herewith submitting an application to Polk County, a political subdivision of the State of Florida, (the "County") for the grant, renewal, or modification of a non-exclusive commercial franchise (a "Commercial Franchise") to collect, remove and transport commercial solid waste within the geographic areas of Polk County; and

WHEREAS, the Commercial Franchise application process is described in Polk County Ordinance 13-069 (the "Ordinance") and requires, among other matters, that an applicant indemnify the County from and against any loss which may result from the applicant, its employees, subcontractors, and agents, failure to perform in accordance with the terms of the awarded Commercial Franchise and the terms of the Ordinance; and

WHEREAS, the Undersigned is duly authorized to execute this instrument by and on behalf of the Andrade's Florida

NOW, THEREFORE, in consideration of the benefits accruing to the Andrade's Florida and for other good and valuable consideration, the Undersigned, by and on behalf of the Andrade's Florida does hereby forever release, indemnify, keep, save, and hold harmless the County, its commissioners, officers, officials, and employees, from and against any and all damages, losses, penalties, liabilities, costs and expenses of any kind or nature whatsoever that is proximately caused by, incident to, resulting from, arising out of, or occurring in connection with, directly or indirectly, Andrade's Florida, its employees, subcontractors, or agents, failure to perform in compliance with the terms of the Commercial Franchise or failure to perform in compliance with the terms of the Ordinance.

IN WITNESS WHEREOF, the Undersigned has executed this instrument by and on behalf of the Andrade's Florida this 8 day of October, 2025.

ATTEST:

By: _____

Juan Salvatierra, Notary

[Printed Name, Title]

_____

a _____

By: _____

Jorge Andrade, CEO

[Printed Name, Title]

AFFIX NOTORIAL SEAL

Juan Manuel Salvatierra
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.

Name:	Jorge Andrade
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
Total:	$773.15
Method:	Credit Card(**********1002)

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

Signature:_____ **Date:**_____/_____/_____

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