

**Valiant Waste Services LLC dba Junk Shot of Oviedo**  
(NAME OF COMPANY)

**CHECKLIST FOR A COMMERCIAL REFUSE LICENSE**

**The following is a list of documentation included in this package:**

- ☒ Application for commercial hauler license

**Service information to include the following data:**

- ☒ Area(s) of Orange County to be serviced
- ☒ Number of employees
- ☒ Number of commercial vehicles to be used in the business
- ☒ Truck numbers and tare weights of each vehicle
- ☒ Vehicle registration(s)

**Certificate of Insurance issued to Orange County showing:**

- ☒ Orange County shall be named as an additional insured & certificate holder on all liability policies.
- ☒ General Liability – in an amount not less than \$1,000,000 per occurrence
- ☒ Workers' Compensation as required by Florida Statue Chapter 440.
- ☒ Pollution Legal Liability including coverage for bodily injury and property damage as well as cleanup and defense costs with limits of not less than \$1,000,000 per loss.
- ☒ Vehicle Insurance – in an amount not less than \$1,000,000 per accident.

**Orange County Local Business Tax Receipt**

- ☒ Orange County Business Tax Receipt (formerly called Occupational License)

**License Fee:**

- ☒ \$ 25.00      3 or less employees
- ☐ \$200.00      4 to 10 employees
- ☐ \$350.00      11 or more employees

# APPLICATION FOR COMMERCIAL REFUSE LICENSE COUNTY OF ORANGE, FLORIDA

## Please Check the Services Your Company Provides:

- ☒ Multifamily - Collection of solid waste from residential dwellings and mobile home parks not under the franchise system.
- ☒ Construction & Demolition - Collection of Construction and Demolition debris only.
- ☒ Other Commercial - Collection and/or processing of solid waste from commercial generators not covered under (1) or (2) above.

UNDER THE PROVISIONS of Orange County's Code of Ordinances, Chapter 32 Solid Waste, Article IV Collection and Disposal and all regulations related thereto, the following information is required.

COMPANY NAME: Valiant Waste Services, LLC  
(Please Include FULL legal name, including LLC, Inc etc)

TRADE / D.B.A. NAME: Junk Shot of Oviedo

MAILING ADDRESS: 3564 Avalon Park Blvd. E (#194 mailbox)  
Orlando, FL 32828

OFFICE PHONE NUMBER: 407-691-1814 Fax Number: 407-904-9247

COMPANY WEBSITE: www.junkshotapp.com/oviedo/

CONTACT NAME(S): Raymond Fields

CONTACT PHONE: 407-691-1814

E-MAIL ADDRESS: Raymond.Fields@acceleratedwaste.com

(Additional Commercial Hauler License Contacts / Email Addresses listed here or on a separate sheet)

EMERGENCY NUMBER: 407-691-1993

NUMBER OF EMPLOYEES: 3

LOCATION OF EQUIPMENT:

ADDRESS: 10053 Lake Underhill Rd

CITY / STATE / ZIP: Orlando, FL 32825

HOURS OF OPERATION: 8 AM to 5 PM

DAYS OF OPERATION: Monday thru Saturday

# APPLICATION FOR COMMERCIAL REFUSE LICENSE

## COUNTY OF ORANGE, FLORIDA

If a joint venture or partnership, list the names of all partners and their permanent addresses. If a corporation, list the names and permanent address of corporate officers, and their percentage of participation in the space below; if more space is required, attach a separate sheet.

	Name	Office Held	Permanent Address	% Owned
a.	Raymond Fields	Owner	3363 Morelyn Crest Cir Orlando, FL 32828	100%
b.				
c.				
d.				
e.				

I certify that the aforesaid company is capable of rendering adequate commercial refuse collection service in accordance with the provisions of the County's Code of Ordinances, Chapter 32 Solid Waste, Article IV Collection and Disposal and all regulations related thereto.

YES ☒ NO ☐

I certify that the aforesaid company owns or has under its control, in good mechanical repair and condition, sufficient equipment to adequately conduct the business of commercial refuse collection and all such equipment meets the requirements of the County's Code of Ordinances, Chapter 32 Solid Waste, Article IV Collection and Disposal and all regulations related thereto.

YES ☒ NO ☐

I have read, understand and am willing to comply with the provisions of the County's Solid Waste Collection and Disposal Ordinance and all applicable rules and regulations.

Raymond Fields 5/20/2025  
Signature of Authorized Representative Date

Owner  
Title

Home Address 3363 Morelyn Crest Circle

City / State / Zip Orlando, FL 32828



NAME OF COMPANY

## SERVICE INFORMATION

Please complete the following and return with the application:

- ♦ Area(s) of Orange County you plan on servicing:

Orlando, East Orange County, Apopka,  
Winter Park, Maitland, Alafaya, Bithlo, Christmas,  
Azalea Park

- ◆ Number of employees: 3

- ◆ Number of commercial vehicles to be used in the business: 2

- ♦ Truck numbers, tag numbers and tare weights of each vehicle:

[illegible]

APPLICATION FOR COMMERCIAL REFUSE LICENSE  
COUNTY OF ORANGE, FLORIDA

AFFIDAVIT

(to be attested before a Notary Public or other  
officer authorized to administer oaths)

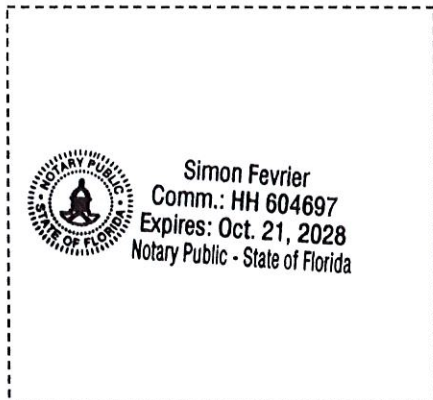
STATE OF Florida

COUNTY OF Orange

Personally appeared before me, an officer duly qualified to administer an oath in the City of  
Orlando, State of Florida, known to me to be the person  
herein described and subscribing hereto, and on oath deposes and says that the  
statements made are true and correct.

Signature of Applicant [Signature]

Sworn to and subscribed before me, this 16<sup>th</sup> day of May, 20 25



Notary Seal Above

[Signature]

(Notary Public)

My Commission Expires: 10/21/2028

# INSTRUCTIONS FOR ATTACHING DECAL

1. Clean area where new annual decal is to be affixed.
2. Peel decal from this document.
3. Affix decal in the upper right corner of license plate.

## IMPORTANT INFORMATION

Section 316.613, Florida Statutes, requires every operator of a motor vehicle transporting a child in a passenger car, van, automobile or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide the protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat. For children aged 4 through 5 years, a separate carrier, an integrated child seat, or a child booster seat may be used. For limited exceptions, see s. 316.613, F.S.

S. 320.0605, F.S., requires the registration certificate, or true copy of a rental or lease agreement, issued for any motor vehicle to be in the possession of the operator or carried in the vehicle while the vehicle is being used or operated on roads of this state.

S. 320.02 and 627.733, F.S., requires personal injury protection and property damage liability to be continuously maintained throughout the registration period. Failure to maintain the mandatory coverage may result in the suspension of your driver license and registration.

Mail To:  
VALLANT WASTE SERVICES LLC  
3564 AVALON PARK EAST BLVD STE 194  
ORLANDO, FL 32828

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: DHSMV, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

## FLORIDA VEHICLE REGISTRATION

PLATE AR69TR DECAL 18247382 Expires Midnight Wed 12/31/2025

CO/AGY 7 / 20 T# 2041990819

B# 4804488

YR/MK	2023/ISU	BODY	TK	COLOR	WHI	Reg. Tax	137.10	Class Code	41
VIN	54DC4W1D5PS208360	NET WT	5696	TITLE	149405994	Init. Reg.	Tax Months	12	
Plate Type	RGS			GVW	14500	County Fee	3.00	Back Tax Mos	0
						Mail Fee	0.95	Credit Class	0
DL/FEID						Sales Tax		Credit Months	0
Date Issued	11/11/2024	Plate Issued	1/26/2023			Voluntary Fees			
						Grand Total	141.05		

VALLANT WASTE SERVICES LLC  
3564 AVALON PARK EAST BLVD STE 194  
ORLANDO, FL 32828

## IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 30 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.
5. I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration.

RGS - SUNSHINE STATE

Florida Department of Highway Safety and Motor Vehicles

Home (<https://www.flhsmv.gov/>) | Español (/MVCheckWeb/es/Home/Check) | Driver License (<https://www.flhsmv.gov/html/dlnew.html>) | Vehicle Tags and Titles (<https://www.flhsmv.gov/html/titlinf.html>) | Florida Highway Patrol (<https://www.flhsmv.gov/florida-highway-patrol/about-fhp/>) | Jobs (<https://jobs.myflorida.com/go/Department-of-Highway-Safety-and-Motor-Vehicles/2815600/>) | Contact Us (<https://www.flhsmv.gov/contact-us/>) | Forms (<https://www.flhsmv.gov/resources/forms/>) | Office Locations (<https://www.flhsmv.gov/resources/locations/>)

English

FLHSMV

FLORIDA HIGHWAY SAFETY AND MOTOR VEHICLES

TRK #1

Home (<https://www.flhsmv.gov/>) > Motor Vehicle Check Detail Information

There is a crash associated with this vehicle. To purchase a copy of the crash report, click here (<https://services.flhsmv.gov/CrashReportPurchasing/>) or contact the reporting agency.

Vehicle Information

Identification Number: 54DC4W1D5PS208360	Vehicle Type: TRUCK
Year: 2023	Make: ISUZU
Color: WHITE	Registration Expiration Date: 12/31/2025
Title Number: 149405994	Previous Title State: FLORIDA
Title Status: ACTIVE	Title Type: ELECTRONIC TITLE WITH ELECTRONIC LIEN
Title Issue Date: 01/26/2023	Title Print Date: 01/16/2023
	Salvage:
Odometer Reading: 85	Previous Odometer Reading:
Odometer Date: 01/04/2023	Previous Odometer Date:
Odometer Status: ACTUAL MILEAGE	Previous Odometer Status:
Total Number of Owners: 1 Owner	Net Weight: 5696

Lien Information

Name	Address	Lien Date	Received by FLHSMV
MITSUBISHI HC CAPITAL AMERICA	800 CONNECTICUT AVE NORWALK, CT 06854	12/29/2022	01/26/2023

Brand Information

There are no brands associated with this vehicle.

Stop Information

There are no stops associated with this vehicle.

Crash Information

Crash records are available for the previous 10 years. If no crash record is located, it does not indicate the absence of a crash.

Crash Date	Reporting Agency	Report Number
05/03/2023	FHPD	89643497



Florida Department of Highway Safety and Motor Vehicles

Home (<https://www.flhsmv.gov/>) | Español (/MVCheckWeb/es/Home/Check) | Driver License (<https://www.flhsmv.gov/html/dlnew.html>) | Vehicle Tags and Titles (<https://www.flhsmv.gov/html/titlinf.html>) | Florida Highway Patrol (<https://www.flhsmv.gov/florida-highway-patrol/about-fhp/>) | Jobs (<https://jobs.myflorida.com/go/Department-of-Highway-Safety-and-Motor-Vehicles/2815600/>) | Contact Us (<https://www.flhsmv.gov/contact-us/>) | Forms (<https://www.flhsmv.gov/resources/forms/>) | Office Locations (<https://www.flhsmv.gov/resources/locations/>)

English

FLHSMV

FLORIDA HIGHWAY SAFETY AND MOTOR VEHICLES

TRK #2

Home (<https://www.flhsmv.gov/>) > Motor Vehicle Check Detail Information

Vehicle Information

Identification Number: 54DC4W1D1RS200114	Vehicle Type: TRUCK
Year: 2024	Make: ISUZU
Color: GREEN	Registration Expiration Date: 12/31/2025
Title Number: 151810928	Previous Title State: FLORIDA
Title Status: ACTIVE	Title Type: ELECTRONIC TITLE WITH ELECTRONIC LIEN
Title Issue Date: 08/28/2023	Title Print Date: 08/18/2023
	Salvage:
Odometer Reading: 10	Previous Odometer Reading: 4
Odometer Date: 07/13/2023	Previous Odometer Date: 07/12/2023
Odometer Status: ACTUAL MILEAGE	Previous Odometer Status: ACTUAL MILEAGE
Total Number of Owners: 1 Owner	Net Weight: 7000

Lien Information

Name	Address	Lien Date	Received by FLHSMV
MITSUBISHI HC CAPITAL AMERICA	800 CONNECTICUT AVE, 4TH FLOOR N NORWALK, CT 06854	07/13/2023	08/28/2023

Brand Information

There are no brands associated with this vehicle.

Stop Information

There are no stops associated with this vehicle.

Crash Information

Crash records are available for the previous 10 years. If no crash record is located, it does not indicate the absence of a crash.  
There are no crashes associated with this vehicle.

If any of the information on this record needs to be corrected, please contact a Florida driver license and motor vehicle service center and/or tax collector office (<https://www.flhsmv.gov/locations/>).

Back    New Search



**Tax Collector Scott Randolph****Local Business Tax Receipt****Orange County, Florida****2025****EXPIRES****SEPTEMBER 30, 2025**

3100-1237513

3100 WASTE/JUNK REMOVAL \$30.00

3 EMPLOYEE(S)

TOTAL TAX \$ 37.50  
PREVIOUSLY PAID \$ 37.50  
TOTAL DUE \$ 0.00

FIELDS RAYMOND C

3363 MORELYN CREST CIR - Mobile  
U - ORLANDO - 32828

VALIANT WASTE SERVICES LLC  
FIELDS RAYMOND C  
3564 AVALON PARK EAST BLVD STE  
1#194  
ORLANDO, FL 32828

Paid 37.50

03/06/2023

**Tax Collector Scott Randolph****Local Business Tax Receipt****Orange County, Florida**

This local Business Tax Receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. **Delinquent penalty is added October 1.**

**2025****EXPIRES****SEPTEMBER 30, 2025**

3100-1237513

3100 WASTE/JUNK REMOVAL \$30.00

3 EMPLOYEE(S)

TOTAL TAX \$ 37.50  
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TOTAL DUE \$ 0.00



FIELDS RAYMOND C

3363 MORELYN CREST CIR - Mobile  
U - ORLANDO - 32828

VALIANT WASTE SERVICES LLC  
FIELDS RAYMOND C  
3564 AVALON PARK EAST BLVD STE  
1#194  
ORLANDO, FL 32828

Paid \$ 37.50

03/06/2023

This receipt is official when validated by the Tax Collector.

Orange County Code requires this local Business Tax Receipt to be displayed conspicuously at the place of business in public view. It is subject to inspection by all duly authorized officers of the County.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/14/2025

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> Professional Insurance Services 13907 Carrollwood Village Run Tampa FL 33618		<b>CONTACT</b> NAME: Kenna Symulevich PHONE (A/C, No, Ext): 813-963-6701 E-MAIL ADDRESS: kenna@proinsuranceflorida.com FAX (A/C, No): 813-356-0951	
License#: L006940 VALIWA-01		<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Valiant Waste Services LLC 3363 Morelyn Crest Cir Orlando FL 32828		<b>NAIC #</b> 14167	
		<b>INSURER A:</b> GuideOne National Insurance	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 1102440390

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		ENV562015075-01	10/31/2024	10/31/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 Pollution per Occurr \$1,000,000
	<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 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Orange County Florida, c/o Solid Waste Division is named as additional insured on liability policies when required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**Orange County Florida, c/o Solid Waste Division  
5901 Young Pine Rd.  
Orlando FL 32829

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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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **PRIMARY/NON-CONTRIBUTORY COVERAGE**

This endorsement modifies insurance provided under the following:

### **CONTRACTORS POLLUTION LIABILITY COVERAGE PART**

**PRIMARY/NON-CONTRIBUTORY** – If required by written contract or agreement, effected prior to the date your operations for that person or organization commenced and named below, such insurance as is afforded by this policy to any additional insureds under this policy shall be primary insurance, and any insurance or self-insurance maintained by such additional insured(s) shall not contribute to the insurance afforded to the named insured.

All other terms and conditions remain unchanged.

### **SCHEDULE**

Any person or organization that is:

1. An owner of real or personal property on which you are performing operations, but only at the specific written request by that person or organization to you, and only if:
  - a. That request is made prior to the date your operations for that person or organization commenced; and
  - b. A Certificate of Insurance evidencing that request has been issued by your authorized insurance agent or broker; or
2. A contractor on whose behalf you are performing operations, but only at the specific written request by that person or organization to you, and only if:
  - a. That request is made prior to the date your operations for that person or organization commenced; and
  - b. A Certificate of Insurance evidencing that request has been issued by your authorized insurance agent or broker.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/27/2025

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> Foundation Risk Partners, Corp. dba COMP360 170 Fitzgerald Road, Ste 2 Lakeland FL 33813	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): <b>E-MAIL ADDRESS:</b>	<b>FAX</b> (A/C, No):
<b>INSURED</b> Valiant Waste Services LLC 3363 Morelyn Crest Circle Orlando FL 32828	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Progressive Express Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	<b>NAIC #</b> 10193
License#: L100460 VALIWAS-01		

**COVERAGES****CERTIFICATE NUMBER:** 1608590717**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 CERTIFICATION 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	ADD'L SUBR INSD 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 \$ \$ \$ \$ \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	977673793	2/20/2025	2/20/2026	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 <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE AGGREGATE \$ \$ \$
	<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 <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT \$ \$ \$

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

Orange County Florida C/O Solid Waste Division  
5901 Young Pine Rd  
Orlando FL 32829

**CERTIFICATE HOLDER****CANCELLATION**

Orange County Florida C/O Solid Waste Division  
5901 Young Pine Rd  
Orlando FL 32829

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

© 1988-2015 ACORD CORPORATION. All rights reserved.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/21/2025

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<b>PRODUCER</b> Lockton Companies for CoAdvantage 444 West 47th Street #900 Kansas City, MO 64112	<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): (866) 854-5423 E-MAIL: coi@coadvantage.com FAX (A/C, No): ADDRESS: <b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: American Zurich Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: NAIC # 40142
<b>INSURED</b> CoAdvantage Corporation Alt. Emp: Valiant Waste Services LLC dba: Junk Shot of Oviedo 101 Riverfront Blvd Suite 300 Bradenton, FL 34205	

## COVERAGES

CERTIFICATE NUMBER: 25FL0901215453

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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 \$ \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <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) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WC 56-11-942-11	04/01/2025	04/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
			Location Coverage Period:	04/01/2025	04/01/2026	Client# 613258-FL

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

Coverage is provided for only those co-employees of, but not subcontractors to:  
Valiant Waste Services LLC dba: Junk Shot of Oviedo  
10053 Lake Underhill Rd  
Orlando, FL 32825

## CERTIFICATE HOLDER

Orange County Florida, C/O Solid Waste Division  
5901 Young Pine Rd.  
Orlando, FL 32829

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Joseph M. Amello*



UTILITIES DEPARTMENT • SOLID WASTE DIVISION

5901 Young Pine Road • Orlando, Florida 32829

Telephone 407-836-6601 • Fax 407-836-6658

EMAILED

Greetings:

Enclosed is an application for an Orange County Commercial Refuse License. After the Solid Waste Division receives the completed application and requested documentation, the normal processing time is 6-8 weeks or longer. You will be notified when your license has been approved.

Section 32-177 of the Orange County Code states that "It is unlawful for any person to collect or transport solid waste for hire or for remuneration or other consideration in any form without first being granted a commercial license."

In compliance with the existing requirements of the Orange County Code Chapter 32, the following documentation must be completed and submitted:

- ☒ Completed application
- ☒ Vehicle registration(s)
- ☒ Updated copy of your Orange County Business Tax Receipt (*formerly Occupational License*).

Certificate of Insurance with:

- ☒ General Liability Insurance - \$1,000,000 per occurrence/ \$2,000,000 aggregate
- ☒ Business Vehicle Insurance – in an amount not less than \$1,000,000 per accident
- ☒ Workers Compensation as required by Florida Statute Chapter 440
- ☒ Pollution Legal Liability (also referred to as Commercial Auto CA 9948) with limits of not less than \$1,000,000 per loss
- ☒ Description of Operations must state the following –  
Orange County is named as additional insured on liability policies
- ☒ Certificate Holder must state the following –  
Orange County Florida, C/O Solid Waste Division, 5901 Young Pine Rd.,  
Orlando, FL 32829
- ☒ Check made payable to Orange County Solid Waste, based on your total number of employees. The annual license fees are as follows:

\$ 25.00 – 3 or less employees  
\$200.00 – 4 to 10 employees  
\$350.00 – 11 or more employees



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## Detail by Entity Name

Florida Limited Liability Company  
VALIANT WASTE SERVICES LLC

### Filing Information

**Document Number** L22000372259  
**FEI/EIN Number** 88-3977699  
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**Last Event** LC AMENDMENT  
**Event Date Filed** 06/27/2023  
**Event Effective Date** NONE

### Principal Address

3564 AVALON PARK EAST BLVD, STE 1 #194  
ORLANDO, FL 32828

### Mailing Address

3564 AVALON PARK EAST BLVD, STE 1 #194  
ORLANDO, FL 32828

### Registered Agent Name & Address

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202

Address Changed: 02/18/2023

### Authorized Person(s) Detail

#### **Name & Address**

Title AMBR

FIELDS, RAYMOND C, SR.  
3564 AVALON PARK EAST BLVD, STE 1 #194  
ORLANDO, FL 32828

Title Authorized Representative

Deya, Fields  
3564 AVALON PARK EAST BLVD, STE 1 #194  
ORLANDO, FL 32828

Annual Reports

Report Year	Filed Date
2023	04/27/2023
2024	04/30/2024
2025	05/02/2025

Document Images

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<a href="#">08/24/2022 -- Florida Limited Liability</a>	<a href="#">View image in PDF format</a>