DRAFT

COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST

	$S = 11 \dots 0$	D/ -11	-110		
Applicant: _	Southern	Ctevallo	nsccc	Date:	09.29.25

Status	Brief Description of Application Requirements
☐ Met; 1.	Identity of the applicant, to include its principals, partners, and management. Section 4-1 C. (2)(a)
✓ Met; 2.	Evidence the entity is authorized to do business with the State of Florida and in good standing with the Department of State. Section 4-1 C. (2)(a)
Met; 3.	Information regarding the experience and qualifications of the applicant and its personnel with regard to Solid Waste collection. Section 4-1 C. (2)(b)
Met; 4. ☐ 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.	List of all vehicles, equipment and other physical assets [by make, model, capacity, size, type and VIN] the applicant will use to collect and transport Solid Waste when providing Commercial Collection service within Polk County. Section 4-1 C. (2)(d)
☑ Met; 6.	List identifying the frequency of Commercial Collection Service applicant provides to its customers with the identification number, size, capacity, and type of each dumpster, roll cart, roll-off Container and compactor that the applicant will use to collect Commercial Solid Waste within the County. Section 4-1 C. (2)(e)
☐ Met; 7.	Applicant's acknowledgment and consent the County has the right to inspect the applicant's vehicles, Containers, compactors and other equipment at any time. Section 4-1 C. (2)(f)
Met; 8. 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.	Evidence the applicant has obtained all permits and licenses required by law or ordinance to provide Commercial Collection Service within the County. Section 4-1 C. (2)(h)
✓ Met 10.	Delivery of Sworn affidavit confirming: (i) no unsatisfied judgments pending against the applicant; (ii) no liens of record filed by the IRS or State against the applicant; (iii) applicant will comply with all Ord. requirements and all applicable laws. Section 4-1 C. (2)(i) MUST BE NOTARIZED
☐ Met; 11.	Delivery of written indemnity of County from any loss which may result from the applicant, its employees, subcontractors, agents, failure to perform in compliance with the terms of the franchise or the Ordinance. Section 4-1 C. (2)(j) MUST BE NOTARIZED
☐ Met 12 . ☐ 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 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

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



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, MGR\Owner of Southern Ewaters attest the above statement to be true and correct.

State Florida

County of Polk

The foregoing instrument was acknowledged before me this October 2025 Personally Know of Produced identification

_day of

MY COMMISSION EXPIRES 11-14-2027

Buttany Reynolds



PRODUCER

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). CONTACT Erica Livengood

T NODOGEN					NAME:			LEAV	(10=)	
Closson Insurance A	Igency, LLC				PHONE (A/C, No E-MAIL	Ext): (407) 89		FAX (A/C, No):	(407) 8	898-1850
1201 S. Orlando Ave	enue				ADDRES	s: ELivengo	od@clossonins	surance.com		
Suite 200						INSURER(S) AFFORDING COVERAGE				NAIC #
Winter Park FL 32789					INSURER A: Great American Risk Solutions Surplus Lines Ins Co				37532	
INSURED					INSURE	RB: Clear Blu	e Insurance C	0		28860
Sou	them Elevations, LLC; Gree	ene's (Gradin	g, LLC	INSURE	RC: FFVA Mu	itual Insurance	Co.		10385
POI	Box 1198				INSURE					
INSURER E :										
Davenport FL 33837 INSURER F:										
COVERAGES CERTIFICATE NUMBER: 8.23.25 Master REVISION NUMBER:										
				LISTED BELOW HAVE BEEN		TO THE INSUR			IOD	
INDICATED, NOT	VITHSTANDING ANY REQU	REME	NT. TE	ERM OR CONDITION OF ANY	CONTRA	CT OR OTHER	R DOCUMENT \	WITH RESPECT TO WHICH T	HIS	
CERTIFICATE MAY	BE ISSUED OR MAY PERT	AIN, T	HE IN	SURANCE AFFORDED BY THE	E POLICII	ES DESCRIBEI	D HEREIN IS S	UBJECT TO ALL THE TERMS	,	
		DLICIE	S. LIM	IITS SHOWN MAY HAVE BEEN	REDUC	POLICY EFF	POLICY EXP			
2111	E OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		00,000
COMMERCI	AL GENERAL LIABILITY				1			EACH OCCURRENCE	400	
CLAIM	S-MADE X OCCUR				- 1			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,	<u> </u>
					- 1			MED EXP (Any one person)	\$ 5,00	
A				PLE840485-03	1	05/03/2025	05/03/2026	PERSONAL & ADV INJURY	\$ 1,000,000	
GEN'L AGGREGA	TE LIMIT APPLIES PER:				- 1			GENERAL AGGREGATE	\$ 2,000,000	
POLICY >	PRO- JECT LOC				- 1			PRODUCTS - COMP/OP AGG	\$ 2,000,000	
OTHER:								Desig Cost Proj Agg \$ 5,000,000		0,000
AUTOMOBILE LIA	BILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000
ANYAUTO								BODILY INJURY (Per person)	\$	
B OWNED AUTOS ONL	SCHEDULED AUTOS			AQ1YFL003376-02	- 1	05/03/2025	05/03/2026	BODILY INJURY (Per accident)	\$	
HIRED AUTOS ONL	NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	
AUTOS UNE	Y AUTOS ONLY							PIP-Basic	\$ 10,0	00
UMBRELLA	LIAB OCCUR							EACH OCCURRENCE	s 2,00	00,000
A EXCESS LIA				XSE840486-03	- 1	05/03/2025	05/03/2026	AGGREGATE	\$ 2,00	00,000
-	RETENTION \$ 0	1						710011207172	s	
DED X								➤ PER OTH-	<u> </u>	
AND EMPLOYERS								E.L. EACH ACCIDENT	s 1,00	00,000
C ANY PROPRIETOR OFFICER/MEMBER (Mandatory In NH)	VPARTNER/EXECUTIVE N	N/A		WC840 0205297 2025A	1	08/23/2025	08/23/2026	E.L. DISEASE - EA EMPLOYEE	Ψ	0,000
If yes, describe und	er OPERATIONS below								-	00,000
DESCRIPTION OF	OPERATIONS below	-	-					E.L. DISEASE - POLICY LIMIT	3	
DESCRIPTION OF STATE	AMONG IL OCATONO INTERNA	E0 /4/	OPD 4	01, Additional Remarks Schedule,	may bo ch	tached if more or	ana le required)			
				hen required by contract with				iman, and Noncontributory		
hasis ner forms atta	ched. Blanket Additional In	sured	when	required by contract with rest	pect to A	uto Liability, pe	er form attache	d. Blanket Waiver of		
Subrogation applies	when required by contract	with re	espect	ts to General Liability, Auto Lia	ability, an	d Workers' Co	mpensation pe	er forms attached. Excess		
Liability is Following	Form over General Liability	and a	Emplo	yers Liability.						
CERTIFICATE HO	LDER				CANC	ELLATION				
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THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

FL 33830

of Florida

Bartow

330 W Church St, Rm 150

Polk County, a political subdivision of the State

CG 24 04 (Ed. 12/19)

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.

CG 20 37 (Ed. 12/19)

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.

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

ations where performing your ongoing operations for rson or organization shown in the schedule.

- 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 **EFFECTIVE** ON 5/3/2025 ΑT 12:01 ENDORSEMENT, OF POLICY NUMBER **FORMS** PART A.M. STANDARD TIME, 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



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

(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.

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

WC 00 03 13 (Ed. 4-84)

POLK COUNTY WASTE & RECYCLING						OFFICE USE ONLY		
NON-EXCLUSIVE COMMERCIAL FRAM	NCHISE ANNU	AL CONTAINE	R LIST			DATE RECEIVED		
FRANCHISEE South								
FRANCHISEE 30 WIF	DATE TO AUDITING							
FOR YEAR								
						ACCEPTED		
	CONTAINER TYPE/SIZE CAPACIT			CAPACITY	COLLECTION	EDECITENCY	T	
CUSTOMER NAME	DUMPSTER	COMPACTOR	ROLL OFF	OTHER	(CU YD)	ON CALL	DAYS/WK	CONTAINER IDENTIFICATION NUMBER
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
								100.02
								er .

					-		
POLK COUNTY WASTE & R	RECYCLING				OFFICE USE ONLY		
ANNUAL VEHICLE LIST					DATE RECEIVED		
ACCOUNT Southern	Elevations		DATE TO AUDITING				
FOR YEAR 2025-2026	i	ACCEPTED					
VEHICLE MAKE	VEHICLE MODEL	YEAR	TYPE (RO, REL, FEL, PICKUP, ETC.)	CAPACITY (CU YD)	VEHICLE SIZE (GVW)	VEHICLE IDENTIFICATION NUMBER	
Mack	тк	2022	! RO	20	34,999	1FDPF7DCXPDF08789	
Ford	F750	2022	. RO	20	34,999	1M2MDBAB6NS070787	

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

	of Polk						
Before me	, the undersigned notary public authorized to administer oaths, personally appeared who, first being duly sworn, on oath deposes and states, as follows:						
1)	He is Southern Elevations , a UC corporation.						
2)	He has personal knowledge of the facts stated in this Affidavit and that all such facts a true and correct.						
3)	There are no unsatisfied judgments entered against Southern Elwations.						
4)	There are no liens of record filed by the Internal Revenue Service agains Surham Ewations.						
5)	There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against Surrow Elwaturs .						
6)	George Green. Jr. acknowledges and consents that the County shall have the right to inspect Suthern European vehicles, containers, compactors, and other equipment at any time.						
7)	During the time of the existing Commercial Franchise, Swhen-Electrons 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 vill continue to comply with the same.						
Further the a	offiant sayeth not.						
Date	d the 4th day of Supernor, 2025 Sworn Person Signature Green Jr. Owner Printed Name and Title of Sworn Person						
The foregoin Polember has produced	g instrument was sworn (or affirmed) and subscribed before me this 29th day of, 2025, by Course Greens &, who is either personally known to me; or personally known to me						
(AFFIX NO)	0 11 .0 .4						

INDEMNITY

WHEREAS, THE UNDERSIGNED GEORGE Greene Jr.
(the "Undersigned"), is the UWNER 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 Swhon Elevations
NOW, THEREFORE, in consideration of the benefits accruing to the Southern and for other good and valuable consideration, the Undersigned, by and on behalf of the Southern Elevations does hereby forever release, indemnify, seep, 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 cind 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 when Elevations this <u>Y</u> day of <u>September</u> , 2025.
By: Buttary Royalds By: Brittary Royalds Brittary Reynolds Office Manager [Printed Name, Title] Brittary Reynolds Office Manager [Printed Name, Title]
EAL WAY RE YOUTH
WALL AND TO THE STATE OF THE ST

MY COMMISSION EXPIRES 11-14-2027 POLK COUNTY LOCAL BUSINESS TAX RECEIPT

ACCOUNT NO. 222397 CLASS: A

EXPIRES:

09/30/2026

a collabo.

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

BUSINESS NAME AND MAILING ADDRESS

SOUTHERN ELEVATIONS LLC SOUTHERN ELEVATIONS LLC PO BOX 1198 DAVENPORT, FL 33837

810000

ACTIVITY TYPE

CODE 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

ayment ID .84015266	Created 10/13/25 12:34 PM	Customer George Gre		Status Approved - (Product Miscellaneou	s Charges	Amount \$773.15	
Hide Details	Payment	Summary	Payment Details				Customer Details		
Save Changes	Payment ID:	\$ 184015266 \$750.00 \$23.15 \$773.15 Credit Card	Type: Created: Status: Channel: Partner:	Purchase 10/13/25 12:34 PM Approved - Comp WEB Polk County BoCC - Solid Waste (FL)			Name: Address: City/ST/Zip: Email: Phone:	George Greene 2 West BLVD N Davenport 00 33837 00 briana@southermelevationsfl.com (863) 419-7513	
Email Custome	Subtotal:								
View Receipt	Fee: Total:								
Make Comment									
New Payment	Account:	448179****1973	Office:	No Office ∨			Mobile: Birthdate:		
Approve Paymer	nt		User:				Comments	:	
Void Payment		1.5.4.9.	Related:						
Refund Paymen	Additiona	I Details							
Chargeback	Lineitem	Details							
View Bank Info	PID	Product	Account	Qty	Subtotal	Fee	Total	Additional Details	
	184015266	Miscellaneous Charges	Southern Elevations	1	\$750.00	\$23.15	\$773.15	Click To View	