

HOLD HARMLESS AGREEMENT

Sea Coast Construction Services, Inc. P.O. Box 1487

Marco Island, Florida 34146

(239) 398-1410 CGC 1504709

Allen and Valerie Hawley 100 N. Collier Blvd. Crescent Beach Condominium Unit TH 2 Marco Island, FL 34145 JOB SCOPE

General

File Notice of Commencement and obtain building permit.

Obtain necessary approvals from condo association.

Oversee all phases of renovation and coordinate all city inspections.

Deliver Certificate of Occupancy at completion.

Demo, Framing and Drywall

Remove remaining any old furniture, if necessary.

Remove all existing window treatments and valances.

Remove all plumbing fixtures, bathtubs, cabinets and countertops in entire unit

Remove all base trim, casing and doors in entire unit.

Remove all mirrors from walls.

Remove doorway in guest bathroom to open to shower area.

Install pocket door to guest bathroom from bedroom.

Remove portion of walls and ceilings in hallway and kitchen.

Remove wall between kitchen and fridge and extend kitchen and frame for new pantry.

Remove all appliances save fridge and range.

Remove all existing floor tile and carpets throughout.

Remove portion of walls in master bath to enlarge master shower.

Frame new ceilings in kitchen and hallway.

Frame for valances in living room.

Frame all other affected walls as necessary for new layout

Remove doorway form master bathroom and frame to close opening.

Remove popcorn from all ceilings, skim and apply light texture.

Supply and install new drywall on all areas as necessary and finish to match existing.

Dispose of all debris.

Electrical, Plumbing, HVAC and Fire

Relocate and install new HVAC runs to accommodate new layout.

Supply and install all new supply grills.

Relocate and update all rough electric as necessary.

Supply and install all new hardwired smoke detectors

Relocate all outlets, switches, cable TV and telephone lines as necessary.

Remove sconce lights permanently.

Supply and install under cabinet lighting in kitchen.

Supply and install new recessed lighting in all areas as necessary.

Supply and install new recessed lighting in all showers.

Supply and install all new décor switches and outlets in entire condo.

Install all owner-supplied appliances.

Supply and install new exhaust fans in master and guest bathroom.

Convert tub in master bath to shower.

Convert master shower to linen closet.

Add additional sink to master vanity.

Convert outer master vanity to closet.

Supply and install all rough plumbing including new Kohler shower valves,

drains, supplies, shut-offs and shower pans in master and guest showers.

Supply and install new fire proofed drains in master and guest showers.

Supply and install new dura-rock cement board in master and guest shower.

Relocate all copper lines to accommodate new layout.

Relocate all PVC drains and supply lines as necessary.

Supply and install new Kohler shower trims, Kohler 2210 under mount sinks,

Kohler faucets and Kohler Comfort Height toilets in all bathrooms.

Supply and install new stainless under mount sink and faucet in kitchen.

Run waterlines to dishwasher and refrigerator.

Supply and install new hot water tank.

Relocate sprinkler heads and install concealed heads in hallway and kitchen.

Fireproof all pipe penetrations as necessary per fire code.

Interior Finishes

Supply and install all new solid 2 panel doors throughout.

Supply and install all new 7 inch flat base trim throughout.

Supply and install new 3 1/2 inch flat casings around all doors.

Supply and install crown molding throughout.

Supply and install shiplap in recess behind TV in master bedroom.

Supply and install Pro-flex sound control under all tiled areas.

Supply and install new owner selected porcelain tile where allowed.

Supply and install carpet in bedrooms and living room with upgraded pad.

Supply and install new owner selected tile in master and guest showers.

Supply and install owner selected wood cabinets in kitchen, master and guest bathroom.

Supply and install additional cabinetry under bar top.

Spray all railings and spiral staircase framing with 2 coats oil paint.

Spray all trim and doors with 2 coats of satin paint.

Paint all walls and ceilings with 2 coats of eggshell latex per owner specification.

Supply and install new granite or quartz tops per owner specification in kitchen and master bath and guest bathroom.

Supply and install 3/8" inch frameless glass shower enclosures in master and guest bathroom.

Supply and install new mirrors over vanities in guest and master bathroom. Supply and install toilet paper holder, towel ring and towel bar to match

faucets in master and guest bathrooms.

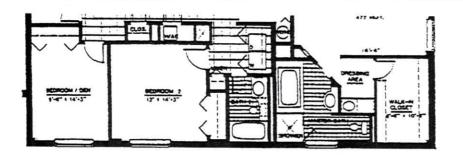
Supply and install brush nickel lever handles on all interior doors.

Miscellaneous

Supply and install owner selected tile backsplash in kitchen.

Supply and install vented wood shelving in all closets.

Professionally clean entire unit.



TWO BED

MANGE/GVEN

TOTAL LIVING AI AIC AREA: 1445 : WERSONS & CAL

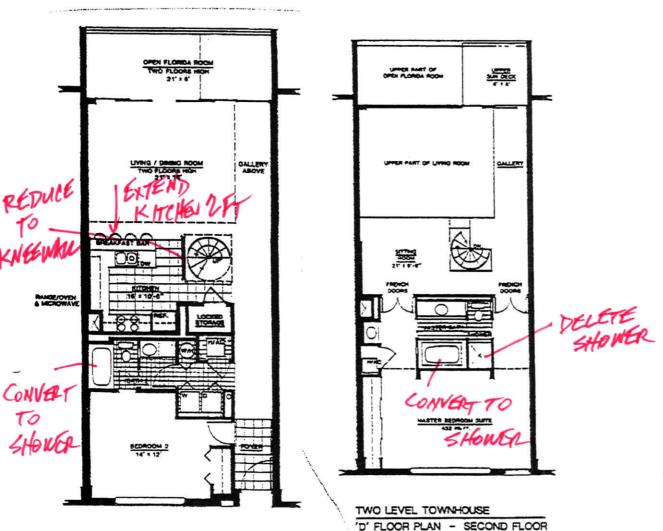
'A' FLOOI

(RESCENT-BEACH

THREE BEDROOM (or DEN) - TWO & ONE THIRD BATHS

B' FLOOR PLAN - CORNER UNIT

TOTAL LIVERS AREA: 2260 SQ. FT.
ANG AREA: 1677 SQ. FT.
DIMENSOR'S & CALCINATIONS ARE APPROPRIATE



TWO LEVEL TOWNHOUSE - TWO & ONE THIRD BATHS

FLOOR PLAN - FIRST FLOOR

ITAL LIVING AREA: 2376 SQ. FT. A/C AREA: 2040 SQ.FT.

S-VENDONS & CALCULATIONS ARE APPROXIMATE

RESCENT-BEACH

ONE 'C' FI

TOTAL L



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE GENERAL CONTRACTOR MEREIN IS CERTIFIED UNDER THE PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

BRAHAM, DAN ANDREW

FA COASTICONSTRUCTION SERVICES (IN 6468 PEMBROKE WAY)
NAPLES | FL 84113

LICENSE NUMBER CGC 1504709

EXPIRATION DATE: AUGUST 31, 2022

Always verify licenses online at MyFloridaLicense.com

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



OP ID: HP

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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.

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.

IMPORTANT: WANTED, subject to the terms and conditions of the policy certain policies may require an endorsement. A statement on

PRODUCER NNOVATIVE INSURANCE CONSULTANTS, INC. 461 UNIVERSITY DRIVE, #103 CORAL SPRINGS, FL 33067	9	54-340-9551	CONTACT BRIAN J. MAMO NAME: PHONE (A/C, No, Ext): 954-340-9551 E-Mail: BRIAN@INNOVATIVE-INSURANCE.COM						
BRIAN J. MAMO					DING COVERAGE		NAIC#		
			INSURER A : JAMES	RIVER INS	URANCE CO - BAS				
NSURED EA COAST CONSTRUCTION SERVICES, .O. BOX 1487	INC.		INSURER B:						
O. BOX 1487			INSURER C:						
IARCO ISLAND, FL 34146			INSURER D :						
			INSURER E :						
			INSURER F:						
		TE NUMBER:			REVISION NUMBER:	_			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY FEXCLUSIONS AND CONDITIONS OF SUCH	QUIREN PERTAII POLICIE	MENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT DED BY THE POLICIE BEEN REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO		WHICH THIS		
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A X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000		
CLAIMS-MADE X OCCUR		00088595-3	01/21/2022	01/21/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000		
X BLKT ADDL INSD		PRIMARY NON-CONTRIBUTOR	Y		MED EXP (Any one person)	\$	5,000		
X BLKT WAIVER					PERSONAL & ADV INJURY	s	1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	s	2,000,000		
X POLICY PRO-					PRODUCTS - COMP/OP AGG	\$	2,000,000		
OTHER:						\$			
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	s			
ANY AUTO					BODILY INJURY (Per person)	\$			
OWNED AUTOS ONLY SCHEDULED AUTOS					BODILY INJURY (Per accident)	s			
HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$			
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UMBRELLA LIAB OCCUR					EACH OCCURRENCE	s			
EXCESS LIAB CLAIMS-MADE					AGGREGATE	s			
DED RETENTION\$						s			
WORKERS COMPENSATION					PER OTH- STATUTE ER				
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	s			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	s			
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$			
DESCRIPTION OF OPERATIONS BROW									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (ACC	ORD 101, Additional Remarks Sched	ule, may be attached if mo	ore space is requi	red)				
CERTIFICATE HOLDER		0050040	CANCELLATION						
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MARCO ISLAND, FL 3414	15		Brian J. Mano						



JIMMY PATRONIS CHIEF FINANCIAL OFFICER

STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION

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

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE DATE: 1/23/2021

EXPIRATION DATE: 1/23/2023

PERSON: DAN A GRAHAM

EMAIL: SEACOASTR12@GMAIL.COM

FEIN: 161616164

BUSINESS NAME AND ADDRESS:

SEA COAST CONSTRUCTION SERVICES, INC.

6468 PEMBROKE WAY

NAPLES, FL 34113

SCOPE OF BUSINESS OR TRADE:

Contractor-Project Manager, Construction Executive, Construction Manager or Construction Superintendent

IMPORTANT: Pursuant to subsection 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(12), F.S., Certificates of election to be exempt issued under subsection (3) shall apply only to the corporate officer named on the notice of election to be exempt and apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to subsection 440.05(13), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate named on the certificate to meet the requirements of this section.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 08-13

E01253592

QUESTIONS? (850) 413-1609

Ron DeSantis, Governor

Halsey Beshears, Secretary



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
THE PLUMBING CONTRACTOR HEREIN IS CERTIFIED UNDER THE

PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

JORRIS, MATTHEW ALBERT

M D PLUMBING LLC 482 10TH AVE NW NAPLES FL 34120

LICENSE NUMBER: CFC1429482

Always verify licenses online at MyFloridaLicense.com

EXPIRATION DATE: AUGUST 31, 2022

Do not alter this document in any form.



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DATE (MM/DD/YYYY) 02/23/2022

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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	DDUCER				CONTACT ANDRES MEJIA							
M&	M INSURANCE SERVICES INC				PHONE (A/C, No, Ext): (239) 269-9098 (A/C, No): 800-655-0848							
125	41 METRO PKWY STE 6				E-MAIL ADDRESS: amejia954@comcast.net							
						ATTENDED TO SECURITION OF THE PARTY OF THE P	RDING COVERAGE		NAIC#			
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INSU	JRED				INSURE	RB:						
	M D PLUMBING LLC				INSURE	RC:						
	482 10th Ave NW				INSURER D :							
					INSURER E :							
	Naples			FL 34120	INSURE	RF:						
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	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLO	OYEE \$			
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LI	IMIT \$			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedule	e, may be	attached if more	space is require	d)				
CEF	RTIFICATE HOLDER				CANC	ELLATION						
Crescent Beach CONDOMINIUM 100 N Collier Blvd Marco Island FI 34145 seacoastr12@gmail.com					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
		ANDRES MEJIA										



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ELECTRICAL CONTRACTORS LICENSING BOARD 2601 BLAIR STONE ROAD TALLAHASSEE FL 32399-0783

(850) 487-1395

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

EC13007936
CERTIFIED ELECTRICAL CONTRACTOR
MONROY, DIEGO
MONROY ELECTRIC, LLC

ISSUED: 06/12/2020

Signature
LICENSED UNDER CHAPTER 489, FLORIDA STATUTES
EXPIRATION DATE: AUGUST 31, 2022

Ron DeSantis, Governor

Halsey Beshears, Secretary

EXPIRATION DATE: AUGUST 31, 2022

STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION ELECTRICAL CONTRACTORS LICENSING BOARD

LICENSE NUMBER: EC13007936

FL 34117

THE ELECTRICAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

MONROY, DIEGO MONROY ELECTRIC, LLC 3770 29TH AVENUE SW

ISSUED: 06/12/2020

NAPLES

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DATE (MM/DD/YYYY) 2/22/2022

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t	his certificate does not confer rights to the	ne cert	tificate holder in lieu of si	such endorsement(s).							
PR	DDUCER			CONTACT NAME:							
	ane Insurance Group, Inc.			PHONE (A/C, No, Ext): 239-877-9651 FAX (A/C, No):							
N:	01 Goodlette Rd Unit A204 aples FL 34102			(A/C, No, Ext): 239-677-9051 (A/C, No): E-MAIL ADDRESS: Office@danegrouplic.com							
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	70 29th Avenue SW aples FL 34117			INSURER C:							
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l ^			NPP8776687		3/10/2022	3/10/2023	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000	,000		
	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$ 100,0	00		
	<u> </u>						MED EXP (Any one person)	\$5,000			
	<u> </u>						PERSONAL & ADV INJURY	\$ 1,000	,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000	,000		
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_	OTHER:							\$			
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO OWNED SCHEDULED						BODILY INJURY (Per person)	\$			
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	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	\$ 1,000,	.000		
	(Mandatory in NH)	"					E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under DESCRIPTION OF OPERATIONS below							\$ 1,000.			
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DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	ACORD	101, Additional Remarks Schedule	e, may be	attached if more	space is require	d)				
Ow	ners Diego Monroy Sr. and Daniel Monroy a	re liste	ed as exempt from the Worl	kers' Co	ompensation.						
CE	RTIFICATE HOLDER			CANC	ELLATION						
				3, 1110							
				SHO	ULD ANY OF T	HE ABOVE DE	ESCRIBED POLICIES BE CA	NCELL	ED BEFORE		
			1				REOF, NOTICE WILL BY PROVISIONS.	E DEL	IVERED IN		
	Crescent Beach Cond	o As	soc.		- APRITUL WIT	IIIL FOLIC	ROVIGIONS.				
	100 N. Collier Blvd.		1	AUTHORIZED REPRESENTATIVE							
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Marco Island Fl. 34145

Collier County * City of Marco * City of Naples * City of Everglades * Contractor Licensing

CABINET INSTALL CONTR.

Cert Nbr: C20752 State Nbr:

Exp: Issuance Nbr: 69/38/2021 201800000283
State Exp:

MARBLE.COM, INC. CAMPOS, LISSETH G. 1324 INDUSTRIAL BLVD NAPLES, FL 34104 Signed:



DATE (MM/DD/YYYY) 02/22/2022

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.

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	ODUCER	o tne	certif	icate holder in lieu of suc								
1.35	ne Source Advisory				CONTACT Jeff Hanneken							
	Page 44-64 (2040.0440 C440.04040 (2410.040)				PHONE (A/C, No, Ext): (813) 949-8636 FAX (A/C, No): (813) 909-8743							
20	3 Crystal Grove Blvd				E-MAIL ADDRESS: jeff@onesourceadvisory.com							
Lu	tz			FL 33549	INSURER(S) AFFORDING COVERAGE INSURER A: Southern-Owners Insurance Company						NAIC#	
INS	URED			1 2 30349	INSUR	A					10190	
	Marble.Com Inc				INSUR	To also and	wners Insurance				18988	
	1324 Industrial Blvd				INSURE		ogy Insurance	Co			42376	
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Α				20307331		05/08/2021		MED EXP (Any one pe		-		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV IN		s 1,000,000 s 2,000,000		
	POLICY PRO- JECT LOC			2.				GENERAL AGGREGA		s 2,000		
	OTHER:							PRODUCTS - COMP/O Hired&NonOwned		s 1,000		
	AUTOMOBILE LIABILITY							COMBINED SINGLE L	IN COLUMN	s 1,000		
	ANYAUTO							(Ea accident) BODILY INJURY (Per page 2)		s 1,000	,,000	
В	OWNED AUTOS ONLY AUTOS			5230731703		05/08/2021	05/08/2022	BODILY INJURY (Per				
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE		\$		
								(Per accident)		s		
	➤ UMBRELLA LIAB ➤ OCCUR							EACH OCCURRENCE		3,000	0.000	
Α	EXCESS LIAB CLAIMS-MADE		5230731700			05/08/2021	05/08/2022	AGGREGATE		3,000		
	DED RETENTION \$							ACCITECATE		5		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER			
С	ANY PROPRIETOR/PARTNER/EXECUTIVE Y OFFICER/MEMBER EXCLUDED?	N/A		TWC3981506		05/08/2021	05/08/2022	E.L. EACH ACCIDENT		1,000	,000	
	(Mandatory in NH) If yes, describe under					03/00/2021	03/06/2022	E.L. DISEASE - EA EM		1 000		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC		1,000	,000	
DESC	PURTION OF OPERATIONS A COATIONS A FINE											
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 10	1, Additional Remarks Schedule, n	nay be att	ached if more sp	ace is required)					
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CEP	TIFICATE HOLDER											
	TOTAL HOLDEN			7 Sec. 274 - may 12	CANCE	LLATION						
		SHOL	LD ANY OF TH	E ABOVE DES	CRIBED POLICIES	RE CANCI	ELLED	DEEODE				
	C				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	Crescent Beach Condo A	ssoc	iatio	on I	ACCC	RDANCE WITH	THE POLICY	PROVISIONS.				

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100 N.Collier Blvd.

Marco Island, Florida 34145

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AUTHORIZED REPRESENTATIVE

COLLIER COUNTY BUSINESS TAX

BUSINESS TAX NUMBER:

070339

COLLIER COUNTY TAX COLLECTOR - 2800 N. HORSESHOE DRIVE - NAPLES FLORIDA 34104 - (239) 252-2477

VISIT OUR WEBSITE AT: www.colliertaxcollector.com
THIS RECEIPT EXPIRES SEPTEMBER 30, 2022

LOCATION: 4870 TALLOWOOD WAY ZONED: HOME OCCUPATION BUSINESS PHONE: 239-272-4551 STATE OR COUNTY LIC #:

DISPLAY AT PLACE OF BUSINESS FOR PUBLIC INSPECTION. FAILURE TO DO SO IS CONTRARY TO LOCAL LAWS.

KITCHEN AND BATHROOM CABINETS LLC

RITTER, ROBERT C. 4870 TALLOWOOD WAY NAPLES, FL 34116

CLASSIFICATION: DEALER OF TANGIBLE PERS PROF

CLASSIFICATION CODE: 04200001

This document is a business tax only. This is not certification that lices It does not permit the licensee to violate any existing regulatory zoning laws of nor does it exempt the licensee from any other taxes or permits that may be required by law -THIS TAX IS NON-REFUNDABLE-

DATE AMOUNT RECEIPT

08/06/2021 30.00

500-22-00093717 Rob Stoneburner

COLLIER COUNTY BUSINESS TAX

BUSINESS TAX NUMBER:

081050

COLLIER COUNTY TAX COLLECTOR - 2800 N. HORSESHOE DRIVE - NAPLES FLORIDA 34104 - (239) 252-2477 VISIT OUR WEBSITE AT: www.colliertaxcollector.com

THIS RECEIPT EXPIRES **SEPTEMBER 30, 2022**

LOCATION: 4870 TALLOWOOD WAY ZONED: HOME OCCUPATION BUSINESS PHONE: 239-272-4551 STATE OR COUNTY LIC #: C33397

DISPLAY AT PLACE OF BUSINESS FOR PUBLIC INSPECTION. FAILURE TO DO SO IS CONTRARY TO LOCAL LAWS.

KITCHEN AND BATHROOM CABINETS LLC

RITTER, ROBERT C. 4870 TALLOWOOD WAY NAPLES, FL 34116

1-10 EMPLOYEES

CLASSIFICATION: CABINET & MILLWORK CONTRACTOR

CLASSIFICATION CODE: 02107501

This document is a business tax only. This is not certification that lice It does not permit the licensee to violate any existing regulatory zoning laws of nor does it exempt the licensee from any other taxes or permits that may be required by -THIS TAX IS NON-REFUNDABLE-

DATE **AMOUNT** RECEIPT

08/06/2021 18.00

500-22-00093717

Rob Stoneburner



DATE (MM/DD/YYYY) 12/16/2021

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).

20 Application (2014)									CONTACT Ardent Insurance Group							
Ardent Insurance Group, Inc.									PHONE (A/C, No, Ext): (239) 919-3916 FAX (A/C, No): (866) 347-8852							
		ollier Center Way						E-MAIL ADDRESS: info@ardentinsurancegroup.com								
#20								INSURER(S) AFFORDING COVERAGE								
-	oles						FL 34110							28860		
INSI	JRED		172					INSUR	ERB: Technolo	gy Insurance	Company			42376		
				Bathroom Cabinet	s LLC			INSURI	ER C:							
1		4870 IAL	LOV	VOOD WAY				INSUR	ERD:					W-W		
1								INSUR	ERE:							
		NAPLES	_				FL 34116	INSURER F:								
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	-	CLAIMS-MAD	DE [OCCUR							PREMISES (Ea occur	rrence)	\$ 300,			
А	_						BGFL0022403501		12/27/2021	12/27/2022	MED EXP (Any one p		\$ 10,00			
	_	l					DGI 20022403301		12/2//2021		PERSONAL & ADV IN	JURY	*	0,000		
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	×	UMBRELLA LIAB	۲	X occup									\$ 1,000	2000		
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	WOR	KERS COMPENSAT		14.2			A				X PER STATUTE	OTH- ER	\$			
		EMPLOYERS' LIAB PROPRIETOR/PART		EXECUTIVE Y/N									s 1,000	0.000		
В	OFFI	CER/MEMBER EXCL datory in NH)	UDE	D?	N/A		TWC4003086		07/01/2021	07/01/2022	E.L. EACH ACCIDENT		1 000 000			
	If yes	, describe under CRIPTION OF OPER	ATION	ale balaw							E.L. DISEASE - EA EN		s 1,000			
	0230	CRIPTION OF OPER	AHOI	43 DEIOW							E.L. DISEASE - POLIC	CYLIMIT	\$ 1,000	,,,,,,,		
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											NOTICE WILL BE			BEFORE		
		27-20-7-20-7-20-7-20-7-20-7-20-7-20-7-2		Beach Cond	o As	soci	ation		ORDANCE WITH							
		100 N.	Co	llier Blvd.				AUTHOR	ZED REPRESENT	'ATIVE						
		Marco	Isla	and, Florida	341	45		AUTHOR	MED NEPRESENT		1 01					
								Hando Ch.								

Collier County * City of Marco * City of Maples * City of Everglades * Contractor Licensing

PAINTING CONTR.

Cert North

Exp: Issuance Nor: 09/50/2022 35627 State Exp:

R.E.A. PAINTING, HANDYMAN & FINISH CARPENTRY INC ROLANDO ALVAREZ 1801 SUNSHINE BLVD C NAPLES: FL 34116 Q D D D D



DATE (MM/DD/YYYY) 01/26/2022

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.

te	MPORTANT: If the certificate holder is erms and conditions of the policy, co ertificate holder in lieu of such endors	ertair	n poi	icies may require an end	olicy(ie iorsem	es) must be e ent. A state	endorsed. If ement on thi	SUBROGATION IS WAIT is certificate does not o	VED, s onfer	ubject to the rights to the		
PRO	DUCER				CONTA NAME:	CUSTOM	ER SERVICE	:				
INT	EGRAL UNDERWRITERS CORP				PHONE	2000000 P			(077)	745-5560		
РО	BOX 990337				E-BAANII	p. Ext): (239) 3		(AJC, NO):	(8//)	/45-5560		
NAF	PLES FL 34116				ADDRE	ss: info@inte	AND THE RESERVE THE PARTY OF TH			T		
								RDING COVERAGE		NAIC#		
INSU	RED					RA: ICW Ins				27847		
	R.E.A PAINTING HANDYN	MAN	&				Forster Spec	ialty Insurance Company		44520		
	FINISH CARPENTRY INC				INSURER C:							
	1801 SUNSHINE BLVD #0				INSURER D:							
	NAPLES, FL 34116				INSURE							
-	VERAGES CER	TIEI	CATI	NUMBER.	INSURE	RF:						
	HIS IS TO CERTIFY THAT THE POLICIES			RANCE LISTED BELOW HA	VE BEE	N ISSUED TO	THE INCLID	REVISION NUMBER:	THE DO	LICY DEDICE		
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	GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	00,000		
	X COMMERCIAL GENERAL LIABILITY	N	N					PREMISES (Ea occurrence)	\$ 100	.000		
	CLAIMS-MADE X OCCUR	1	1				01/27/2023	MED EXP (Any one person)	\$ 5,00	00		
В	X Deductible \$500			BAK74719-2		01/27/2022		PERSONAL & ADV INJURY	\$ 1,00	00,000		
								GENERAL AGGREGATE	\$ 2,00	00,000		
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	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$			
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X WC STATU- TORY LIMITS OTH- ER				
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	N	WFL5047616-01		04/49/2024	04/48/2022	E.L. EACH ACCIDENT	\$ 100.	000		
- ^	OFFICE/MEMBER EXCLUDED? (Mandatory in NH)			VVFL5047616-01		04/18/2021	04/18/2022	E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$ 500.			
	OLGONIFICATOR OF OFERALIONS DELOW	_						L.E. DISEASE FOLIGI CIMIT	3 000,	.000		
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PAIN	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL NTING HANDYMAN & FINISH CARPEN			ACORD 101, Additional Remarks \$	Schedule,	, if more space is	required)					
EXE	MPT: ROLANDO ALVAREZ											
CERTIFICATE HOLDER						ELLATION						
Crescent Beach Condo Association 100 N.Collier Blvd.						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
		244	45	ŀ	AUTHORIZED REPRESENTATIVE							
	Marco Island, Florida	Junio A. Hon										

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Collier County Board of County Commissioners Certificate of Competency

Collier County * City of Marco * City of Naples * City of Everglades

Issued Date: 09/28/2021

Company:

EHLEN FLOOR COVERING INC

Address:

790 BALD EAGLE DRIVE

MARCO ISLAND, FL 34145

Telephone:

(239) 394-0500

Qualifier:

EDWARD R. EHLEN

License #:

C34980

Issuance #:

34980

Classification:

FLOOR COVERING CONTR.

Valid Thru:

09/30/2022

State License #:

State Valid Thru:

It is the Qualifier's responsibility to keep current all records with Collier County.

This shall include insurance certificates and/or contact information.

Always verify licenses online at www.CVPortal.CollierGov.Net

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



DATE (MM/DD/YYYY) 2/23/2022

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.

BROWN & Storm of Southwest Florida Inc. 1421 Pine Ridge Road Suite 200 Naples FL 34109 ***BROWN & Storm of Southwest Florida Inc. 1421 Pine Ridge Road Suite 200 Naples FL 34109 ***BROWN & Storm of Southwest Florida Inc. 1421 Pine Ridge Road Suite 200 Naples FL 34109 ***BROWN & Storm of Southwest Florida Inc. 1421 Pine Ridge Road Suite 200 Naples FL 34109 ***BROWN & Storm of Southwest Florida Inc. 1422 Pine Ridge Road Suite 200 Naples FL 34109 ***BROWN & Storm of Southwest Florida Inc. 1428 Pine Ridge Road Suite 200 Naples FL 34109 ***BROWN & Storm of Southwest Florida Inc. 1428 Pine Ridge Road Suite 200 Naples FL 34109 ***BROWN & Storm of Southwest Florida Inc. 1428 Pine Ridge Road Suite 200 Naples FL 34109 ***BROWN & Storm of Southwest Florida Inc. 1428 Pine Ridge Road Suite 200 Naples FL 34109 ***BROWN & Storm of Southwest Florida Inc. 1428 Pine Ridge Road Suite 200 Naples FL 34109 ***BROWN & Storm of Southwest Florida Inc. 1428 Pine Ridge Road Suite 200 Naples FL 34109 ***BROWN & Storm of Southwest Florida Inc. 1428 Pine Ridge Road Suite 200 Naples FL 34109 ***BROWN & Storm of Southwest Florida Inc. 1428 Pine Ridge Road Suite 200 Naples FL 34109 ***BROWN & Storm of Southwest Florida Inc. 1428 Pine Ridge Road Suite 200 Naples FL 34109 ***BROWN & Storm of Southwest Florida Inc. 1428 Pine Ridge Road Suite 200 Naples FL 34109 ***BROWN & Storm of Southwest Florida Inc. 1428 Pine Ridge Road Suite 200 Naples FL 34109 ***BROWN & Storm of Southwest Florida Inc. 1428 Pine Ridge Road Suite 200 Naples Florida Inc. 1428 Pine Ridge Road Suite 200 Naples Florida Inc. 1428 Pine Ridge Road Suite 200 Naples Florida Inc. 1428 Pine Ridge Road Suite 200 Naples Florida Inc. 1428 Pine Ridge Road Suite 200 Naples Florida Inc. 1428 Pine Ridge Road Suite 200 Naples Florida Inc. 1428 Pine Ridge Road Suite 200 Naples Florida Inc. 1428 Pine Ridge Road Suite 200 Naples Florida Inc. 1428 Pine Ridge Road Suite 200 Naples Florida Inc. 1428 Pine Ridge Road Suite 200 Naples Florida Inc. 1428 Pine Ridge Road Suite 200 Naples Fl	If SUBROGATION IS WAIVED, subject to the terms and conditions of the this certificate does not confer rights to the certificate holder in lieu of si	ne policy, certain	n policies may						
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BISURER A. Auto-Owners insurance Company 18988 Ehlen Floor Covering Inc. 790 Bald Eagle Drive Marco Island FL 34145 COVERAGES CERTIFICATE NUMBER: 576359108 COVERAGES CERTIFICATE NUMBER: 576359108 THIS IS TO CERTIFY THAT THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTHER THAT THE POLICE SITE OF SELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTHER THAT THE POLICE SITE OF SELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERFORMENT. TERM OR CONDITION OF ANY APPLICATE MAY BE ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD CONDITION OF ANY APPLICATE MAY BE ISSUED OR MAY PROFILE MEMBER. THE MAY BE ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD CONDITION OF ANY APPLICATE MAY BE ISSUED OR MAY PROFILE MEMBER. THE MAY BE ISSUED OR MAY PROFILE MEMBER. THE MAY BE ISSUED OR MAY PROFILE MAY BE ISSUED OR MAY PROFILE MEMBER. THE POLICY PERIOD BY THE POLICY PERIOD ON		ADDRESS: CETIS			0.000000				
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