DRAFT

COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST

Applicant: Southern Elevations 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)
☑ 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)

DRAFT

Sunbiz.org DIVISION of CORPORATIONS an official State of Florida website

Detail by Entity Name

Florida Limited Liability Company
SOUTHERN ELEVATIONS LLC

Filing Information

Document Number	L17000095053
FEI/EIN Number	82-1353311
Date Filed	04/28/2017
Effective Date	04/27/2017
State	FL
Status	ACTIVE
Last Event	LC AMENDMENT
Event Date Filed	10/19/2020
Event Effective Date	NONE

Principal Address

2 West Blvd N
Davenport, FL 33837

Changed: 04/04/2024

Mailing Address

PO BOX 1198
DAVENPORT, FL 33837

Changed: 02/27/2020

Registered Agent Name & Address

GREENE, GEORGE A, JR
2 West Blvd N
Davenport, FL 33837

Name Changed: 02/27/2020

Address Changed: 04/04/2024

Authorized Person(s) Detail

Name & Address

Title AMBR

GREENE, JR., GEORGE
PO BOX 1198
Davenport, FL 33837

Title AMBR

REYNOLDS, JAMES
PO BOX 1198
DAVENPORT, FL 33837

Title MGR

GREENE, BRIANA
P.O. BOX 1198
DAVENPORT, FL 33837

Title MGR

REYNOLDS, BRITTANY
P.O. BOX 1198
DAVENPORT, FL 33837

Annual Reports

Report Year	Filed Date
2023	02/14/2023
2024	04/04/2024
2025	04/23/2025

Document Images

04/23/2025 -- ANNUAL REPORT	View image in PDF format
04/04/2024 -- ANNUAL REPORT	View image in PDF format
02/14/2023 -- ANNUAL REPORT	View image in PDF format
04/30/2022 -- ANNUAL REPORT	View image in PDF format
02/03/2021 -- ANNUAL REPORT	View image in PDF format
10/19/2020 -- LC Amendment	View image in PDF format
07/15/2020 -- LC Name Change	View image in PDF format
02/27/2020 -- ANNUAL REPORT	View image in PDF format
05/09/2019 -- LC Amendment	View image in PDF format
04/22/2019 -- LC Amendment	View image in PDF format
02/25/2019 -- ANNUAL REPORT	View image in PDF format
01/02/2019 -- LC Amendment	View image in PDF format
04/27/2018 -- ANNUAL REPORT	View image in PDF format
04/28/2017 -- Florida Limited Liability	View image in PDF format

Southern Elevations LLC

Industry: Solid Waste Management & Recycling
Location: 2 West BLVD N Davenport, FL 33837
Contact: 863-419-7513

Company Overview:

Name of Company is : Southern Elevations LLC

Core Services:

Dumpsters / Grapple Truck / Grading Services

- **List what services you**
- **provide**

- Dumpsters, grapple truck services, grading services

Experience with Solid Waste:

Southern Elevations has extensive experience providing solid waste services across Central Florida, specializing in residential communities, construction sites, and commercial developments. Our team has a proven track record of delivering safe, reliable, and environmentally responsible waste management solutions to a variety of partners, including major homebuilders and community developers.

Our services include:

- Roll-off dumpster service for construction debris and

bulk waste
- Scheduled and on-call pick-ups for residential and commercial sites
- Site grading and land clearing with integrated debris removal
- Recycling and responsible disposal in compliance with local and state regulations

We proudly partner with KB Home and other leading builders, maintaining clean, organized job sites while helping projects stay on schedule and in compliance with county standards. Our drivers and field crews are highly trained in safety protocols, route efficiency, and proper waste handling to ensure seamless operations and minimal disruption to communities.

Southern Elevations operates with a strong commitment to customer service, communication, and community standards. We understand the importance of timely service, equipment reliability, and professional appearance on every site we serve.

With years of hands-on experience and a deep understanding of the solid waste industry, Southern Elevations is fully equipped to meet the needs of both residential and commercial clients while upholding the highest standards of safety, cleanliness, and environmental responsibility.

Our Safety-First Commitment:

At Southern Elevations, safety is more than a policy, it's a core value that guides every decision we make. Our commitment to a "Safety-First" culture ensures that every employee, contractor, and community member is protected at all times on every job site.

We recognize the unique risks associated with solid waste handling, grading, hauling, and land-clearing operations, and we

take proactive measures to prevent incidents before they occur. All employees are trained to identify hazards, follow established safety procedures, and maintain clean, compliant, and secure work environments.

Our Safety-First Commitment means:

- Every team member is empowered to stop work if unsafe conditions are present.
- All operations comply with OSHA, DOT, and local environmental regulations.
- We maintain regular equipment inspections, PPE enforcement, and job-site safety meetings.
- Continuous improvement through training, accountability, and open communication.

At Southern Elevations, we believe that no job is successful unless it is done safely. We are dedicated to sending every worker home safely each day, protecting the environment, and maintaining the trust of our partners and communities.

At Name of Company,
1. Southern Elevations LLC

SOUTHERN ELEVATIONS

Date: October 8, 2025

To whom it may concern:

As of the date of the correspondence stated above, Southern Elevations LLC, as well as it's Managing Member/Owner, George Greene Jr have never had involvement as a subject or as a part in any litigation, criminal proceedings, or agency enforcement cases.

I, [signature], MGR\Owner of Southern Elevations, do attest the above statement to be true and correct.

State Florida County of Polk

The foregoing instrument was acknowledged ~~before me~~ this 8th day of October, 2025 Personally Know ~~or~~ Produced identification

BRITTANY REYNOLDS NOTARY PUBLIC MY COMMISSION EXPIRES 11-14-2027 STATE OF FLORIDA COMMISSION NUMBER HH 421928

Brittany Reynolds

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/15/2025

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: Erica Livengood	
Closson Insurance Agency, LLC 1201 S. Orlando Avenue Suite 200 Winter Park FL 32789	PHONE (A/C, No, Ext): (407) 898-2211	FAX (A/C, No): (407) 898-1850
	E-MAIL ADDRESS: ELivengood@clossoninsurance.com	

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Great American Risk Solutions Surplus Lines Ins Co	37532
INSURER B :	Clear Blue Insurance Co	28860
INSURER C :	FFVA Mutual Insurance Co.	10385
INSURER D :		
INSURER E :		
INSURER F :		

INSURED
Southern Elevations, LLC; Greene's Grading, LLC
PO Box 1198
Davenport FL 33837

COVERAGES **CERTIFICATE NUMBER:** 8.23.25 Master **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: [ ] POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:			PLE840485-03	05/03/2025	05/03/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Desig Cost Proj Agg	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ 5,000,000
B	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			AQ1YFL003376-02	05/03/2025	05/03/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) PIP-Basic	$ 1,000,000 $ $ $ $ 10,000
A	[ ] UMBRELLA LIAB [ ] OCCUR [X] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 0			XSE840486-03	05/03/2025	05/03/2026	EACH OCCURRENCE AGGREGATE	$ 2,000,000 $ 2,000,000 $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		WC840 0205297 2025A	08/23/2025	08/23/2026	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

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

Certificate Holder(s) is/are included as Additional Insured when required by contract with respects to General Liability, on a Primary and Noncontributory basis, per forms attached. Blanket Additional Insured when required by contract with respect to Auto Liability, per form attached. Blanket Waiver of Subrogation applies when required by contract with respects to General Liability, Auto Liability, and Workers' Compensation per forms attached. Excess Liability is Following Form over General Liability and Employers Liability.

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
ELECTRONIC DATA LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART DESIGNATED SITES
POLLUTION LIABILITY LIMITED COVERAGE PART DESIGNATED SITES
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART
UNDERGROUND STORAGE TANK POLICY DESIGNATED TANKS

SCHEDULE

Name Of Person(s) Or Organization(s):
Any person or organization when required by written contract to provide a Waiver of Transfer of Rights of Recovery against others to us provided the "bodily injury" or "property damage" occurs subsequent to the execution of the contract or agreement.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph **8. Transfer Of Rights Of Recovery Against Others To Us** of **Section IV - Conditions:**

We waive any right of recovery against the person(s) or organization(s) shown in the Schedule above because of payments we make under this Coverage Part. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such person(s) or organization(s) prior to loss. This endorsement applies only to the person(s) or organization(s) shown in the Schedule above.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations:
Any person or organization when required by written contract to be added as an additional insured with respect to Products/Completed Operations provided the "bodily injury" or "property damage" occurs subsequent to the execution of the contract or agreement.	"Your work" at any project.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. **Section II - Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

CG 20 01 (Ed. 12/19)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

CG 20 10 (Ed. 12/19)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Any person or organization where required by written contract to be added as an additional insured, provided the "bodily injury", "property damage", or "personal and advertising injury" occurs subsequent to the execution of the contract or agreement.	All locations where performing your ongoing operations for the person or organization shown in the schedule.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. **Section II - Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any

person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

Clear Blue Insurance Company

WAIVER OF SUBROGATION ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM
GARAGE COVERAGE FORM

THIS ENDORSEMENT, EFFECTIVE ON 5/3/2025 AT 12:01 A.M., STANDARD TIME, FORMS A PART OF POLICY NUMBER AQ1YFL003376-02 OF Clear Blue Insurance Company ISSUED TO Southern Elevations LLC

IT IS AGREED THAT THE COMPANY RECOGNIZES THE VALIDITY OF ANY WAIVER OF SUBROGATION WHICH MIGHT ARISE BY REASON OF ANY PAYMENT UNDER THIS POLICY IN CONNECTION WITH THE OPERATION OF ANY INSURED AUTOMOBILE, IF SUCH WAIVER WAS EXECUTED BY NAMED INSURED, AS REQUIRED BY WRITTEN CONTRACT, IN WRITING PRIOR TO THE OCCURRENCE OF ANY LOSS.

BLANKET AS REQUIRED BY WRITTEN CONTRACT

$100.00 FULLY EARNED FLAT CHARGE

Clear Blue Insurance Company

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM
GARAGE COVERAGE FORM

THIS ENDORSEMENT, EFFECTIVE ON 5/3/2025 AT 12:01 A.M. STANDARD TIME, FORMS A PART OF POLICY NUMBER AQ1YFL003376-02 OF Clear Blue Insurance Company ISSUED TO Southern Elevations LLC

IT IS UNDERSTOOD AND AGREED THAT THE FOLLOWING IS ADDED AS AN ADDITIONAL INSURED HEREUNDER BUT ONLY AS RESPECTS LIABILITY ARISING OUT OF THE OPERATIONS OF THE NAMED INSURED, AND THAT THE INCLUSION OF SUCH ADDITIONAL INSURED SHALL NOT SERVE TO INCREASE THE COMPANY'S LIMIT OF LIABILITY AS SPECIFIED IN THE DECLARATIONS OF THIS POLICY. THIS ENDORSEMENT APPLIES TO ADDITIONAL INSUREDS ADDED, AS REQUIRED BY WRITTEN CONTRACT, PRIOR TO THE OCCURRENCE OF ANY LOSSES.

BLANKET AS REQUIRED BY WRITTEN CONTRACT

$100.00 FULLY EARNED FLAT CHARGE

PO Box 948239
Maitland, FL 32794-8239
321-214-5300 • 800-346-4825
ffvamutual.com

Policy notice:

The blanket waiver, Form WC 00 03 13, is applicable as of policy inception date to the insured risk listed below:

Insurer: FFVA Mutual Insurance Co.

Insured: Southern Elevations LLC

Policy number: WC840-0205297-2025A

Effective date: 8/23/2025

Policy period: 8/23/2025 - 8/23/2026

Robert A. Lehnen, CPCU, CIC, CRM

Vice President, Underwriting

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

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

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

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective Policy No. Endorsement No.

Insured Premium

Insurance Company Countersigned by _____

POLK COUNTY WASTE & RECYCLING

NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL CONTAINER LIST

FRANCHISEE Southern Elevations LLC

FOR YEAR _____

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	
Jorge Jorge				Dumper Trailer	15 (CU YD)	ON CALL		7FWB01420S1031897
			ROLL OFF		14 (CU YD)	ON CALL		335693
			ROLL OFF		14 (CU YD)	ON CALL		335751

POLK COUNTY WASTE & RECYCLING

ANNUAL VEHICLE LIST

ACCOUNT Southern Elevations

FOR YEAR 2025-2026

OFFICE USE ONLY

DATE RECEIVED _____

DATE TO AUDITING _____

ACCEPTED _____

VEHICLE MAKE	VEHICLE MODEL	YEAR	TYPE *(RO, REL, FEL, PICKUP, ETC.)*	CAPACITY *(CU YD)*	VEHICLE SIZE *(GVW)*	VEHICLE IDENTIFICATION NUMBER
Mack	TK	2022	RO	20	34,999	1FDPF7DCXPDF08789
Ford	F750	2022	RO	20	34,999	1M2MDBAB6NS070787

REVISED 08/2014

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 George Greene Jr. who, first being duly sworn, on oath deposes and states, as follows:

1) He is Southern Elevations, a LLC 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 Southern Elevations.

4) There are no liens of record filed by the Internal Revenue Service against Southern Elevations.

5) There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against Southern Elevations.

6) George Greene Jr. acknowledges and consents that the County shall have the right to inspect Southern Elevations vehicles, containers, compactors, and other equipment at any time.

7) During the time of the existing Commercial Franchise, Southern Elevations 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 1 year will continue to comply with the same.

Further the affiant sayeth not.

Dated the 4th day of September, 2025

George Greene

Sworn Person Signature

George Greene Jr. / owner

Printed Name and Title of Sworn Person

The foregoing instrument was sworn (or affirmed) and subscribed before me this 29th day of September, 2025, by George Greene Jr, who is either ☒ personally known to me; or ☐ has produced License as identification.

BRITTANY REYNOLDS NOTARY PUBLIC MY COMMISSION EXPIRES 11-14-2027 STATE OF FLORIDA COMMISSION NUMBER HH 421928

(AFFIX NOTORIAL SEAL)

Brittany Reynolds

Notary Public Signature

Brittany Reynolds

Printed Name of Notary Public

HH421928 11/14/27

Notary Commission Number/Expiration

INDEMNITY

WHEREAS, THE UNDERSIGNED George Greene, Jr. (the "Undersigned"), is the Owner of Southern Elevations (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 Southern Elevations

NOW, THEREFORE, in consideration of the benefits accruing to the Southern Elevations and for other good and valuable consideration, the Undersigned, by and on behalf of the Southern Elevations 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, Southern Elevations _____, 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 Southern Elevations this 4th day of September, 2025.

ATTEST:

By: George Greene Jr.

George, Greene Jr. Owner
[Printed Name, Title]

_____

a _____

By: Brittany Reynolds

Brittany Reynolds Office Manager
[Printed Name, Title]

SEAL

BRITTANY REYNOLDS NOTARY PUBLIC MY COMMISSION EXPIRES 11-14-2027 STATE OF FLORIDA COMMISSION NUMBER HH 421928

POLK COUNTY LOCAL BUSINESS TAX RECEIPT

ACCOUNT NO. 222397 **CLASS: A** **EXPIRES: 09/30/2026**

OWNER NAME	LOCATION
GEORGE GREENE & JAMES REYNOLDS JR	1105 OLD POLK CITY ROAD HAINES CITY

BUSINESS NAME AND MAILING ADDRESS	CODE	ACTIVITY TYPE
SOUTHERN ELEVATIONS LLC SOUTHERN ELEVATIONS LLC PO BOX 1198 DAVENPORT, FL 33837	810000	LTD OTHER SERVICES

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

PAID - 3553687 10/01/2025 OPY **OLP 44.65** **SOUTHERN ELEVATIONS LLC**

Payment ID	Created	Customer Name	Status	Product	Amount
184015266	10/13/25 12:34 PM	George Greene	Approved - Comp	Miscellaneous Charges	$773.15

Hide Details
Save Changes
Email Customer
View Receipt
Make Comment
New Payment
Approve Payment
Void Payment
Refund Payment
Chargeback
View Bank Info

Payment Summary

Payment ID:	184015266
Subtotal:	$750.00
Fee:	$23.15
Total:	$773.15
Type:	Credit Card
Account:	448179****1973

Payment Details

Type:	Purchase
Created:	10/13/25 12:34 PM
Status:	Approved - Comp
Channel:	WEB
Partner:	Polk County BoCC - Solid Waste (FL)
Office:	No Office
User:	
Related:	

Customer Details

Name:	George Greene
Address:	2 West BLVD N
City/ST/Zip:	Davenport 00 33837 00
Email:	briana@southernelevationsfl.com
Phone:	(863) 419-7513
Mobile:	
Birthdate:	
Comments:	

Additional Details

Lineitem Details

PID	Product	Account	Qty	Subtotal	Fee	Total	Additional Details
184015266	Miscellaneous Charges	Southern Elevations	1	$750.00	$23.15	$773.15	Click To View