



Orange County Government

Orange County
Administration Center
201 S Rosalind Ave.
Orlando, FL 32802-1393

Legislation Text

File #: 24-1474, **Version:** 1

Interoffice Memorandum

DATE: September 19, 2024

TO: Mayor Jerry L. Demings and County Commissioners

THROUGH: N/A

FROM: Ed Torres, M.S., P.E. LEED AP, Director, Utilities

CONTACT: David Gregory, Manager, Utilities

PHONE: 407-254-9622

DIVISION: Solid Waste Division

ACTION REQUESTED:

Approval of commercial refuse license for I4 Waste Valet & Recycling LLC to provide solid waste hauling services to commercial generators in Orange County for a five-year term. All Districts. (Solid Waste Division)

PROJECT: N/A

PURPOSE: The Solid Waste Division has received a commercial refuse license application from I4 Waste Valet & Recycling LLC to provide solid waste hauling services to multi-family, construction and demolition, and other commercial generators in Orange County.

Section 32-178 of the Orange County Code requires that the applicant

- Provide ownership information and corporate fictitious name
- Purchase and maintain required insurance
- Demonstrate the service capability of vehicles and equipment

Staff has reviewed the application and supporting documentation and determined that I4 Waste Valet & Recycling LLC meets the criteria stipulated in Section 32-178 of the Orange County Code. Staff recommends approval of the application and award of a license to provide commercial solid waste collection and transport service in unincorporated Orange County for a period of five years.

BUDGET: N/A

I4 Waste Valet & Recycling LLC
(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 Statute 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

- ☒ (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: i4 Waste Valet & Recycling "L.L.C."
(FULL name of company include LLC, Inc etc.)

TRADE / FIRM NAME OF COMPANY: _____

MAILING ADDRESS: 7802 Kingspointe Parkway Suite 209

CITY / STATE / ZIP CODE: Orlando, FL 32819

PHONE NUMBER: 321-370-1707 FAX: _____

CONTACT PERSON: Robenson Dorvil

E-MAIL ADDRESS: info@i4wastevallet.com

EMERGENCY PHONE NUMBER: 407-312-5008

NUMBER OF EMPLOYEES: 5

LOCATION OF EQUIPMENT: Office

ADDRESS: 7802 Kingspointe Parkway Suite 209

CITY / STATE / ZIP: Orlando, FL 32819

HOURS OF OPERATION: 9:00 AM - 4:30 PM

DAYS OF OPERATION: Mon - Fri

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.	Roberson Dorvil	Owner	7802 Kingspointe Way Suite 209 Orlando FL 32819	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.


Signature of Authorized Representative

5/23/2024
Date

Owner
Title

Home Address 5567 Pendleton Dr

City / State / Zip Orlando, FL 32819

**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 _____

Sworn to and subscribed before me, this 10th day of June, 2024



(Notary Public)

Marie C Sophia Saint Pierre

My Commission Expires: Jan. 4, 2027

i4 Waste Valt and Recycling

NAME OF COMPANY

SERVICE INFORMATION

Please complete the following and return with the application:

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

Orlando, Winter Park

- ♦ Number of employees: 5

- ♦ Number of commercial vehicles to be used in the business: 4

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

<u>TRUCK #</u>	<u>TAG #</u>	<u>TARE WEIGHT</u>
<u>Truck 1</u>	<u>ID43CC</u>	<u></u>
<u>Truck 6</u>	<u>IX85HY</u>	<u></u>
<u>Truck 8</u>	<u>75CKAL</u>	<u></u>
<u>Truck 5</u>	<u>IT13VH</u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>

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.



Mail To:

I4 WASTE VALET & RECYCLING LLC
7802 KINGSPONTE PKWY STE 209
ORLANDO, FL 32819-8579

IMPORTANT INFORMATION

Section 316.613, Florida Statutes, requires every operator of a motor vehicle transporting a child in a passenger car, van, autocycle 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.

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

CO/AGY 7 / 20

T# 1896315287

B# 4277291

PLATE **ID43CC** DECAL **19352664**

Expires **Midnight Tue 12/31/2024**

YR/MK **2003/CHEV** BODY **TK**
 VIN **1GBJ6J1C03F514616**
 Plate Type **RGR** NET WT **9656**

COLOR **WHI**
 TITLE **87558732**
 GVW **22000**

Reg. Tax	270.10	Class Code	4
Init. Reg.		Tax Months	1
County Fee	3.00	Back Tax Mos	
Mail Fee	0.90	Credit Class	
Sales Tax		Credit Months	
Voluntary Fees			
Grand Total	274.00		

DL/FEID *********
 Date Issued **12/11/2023** Plate Issued **8/30/2018**

I4 WASTE VALET & RECYCLING LLC
7802 KINGSPONTE PKWY STE 209
ORLANDO, FL 32819-8579

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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.

RGR - FLORIDA REGULAR

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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.

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FLORIDA VEHICLE REGISTRATION

CO/AGY 7 / 20

T# 1896316533
B# 4277399

PLATE IX85HY DECAL 19353050 Expires Midnight Tue 12/31/2024

YR/MK	2007/FORD	BODY	TK	COLOR	WHI	Reg. Tax	137.10	Class Code	41
VIN	1FDAF56P87EA65871			TITLE	100007787	Init. Reg.		Tax Months	12
Plate Type	RGR	NET WT	8668	GVW	14999	County Fee	3.00	Back Tax Mos	0
DL/FEID						Mail Fee	0.90	Credit Class	
Date Issued	12/11/2023	Plate Issued	4/30/2021			Sales Tax		Credit Months	0
						Voluntary Fees			
						Grand Total	141.00		

I4 WASTE VALET & RECYCLING LLC
7802 KINGSPONTE PKWY STE 209
ORLANDO, FL 32819-8579

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FLORIDA VEHICLE REGISTRATION

CO/AGY 7 / 7 T# 1990492923
 B# 2241961

PLATE **75CKAL** DECAL **21646612** Expires **Midnight Tue 12/31/2024**

YR/MK	2021/FORD	BODY	TK	COLOR	WHI	Reg. Tax	33.90	Class Code	41
VIN	1FDUF5HN7MED54390			TITLE	144268335	Init. Reg.		Tax Months	5
Plate Type	RGR	NET WT	12800	GVW	19500	County Fee	3.00	Back Tax Mos	
						Mail Fee		Credit Class	41
DL/FEID	[REDACTED]					Sales Tax		Credit Months	5
Date Issued	7/15/2024	Plate Issued	7/15/2024			Voluntary Fees			
						Grand Total	36.90		

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ORLANDO, FL 32819-8579

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RGR - FLORIDA REGULAR PLATE ISSUED X

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.**

2023**EXPIRES 9/30/2024**

3100-1246239

3100 VALET TRASH

\$20.00

17 EMPLOYEES

TOTAL TAX \$20.00
PREVIOUSLY PAID \$20.00
TOTAL DUE \$0.00

7802 KINGSPONTE PKWY #209
A - ORLANDO, 32819

PAID: \$20.00 0019-09824456 6/5/2024



DORVIL ROBENSON

I4 WASTE VALET & RECYCLING LLC
DORVIL ROBENSON
7802 KINGSPONTE PKWY #209
ORLANDO FL 32819

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.

octaxcol.com |    octaxcol

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FLORIDA VEHICLE REGISTRATION

CO/AGY 7 / 20

T# 1961580959

B# 4519496

PLATE **1T73VH** DECAL **01476034** Expires **Midnight Tue 6/30/2026**

YR/MK	2017/TOYT	BODY	PK	COLOR	RED	Reg. Tax	86.20	Class Code	31
VIN	5TFAX5GN7HX102641			TITLE	129648074	Init. Reg.		Tax Months	24
Plate Type	RGR	NET WT	3976			County Fee	6.00	Back Tax Mos	0
						Mail Fee	0.90	Credit Class	
DL/FEID	[REDACTED]					Sales Tax		Credit Months	0
Date Issued	5/9/2024	Plate Issued	10/19/2020			Voluntary Fees			
						Grand Total	93.10		

I4 WASTE VALET & RECYCLING LLC
7802 KINGSPONTE PKWY STE 209
ORLANDO, FL 32819-8579

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RGR - FLORIDA REGULAR



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/17/2024

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).

PRODUCER TROXELL 214 South Grand Ave West Springfield IL 62704		CONTACT NAME: Kathleen Ohl PHONE (A/C, No, Ext): (217) 528-7533 E-MAIL ADDRESS: kohl@troxellins.com FAX (A/C, No): (217) 528-1041	
INSURED I4 Waste Valet & Recycling, L.L.C. 7802 Kingspointe Pkwy Suite 209 Orlando FL 32819		INSURER(S) AFFORDING COVERAGE INSURER A: Cincinnati Specialty Underwriters Ins Co Inc INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** CL2422146131**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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CSU0224992	02/15/2024	02/15/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
	<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) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CSU0224993	02/15/2024	02/15/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	<input type="checkbox"/> 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						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 is additional insured in respects to the general liability, per written contract, subject to the terms and conditions of the policy.

CERTIFICATE HOLDER**CANCELLATION**Orange County Florida
C/O Solida 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)

08/27/2024

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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PRODUCER Lee R. Rogers Agency, Inc.- DBA Florida Insurance Group 11531 Lake Underhill Road Orlando, FL 32825 License #: A224521	CONTACT NAME: Ivis Marquez PHONE (A/C, No, Ext): 407-277-6000 E-MAIL: ivism@floridainsurance.com ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : WESTCHESTER SURPLUS LINES INSURANCE COMPANY INSURER B : Westchester Fire Insurance Company INSURER C : INSURER D : INSURER E : INSURER F : NAIC # 10030 10030
INSURED I4 WASTE VALET & RECYCLING LLC ROBENSON DORVIL 7802 Kingspointe Pkwy Ste 209 Orlando, FL 32819	

COVERAGES

CERTIFICATE NUMBER: 00017542-1016260

REVISION NUMBER: 2

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
	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"/> PROJECT <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 \$ OTHER:
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER:
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ OTHER:
	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						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	POLLUTION LIABILITY	Y	Y	G48723226 001	08/01/2024	08/01/2025	GENERAL AGG 1,000,000
B	POLLUTION LIABILITY			G48723226001	08/01/2024	08/01/2025	EACH POLLUTION 1,000,000

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

Orange County is named as additinal insured on Pollution Liability policies.

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

IVIS MARQUEZ

(IMM)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/17/2024

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 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).

PRODUCER LRA Insurance P.O. Box 948173 Maitland FL 32794	CONTACT NAME: Charles Oruaga PHONE (A/C, No, Ext): (407) 838-3445 FAX (A/C, No): (407) 838-3460 E-MAIL ADDRESS: COruaga@lrainsurance.com														
INSURED I4 Waste Valet & Recycling, LLC 7802 KingsPointe Pkwy Suite 209 Orlando FL 32839	<table border="1"><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: FUBA Workers' Comp</td><td></td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: FUBA Workers' Comp		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: FUBA Workers' Comp															
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** 24/25**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
	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 \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR 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 checked="" type="checkbox"/> Y	N/A	11134	6/22/2024	6/22/2025	<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)

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 John Lumbra/JBRADY
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Florida Limited Liability Company
I4 WASTE VALET & RECYCLING "L.L.C."

Filing Information

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Date Filed	09/05/2017
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Last Event	LC NAME CHANGE
Event Date Filed	01/16/2018
Event Effective Date	NONE

Principal Address

7802 Kingspointe Pkwy
Suite #209
Orlando, FL 32819

Changed: 01/26/2021

Mailing Address

7802 Kingspointe Pkwy
Suite #209
Orlando, FL 32819

Changed: 01/26/2021

Registered Agent Name & Address

DORVIL, ROBENSON
7802 Kingspointe Pkwy
Suite #209
Orlando, FL 32819

Address Changed: 01/26/2021

Authorized Person(s) Detail

Name & Address

Title President

Dorvil, Robenson
7802 Kingspointe Pkwy
Suite #209
Orlando, FL 32819

Annual Reports

Report Year	Filed Date
2022	04/20/2022
2023	01/10/2023
2024	03/25/2024

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Dorvil, Robenson
7802 Kingspointe Pkwy
Suite #209
Orlando, FL 32819

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Florida Department of State, Division of Corporations