

Town of Davie  
Procurement Division  
Brian O'Connor, Procurement Manager  
8800 SW 36th Street, Davie, FL 33314

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## [EDJ SERVICE LLC] RESPONSE DOCUMENT REPORT

ITB No. ITB# GR-26-20

ITB# GR-26-20 Lawn Maintenance of CRA Properties

RESPONSE DEADLINE: March 23, 2026 at 2:00 pm

Report Generated: Monday, March 23, 2026

### EDJ Service LLC Response

#### CONTACT INFORMATION

**Company:**

EDJ Service LLC

**Email:**

edjservice@aol.com

**Contact:**

James Pagni

**Address:**

4861 SW 106th Avenue  
Davie, FL 33328

**Phone:**

(954) 791-4167

**Website:**

[www.edjservice.com](http://www.edjservice.com)

**Submission Date:**

Mar 20, 2026 6:55 PM (Eastern Time)

## ADDENDA CONFIRMATION

Addendum #1

*Confirmed Mar 19, 2026 10:49 AM by James Pagni*

Addendum #2

*Confirmed Mar 19, 2026 10:49 AM by James Pagni*

Addendum #3

*Confirmed Mar 19, 2026 10:49 AM by James Pagni*

Addendum #4

*Confirmed Mar 19, 2026 10:49 AM by James Pagni*

Addendum #5

*Confirmed Mar 23, 2026 9:37 AM by James Pagni*

Addendum #6

*Confirmed Mar 23, 2026 9:37 AM by James Pagni*

## QUESTIONNAIRE

### 1. VENDOR INFORMATION

PLEASE INDICATE ANY PRODUCT OR SERVICES THAT YOUR FIRM PROVIDES:\*

*Pass*

Commercial Lawn and Landscape Maintenance. Specialty Turf Mowing. Bush Hog Services. Irrigation, Fertilization and Pest Control. Tree and Palm Tree Removal and Maintenance Services. Maintenance of Traffic Services.

***Please Note:*** Responses to this question may be publicly displayed after the due date has passed.

## 2. OWNERSHIP DISCLOSURE

IF THE CONTRACT OR BUSINESS TRANSACTION IS WITH A COMPANY, THE FULL LEGAL NAME AND BUSINESS ADDRESS SHALL BE PROVIDED FOR EACH OFFICER AND DIRECTOR AND EACH STOCKHOLDER WHO DIRECTLY OR INDIRECTLY HOLDS FIVE PERCENT (5%) OR MORE OF THE COMPANY'S STOCK. IF THE CONTRACT OR BUSINESS TRANSACTION IS WITH A TRUST, THE FULL NAME AND ADDRESS SHALL BE PROVIDED FOR EACH TRUSTEE AND EACH BENEFICIARY. ALL SUCH NAMES AND ADDRESS ARE AS FOLLOWS (POST OFFICE ADDRESSES ARE NOT ACCEPTABLE):\*

*Pass*

Full Legal Name:

Address:

Ownership %:

Full Legal Name:

Address:

Ownership %:

Full Legal Name:

Address:

Ownership %:

Full Legal Name:

Address:

Ownership %:

*Enter N/A if not applicable*

Evelyn R. Pagni, 1700 SW 68th Avenue, Plantation, FL 33317, 51%

Richard Blaha, 1520 NW 100th Way, Plantation, FL 33321, 49%

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

THE FULL LEGAL NAMES AND BUSINESS ADDRESSES OF ANY OTHER INDIVIDUAL (OTHER THAN SUBCONTRACTORS, MATERIALMEN, SUPPLIERS, LABORERS, AND LENDERS) WHO HAVE, OR WILL HAVE, ANY LEGAL, EQUITABLE, OR BENEFICIAL INTEREST IN THE CONTRACT OR BUSINESS TRANSACTION WITH THE TOWN ARE AS FOLLOWS (POST OFFICE ADDRESSES ARE NOT ACCEPTABLE):\*

*Pass*

Full Legal Name:

Address:

*Enter N/A if not applicable*

N/A

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

### 3. ELIGIBILITY FOR LOCAL VENDOR PREFERENCE (Davie Code of Ordinances Sec. 2-326)

MY BUSINESS IS LOCATED WITHIN THE TOWN OF DAVIE\*

*Pass*

Select as applicable

Yes

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

HAS THE BUSINESS NAME CHANGED SINCE IT WAS OPENED IN DAVIE? IF YES, PROVIDE THE PREVIOUS BUSINESS NAME: \*

Pass

No.

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

DATE YOUR BUSINESS WAS ESTABLISHED IN TOWN OF DAVIE:\*

Pass

1997

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

NUMBER OF FULL TIME EMPLOYEES YOUR BUSINESS EMPLOYS:\*

Pass

32

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

BUSINESS TAX RECEIPT [OCCUPATIONAL LICENSE(S)]\*

Pass

Please upload current Town of Davie business tax receipt.

Town\_of\_Davie\_Business\_Tax\_Receipt\_2025-\_2026.pdf

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

MY BUSINESS IS LOCATED WITHIN BROWARD COUNTY\*

Pass

Yes

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

HAS THE BUSINESS NAME CHANGED SINCE IT WAS OPENED IN BROWARD COUNTY? IF YES, PROVIDE THE PREVIOUS BUSINESS NAME:\*

Pass

No

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

DATE YOUR BUSINESS WAS ESTABLISHED IN BROWARD COUNTY:\*

Pass

1980

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

NUMBER OF FULL TIME EMPLOYEES YOUR BUSINESS EMPLOYS:\*

Pass

32

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

BUSINESS TAX RECEIPT [OCCUPATIONAL LICENSE(S)]\*

Pass

Please upload current Broward County business tax receipt **OR** the city within Broward County business tax receipt.

Broward\_County\_Business\_Tax- \_EDJ\_Service- \_Oct\_2025- \_Sept\_2026.pdf

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

#### 4. CLIENT REFERENCES

Provide client references from recent transactions/ work similar to the Scope of Work/Specifications herein. Do not include the Town of Davie as a reference.

CLIENT REFERENCE 1\*

Pass

Name of Client Entity:

Address:

City/State/Zip:

Contact:

Title:

Email Address:

Telephone:

Scope of Work:

Description of Services Provided:

Town of Southwest Ranches - Parks and Recreation

13400 Griffin Road

Southwest Ranches, FL 33330  
December Lauretano-Haines  
Parks, Recreation and Open Space Manager  
[dlauretano@southwestranches.org](mailto:dlauretano@southwestranches.org)  
954-434-7452

Since 2020, current lawn, landscape and tree services vendor for the Town maintaining their rights-of-way along with Town parks, buildings and facilities.

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

CLIENT REFERENCE 2\*

Pass

Name of Client Entity:

Address:

City/State/Zip:

Contact:

Title:

Email Address:

Telephone:

Scope of Work:

Description of Services Provided:

City of Plantation - Department of Public Works

750 NW 91st Ave

Plantation, FL 33324

Matt Thompson

Director of Public Works

[MThompson@Plantation.org](mailto:MThompson@Plantation.org)

954-452-2513

Since 1983, we have been a vendor for the City of Plantation, maintaining the medians and swales on Peters Rd. in Plantation.

Moreover, we have also maintained various parks for the City of Plantation, including Central Park, Volunteer Park, and Sunset Park, as well as the landscaping and lawn maintenance for the parking lot and clubhouse for Plantation Preserve Golf Course. Tree and Palm trimming and tree removal have also been done at various City Parks, including Plantation Preserve and along City ROWs and medians. We also maintain the Bermuda grass at Central Park (7 multi-purpose fields and 8 baseball fields) and Sunset Park (7 baseball fields).

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

CLIENT REFERENCE 3\*

Pass

Name of Client Entity:

Address:

City/State/Zip:

Contact:

Title:

Email Address:

Telephone:

Scope of Work:

Description of Services Provided:

City of Coconut Creek - Parks and Natural Resources  
4800 West Copans Road  
Coconut Creek, FL 33063

John Tetteris

(954) 448-1498

[jtetteris@coconutcreek.net](mailto:jtetteris@coconutcreek.net)

Casey Kelly

(321) 704-5200

[kkelly@coconutcreek.net](mailto:kkelly@coconutcreek.net)

Contracted from 2008 until approximately 2019 to do Lawn and Landscape Maintenance Services to Parks and roadsides in the South District, as well Tree and Palm trimming, removals, and tree installations. Recently, awarded Lawn and Landscape Maintenance Services for City rights-of-ways, medians and swales, with a start date of February 2026.

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

## 5. PROPOSER/BIDDER QUESTIONNAIRE

PRIMARY CONTACT PERSON FOR THIS SOLICITATION\*

Pass

Primary Contact Person Name:

Primary Contact Person Email Address:

Primary Contact Person Phone Number:

James Pagni

[edjservice@aol.com](mailto:edjservice@aol.com)

954-791-4167

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

EMERGENCY CONTACT INFORMATION:\*

Pass

Emergency Contact Person Name:

Emergency Contact Person Email Address:

Emergency Contact Person Phone Number:

Richard Blaha

[rick.edjservice@gmail.com](mailto:rick.edjservice@gmail.com)

954-444-2345

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

HOW MANY YEARS HAS YOUR FIRM BEEN IN BUSINESS UNDER ITS PRESENT BUSINESS NAME?\*

Pass

46

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

HAS YOUR FIRM OPERATED UNDER ANOTHER BUSINESS NAME?\*

Pass

No

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

HAVE YOU BEEN AWARDED ANY GOVERNMENT CONTRACTS RECENTLY OR IN THE PAST?\*

Pass

Yes

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

IF YES, PLEASE LIST THE CONTRACT #'S, THE AGENCY, THE SERVICE PROVIDED, AND IF IT IS STILL ACTIVE.\*

Pass

Town of Southwest Ranches

Project Name: RFP No. 20-008

Scope: Lawn and Landscape Maintenance at City Parks and ROW

Active Status: Active

City of Coconut Creek

Project Name: RFP No. 10-30-25-09

Scope: Lawn and Landscape Maintenance Services for City rights-of-ways, medians and swales.

Active Status: Active

City of Oakland Park  
Project Name: ITB #090619  
Scope: Lawn and Landscape Vendor for various City rights-of-way, facilities and parks.  
Active Status: Active

City of Parkland  
Project Name: RFP 2020-12  
Scope: Lawn and Landscape Maintenance Vendor for City ROWs, Parks/Buildings.  
Active Status: Not Active

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

HAVE ANY SIMILAR AGREEMENTS HELD BY THE PROPOSER FOR A SIMILAR PROJECT TO THE PROPOSED PROJECT EVER BEEN CANCELED? \*

Pass

No

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

HAS THE PROPOSER OR ANY PRINCIPALS OF THE FIRM FAILED TO QUALIFY AS A RESPONSIBLE PROPOSER, REFUSED TO ENTER INTO A CONTRACT AFTER AN AWARD HAS BEEN MADE, FAILED TO COMPLETE A CONTRACT DURING THE PAST FIVE (5) YEARS, OR BEEN DECLARED TO BE IN DEFAULT IN ANY CONTRACT IN THE LAST FIVE (5) YEARS?\*

Pass

No

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

HAS THE PROPOSER OR ANY PRINCIPALS OF THE FIRM EVER BEEN DECLARED BANKRUPT OR REORGANIZED UNDER CHAPTER 11 OR PUT INTO RECEIVERSHIP? \*

Pass

No

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

HAS THE PROPOSER BEEN INVOLVED IN ANY LITIGATIONS/JUDGEMENTS/SETTLEMENTS/DEBARMENTS/SUSPENSIONS?\*

Pass

No

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

HAS THE PROPOSER BEEN INVOLVED IN ANY DISCIPLINARY ACTION TAKEN OR PENDING AGAINST THE FIRM DURING THE PAST THREE (3) YEARS WITH STATE REGULATORY BODIES OR PROFESSIONAL ORGANIZATIONS? \*

Pass

No

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

## 6. VENDOR REQUIREMENTS

QUOTES\*

Pass

**When Providing A Quote Related To A Contract, Please Do The Following:**

- A. You must reference the contract number that is being utilized to develop the quote.
- B. You must remove any extraneous terms and conditions that are not related to the referenced contract on your quote.
- C. Remove any request for an authorized signature on the quote. A purchase order can be provided.
- D. If you are quoting prices based on a cost-plus contract, please show your Cost + % of Markup = Total Cost. This will help us verify that your pricing complies with the contract. We ask that you provide evidence of your cost (supplier invoice/receipt) using this model.

- E. If you are quoting prices based on a discount off list, please show List Price +% Discount = Total Cost. This will help us verify that your pricing complies with the contract and will provide evidence of the list price as well.
- F. If your quoted prices are based on a unit price contract, please ensure the pricing matches the contract.
- G. If permits are applicable, please be sure to include those costs on your quote.
- H. Please verify if freight is allowed, or not, before submitting your quote.
- I. Is installation applicable to the contract, or not? If not, please be sure to notate.
- J. When awarded a contract by the Town or the Town chooses to piggyback a contract, please inform all sales and accounting teams that the Town will be utilizing said contract.
- K. Please ensure all pricing is loaded into your information system.

**By checking "Please Confirm" this will serve as an electronic Signature.**

Confirmed

***Please Note:*** Responses to this question may be publicly displayed after the due date has passed.

INVOICES\*

Pass

**All Invoices To The Town MUST Include The Following Information Or It WILL Be Rejected:**

- A. Must include a PO# when a purchase order has been provided.
- B. Must include a non-repetitive invoice number.
- C. Must show contract pricing, if applicable to a contract.
- D. No freight charges shall be included unless the contract provides for freight terms.
- E. All invoices shall be sent to the ordering department or division. This will help to expedite your payment process. Some departments have set up e-mail addresses to which invoices should be submitted. It is advisable to request such email address when speaking to the department you are doing business with.

- F. The Town’s policy is to pay within 30 days; however, Florida Law is net 45 days from the receipt of a **proper** invoice.
- G. The Town is a Tax-Exempt entity therefore all sales tax shall be excluded.
- H. The Town will pay either by Purchasing Card (credit card) or Purchase Order/Invoice. The Town will not pay any convenience fees for Purchasing Card transactions. If it is your policy to charge transaction fees, you must request a PO before an order is placed.

**By checking “Please Confirm” this will serve as an electronic Signature.**

Confirmed

*Please Note: Responses to this question may be publicly displayed after the due date has passed.*

PACKAGES AND DELIVERIES\*

Pass

All packages must include the “ship to” address and contact information of the person who placed the order on the outside of the package. Without this information, the Town may be unable to verify delivery.

**By checking “Please Confirm” this will serve as an electronic Signature.**

Confirmed

*Please Note: Responses to this question may be publicly displayed after the due date has passed.*

PROCUREMENT CARD\*

Pass

Bidder agrees to accept the VISA Procurement card for payment.

Yes

*Please Note: Responses to this question may be publicly displayed after the due date has passed.*

IF YES, DO YOU CHARGE A CREDIT CARD CONVENIENCE OR OTHER TYPE OF TRANSACTION FEE? IF YES, INDICATE FEE PERCENTAGE.\*

Pass

Example: 3%

0

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

## 7. AFFIDAVIT OF COMPLIANCE WITH FOREIGN ENTITY LAWS

AFFIDAVIT OF COMPLIANCE WITH FOREIGN ENTITY LAWS\*

Pass

Please download the document, complete and have notarized. An online notarization option will be provided for you when responding.

- [AFFIDAVIT OF COMPLIANCE WIT...](#)

AFFIDAVIT\_COMPLIANCE\_WITH\_FOREIGN\_ENTITY\_LAWS\_-\_EDJ\_Service\_LLC.pdf

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

## 8. AFFIDAVIT OF COMPLIANCE WITH ANTI-HUMAN TRAFFICKING LAWS

AFFIDAVIT OF COMPLIANCE WITH ANTI-HUMAN TRAFFICKING LAWS\*

Pass

Please download the document, complete and have notarized. An online notarization option will be provided for you when responding.

- [AFFIDAVIT OF COMPLIANCE WIT...](#)

Affidavit\_of\_Compliance\_with\_Anti-Human\_Trafficking\_Laws\_-\_EDJ\_Service\_LLC.pdf

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

## 9. CERTIFICATION PURSUANT TO FLORIDA STATUTE § 287.135

CERTIFICATION PURSUANT TO FLORIDA STATUTE § 287.135\*

*Pass*

By checking the box below, the Contractor certifies that the company is not participating in a boycott of Israel. Contractor must also certify that Contractor is not on the Scrutinized Companies that Boycott Israel list, not on the Scrutinized Companies with Activities in Sudan List, and not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or been engaged in business operations in Cuba or Syria. Contractor must submit the certification that is attached to this agreement. Submitting a false certification shall be deemed a material breach of contract. The Town shall provide notice, in writing, to the Contractor of the Town's determination concerning the false certification. The Contractor shall have ninety (90) days following receipt of the notice to respond in writing and demonstrate that the determination of false certification was made in error. If the Contractor does not demonstrate that the Town's determination of false certification was made in error then the Town shall have the right to terminate the contract and seek civil remedies pursuant to Florida Statute § 287.135.

**By checking "Please Confirm" this will serve as an electronic Signature.**

Confirmed

***Please Note:*** Responses to this question may be publicly displayed after the due date has passed.

## 10. TOWN OF DAVIE CERTIFICATION REGARDING DEBARMENT

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS\*

*Pass*

The prospective Vendor certifies that it and its principals (subcontractors and suppliers):

- A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or involuntarily excluded by any Federal, State, County, City or Town or other government agency;

- B. Have not within a three (3) year period preceding this bid proposal been convicted of or had a civil judgment entered against it for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, City or Town or other local agency) transaction or contract; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- C. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State or local) within commission of any of the offenses enumerated in paragraph (A)(2) of this certification; and
- D. Have not within a three (3) year period preceding this bid proposal had one or more public contracts (Federal, State, City or Town or other agency) terminated for cause or default.

By checking "Yes" this will serve as an electronic Signature.

*Where the prospective vendor is unable to certify to any of the statements in this certification, an authorized signatory to this proposal shall complete, sign and attach a detailed explanation.*

Yes

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

## 11. E-VERIFY

E-VERIFY SYSTEM\*

Pass

- A. Vendor/Consultant/Contractor and any sub-contractors shall comply with Section 448.095, Fla. Stat., "Employment Eligibility," including registration and use of the E-Verify system to verify the work authorization status of employees. Failure to comply with Section 448.095, Fla. Stat. shall result in termination of the resulting Contract/Purchase Order, if awarded. Any challenge to termination under this provision must be filed in the Circuit Court no later than 20 calendar days after the date of termination. If the contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of 1 year after the date of termination. The Contractor shall be liable for any additional costs incurred by the Town as a result of the termination of this contract.

- A. Vendor/Consultant acknowledges and agrees to utilize the U.S. Department of Homeland Security’s E-Verify System to verify the employment eligibility of: (a) all persons employed by Vendor/Consultant to perform employment duties within Florida during the term of the contract; and (b) all persons (including SUBCONTRACTORS/SUBVENDORS) assigned by Vendor/Consultant to perform work pursuant to the contract with the Department. The Vendor/Consultant acknowledges and agrees that use of the U.S. Department of Homeland Security’s E-Verify System during the term of the contract is a condition of the contract with the Town of Davie.

**By checking “Please Confirm,” the Contractor is in compliance with Section 448.095, Fla.Stat. and hereby declares under penalty of perjury that the foregoing is true and correct. By checking “Please Confirm” this will serve as an electronic Signature.**

Confirmed

***Please Note:*** Responses to this question may be publicly displayed after the due date has passed.

## 12. CONFLICT OF INTEREST

What Defines A Conflict Of Interest According To The Town:

- A. An officer, director, employee, agent, or other consultant of the Town or a member of the immediate family or household of the aforesaid has directly or indirectly received or been promised any form of benefit, payment or compensation, whether tangible or intangible, in connection with a grant of the Agreement with the Town or its Departments.
- B. There are undisclosed persons or entities interested with the Contractor in the Agreement. The Agreement is entered into by the Contractor with a connection with another entity or person making a proposal for the same purpose, and possibly with collusion, fraud or conflict of interest. Elected or appointed officer(s) or official(s), director(s), employee(s), agent(s) or other consultant(s) of the Town, or of the State of Florida (including elected and appointed members of the legislative and executive branches of government), or member of the immediate family or household of any of the aforesaid:
1. Is interested on behalf of or through the Contractor directly or indirectly in any manner whatsoever in the execution or the performance of the Agreement, or in the services, supplies or work, to which the Agreement relates or in any portion of the revenues; or

2. Is an employee, agent, advisor, or consultant to the Contractor or to the best of the Contractor's knowledge, any subcontractor or supplier to the Contractor.

VENDOR SHALL DISCLOSE BELOW, TO THE BEST OF HIS OR HER KNOWLEDGE, ANY TOWN OF DAVIE OFFICER OR EMPLOYEE, OR ANY RELATIVE OF ANY SUCH OFFICER OR EMPLOYEE AS DEFINED ABOVE AND IN SECTION 112.3135, FLORIDA STATUTES, WHO IS AN OFFICER, PARTNER, DIRECTOR OR PROPRIETOR OF, OR HAS A MATERIAL INTEREST IN THE VENDOR'S BUSINESS OR ITS PARENT COMPANY, ANY SUBSIDIARY, OR AFFILIATED COMPANY, WHETHER SUCH TOWN OFFICIAL OR EMPLOYEE IS IN A POSITION TO INFLUENCE THIS PROCUREMENT OR NOT.

**Please indicate below if there is a Conflict of Interest. Please select "Yes," or "No."**

PLEASE INDICATE IF THERE IS A CONFLICT OF INTEREST\*

*Pass*

No

***Please Note:*** Responses to this question may be publicly displayed after the due date has passed.

### 13. LICENSES AND/OR CERTIFICATIONS

LICENSES AND/OR CERTIFICATIONS (IF APPLICABLE)

*Pass*

Please attached applicable licenses and certifications for this specific solicitation as listed below:

1. Florida Certified Commercial Turf and Ornamental Pesticide Applicator License
2. ISA Arborist Certification
3. FDOT Approved Intermediate Maintenance of Traffic (MOT) Certification or higher

Blaha,\_Richard\_-\_ISA\_License\_-\_FL-6654A\_-\_Exp.\_12.31.26.pdf

Blaha,\_Richard\_-\_MOT\_Advanced\_(Card)\_-\_exp\_02.14.29.pdf

JKA\_Pest\_Control\_-\_BUSINESS\_LICENSE\_2025-2026.pdf

*Please Note: Responses to this question may be publicly displayed after the due date has passed.*

#### **14. PROPOSED SUBCONTRACTORS (S) INFORMATION**

PROVIDE THE LICENSES FOR ALL PROPOSED SUBCONTRACTORS AND THE SUBCONTRACTORS' KEY PERSONNEL THAT WILL BE USED IN THE COMPLETION OF THIS PROJECT.

*Pass*

Upload all licenses and key personnel information for proposed subcontractors.

JKA\_Pest\_Control\_-\_BROWARD\_COUNTY\_LICENSE\_2025-2026.pdf

JKA\_Pest\_Control\_-\_BUSINESS\_LICENSE\_2025-2026.pdf

#### **15. Business information**

NUMBER OF PERSONNEL EMPLOYED\*

*Pass*

Enter the number of employees employed by your company.

32

INVENTORY OF EXISTING EQUIPMENT\*

*Pass*

Upload a current list of existing equipment used by your business.

EDJ\_Service\_LLC\_-\_Equipment\_List.pdf

#### **16. PROOF OF INSURANCE**

PLEASE UPLOAD PROOF OF INSURANCE\*

*Pass*

Please attach proof of insurance (insurance certificate)

Certificate\_of\_Insurance(s)\_-\_EDJ\_Service\_LLC.pdf

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

## 17. BUSINESS REGISTRATION

STATE OF FL SUNBIZ OR STATE REGISTRATION (IF NOT REQUIRED TO HAVE STATE OF FL SUNBIZ)\*

Pass

Please upload current State of FL Sunbiz **OR** State Registration (if not required to have State of FL Sunbiz). Please reference the attached document as an example.

- [Sunbiz Search Example.pdf](#)

Sunbiz\_-\_EDJ\_Service\_LLC\_-\_03.04.26.pdf

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

## 18. W9

IS YOUR FEDERAL TAX CLASSIFICATION INDIVIDUAL/SOLE PROPRIETOR?\*

Pass

No

IF NO, PLEASE UPLOAD W9\*

Pass

Please upload W9.

EDJ\_Service\_LLC\_-\_W9\_-\_2026.pdf

## 19. EXCEPTIONS

### EXCEPTIONS

If bidder takes exception to any part of this solicitation, please upload a document with listed exceptions.

No response submitted

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

## 20. BID ACKNOWLEDGEMENT

### BID ACKNOWLEDGEMENT\*

Pass

This bid submission shall be considered an offer on the part of the bidder. By submitting this bid, you are affirming that you have read and understood the terms, conditions, and information included within this solicitation. That all the information provided is true and accurate. That the business associated with this solicitation has not been debarred, convicted of a public entity crime, and does not have a conflict of interest in any manner as described herein. That you have the proper authority to submit this bid and the ability to bind this business entity to the terms and conditions herein. I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.

**By checking "Please Confirm" this will serve as an electronic Signature.**

Confirmed

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

## 21. SOURCE OF INFORMATION SURVEY

HOW DID YOU FIND OUT ABOUT THIS SOLICITATION? CHECK ALL THAT APPLY:\*

Pass

**Please note:** This information is used for internal Procurement purposes only.

<https://procurement.opengov.com/portal/davie-fl>

E-mail

**PRICE TABLES**

**LAWN MAINTENANCE**

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
1	Davie Road Corridor and SW 43rd Street (Also includes the side streets as indicated along with the planter areas as specified in this ITB. )	52	week	\$1,626.29	\$84,567.08
2	CRA owned vacant lot located at the corner of Davie Road and Orange Drive	26	week	\$27.24	\$708.24
5	CRA owned vacant parcel located off of SW 63rd Street and SW 43rd Street	26	week	\$23.68	\$615.68
6	CRA owned parking lot known as the SW 41 Place Parking Lot.	52	week	\$69.02	\$3,589.04
<b>TOTAL</b>					<b>\$89,480.04</b>

**OPTIONAL SERVICES MENU - AS NEEDED SERVICES DURING THE COURSE OF THE CONTRACT**

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
7	Additional mulch (3" of mulch installed per square foot)	1	ea	\$0.47	\$0.47
8	Additional fertilization of tree (1)	1	ea	\$8.00	\$8.00
9	Additional fertilization of palms (1)	1	ea	\$8.00	\$8.00

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
10	Additional tree trimming if needed per Oak (small)	1	ea	\$75.00	\$75.00
11	Additional tree trimming if needed per Oak (medium)	1	ea	\$105.00	\$105.00
12	Additional tree trimming if needed per Oak (large)	1	ea	\$185.00	\$185.00
13	Additional one time weekly service of area	1	ea	\$299.25	\$299.25
14	Hourly man hour cost for additional miscellaneous services (Example... dead plant or debris removal, maintenance of street furniture, etc.)	1	per hour	\$39.85	\$39.85
<b>TOTAL</b>					<b>\$720.57</b>




Town of Davie  
 10000 W. 11th Street  
 Davie, FL 33328  
 Phone: (954) 791-4167  
 Fax: (954) 791-4168  
 Website: www.townofdavie.com

841 \*\*\*\*\*SNGLP 1



Town of Davie  
 10000 W. 11th Street  
 Davie, FL 33328  
 Phone: (954) 791-4167  
 Fax: (954) 791-4168  
 Website: www.townofdavie.com

	<h2>TOWN OF DAVIE</h2> <p><b>Business Tax Receipt</b>          Effective Date: <b>10/1/2025</b>          Expiration Date: <b>9/30/2026</b></p>	<p><b>License Number</b></p> <p><b>40486</b></p>
<p>DBA Name:</p> <p>Business Name: <b>EDJ SERVICE</b></p> <p>Address: <b>4861 SW 106 AVE</b></p> <p>City, ST, Zip: <b>DAVIE, FL 33328</b></p>		<p>Business Phone: <b>(954) 791-4167</b>          Square Footage:</p>
<p><b>License Type: Gardeners Lawn/Landscape/Master</b></p>		
<p><b>CERTIFICATE OF USE</b></p>		
<p>*The Business Tax Receipt is an acknowledgment that a Business Tax has been paid pursuant to Sec. 13-17 of the Town Code. Please contact the Towns Business Tax Receipt Division if the business has ceased, moved or changed ownership.</p> <p>**The Certificate of Use is an acknowledgment that the business was determined to have met the requirements of Sec. 12-382 of the Town Code. If blank, Certificate of Use details are on file with Business Tax Receipts Division.</p>		





# AFFIDAVIT COMPLIANCE WITH FOREIGN ENTITY LAWS

The undersigned, on behalf of the entity 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, a 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 Entity.

Date: March 20<sup>th</sup>, 2026

Signed: *Evelyn R. Pagni*

Entity: EDJ SERVICE LLC

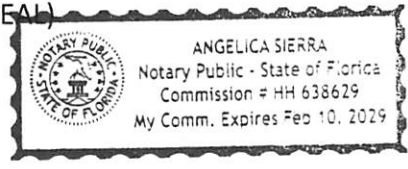
Name: EVELYN R. PAGNI

Title: President

STATE OF FLORIDA  
COUNTY OF Broward

Sworn to and subscribed before me by means of  physical presence or  online notarization, this 20<sup>th</sup> day of March, 2026, by Evelyn Pagni.

(NOTARY SEAL)



Angelica Sierra

Signature of Notary Public-State of Florida  
Angelica Sierra  
(Name of Notary Typed, Printed, or Stamped)

Personally Known \_\_\_\_\_ OR Produced Identification

Type of Identification Produced FL DL



# AFFIDAVIT OF COMPLIANCE WITH ANTI-HUMAN TRAFFICKING LAWS

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

In accordance with section 787.06 (13), Florida Statutes, the undersigned, on behalf of the entity listed below ("Entity"), hereby attests under penalty of perjury that:

- 1. Entity does not use coercion for labor or services as defined in Section 787.06, Florida Statutes, entitled "Human Trafficking".

The undersigned is authorized to execute this affidavit on behalf of the Entity

Date: March 20<sup>th</sup>, 20 26

Signed: *Evelyn R. Pagni*

Entity: EDJ SERVICE LLC

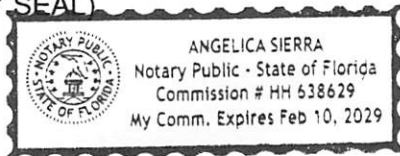
Name: Evelyn R. Pagni

Title: President

STATE OF FLORIDA  
COUNTY OF Broward

Sworn to and subscribed before me by means of  physical presence or  online notarization, this 20<sup>th</sup> day of March, 2026, by \_\_\_\_\_.

(NOTARY SEAL)



*Angelica Sierra*

Signature of Notary Public-State of Florida

Angelica Sierra  
(Name of Notary Typed, Printed, or Stamped)

Personally Known \_\_\_\_\_ OR Produced Identification

Type of Identification Produced FL DL

# The International Society of Arboriculture

Hereby Announces That

*Richard Eron Blaha*

Has Earned the Credential

ISA Certified Arborist®

By successfully meeting ISA Certified Arborist certification requirements through demonstrated attainment of relevant competencies as supported by the ISA Credentialing Council

*Caitlyn Pollihan*

Caitlyn Pollihan  
CEO & Executive Director

11 September 2014

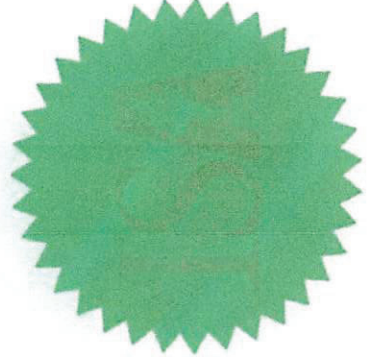
31 December 2026

FL-6654A

Issue Date

Expiration Date

Certification Number



ANSI National Accreditation Board

ACCREDITED

ISO/IEC 17024

PERSONNEL CERTIFICATION  
BODY

#0847

ISA Certified Arborist



RICHARD BLAHA

Certificate:

636121

Issued: 03/04/2025

Expires: 02/14/2029

Instructor: J O

Has Completed a FDOT Approved Temporary Traffic Control: Advanced Course.

Training Provider:

myTTOnline  
83 Geneva Dr. Ste. 621394  
Oviedo, FL 32762  
Ph: 407-901-0206

myTTonline

Verify this Certificate at [www.motadmin.com](http://www.motadmin.com).



*State of Florida*  
*Florida Department of Agriculture and Consumer Services*  
*Bureau of Licensing and Enforcement*

**PEST CONTROL BUSINESS LICENSE**

License Number: JB4784

**JKA PEST CONTROL**  
**1700 SW 59 AVE, PLANTATION, FL 33317**

**GHP, LAWN**

This is to certify that the Pest Control firm named above is licensed under the provisions of the Florida Pest Control Law, Chapter 482, Florida Statutes.

---

WILTON SIMPSON  
Commissioner of Agriculture

Issue Date: January 15, 2026

Expiration Date: November 30, 2026

# BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829

**VALID OCTOBER 1, 2025 THROUGH SEPTEMBER 30, 2026**

**Business Name:** JKA PEST CONTROL

**Receipt #:** 324C-229451  
**Business Type:** PEST CONTROL (PEST CONTROL)

**Owner Name:** JKA PEST CONTROL  
**Business Location:** 1700 SW 59 AVE  
PLANTATION

**Business Opened:** 11/24/2009  
**State/County/Cert/Reg:** JB4784  
**Exemption Code:**

**Business Phone:**

**Rooms**                      **Seats**                      **Employees**                      **Machines**                      **Professionals**

2

For Vending Business Only						
Number of Machines:			Vending Type:			
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
33.00	0.00	0.00	3.30	0.00	0.00	36.30

Receipt Fee

33.00

## THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

**THIS BECOMES A TAX RECEIPT**

**WHEN VALIDATED**

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

**Mailing Address:**

JKA PEST CONTROL  
1700 SW 59 AVE  
PLANTATION, FL 33317

**Receipt #** 05C-25-00000274  
**Paid** 10/21/2025 36.30

**2025 - 2026**



*State of Florida*  
*Florida Department of Agriculture and Consumer Services*  
*Bureau of Licensing and Enforcement*

**PEST CONTROL BUSINESS LICENSE**

License Number: JB4784

**JKA PEST CONTROL**  
**1700 SW 59 AVE, PLANTATION, FL 33317**

**GHP, LAWN**

This is to certify that the Pest Control firm named above is licensed under the provisions of the Florida Pest Control Law, Chapter 482, Florida Statutes.

---

WILTON SIMPSON  
Commissioner of Agriculture

Issue Date: January 15, 2026

Expiration Date: November 30, 2026



## EDJ Service, LLC - Equipment List

**Lawn Equipment Narrative:** Each enclosed trailer contains a combination of the following: Two to Three (2-3) Lawn Mowers, One (1) Ride-on or Push Blower, Five (5) Weedeaters, Five (5) Edgers, and Four to Five (4-5) Backpack Blowers. Each open trailer contains Two to Three (2-3) Lawn Mowers while the Gooseneck Trailer is used to transport the Tractor/Bushhog.

**Landscape Equipment Narrative:** Each enclosed trailer contains a combination of the following: hedge trimmers, pole saws, backpack sprayers, backpack blowers, loppers, hand pruners, rakes, trash cans, and ladders.

### Lawn and Landscape Trucks and Trailers:

2025 Chevrolet 4500 HD Crew Cab with 24' FT Enclosed Trailer  
2021 Dodge Ram 4500 with 24' FT Open Trailer  
2020 Izuzu NPR-4500 Dump Truck with 24' FT Enclosed Trailer  
2016 Izuzu NPR-4500 Dump Truck with 24' FT Enclosed Trailer  
2016 Izuzu NPR-4500 Dump Truck with 24' FT Enclosed Trailer  
2013 Izuzu NPR-4500 Dump Truck with 24' FT Enclosed Trailer  
2013 Dodge Ram 3500 Dually with Gooseneck Trailer (Tractor)  
2007 GMC 4500 Dump Truck with 24' FT Enclosed Trailer  
2007 GMC 4500 Dump Truck  
2006 GMC 4500 Dump Truck with 20' FT Enclosed Trailer  
2004 GMC 3500 Flat Bed Truck with 24' FT Open Trailer  
2003 Ford F-250 with 24' FT Open Trailer

### Lawn and Landscape Equipment:

2022 Kubota Tractor, Model M5-111HDC-1, with 15' Schulte Batwing Bushhog Deck  
Toro Groundsmaster 4000D Mowers  
Toro 7500-D Mowers  
Toro 4000 HDX Pro XL Mowers  
John Deere ZMaster Z950M (61" Deck) Mowers  
John Deere ZMaster Z930M (54" Deck) Mowers  
Wright Stander ZK 61" Mowers  
Ferris Ride-on Blowers  
Scag Ride-on Blowers  
Push Blowers  
Stihl BR600 Backpack Blowers  
Stihl FS240 Weedeaters  
Stihl FC91 Edgers  
Stihl Hedge Trimmers  
Stihl Backpack Sprayers  
Pole Saws  
Loppers  
Hand Pruners  
Arrow Boards  
DOT Approved Traffic Cones and Flags  
MOT Approved Traffic Signs  
Rakes  
Trash Cans  
Ladders



**EDJ Service LLC – Tree Division**

**Tree Services Trucks and Equipment:**

2026 Bandit XPC19 Chipper  
2024 John Deere Track Machine 331G  
2024 Bandit SG40 Stump Grinder  
2023 Bandit XPC19 Chipper  
2022 International 30 Cubic Yard Grapple Truck  
2020 Freightliner Bucket Truck  
2020 Peterbilt 337 Chip Truck  
2020 Peterbilt Chip Truck  
2018 Freightliner Bucket Truck  
2016 Freightliner Bucket Truck  
2012 ALTEC WC126A Chipper  
2008 Freightliner Chip Truck  
1999 Ford Chip Truck  
1999 Ford F800 Bucket Truck  
2006 Bandit 1390 Chipper  
2006 Bandit 1890 Chipper  
Rayco RG 1625 Super Jr. Stump Grinder  
Rayco RDX120DXH Stump Grinder  
New Holland LB75.B Loader Backhoe (i.e., Skid Steer)  
John Deere CT332 Skid Loader  
Boxer 700HDX Mini-Skid Steer  
STIHL Chain Saws, Pole Saws and Power Pruners  
STIHL Backpack Blowers  
Climbing Equipment (i.e., ropes, belts, etc.)  
MOT Arrow Boards  
DOT Approved Traffic Cones and Flags





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/24/2025

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).


<b>PRODUCER</b> BB Insurance Marketing Inc 10167 W Sunrise Blvd 3rd Floor Plantation FL 33322	<b>CONTACT NAME:</b> Certificate Department
	<b>PHONE (A/C, No, Ext):</b> 888-728-0817 <b>FAX (A/C, No):</b> 954-452-0450 <b>E-MAIL ADDRESS:</b> certificates@bbimi.com
<b>INSURED</b> EDJ Service LLC 4861 SW 106th Avenue Davie FL 33328	<b>INSURER(S) AFFORDING COVERAGE</b>
	<b>INSURER A:</b> Bridgefield Casualty Ins Co <b>NAIC #</b> 10335
	<b>INSURER B:</b>
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>

**COVERAGES**      **CERTIFICATE NUMBER:** 105106668      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	198-65422	1/1/2026	1/1/2027	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Limited Liability Company  
EDJ SERVICE LLC

### Filing Information

<b>Document Number</b>	L14000150404
<b>FEI/EIN Number</b>	59-2818923
<b>Date Filed</b>	09/24/2014
<b>Effective Date</b>	09/20/2014
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	LC AMENDMENT
<b>Event Date Filed</b>	06/02/2017
<b>Event Effective Date</b>	NONE

### Principal Address

4861 SW 106TH AVENUE  
DAVIE, FL 33328

### Mailing Address

1700 SW 68TH AVENUE  
PLANTATION, FL 33317

### Registered Agent Name & Address

PAGNI, EVELYN R  
1700 SW 68TH AVENUE  
PLANTATION, FL

### Authorized Person(s) Detail

#### **Name & Address**

Title MGRM

PAGNI, EVELYN R  
1700 SW 68TH AVENUE  
PLANTATION, FL 33317

Title Manager

Blaha, Richard Eron  
1520 NW 100 Way  
Plantation, FL 33322

Title Authorized Representative

Blaha, Darice Evelyn  
2707 NW 51st Place  
Tamarac, FL 33309

Title Authorized Representative

Pagni, James P. J.  
9510 Listow Terrace  
Boyton Beach, FL 33472

**Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2024	01/18/2024
2025	01/16/2025
2026	01/26/2026

**Document Images**

<a href="#">01/26/2026 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/16/2025 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/18/2024 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/23/2023 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/26/2022 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">03/08/2021 -- AMENDED ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/11/2021 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/13/2020 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/24/2019 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/16/2018 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">06/02/2017 -- LC Amendment</a>	View image in PDF format
<a href="#">02/17/2017 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">03/16/2016 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">10/06/2015 -- LC Amendment</a>	View image in PDF format
<a href="#">08/07/2015 -- CORLCSTCNC</a>	View image in PDF format
<a href="#">03/20/2015 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">09/24/2014 -- Florida Limited Liability</a>	View image in PDF format

## Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://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.) <p style="text-align: center; font-size: 1.2em;"><i>EDJ SERVICE LLC</i></p>	
	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 checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <i>S</i> <small>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.</small> <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) _____  <i>(Applies to accounts maintained outside the United States.)</i>
	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. <i>4861 SW 106 Ave.</i>	Requester's name and address (optional)
	6	City, state, and ZIP code <i>DAVIE, FL 33328</i>	
	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.

	<b>Social security number</b>								
	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> - <table border="1" style="width: 20%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table> - <table border="1" style="width: 20%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>								
	or								
	<b>Employer identification number</b>								
	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"><i>59</i></td> <td style="width: 25%;"><i>-</i></td> <td style="width: 25%;"><i>281</i></td> <td style="width: 25%;"><i>8923</i></td> </tr> </table>	<i>59</i>	<i>-</i>	<i>281</i>	<i>8923</i>				
<i>59</i>	<i>-</i>	<i>281</i>	<i>8923</i>						

**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.

<b>Sign Here</b>	Signature of U.S. person 	Date <i>01/14/2026</i>
------------------	------------------------------	---------------------------

**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](http://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.

**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