

DRAFT**COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST**Applicant: i4WasteVault and Recycling Date: 9/20/2025

Needs Additional Vending

not completely filled out

?

Status	Brief Description of Application Requirements
<input checked="" type="checkbox"/> Met; <input type="checkbox"/> Not Met	Identity of the applicant, to include its principals, partners, and management. Section 4-1 C. (2)(a)
<input checked="" type="checkbox"/> Met; <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; <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 type="checkbox"/> Met; <input checked="" 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)
<input checked="" type="checkbox"/> Met; <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 type="checkbox"/> Met; <input checked="" 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; <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; <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)
<input type="checkbox"/> Met; <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; <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)
<input checked="" type="checkbox"/> Met; <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)
<input checked="" type="checkbox"/> Met; <input type="checkbox"/> Not Met	Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5)



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

Detail by Entity Name

Florida Limited Liability Company
I4 WASTE VALET & RECYCLING "L.L.C."

Filing Information

Document Number L17000188627
FEI/EIN Number 82-2728067
Date Filed 09/05/2017
Effective Date 09/01/2017
State FL
Status ACTIVE
Last Event LC NAME CHANGE
Event Date Filed 01/16/2018
Event Effective Date NONE

Principal Address

7802 Kingspointe Pkwy
Suite #209
Orlando, FL 32819

Changed: 01/26/2021

Mailing Address

7802 Kingspointe Pkwy
Suite #209
Orlando, FL 32819

Changed: 01/26/2021

Registered Agent Name & Address

DORVIL, ROBENSON
7802 Kingspointe Pkwy
Suite #209
Orlando, FL 32819

Address Changed: 01/26/2021

Authorized Person(s) Detail

Name & Address**Title President**

Dorvil, Robenson
7802 Kingspointe Pkwy
Suite #209
Orlando, FL 32819

Annual Reports

Report Year	Filed Date
2023	01/10/2023
2024	03/25/2024
2025	04/02/2025

Document Images

04/02/2025 -- ANNUAL REPORT	View image in PDF format
03/25/2024 -- ANNUAL REPORT	View image in PDF format
01/10/2023 -- ANNUAL REPORT	View image in PDF format
04/20/2022 -- ANNUAL REPORT	View image in PDF format
01/26/2021 -- ANNUAL REPORT	View image in PDF format
05/01/2020 -- ANNUAL REPORT	View image in PDF format
03/10/2019 -- ANNUAL REPORT	View image in PDF format
03/24/2018 -- ANNUAL REPORT	View image in PDF format
01/16/2018 -- LC Name Change	View image in PDF format
09/05/2017 -- Florida Limited Liability	View image in PDF format



November 13, 2025

To whom it may concern:

As of the date of the correspondence stated above, i4 Waste Valet & Recycling as well as it's Managing Member/Owner, Robenson Dorvil has never and is currently not involved in any type of litigation, criminal proceedings, or agency enforcement case, judgements, and or Liens including the Internal Revenue Service and all state and or federal government litigation, or civil suits.

State of Florida

County of Orange

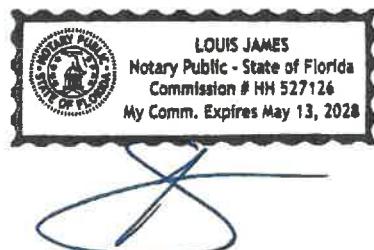
On December 16, 2025 before me, Robenson Dorvil (name and title of officer), personally appeared DL-D208-871-44, who proved to me based on satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that she/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Florida that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature 

Print Name Louis James



i4 Waste Valet & Recycling
7802 Kingspointe Parkway
Suite 209
Orlando, FL 32819

321-370-1707
Info@i4WasteValet.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/09/2025

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: Kathleen Ohl
TROXELL		PHONE (A/C. No. Ext): (217) 528-7533
214 South Grand Ave West		E-MAIL ADDRESS: kohl@troxellins.com
Springfield		INSURER(S) AFFORDING COVERAGE
		INSURER A: Cincinnati Specialty Underwriters Ins Co Inc
INSURED		NAIC #
I4 Waste Valet & Recycling, L.L.C. 7802 Kingspointe Pkwy Suite 209 Orlando		INSURER B:
		INSURER C:
		INSURER D:
		INSURER E:
		INSURER F:

COVERAGES	CERTIFICATE NUMBER:	CL252449894	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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		CSU0224992	02/15/2025	02/15/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:					
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					
	DED RETENTION \$		CSU0224993	02/15/2025	02/15/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	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				PER STATUTE <input type="checkbox"/> OTH- ER <input type="checkbox"/> 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	CANCELLATION
Polk County Solid Waste 10 Environmental Loop S	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Winter Haven	AUTHORIZED REPRESENTATIVE
FL 33880	

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CERTIFICATE OF LIABILITY INSURANCE

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10/09/2025

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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	Lee R. Rogers Agency, Inc.- DBA Florida Insurance Group 11531 Lake Underhill Road Orlando, FL 32825 License #: A224521	CONTACT NAME:	Elizabeth Sito
		PHONE (A/C, No. Ext):	407-277-6000
		E-MAIL ADDRESS:	ebeths@floridainsurance.com
		INSURER(S) AFFORDING COVERAGE	
		INSURER A:	Progressive
		NAIC #	
		10193	
INSURED	I4 WASTE VALET & RECYCLING LLC ROBENSON DORVIL 7802 Kingspointe Pkwy Ste 209 Orlando, FL 32819	INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: 00017542-1348358 REVISION NUMBER: 1

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					EACH OCCURRENCE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	OTHER:					MED EXP (Any one person)	\$
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		03843130	07/30/2025	07/30/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>					BODILY INJURY (Per person)	\$
	DED <input type="checkbox"/> RETENTION \$					BODILY INJURY (Per accident)	\$
	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				PROPERTY DAMAGE (Per accident)	\$
						PER STATUTE	OTHE- R
						E.I. EACH ACCIDENT	\$
						E.I. DISEASE - EA EMPLOYEE	\$
						E.I. DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER

CANCELLATION

Polk County Solid Waste
10 Environmental Loop S
Winter Haven, FL 33880

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

Elizabeth Sito

(ELZ)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/9/2025

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PRODUCER		CONTACT NAME: Brittani Wiedemann	
LRA Insurance P.O. Box 948173		PHONE (A/C. No. Ext): (407) 838-3445	FAX (A/C. No.): (407) 838-3460
Maitland FL 32794		E-MAIL ADDRESS: bwiedemann@lrainsurance.com	
INSURED		INSURER(S) AFFORDING COVERAGE	
I4 Waste Valet & Recycling, LLC 7802 KingsPointe Pkwy Suite 209 Orlando FL 32839		INSURER A: Service Lloyds Insurance Company	
		NAIC # 43389	
INSURER B:			
INSURER C:			
INSURER D:			
INSURER E:			
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 25 - 26

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	<input type="checkbox"/>	OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
							GENERAL AGGREGATE	\$	
							PRODUCTS - COMP/OP AGG	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							\$	
	POLICY	<input type="checkbox"/>	PRO- JECT	<input type="checkbox"/>	LOC				
	OTHER:								
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$	
HIRED AUTOS		NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$		
	UMBRELLA LIAB		OCCUR					\$	
	EXCESS LIAB			CLAIMS-MADE			EACH OCCURRENCE	\$	
	DED		RETENTION \$				AGGREGATE	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/>	Y/N	N/A	11134	6/22/2025	6/22/2026	<input checked="" type="checkbox"/> PER STATUTE	OTHR-
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							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)

CERTIFICATE HOLDER

CANCELLATION

Polk County Solid Waste
10 Environmental Loop S
Winter Haven, FL 33880

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

John Lumbra/CLYN

POLK COUNTY WASTE & RECYCLING

NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL CONTAINER LIST

FRANCHISEE j4 Waste Valet and Recycling

FOR YEAR 2025

OFFICE USE ONLY

DATE RECEIVED

DATE TO AUDITING

ACCEPTED

POLK COUNTY WASTE & RECYCLING

NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL VEHICLE LIST

FRANCHISEE i4 Waste Valet and Recycling

FOR YEAR 2025

OFFICE USE ONLY

DATE RECEIVED

DATE TO AUDITING

ACCEPTED

Zimmerman, Debra

From: i4ServiceTeam <info@i4wastevalet.com>
Sent: Tuesday, October 28, 2025 2:47 PM
To: Zimmerman, Debra
Subject: [EXTERNAL]: Re: Non-Exclusive Franchise Agreement
Attachments: Outlook-2rba03o0

Hello Debbie,

Thank you. I'll make the revisions and have the document notarized.

Just to clarify, we currently don't service compactors or handle trash removal from them. This is something we may consider adding to our services in the future.

At this time, in Polk County, we collect and dispose of household furniture items at the landfill. That's why I indicated that we don't service compactors.

Kindly,
Nadege

From: Zimmerman, Debra <debrazimmerman@polk-county.net>
Sent: Tuesday, October 28, 2025 1:59 PM
To: i4ServiceTeam <info@i4wastevalet.com>
Subject: RE: Non-Exclusive Franchise Agreement

Good afternoon,

The following verbiage needs to be added: "or agency enforcement cases after criminal proceeding"
Also, this form needs to be notarized.

Container List: Not sure what you mean by "We do not service compactors, dumpster. Or Rolloff. What is the nature of your business? Do you rent out your dumpsters? What is the Collection Frequency , Container Identification Numbers.

POLK COUNTY LOCAL BUSINESS TAX RECEIPT

ACCOUNT NO. 251553

CLASS: A

EXPIRES:

09/30/2026

OWNER NAME	LOCATION
ROBENSON DORVIL	

BUSINESS NAME AND MAILING ADDRESS

I4 WASTE VALET & RECYCLING LLC
I4 WASTE VALET & RECYCLING LLC
7802 KINGSPOINTE PKWY
ORLANDO, FL 32819

CODE

560000

ACTIVITY TYPE

LTD SUPPORT SERVICE



OFFICE OF JOE G. TEDDER, CFC * TAX COLLECTOR

THIS POLK COUNTY LOCAL BUSINESS TAX RECEIPT MUST BE CONSPICUOUSLY
DISPLAYED AT THE BUSINESS LOCATION

PAID - 3420008 07/16/2025 OPY

OLP 31.50

I4 WASTE VALET & RECYCLING LLC

INDEMNITY

WHEREAS, THE UNDERSIGNED Robenson Dornil
(the "Undersigned"), is the Owner of 14 Waste Valet and Recycling
(the "_____), a _____,

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 14 Waste Valet and Recycling

NOW, THEREFORE, in consideration of the benefits accruing to the _____ and for other good and valuable consideration, the Undersigned, by and on behalf of the 14 Waste Valet and Recycling 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, 14 Waste Valet and Recycling _____, 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.

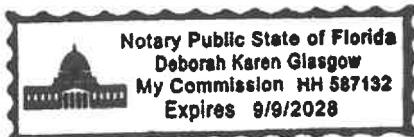
IN WITNESS WHEREOF, the Undersigned has executed this instrument by and on behalf of the Robenson Dornil this 17th day of October, 2025.

ATTEST:

By: Deborah Karen Glasgow
Deborah Karen Glasgow
[Printed Name, Title]

a _____
By: DRG
Robeson Dornil Founder
[Printed Name, Title]

SEAL



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

STATE OF FLORIDA
COUNTY OF Orange

Before me, the undersigned notary public authorized to administer oaths, personally appeared Robenson Dorvil who, first being duly sworn, on oath deposes and states, as follows:

- 1) He is Owner of i4 Waste Valet and Recycling S 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 i4 Waste Valet and Recycling
- 4) There are no liens of record filed by the Internal Revenue Service against i4 Waste Valet and Recycling
- 5) There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against i4 Waste Valet and Recycling
- 6) Robenson Dorvil acknowledges and consents that the County shall have the right to inspect i4 Waste Valet and Recycling vehicles, containers, compactors, and other equipment at any time. Recycling
- 7) During the time of the existing Commercial Franchise, i4 Waste Valet and Recycling 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 2026 will continue to comply with the same.

Further the affiant sayeth not.

Dated the 17th day of October, 2025

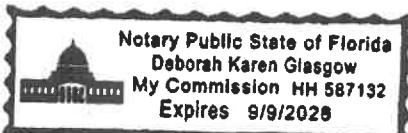


Sworn Person Signature

Robenson Dorvil Founder

Printed Name and Title of Sworn Person

The foregoing instrument was sworn (or affirmed) and subscribed before me this 17th day of October, 2025, by Robenson Dorvil, who is either personally known to me; or has produced NH as identification.



(AFFIX NOTORIAL SEAL)

Deborah Karen Glasgow
Notary Public Signature
Deborah Karen Glasgow
Printed Name of Notary Public
HH 587132 9/9/2026
Notary Commission Number/Expiration

Thank you for your payment

Confirmation # 183830883

Date Thursday, October 9, 2025, 12:23:18 PM US
Eastern Time

Total Amount \$752.95

Paid with Business Checking account ending in 4622

Customer Information Robenson Dorvil
info@i4WasteValet.com
(321) 370-1707

Transaction Details

Bill Type	Details	Amount
License	Company Name: i4 Waste Valet and Recycling	\$750.00
Renewal	Ticket or Invoice Franchise Application	
	Number: Fee	
	Sub Total	\$750.00
	Convenience Fee	\$2.95
	Total	\$752.95

CONVENIENCE FEE

Your agency has partnered with a third party service provider to provide you with convenient online payment services via credit card debit card or electronic check payments. IN ORDER TO USE THIS SERVICE YOU MAY HAVE TO PAY A NON-REFUNDABLE CONVENIENCE FEE IN ADDITION TO THE AMOUNT(S) OWED TO YOUR PAYEE. Please note that the service provider (not your Payee) will appear as the merchant of record next to your payment on your bank or credit card

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: Robenson Dorvil
Address: 7802 Kingspointe Parkway, Orlando 00, 00, 32819

Contact: 3213701707

Comments:

Payment ID: 183830883
Date: 10/09/25 12:23 PM
Subtotal: \$750.00
Fee: \$2.95
Total: \$752.95
Method: Electronic Check(*****4622)

Item Purchased	Transaction Description	Account	Amount
License Renewal	CTYPolkWsteGOV	Franchise 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](#)

It waste