

DRAFT

COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST

Applicant: JUNK Genies Services LLC Date: 5/1/2024

| Status | Brief Description of Application Requirements |
|--|---|
| <input type="checkbox"/> Met; 1. <input type="checkbox"/> Not | Identity of the applicant, to include its principals, partners, and management. Section 4-1 C. (2)(a) |
| <input checked="" type="checkbox"/> Met; 2. <input type="checkbox"/> 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) |
| <input type="checkbox"/> Met; 3. <input type="checkbox"/> 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) |
| <input checked="" type="checkbox"/> Met; 4. <input type="checkbox"/> 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 |
| <input checked="" type="checkbox"/> Met; 5. <input type="checkbox"/> 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) |
| <input checked="" type="checkbox"/> Met; 6. <input type="checkbox"/> 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) |
| <input checked="" type="checkbox"/> Met; 7. <input type="checkbox"/> 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) |
| <input checked="" type="checkbox"/> Met; 8. <input type="checkbox"/> 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 |
| <input checked="" type="checkbox"/> Met; 9. <input type="checkbox"/> 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) |
| <input checked="" type="checkbox"/> Met 10. <input type="checkbox"/> 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 |
| <input checked="" type="checkbox"/> Met; 11. <input type="checkbox"/> 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 |
| <input checked="" type="checkbox"/> Met 12. <input type="checkbox"/> Not Met | Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5) New Application Fee \$750.00 We have a convenient payment option: You may copy Link into Web Brower: https://public.pointandpay.net/collect/partner/PolkCoSolidWasteFL |

Florida's Crossroads of Opportunity



Board of County Commissioners

10 Environmental Loop S.
Winter Haven, FL 33880

PHONE: 863-284-4319
FAX: 863-284-4321
www.polkfl.gov

SOLID WASTE DIVISION

Contact information Needed for Non-exclusive Franchise

Contact Person name for Franchise Renewal: *Matthew Casteel*
Contact Person for Reporting: *Matthew Casteel*
Contact Email: *Junk Genies FL @gmail.com*
Contact Telephone: *863-207-2478*
Customer Address: *2172 Albatross Nest Dr Barlow, FL, 33830*

How do you want the information to be listed on our website for customers ?

Hauler's Name: *Junk Genies Junk Removal*
Email Address: *Junkgenies FL @gmail.com*
Web address: *Junk Genies .com*
Phone: *863-777-4177*

What areas do you service in Polk County, FL ?

Entire County



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
JUNK GENIES SERVICES LLC

Filing Information

Document Number L26000005569
FEI/EIN Number 41-3553823
Date Filed 12/22/2025
State FL
Status ACTIVE

Principal Address

2172 ALBATROSS NEST DR
BARTOW, FL 33830

Mailing Address

2172 ALBATROSS NEST DR
BARTOW, FL 33830

Registered Agent Name & Address

REPUBLIC REGISTERED AGENT LLC
476 RIVERSIDE AVE
STE 4
JACKSONVILLE, FL 32202

Authorized Person(s) Detail

Name & Address

Title AMBR

CASTEEL, MATTHEW
2172 ALBATROSS NEST DR
BARTOW, FL 33830

Title AMBR

HALL, WAYNE
902 PRIMROSE WAY
LAKE WALES, FL 33853

Annual Reports

| Report Year | Filed Date |
|-------------|------------|
|-------------|------------|

2026

05/11/2026

Document Images

[05/11/2026 -- ANNUAL REPORT](#)

[View image in PDF format](#)

[12/22/2025 -- Florida Limited Liability](#)

[View image in PDF format](#)



Date: 04/29/2026

To whom it may concern:

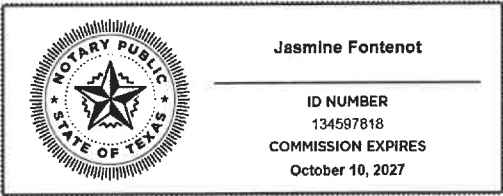
As of the date of the correspondence stated above, Junk Genies Services LLC, as well as it's Managing Member/Owner, Matthew Casteel has never had involvement as a subject or as a part in any litigation, criminal proceedings, or agency enforcement cases.

I, Matthew Casteel, MGR\Owner of Junk Genies Services LLC, do attest the above statement to be true and correct.

State ~~Florida~~ ^{JF} Texas County of ~~Polk~~ ^{JF} Galveston

The foregoing instrument was acknowledged before me this ~~20th~~ ^{JF} 30th day of April 2026 Personally Know or Produced identification DRIVER LICENSE

Jasmine Fontenot
Notary Public, State of Texas



Electronically signed and notarized online using the Proof platform.

**POLK COUNTY SOLID WASTE
NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL VEHICLE LIST**

FRANCHISEE Junk Services LLC

FOR YEAR 2026

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 |
|-----------------------|---------------|------|--------------------------------------|---------------------|-----------------------|-------------------------------|
| Isuzu TITZ | NPR | 2000 | RO | 17 | 14,500 | 4KLC40J2R4YJ801756 |
| GMC | C5500 | 2008 | RO | 20 | 20,000 | 1G005SC265DF901432 |
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POLK COUNTY SOLID WASTE DIVISION

NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL CONTAINER LIST

FRANCHISEE Junk Genies Services LLC

FOR YEAR 2026

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 | yes | | | | 15 | ✓ | | 241501 |
| Rental | yes | | | | 15 | ✓ | | 241502 |
| Rental Junk Genies | yes | | | | 17 | ✓ | | 231701 |
| Rental | yes | | | | 20 | ✓ | | 212001 |
| Rental | yes | | | | 20 | ✓ | | 212002 |
| Rental | yes | | | | 20 | ✓ | | 202003 |
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/11/2026

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 Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306 | CONTACT NAME: PHONE (A/C, No, Ext): (855) 222-5919 FAX (A/C, No): E-MAIL ADDRESS: support@nextinsurance.com | | | | | | | | | | | | | | |
| INSURED Junk Genies Services LLC 2172 Albatross Nest Dr Bartow, FL 33830 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A : Next Insurance US Company</td> <td>16285</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Next Insurance US Company | 16285 | INSURER B : | | INSURER C : | | INSURER D : | | INSURER E : | | INSURER F : | |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A : Next Insurance US Company | 16285 | | | | | | | | | | | | | | |
| INSURER B : | | | | | | | | | | | | | | | |
| INSURER C : | | | | | | | | | | | | | | | |
| INSURER D : | | | | | | | | | | | | | | | |
| INSURER E : | | | | | | | | | | | | | | | |
| INSURER F : | | | | | | | | | | | | | | | |

COVERAGES CERTIFICATE NUMBER: 204645317 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 | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY 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 | | NXTCLLVFLF-04-GL | 12/20/2025 | 12/20/2026 | 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 \$ | | | | | | | | | | | | |
| | AUTOMOBILE LIABILITY <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 <input type="checkbox"/> AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ | | | | | | | | | | | | |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | X | | NXTCLLVFLF-04-GL | 12/20/2025 | 12/20/2026 | EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ 2,000,000.00 \$ | | | | | | | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">PER STATUTE</td> <td style="width: 5%;">OTHER</td> <td style="width: 90%;"></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td>\$</td> </tr> </table> | PER STATUTE | OTHER | | E.L. EACH ACCIDENT | | \$ | E.L. DISEASE - EA EMPLOYEE | | \$ | E.L. DISEASE - POLICY LIMIT | | \$ |
| PER STATUTE | OTHER | | | | | | | | | | | | | | | | | | |
| 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)
 The Certificate Holder is Polk County, a political subdivision of the State of Florida. This Certificate Holder is an Additional Insured on the General Liability policy and Umbrella/Excess Liability policy per the Additional Insured Automatic Status Endorsement. All Additional Insured privileges apply only if required by written agreement between the Certificate Holder and the insured, and are subject to policy terms and conditions.

| | |
|--|---|
| CERTIFICATE HOLDER Polk County, a political subdivision of the State of Florida 330 W Church St Bartow, FL 33830 | CANCELLATION <p style="text-align: center;">LIVE CERTIFICATE</p> <p style="text-align: center;">Click or scan to view</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <hr/> AUTHORIZED REPRESENTATIVE |
|--|---|

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**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

NON-CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 3/11/2026

EXPIRATION DATE: 3/10/2028

PERSON: MATTHEW N CASTEEL

EMAIL: JUNKGENIESFL@GMAIL.COM

FEIN: 413553823

BUSINESS NAME AND ADDRESS:

JUNK GENIES SERVICES LLC

2172 ALBATROSS NEST DR

BARTOW, FL 33830

This certificate of election to be exempt is NOT a license issued by the Department of Business and Professional Regulation. To determine if the certificate holder is required to have a license to perform work or to verify the license of the certificate holder, go to www.myfloridalicense.com.

IMPORTANT: Pursuant to subsection 440.05(13), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(11), F.S., Certificates of election to be exempt issued under subsection (3) apply only to the corporate officer named on the notice of election to be exempt. Pursuant to subsection 440.05(12), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

POLK COUNTY LOCAL BUSINESS TAX APPLICATION FORM

ACCOUNT NO. 301084

CLASS A

PAYMENT DUE BY: 09/30/2025

OWNER NAME

MATTHEW NEAL CASTEEL

LOCATION2172 ALBATROSS NEST DR
BARTOW FL 33830**BUSINESS NAME AND MAILING ADDRESS****CODE****ACTIVITY TYPE****JUNK GENIES SERVICES LLC**

810000

LTD OTHER SERVICES

2172 ALBATROSS NEST DR

BARTOW FL 33830

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

\$0.00

Paid by receipt(s) 2025-142210 on 05/15/26 for \$31.50**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 the 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 the 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. 301084

CLASS A

EXPIRES:

09/30/2026

OWNER NAME

MATTHEW NEAL CASTEEL

LOCATION2172 ALBATROSS NEST DR
BARTOW FL 33830**BUSINESS NAME AND MAILING ADDRESS****CODE****ACTIVITY TYPE****JUNK GENIES SERVICES LLC**

810000

LTD OTHER SERVICES

2172 ALBATROSS NEST DR

BARTOW FL 33830

OFFICE OF JOE G. TEDDER, CFC * TAX COLLECTORTHIS POLK COUNTY LOCAL BUSINESS TAX RECEIPT MUST BE
CONSPICUOUSLY DISPLAYED AT THE BUSINESS LOCATION**Paid by receipt(s) 2025-142210 on 05/15/26 for \$31.50**

AFFIDAVIT SUPPORTING NEW NON-EXCLUSIVE 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 Matthew Casteel who, first being duly sworn, on oath deposes and states, as follows:

- 1) He is Junk Removal Services LLC, a FL 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 Junk Removal Services LLC.
- 4) There are no liens of record filed by the Internal Revenue Service against Junk Removal Services LLC.
- 5) There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against Junk Removal Services LLC.
- 6) Junk Removal Services LLC acknowledges and consents that the County shall have the right to inspect Junk Removal Services LLC vehicles, containers, compactors, and other equipment at any time.
- 7) During the time of the existing Commercial Franchise, Junk Removal Services 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 Junk Removal Services LLC will continue to comply with the same.

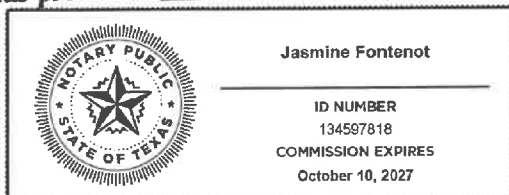
Further the affiant sayeth not.

Dated the 29th day of April, 2026

Matthew Casteel
Sworn Person Signature
Matthew Casteel - Owner
Printed Name and Title of Sworn Person

State of Texas, County of Galveston

The foregoing instrument was sworn (or affirmed) and subscribed before me this 30th day of April, 2026, by Matthew Casteel, who is either personally known to me; or has produced DRIVER LICENSE as identification.



Jasmine Fontenot
Notary Public Signature
Jasmine Fontenot
Printed Name of Notary Public
134597818 10/10/2027
Notary Commission Number/Expiration

(AFFIX NOTORIAL SEAL)

INDEMNITY

WHEREAS, THE UNDERSIGNED Matthew Casteel
(the "Undersigned"), is the Owner of Junk Genies Services LLC
(the "Company"), a LLC

WHEREAS, the Owner, 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 Junk Genies Services LLC

NOW, THEREFORE, in consideration of the benefits accruing to the Junk Genies Services LLC and for other good and valuable consideration, the Undersigned, by and on behalf of the Junk Genies Services LLC 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, Junk Genies Services LLC, 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 Junk Genies Services LLC this 29 day of April, 2026.

ATTEST:

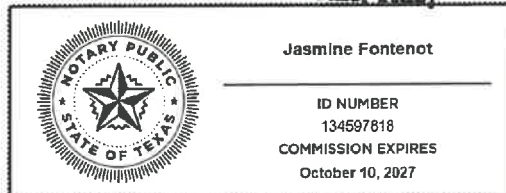
Junk Genies Services LLC
a LLC

By: [Signature]
Matthew Casteel, Owner
[Printed Name, Title]

By: _____
[Printed Name, Title]

AFFIX NOTORIAL SEAL

State of Texas Jasmine Fontenot
County of Galveston



This instrument was acknowledged before me by means of an interactive two-way audio and video communication on 04/30/2026 by Matthew Casteel.

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: Matthew Casteel
Address: 2172 Albatross Nest Dr, Bartow FL, US, 33830
Contact: 8632072478
Comments:

Payment ID: 197396469
Date: 05/11/26 04:22 PM
Subtotal: \$750.00
Fee: \$23.15
Total: \$773.15
Method: Credit Card(*****3846)

| Item Purchased | Transaction Description | Account | Amount |
|-----------------|-------------------------|----------------------------------|----------|
| License Renewal | CTYPolkWsteGOV | Commercial Franchise Application | \$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](#)

 Print

Thank you for your payment

Confirmation # 197396469
Date Monday, May 11, 2026, 4:22:50 PM US Eastern Time
Total Amount \$773.15
Paid with  account ending in 3846
Customer Information Matthew Casteel
junkgeniesfl@gmail.com
(863) 207-2478

Transaction Details

| Bill Type | Details | Amount |
|-----------------|--|----------|
| License Renewal | Company Name: Junk Genies Services LLC Ticket or Invoice Number: Commercial Franchise Application | \$750.00 |

| | |
|-----------------|-----------------|
| Sub Total | \$750.00 |
| Convenience Fee | \$23.15 |
| Total | \$773.15 |

[Make another payment](#)