

BIDDER CHECKLIST (MUST BE COMPLETED AND SUBMITTED WITH BID)

Failure to submit the documents below shall result in the Bidder being deemed by the Town as an unresponsive bidder.

All Bidders must acknowledge they have submitted the documents below with the Bid.

- ☒ Submitted Bid Form and Acknowledgement of Addenda
- ☒ Fair Practices Affidavit
- ☒ Affidavit of Organization
- ☒ Organizational Structure, Claims, and Suits
- ☒ Statement of License Certificate
- ☒ List of Subcontractors Form
- ☒ References Form
- ☒ Work Plan
- ☒ Drug-Free Workplace Certification
- ☒ Equal Employment Opportunity
- ☒ Participation in E-Verify Program
- ☒ Scrutinized Companies Certification
- ☒ Compliance with Foreign Entity Laws Affidavit
- ☒ Anti-Human Trafficking Affidavit
- ☒ Public Entity Crimes Certification
- ☒ Signed W9
- ☒ Checklist

BID SHEET AND ADDENDUM ACKNOWLEDGEMENT
IFB #25-095 BROADWAY STREET PUBLIC PIER REPLACEMENT
(MUST BE COMPLETED AND SUBMITTED WITH BID)

The undersigned Contractor declares that the only person or parties interested in this Invitation for Bid (IFB) as principals are those named herein, that this bid is made without any understanding, contract, or connection with any other person, firm, or corporation providing a bid for the same purpose and that this bid is in all respects fair and without collusion or fraud. The Contractor understands that this bid must be manually signed in ink, otherwise it will be considered unresponsive and subject to rejection.

The undersigned Contractor represents that the Contractor accepts, and that this bid complies with, the IFB Documents and that the Contractor has carefully examined the IFB Documents for the designated work. Contractor affirms that Contractor has carefully examined the location of the designated work and, from its own investigations, is satisfied as to the nature and location of the work, the character, quality, and the quantity of materials, the kind and extent of equipment and other facilities needed for the performance of the work, the general and local conditions and all difficulties that may be encountered, and all other items which may, in any way, affect the work or its performance.

The undersigned Contractor proposes, and agrees if this bid is accepted, that it will contract with the Town to provide all necessary machinery, tools, software, labor, apparatus, and other means necessary to do all the work, and furnish all the materials and equipment specified or referred to in the IFB Documents in the manner and time herein prescribed, and according to the requirements of the Town as therein set forth.

Under provisions of Chapter 112, Florida Statutes, Contractor must disclose with bid the name of any officer, director, or agent who is also an employee of the Town of Longboat Key. Contractor must disclose on an attachment (provided by Contractor) entitled "Submitted Bid Conflict of Interest" the name of any Town employee who owns, directly or indirectly, a five percent (5%) or more interest in the Contractor's firm or any of its branches, or in the firm of any subcontractor to this bid. Absence of such an attachment represents Contractor's certification of no such employee.

The undersigned Contractor understands that the Town reserves the right to reject any or all bids and to waive any informalities and minor irregularities in any bid. The Contractor agrees that this bid shall be good and may not be withdrawn for a period of one hundred twenty (120) days after the scheduled IFB opening.

Contractor acknowledges receipt of the following addenda issued during the solicitation period; the cost of which, if any, is included in bid pricing. If an addendum is issued, the Addendum Acknowledgement below must be submitted with the Bid Submittal at the time and due date of the bid.

ADDENDUM #	ADDENDUM DATE
<u>1</u>	<u>5/30/25</u>
<u>2</u>	<u>6/6/25</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

Having carefully examined the IFB Documents, Contractor agrees to the terms contained therein and proposes to furnish all labor, material, and equipment for the entire work for the **TOTAL BID** and to execute an agreement for work, insurance certifications, and other instruments or documents as specified or included in the IFB Documents, and will completely perform the work in strict accordance with the terms of the IFB Documents

TOTAL BID				
Item No. & Description	Number of Units	Units	Unit Price	Subtotal
Mobilization & Demobilization	1	L.S.	\$ 12,000	\$ 12,000
Reconstruction of Pier and Boat Lift	1	L.S.	\$ 123,969	\$ 123,969
Environmental Protection	1	L.S.	\$ 8,200	\$ 8,200
Site Restoration	1	L.S.	\$ 2,500	\$ 2,500
Total Bid				\$ 146,669

Written in Words: One hundred forty six thousand six hundred
Sixty nine dollars and 00/100

The undersigned Contractor acknowledges that work to be performed shall conform to all Town codes and regulations. Work must be accomplished in a professional manner and meet all standards of any professional trade requiring a license and or permit.

Marharex Contracting
 Contractor Name
1220 Sleepy Hollow Road
 Mailing Address
Mexico Beach, FL 32456
 City, State and Zip Code
(850) 894-3425
 (Area Code) Telephone Number
6/13/25
 Date

Maria Montañes
 Authorized Signature
Maria Montañes
 Name (Printed)
Project Manager
 Title (Printed)
marharex@gmail.com
 Email Address

FAIR PRACTICES AFFIDAVIT
(MUST BE COMPLETED AND SUBMITTED WITH BID)

Each Contractor submitting a bid must complete the following affidavit:

STATE OF Florida COUNTY OF Manatee

Maria Montañares, makes oath that:
(Name of owner, partner, officer, representative, agent)

- (1) She/he is Representative of Marhara Contracting the Contractor that
(Title: owner, partner, officer, representative) (Name of firm/business)
- has submitted the attached bid;
- (2) She/he is fully informed respecting the preparation and contents of the attached bid and of all pertinent circumstances respecting such bid;
- (3) Such bid is genuine and is not a collusive or sham bid;
- (4) Neither the said Contractor nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, has in any way colluded, conspired, or agreed, directly or indirectly with any other Contractor, firm or person to submit a collusive or sham bid in connection with the contract for which the attached bid has been submitted or to refrain from bidding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Contractor, firm or person to fix the price or prices in the attached bid of any other Contractor, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the Town of Longboat Key or any person interested in the proposed contract or the proceeds thereof;
- (5) The undersigned has not given or donated or promised to give or donate directly or indirectly to any official or employee of the Engineer, or the Town of Longboat Key, or the Town of Longboat Key Commissioners, or to anyone else for his benefit any sum of money or other thing of value for aid in assistance in obtaining this contract; and
- (6) The price or prices quoted in the attached bid are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Contractor or any of its agents, representatives, owners, employees, or parties in interest, including the undersigned.

Maria Montañares
(Signature)

Representative
(Title)

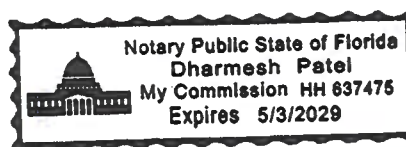
Subscribed and sworn to before me

This 13 day of June, 2025.

She/he is personally known to me or has produced FL DL as identification and who did take an oath.

[Signature]
(Signature of Notary)

HH 637475 05/03/2029
(Commission Number & Commission Expiration)



ACKNOWLEDGEMENT OF FIRM, IF A CORPORATION

STATE OF Florida COUNTY OF Manatee

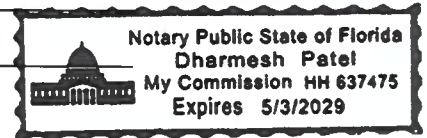
The foregoing instruments was acknowledged before me this

6/13/25 By: Maria Montaudos
(Date) (Name of officer or agent, title of officer or agent)

On behalf of the corporation, pursuant to the powers conferred upon said officer or agent by the corporation. He/she personally appeared before me at the time of notarization and is personally known to me or has produced FL DL as identification and did certify to have knowledge of the matters stated in the foregoing instrument and certified the same to be true in all respects.

Subscribed and sworn to (or affirmed) before me this 06/13/2025

[Signature] Commission Number: HH 637475
(Official Notary Signature and Notary Seal)



Commission expiration date: 05/03/2029
(Name of Notary typed, printed or stamped)

ACKNOWLEDGEMENT OF FIRM, IF A PARTNERSHIP

STATE OF _____ COUNTY OF _____

The foregoing instruments was acknowledged before me this

(Date) By: _____
(Name of acknowledging partner or agent)

On behalf of the partnership, pursuant to the powers conferred upon said officer or agent by the corporation. He/she personally appeared before me at the time of notarization and is personally known to me or has produced _____ as identification and did certify to have knowledge of the matters stated in the foregoing instrument and certified the same to be true in all respects.

Subscribed and sworn to (or affirmed) before me this _____

(Official Notary Signature and Notary Seal) Commission Number: _____

Commission expiration date: _____
(Name of Notary typed, printed or stamped)

ACKNOWLEDGEMENT OF FIRM, IF AN INDIVIDUAL

STATE OF _____ COUNTY OF _____

The foregoing instruments was acknowledged before me this

(Date) By: _____
(Name acknowledging)

Who personally appeared before me at the time of notarization and is personally known to me or has produced _____ as identification and did certify to have knowledge of the matters stated in the foregoing instrument and certified the same to be true in all respects.

Subscribed and sworn to (or affirmed) before me this _____

(Official Notary Signature and Notary Seal) Commission Number: _____

Commission expiration date: _____
(Name of Notary typed, printed or stamped)

ORGANIZATIONAL STRUCTURE, CLAIMS, AND SUITS
(MUST BE COMPLETED AND SUBMITTED WITH BID)

ORGANIZATION

BIDDER NAME, ADDRESS: Macharex Contracting
1220 Sleepy Hollow Road
Mexico Beach, FL 32956

PHONE # (850) 999-3425

E-MAIL ADDRESS Macharex Contracting - macharex@gmail.com

Type of Business LLC

How many years in business: 5

How many years in business under the present business name: 1

Under what other or former names has your organization operated:

Macharex Excavating & Landscaping
If a corporation, answer the following:

Date of incorporation: 10/22/2020
State of incorporation: Florida
President's name: Kristin Montauredes
Vice president's name(s):
Secretary's name:
Treasurer's name:

If a partnership or joint venture, answer the following:

Date of organization:
Type of partnership (if applicable):
Name(s) of general partners:

If individually owned, answer the following:

Date of organization:
Name of owner:

CLAIMS AND SUITS (if the answer to any of the questions below is yes, please attach details).

BIDDER NAME, ADDRESS: Marberry Contracting
1220 Sleepy Hollow Road Mexico Beach FL 32456

Has your organization ever failed to complete any work awarded to it?

☒ NO ☐ YES (details attached)

Are there any judgments, claims, and arbitration proceedings or suits pending or outstanding against your organization or officers?

☒ NO ☐ YES (details attached)

Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five (5) years?

☒ NO ☐ YES (details attached)

Has your organization been named as a defendant or brought in as a party to any lawsuits within the last five (5) years?

☒ NO ☐ YES (details attached)

Within the last five (5) years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract?

☒ NO ☐ YES (details attached)

STATEMENT OF LICENSE CERTIFICATE
(MUST BE COMPLETED AND SUBMITTED WITH BID)

Qualifying Firm Name: Maria Montañez

Authorized Firm Qualifying Licensed Person Marhalex Contracting

FL General Contractor or Marine License # CRC 1268126

Attach Copy of License

Florida
dbpr Department of Business
& Professional Regulation[HOME](#) [CONTACT US](#) [MY ACCOUNT](#)

ONLINE SERVICES

Apply for a License[Verify a Licensee](#)[View Food & Lodging Inspections](#)[File a Complaint](#)[Continuing Education Course Search](#)[View Application Status](#)[Find Exam Information](#)[Unlicensed Activity Search](#)[AB&T Delinquent Invoice & Activity List Search](#)

LICENSEE DETAILS

10:05:03 AM 6/13/2025

Licensee Information

Name:	MONTAUREDES, MARIA KAY (Primary Name)
	MARHAREX CONTRACTING LLC (DBA Name)
Main Address:	1220 SLEEPY HOLLOW ROAD
	MEXICO BEACH Florida 32456
County:	GULF

License Information

License Type:	Certified Building Contractor
Rank:	Cert Building
License Number:	CBC1268126
Status:	Current,Active
Licensure Date:	08/21/2024
Expires:	08/31/2026

Special Qualifications**Qualification Effective**

Construction Business	08/21/2024
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Alternate Names[View Related License Information](#)[View License Complaint](#)

SUBCONTRACTORS (MUST BE COMPLETED AND SUBMITTED WITH BID)

List each subcontractor the bidder proposes to use in performing the Work. Describe the portion of the Work to be performed by each subcontractor.

	Subcontractor, Address, Phone Number	Work to be Performed
1.	All work will be completed in-house	
2.		
3.		
4.		
5.		

REFERENCES FOR BIDDER EXPERIENCE
(MUST BE COMPLETED AND SUBMITTED WITH BID)

Please provide three (3) reference projects for construction projects of similar size and scope performed within last five (5) years. References must apply to projects completed by the Bidder as Prime Contractor.

Projects similar in size and scope shall be projects involving work in and around environmental wetlands, within an Outstanding Florida Water (OFW) and in active public parks. Reference information must be current with the name and telephone number of a responsible entity for each project cited.

Attach additional sheets as needed.

REFERENCE PROJECT 1

Project Name: 6th Street West Dune Walkover
Project Owner: Franklin County Contact Name: _____
Address: 33 Market Street
City: Apalachicola State: Florida
Telephone: 850-323-0519 Email: erin@franklincounty.com

Project cost: \$70,000
Start date & end date: 2/25 - 3/25
Summary of work performed: Complete demolition and rebuild of dune walkover to the beach

REFERENCE PROJECT 2

Project Name: Dockside Marina
Project Owner: Private Marina Contact Name: Mike Gaddie
Address: 4102 Hwy 98
City: Mexico Beach State: Florida
Telephone: 850-832-7755 Email: WMGaddie@gmail.com
Project cost: ~400,000
Start date & end date: 12/21 - 10/22
Summary of work performed: Rebuild Marina after hurricane Michael

REFERENCE PROJECT 3

Project Name: Alfred Ring Park
Project Owner: MEM Quality Construction Contact Name: Maria Montaudes
Address: 1501 NW 23rd Blvd
City: Kissimmee State: FL
Telephone: 850-955-4165 Email: memconstruction@gmail.com

Project cost: ~ 430,000
Start date & end date: 10/24 - 2/25
Summary of work performed: Rebuild / Repair boardwalks through nature park

The undersigned guarantees the accuracy and truth of the information provided herein.
Bidder's Name:

By: Maria Montaudes, its representative
(name) (title)

Signature: Maria Montaudes

WORK PLAN**(MUST BE COMPLETED AND SUBMITTED WITH BID)**

Provide a detailed construction sequence and schedule, depicting each major task to complete the project successfully and on-time.

The plan should include a brief description of the proposed methods of mobilization / demobilization, the development, use, and protection of access areas; and the transport and delivery of construction materials to the site.

Broadway Work Plan

Upon receiving the notice to proceed, we will start facilitating the mobilization process. All equipment needed to perform the scope of work will be hauled from our office to the job site, maintained and ready to work. This entire process should take roughly three days. All material will be purchased and hauled to the job site ready to be installed. This process will vary depending on when certain materials are needed. However, most material will be delivered and placed into the appropriate staging area within a few days. Our team will then mobilize bringing all tools necessary to complete the job. Before starting the on-site work, our team will take the necessary precautions on the site and set up any protection barriers needed. This is an ongoing process to constantly ensure that the area is always protected; however, the initial set up will take about a day. These items may include a turbidity curtain, silt fence, cones, and caution tape.

Our team on site will start by removing the old dock/ boat lift and haul it off to be disposed of. Once the refuse period is over. This will complete major milestone number one. This process should take around one week to complete. Once the old dock is disposed of, the team will then start to install pilings, build frame, decking, and all dock accessories within the plans. This process will take about seven weeks to complete depending on unforeseen problems and weather events. This will be the second major milestone. Finally, the team will do a final cleanup and start to demobilize by hauling off all equipment that is no longer being used. This process will take roughly three days. This will be the final milestone showing the work is complete. The site will be cleaned up of all materials, equipment, debris, and protection barriers. The area will then be ready and able to be open for use.

DRUG FREE WORKPLACE CERTIFICATION
(MUST BE COMPLETED AND SUBMITTED WITH BID)

Identical Tie Bids: Preference shall be given to businesses with drug free workplace programs. If two or more bids are equal with respect to price, quantity, and service then a bid received from a business that certifies that it has implemented a drug free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if all or none of the tied vendors have or do not have a drug free workplace program (Florida Statutes Section 287.087). In order to have a drug free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the action that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug free workplace, and available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this business complies fully with the above requirements.

BIDDER:

Marhaxex Contracting
Print or type name of entity

By: Maria Montañez
Signature

Maria Montañez
Print or type name

Representative
Print or type title

Drug Free Workplace Certification, page 2 of 2

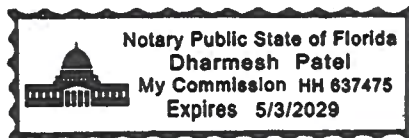
State of FL, County of Munster

The foregoing instrument was acknowledged before me this 13 day of June, 2025, by Maria Montaunder, who is personally known to me or who has produced FL DL, as identification and who did (did not) take an oath and who acknowledged before me that he executed the same for the purposes therein expressed on behalf of said corporation.


NOTARY PUBLIC

Dharmesh Patel
Typed Name

Commission Expires: 05/03/2029



EQUAL EMPLOYMENT OPPORTUNITY
(MUST BE COMPLETED AND SUBMITTED WITH BID)

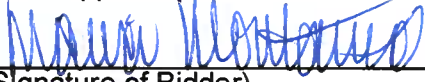
The Town of Longboat Key is an Equal Opportunity/Affirmative Action Employer.

Pursuant to Executive Order 11346 as amended, you are advised that under the provisions of government contracting, contractors and subcontractors are obliged to take affirmative action to provide equal employment opportunity without regard to race, creed, color, national origin, age or sex.

**CERTIFICATION BY PROPOSED PRIME OR SUBCONTRACTOR
REGARDING EQUAL EMPLOYMENT OPPORTUNITY**

This certification is authorized pursuant to Executive Order 11246, Part II, Section 203(b), (30 F. R. 12319-15). Any bidder or prospective contractor, or any of the proposed subcontractors, shall state as an initial part of the bid or negotiations of the contract whether it has participated in any previous contract or subcontract subject to the equal opportunity clause; and, if so, whether it has filed all compliance reports due under applicable instructions.

Where the certification indicated that the prime or subcontractor has not filed a compliance report due under applicable instruction, such contractor shall be required to submit a compliance report.


(Signature of Bidder)

Maria Montanaredes
(Typed name of bidder)

Phone # (850) 899-3425 Email marharez@gmail.com

Address: 1220 Sleepy Hollow Road Mexico Beach FL 32456

1. Bidder has participated in a previous contract or subcontract, subject to the Equal Opportunity Clause: YES X NO
2. Compliance Reports were required to be filed in connection with such contract or subcontract: YES NO X

If YES, state what reports were filed and with what agency.

3. Bidder has filed all compliance reports due under applicable instructions: YES X NO

If answer to Item 3 is NO, please explain in detail on reverse side of this certification.

PARTICIPATION IN E-VERIFY PROGRAM
(MUST BE COMPLETED AND SUBMITTED WITH BID)

Contractor hereby certifies compliance with the following:

Pursuant to State of Florida Executive Order No.: 11-116, Contractor shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by Contractor while performing work or providing services for the Town of Longboat Key, FL. Contractor shall also include in any related subcontracts a requirement that subcontractors performing work or providing services for the Town of Longboat Key, FL, on its behalf utilize the E-Verify system to verify employment of all new employees hired by subcontractor.

CONTRACTOR:

Marbarez Contracting
Business Name

By: Maria Montaudes
Signature

Name: Maria Montaudes
Printed

Title: Representative
Printed

Date: 6/13/2025

PUBLIC ENTITY CRIMES CERTIFICATION
(MUST BE COMPLETED AND SUBMITTED WITH PROPOSAL)

SWORN STATEMENT UNDER SECTION 287.133(3)(A), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to Town of Longboat Key
(print name of public entity)
- by Maria Montanaredes, Representative
(print individuals name and title)
- for Marhax Contracting
(print name of entity submitting sworn statement)
- whose business address is: 1220 Sleepy Hollow Road
- City, State and Zip Mexico Beach, FL 32456
- and (if applicable) its Federal Employer Identification Number (FEIN) is 84-4199138
- (If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: _____.)
2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentations.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
- a. A predecessor or successor of a person convicted of a public entity crime: or
 - b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies.)

X Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (attach a copy of the final order)

I UNDERSTAND THAT THE SUBMISSION OF THE FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

STATE OF FL COUNTY OF Manatee

The foregoing instrument was acknowledged before me this 13 day of June, 2025, by

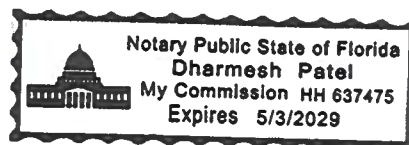
Maria Montañez, who is personally known to me or has produced
FL DL, as identification and who did [did not] take an oath and

who acknowledged before me that he executed the same for the purposes therein expressed on behalf of said corporation.

NOTARY PUBLIC: Dharmesh Patel

Notary Public Signature: _____

Commission Expires: 05/03/2029



AFFIDAVIT OF COMPLIANCE WITH FOREIGN ENTITY LAWS
(MUST BE COMPLETED AND SUBMITTED WITH BID)

The undersigned, on behalf of the contractor listed below ("Entity"), hereby attests under penalty of perjury as follows:

1. Entity is not owned by the government of a foreign country of concern as defined in Section 287.138, Florida Statutes. (Source: § 287.138(2)(a), Florida Statutes)
2. The government of a foreign country of concern does not have a controlling interest in Entity. (Source: § 287.138(2)(b), Florida Statutes)
3. Entity is not organized under the laws of, and does not have a principal place of business in, foreign country of concern. (Source: § 287.138(2)(c), Florida Statutes)
4. Entity is not owned or controlled by the government of a foreign country of concern, as defined in Section 692.201, Florida Statutes. (Source: § 288.007(2), Florida Statutes)
5. Entity is not a partnership, association, corporation, organization, or other combination of persons organized under the laws of or having its principal place of business in a foreign country of concern, as defined in Section 692.201, Florida Statutes, or a subsidiary of such entity. (Source: § 288.007(2), Florida Statutes)
6. Entity is not a foreign principal, as defined in Section 692.201, Florida Statutes. (Source: § 692.202(5)(a)(1), Florida Statutes)
7. Entity is in compliance with all applicable requirements of Sections 692.202, 692.203, and 692.204, Florida Statutes.
8. (Only applicable if purchasing real property) Entity is not a foreign principal prohibited from purchasing the subject real property. Entity is either (a) not a person or entity described in Section 692.204(1)(a), Florida Statutes, or (b) authorized under Section 692.204(2), Florida Statutes, to purchase the subject property. Entity is in compliance with the requirements of Section 692.204, Florida Statutes. (Source: §§ 692.203(6)(a), 692.204(6)(a), Florida Statutes)
9. The undersigned is authorized to execute this affidavit on behalf of the Entity.

Date: 6-13, 2025

Signature: Maria Montaudes

Entity: Marcharex Contracting

Name: Maria Montaudes

Title: Representative

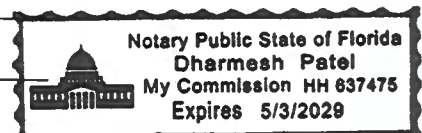
State of FL, County of Manatee

The foregoing instrument was acknowledged before me this 13 day of June 2025 who is personally known to me or as produced as identification and who did (did not) take an oath and who acknowledge before me that he executed the same for the purposes therein expressed on behalf of said corporation.

NOTARY PUBLIC: [Signature]

Typed Name: Dharmesh Patel

Commission Expires: 05/03/2029



**25-095 BROADWAY STREET PUBLIC PIER REPLACEMENT
HUMAN TRAFFICKING AFFIDAVIT – S. 787.06, FLORIDA STATUTES
(MUST BE COMPLETED AND SUBMITTED WITH BID)**

Before me, the undersigned authority, personally appeared _____,
hereinafter referred to as the "Affiant," who after being duly sworn hereby swears or affirms as follows:

1. Affiant is over eighteen years of age. The following information is given from Affiant's own personal knowledge.
2. Affiant is an officer or representative of Marharex Contracting,
a non-governmental entity, hereinafter referred to as the "Entity." Affiant is authorized to provide this affidavit on behalf of the Entity. Town of Longboat Key
3. Affiant hereby attests, under penalty of perjury, that the Entity does not use coercion for _____
labor or services as defined in s.787.06, Florida Statutes.

FURTHER AFFIANT SAYETH NOT:

Maria Montanaredes

Signature of Affiant

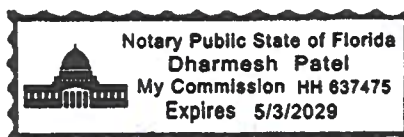
By: Maria Montanaredes
For: Marharex Contracting
As its: Representative
Dated: 6-13-25

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this
13 day of June, 2025, by Maria Montanaredes, on behalf of
Marharex Contracting, who is personally known to me or who has produced
FL DL as identification.

Dharmesh Patel

Print Name: Dharmesh Patel
Notary Public of the State of FL

My Commission Expires: 05/03/2029



SCRUTINIZED COMPANIES CERTIFICATION
(MUST BE COMPLETED AND SUBMITTED WITH BID)
(Florida Statutes, Section 287.135)

SOLICITATION NUMBER: **IFB #25-095**

PROJECT NAME: **BROADWAY STREET PUBLIC PIER REPLACEMENT**

The undersigned, as Representative of Marhax Contracting (the "Contractor"), a Corporation/LLC, hereby certifies the following to the Town of Longboat Key, Florida, a political subdivision of the State of Florida, by and on behalf of the Contractor in accordance with the requirements of Florida Statutes, Section 287.135:

- (i) the Contractor is not on the Scrutinized Companies with Activities in Sudan List, and
 - (ii) the Contractor is not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List
- (as both such lists are created pursuant to Florida Statutes, Section 215.473); and
- (iii) the Contractor does not have business operations (as that term is defined in Florida Statutes, Section 287.135) in Cuba and Syria; and
 - (iv) the Contractor was not on either of the foregoing lists or conducting business operations in Cuba or Syria; and
 - (v) the Contractor is fully aware of the penalties that may be imposed upon the Contractor for submitting false certification to the Town regarding the foregoing matters; and
 - (vi) the undersigned in duly authorized to execute this Certification.

ATTEST:

As to Contractor Name

Maria Montaurades
(Signature)

Maria Montaurades
(Print or Type Name)

Date: 6/13/25

Seal:

CONTRACTOR

Marhax Contracting
(Contractor Name)

By: Kristin Montaurades
(Signature)

Its Owner
(Title of Authorized Representative)

Kristin Montaurades
(Print or Type Name)

Date: 6/13/25

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <u>Marharex Contracting</u>	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. <u>1220 Sleepy Hollow</u>	Requester's name and address (optional)
6 City, state, and ZIP code <u>Mexico Beach Florida 32456</u>		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-					
or									
Employer identification number									
8	4	-	4	1	9	9	1	3	8

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person <u>Kristin Montoya</u>	Date <u>6/13/2025</u>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



TOWN OF LONGBOAT KEY

Kari L. Kennedy, CPPB
Procurement Division
501 Bay Isles Road
Longboat Key, Florida 34228
(941)316-1999
kkennedy@longboatkey.org

IFB 25-095 BROADWAY STREET PUBLIC PIER REPLACEMENT

ADDENDUM #1

Subject: QUESTIONS AND ANSWERS; ATTACHMENTS

Date: May 30, 2025

ALL CONTRACTORS MUST ACKNOWLEDGE RECEIPT OF THIS ADDENDUM BY SIGNING BELOW
AND SUBMITTING THIS EXECUTED DOCUMENT WITH THE BID.

Contractors are hereby notified that this Addendum shall become part of the submitted bid and the subsequent documents, if applicable.

The following items are issued to add to, modify, and clarify the IFB and all associated documents. Bids shall conform to the additions and revisions listed herein. These items shall have full force and effect as the IFB and all associated documents.

Contractor Name: Marharex Contracting

Address: 1220 Sleepy Hollow Road Mexico Beach FL 32456

Phone: (850) 849-3425

Email: Marharex@gmail.com

Authorized Signature: Maria Montaudes

Printed Authorized Name: Maria Montaudes



TOWN OF LONGBOAT KEY

Kari L. Kennedy, CPPB
Procurement Division
501 Bay Isles Road
Longboat Key, Florida 34228
(941)316-1999
kkennedy@longboatkey.org

IFB 25-095 BROADWAY STREET PUBLIC PIER REPLACEMENT

ADDENDUM #2

Subject: QUESTION AND ANSWER

Date: June 6, 2025

ALL CONTRACTORS MUST ACKNOWLEDGE RECEIPT OF THIS ADDENDUM BY SIGNING BELOW
AND SUBMITTING THIS EXECUTED DOCUMENT WITH THE BID.

Contractors are hereby notified that this Addendum shall become part of the submitted bid and the subsequent documents, if applicable.

The following items are issued to add to, modify, and clarify the IFB and all associated documents. Bids shall conform to the additions and revisions listed herein. These items shall have full force and effect as the IFB and all associated documents.

Contractor Name: Marhalex Contracting

Address: 1220 Sleepy Hollow Road Marco Beach FL 32456

Phone: (850) 899-3425

Email: marhalex@gmail.com

Authorized Signature: Maria Montaudes

Printed Authorized Name: Maria Montaudes