

**Eagle Equipment Service 1 Corp**  
(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  
n/a 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: Eagle Equipment Service I Corp  
(Please Include FULL legal name, including LLC, Inc etc)

TRADE / D.B.A. NAME: \_\_\_\_\_

MAILING ADDRESS: 1824 Avenue A Kissimmee, FL 34758

OFFICE PHONE NUMBER: 407-201-4310 Fax Number: N/A

COMPANY WEBSITE: www.eagleequipmentservice.com

CONTACT NAME(S): Javier Berrios

CONTACT PHONE: 407-722-2366

E-MAIL ADDRESS: Javier@eagleequipmentservice.com

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

EMERGENCY NUMBER: 407-722-2366

NUMBER OF EMPLOYEES: 2

LOCATION OF EQUIPMENT:

ADDRESS: 1824 Avenue A

CITY / STATE / ZIP: Kissimmee, FL 34758

HOURS OF OPERATION: 7Am - 5pm

DAYS OF OPERATION: Monday - 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. _____			
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 9/19/25  
Date

CEO  
\_\_\_\_\_  
Title

Home Address 1924 Avenue A \_\_\_\_\_

City / State / Zip Kissimmee, Florida 33

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 Osceola

Personally appeared before me, an officer duly qualified to administer an oath in the City of Kissimmee, 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 19 day of September, 2025



Notary Seal Above

[Signature]  
(Notary Public)

My Commission Expires: 10/15/27



**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, 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.

Mail To:  
**EAGLE EQUIPMENT SERVICE 1 CORP**  
**1824 AVENUE A**  
**KISSIMMEE, FL 34758**

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.

CO/AGY 26 / 4 T# 2219751389  
 B# 1030042

**FLORIDA TRUCK/TRACTOR REGISTRATION**

PLATE	<b>FRXL17</b>	DECAL	<b>19638120</b>	Expires	<b>Midnight Thu 12/31/2026</b>				
YR/MK	<b>2015/INTL</b>	BODY	<b>TR</b>	COLOR	<b>BLK</b>	Reg. Tax	792.10	Class Code	41
VIN	<b>1HSDJAPR8FH742527</b>	NET WT	<b>16773</b>	TITLE	<b>117569790</b>	Init. Reg.		Tax Months	12
Plate Type	<b>RGS</b>			GVW	<b>53999</b>	County Fee	3.00	Back Tax Mos	
DL/FEID						Mail Fee		Credit Class	
Date Issued	<b>12/4/2025</b>	Plate Issued	<b>9/19/2025</b>			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	795.10		

**EAGLE EQUIPMENT SERVICE 1 CORP**  
**1824 AVENUE A**  
**KISSIMMEE, FL 34758**

**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**

Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

2026

EXPIRES SEPTEMBER 30, 2026

3100-1256725

3100 REPAIR TRASH COMPACTORS \$30.00
3501 REPAIR PARTS \$30.00

1 EMPLOYEE(S)
1 EMPLOYEE(S)

TOTAL TAX \$ 60.00
PREVIOUSLY PAID \$ 60.00
TOTAL DUE \$ 0.00

BERRIOS JAVIER

EAGLE EQUIPMENT SERVICE 1 CORP
BERRIOS JAVIER
1824 AVENUE A
KISSIMMEE, FL 34758

MOBILE FROM OSCEOLA COUNT
X - OUT OF COUNTY - 00000

Paid \$ 60.00 0106-26-00392799 12/18/2025

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.

2026

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BERRIOS JAVIER
1824 AVENUE A
KISSIMMEE, FL 34758

MOBILE FROM OSCEOLA COUNT
X - OUT OF COUNTY - 00000

Paid \$ 60.00 0106-26-00392799 12/18/2025

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)  
11/21/2025

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 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> LRA Insurance P.O. Box 948173 Maitland FL 32794		<b>CONTACT NAME:</b> Charlene Ohler <b>PHONE (A/C, No, Ext):</b> (407) 838-3445 <b>FAX (A/C, No):</b> (407) 838-3460 <b>E-MAIL ADDRESS:</b> cohler@lrainsurance.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> Eagle Equipment Service 1 Corp & Eagle Welding & Fabricat 1824 Avenue A Kissimmee FL 34758		<b>INSURER A:</b> Security National Insurance Company	<b>33120</b>
		<b>INSURER B:</b> Nautilus Insurance Company	<b>17370</b>
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 25/26 Certificate A      **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:	X		SES1814123 02	4/19/2025	4/19/2026	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
							\$
	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) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			AN1345537	4/19/2025	4/19/2026	EACH OCCURRENCE \$ 1,000,000
							AGGREGATE \$ 1,000,000
							\$
	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	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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)  
 Certificate holder is included as additional insured with respects to the General Liability coverage where required by written contract.

<b>CERTIFICATE HOLDER</b> Orange County Solid Waste Division Attn: Tiffany Fletcher 5901 Young Pine Road Orlando, FL 32829	<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 M Delaney/COHLER
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*Michelle S. Ohler*

