

Affinity Waste Solutions, 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 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

- ☒ (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.
We exclusively service multifamily, email said to check all three options though. - KH
- ☒ 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 , Chapter 32 Solid Waste, and all regulations related thereto, the following information is required

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

TRADE / D.B.A. NAME: _____

MAILING ADDRESS: 3848 Moores Station Rd, Sanford FL 32773

OFFICE PHONE NUMBER: 855-258-7274 Fax Number: _____

COMPANY WEBSITE: Affinitywastesolutions.com

CONTACT NAME(S): Keaton Horvat (Primary), Matt Locke (Emergency Only), Matt Betsill (Emergency Only)

CONTACT PHONE: KH - 502-640-8401, ML - 813-215-0320, MB-770-468-3020

E-MAIL ADDRESS: Keatonhorvat@greenwaywaste.com , Mlocke@brightstep.us , Mbetsill@brightstep.us

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

EMERGENCY NUMBER: Keaton Horvat - 502-640-8401

NUMBER OF EMPLOYEES: 15 - for bulk removal division

LOCATION OF EQUIPMENT:

ADDRESS: 3848 Moores Station Rd,

CITY / STATE / ZIP: Sanford FL 32773

HOURS OF OPERATION: 6AM - 6PM M-F - Some Saturdays or extended hours in busy season, but not normal.

DAYS OF OPERATION: 5

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. Trivest Partners - 2811 Ponce de Leon Blvd, Ste 400, Coral Gables, FL 33134			100% owned
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 , Chapter 32 Solid Waste, and all regulations related thereto

YES X 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 , Chapter 32 Solid Waste, and all regulations related thereto

YES X 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.

H/0-961-792
1/29/27

3/10/2025

Signature of Authorized Representative Date

Director of Ancillary Services

Title

Home Address 2707 Heather Green Blvd

City / State/ Zip LaGrange KY 40031

**APPLICATION FOR COMMERCIAL REFUSE
LICENSE
COUNTY OF ORANGE, FLORIDA**

AFFIDAVIT

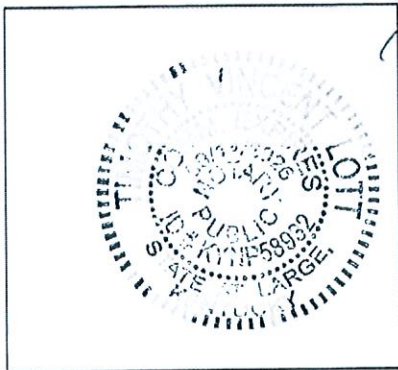
(to be attested before a Notary Public or other
officer authorized to administer oaths)

STATE OF Kentucky
COUNTY OF Orleans

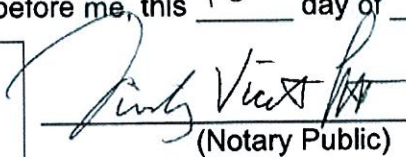
Personally appeared before me, an officer duly qualified to administer an oath in the City of Lawrence, State of Kentucky, known to me to be the person herein described and subscribing hereto, and on oath deposes and says that the statements made are true and correct.

Signature of Applicant X 

Sworn to and subscribed before me, this 10 day of MAR, 2025



Notary Seal Above

 KYNP58932
(Notary Public)

My Commission Expires: 09/14/2026

SERVICE INFORMATION

Please complete the following and return with the application:

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

All areas of orange county

- ♦ Number of employees: 15

- ♦ Number of commercial vehicles to be used in the business: 6 in Orange County

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

<u>TRUCK #</u>	<u>TAG #</u>	<u>TARE WEIGHT</u>
<u>8348</u>	<u>TK2930QA</u>	<u>8240</u>
<u>8826</u>	<u>118160E</u>	<u>12600</u>
<u>0937</u>	<u>118176E</u>	<u>12760</u>
<u>2744</u>	<u>118174E</u>	<u>12760</u>
<u>3630</u>	<u>16FESD</u>	<u>10640</u>
<u>0914</u>	<u>TK2860UQ</u>	<u>8700</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>



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

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

2403-1252034

2403 JUNK REMOVAL \$30.00
3100 VALET TRASH \$30.00

1 EMPLOYEE(S)

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

FROST JUSTIN

AFFINITY WASTE SOLUTIONS LLC
3848 MOORES STATION RD
SANFORD, FL 32773-6523

MOBILE FROM SEMINOLE COUNT-
X - SANFORD - 32771

Paid 60.00

03/25/2025

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.**

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

2403-1252034

2403 JUNK REMOVAL \$30.00
3100 VALET TRASH \$30.00

1 EMPLOYEE(S)

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



FROST JUSTIN

AFFINITY WASTE SOLUTIONS LLC
3848 MOORES STATION RD
SANFORD, FL 32773-6523

MOBILE FROM SEMINOLE COUNT-
X - SANFORD - 32771

Paid \$ 60.00

03/25/2025

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.



AFFIWAS-CL

KZERVOS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/12/2025

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).

PRODUCER Gregory & Appel Insurance 433 N Capitol Ave Suite 400 Indianapolis, IN 46204	CONTACT NAME: Sarah Stockton		
	PHONE (A/C, No, Ext): (463) 274-5238	FAX (A/C, No):	
	E-MAIL ADDRESS: sstockton@gregoryappel.com		
INSURED Affinity Waste Solutions, LLC 3848 Moores Station Road Sanford, FL 32773	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Massachusetts Bay Ins Co.		22306
	INSURER B: National Liability & Fire Insurance Company		20052
	INSURER C: Hanover Insurance Company		36064
	INSURER D: Ascot Insurance Company		23752
	INSURER E: Upland Specialty Insurance Company		16988
	INSURER F: Evanston Insurance Company		35378

COVERAGES

CERTIFICATE NUMBER:

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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			ZZWJ210878	11/12/2024	11/12/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			73APB010020	11/12/2024	11/12/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			UHWJ210879	11/12/2024	11/12/2025	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC124-7000116	7/15/2024	7/15/2025	<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
E	Excess - AL/EL			USXTL0798824	11/19/2024	11/12/2025	Limit 2,000,000
F	Pollution Liability			CPLMOL129651	2/28/2025	2/28/2026	Occ/Agg 1,000,000

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

Orange County is included as additional insured as defined in 421-2915 with respects to general liability according to the terms, conditions and exclusions within the policy.

CERTIFICATE HOLDER

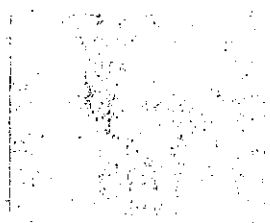
CANCELLATION

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

MTRFS020K

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:
AFFINITY WASTE SOLUTIONS, LLC
3848 MOORE'S STATION RD
SANFORD, FL 32773

IMPORTANT INFORMATION

Section 316.613, Florida Statutes, requires every operator of a motor vehicle transporting a child in a passenger car, van, motorcycle 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 15 / 12

T# 2085612035
B# 1430799PLATE **DM00BB** DECAL **21138624** Expires **Midnight Wed 12/31/2025**

YR/MK	2024/ISU	BODY	TK	COLOR	WHI	Reg. Tax	194.60	Class Code	41
VIN	JALE5W165R7308610			TITLE	168044334	Init. Reg.		Tax Months	10
Plate Type	RGS	NET WT	8488	GVM	19500	County Fee	3.00	Back Tax Mos	
DL/FEID	XXXXXXXXXX					Mail Fee		Credit Class	
Date Issued	2/17/2025	Plate Issued	2/17/2025	2ND DL#	28MTTW	Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	197.60		

AFFINITY WASTE SOLUTIONS, LLC
3848 MOORE'S STATION RD
SANFORD, FL 32773

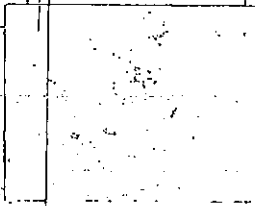
IMPORTANT INFORMATION

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 PLATE ISSUED X

INSTRUCTIONS FOR ATTACHING DECAL

1. Clean area where new annual decal is to be affixed.
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3848 MOORE'S STATION RD
SANFORD, FL 32773

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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.

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 15 / 12 T# 2085619485
B# 1430799

PLATE	DM03BB	DECAL	21138836	Expires	Midnight Wed 12/31/2025				
YR/MK	2025/ISU	BODY	TK	COLOR	WHI	Reg. Tax	194.60	Class Code	41
VIN	JALE5W169S7P02744			TITLE	158044467	Init. Reg.		Tax Months	10
Plate Type	RGS	NET WT	8488	GVW	19500	County Fee	3.00	Back Tax Mos	
DL/FEID				2ND DL#	28QZJH	Mail Fee		Credit Class	
Date Issued	2/17/2025	Plate Issued	2/17/2025			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	197.60		

AFFINITY WASTE SOLUTIONS, LLC
3848 MOORE'S STATION RD
SANFORD, FL 32773

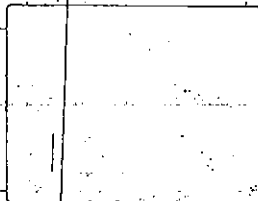
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5. I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration.

RGS - SUNSHINE STATE PLATE ISSUED X

INSTRUCTIONS FOR ATTACHING DECAL

1. Clean area where new annual decal is to be affixed.
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Mail To:
AFFINITY WASTE SOLUTIONS, LLC
3648 MOORE'S STATION RD
SANFORD, FL 32773

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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.

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FLORIDA VEHICLE REGISTRATION

CO/AGY 15 / 12 T# 2085618177
B# 1430799

PLATE	DM02BB	DECAL	21138798	Expires	Midnight Wed 12/31/2025				
YR/MK	2025/18U	BODY	TK	COLOR	WHI	Reg. Tax	194.60	Class Code	41
VIN	JALE5W16XS7P00937			TITLE	158044445	Init. Reg.		Tax Months	10
Plate Type	RGS	NET WT	8488	GVW	19500	County Fee	3.00	Back Tax Mos	
DL/FEID				2ND DL#	28QGL7	Mail Fee		Credit Class	
Date Issued	2/17/2025	Plate Issued	2/17/2025			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	197.60		

AFFINITY WASTE SOLUTIONS, LLC
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SANFORD, FL 32773

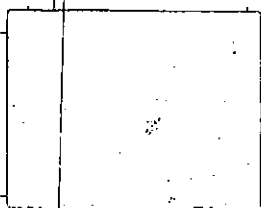
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RGS - SUNSHINE STATE PLATE ISSUED X

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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.

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.

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FLORIDA VEHICLE REGISTRATION

CO/AGY 15 / 12 T# 2085616855
 B# 1430799

PLATE	DM01BB	DECAL	21138757	Expires	Midnight Wed 12/31/2025				
YR/MK	2025/SU	BODY	TK	COLOR	WHI	Reg. Tax	194.60	Class Code	41
VIN	JALE6W160S7P01031	NET WT	8488	TITLE	158044425	Init. Reg.		Tax Months	10
Plate Type	RGS			GVW	19500	County Fee	3.00	Back Tax Mos	
DL/FEID				2ND DL#	28QGKP	Mail Fee		Credit Class	
Date Issued	2/17/2025	Plate Issued	2/17/2025			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	197.60		

AFFINITY WASTE SOLUTIONS, LLC
3848 MOORE'S STATION RD
SANFORD, FL 32773

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 PLATE ISSUED X

MTFRS020K

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:
AFFINITY WASTE SOLUTIONS, LLC
3848 MOORE'S STATION RD
SANFORD, FL 32773

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 15 / 12 T# 2085609487
B# 1430799

PLATE **DM99BA** DECAL **21138550** Expires **Midnight Wed 12/31/2025**

YR/MK	2024/SU	BODY	TK	COLOR	WHI	Reg. Tax	194.60	Class Code	41
VIN	JALE5W16XR7308828			TITLE	158044305	Init. Reg.		Tax Months	10
Plate Type	RGS	NET WT	8488	GVW	19500	County Fee	3.00	Back Tax Mos	
						Mail Fee		Credit Class	
DL/FEID				2ND DL#	28MSW9	Sales Tax		Credit Months	
Date Issued	2/17/2025	Plate Issued	2/17/2025			Voluntary Fees			
						Grand Total	197.60		

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RGS - SUNSHINE STATE PLATE ISSUED X



State Form 48099 (R5/7-17)
Approved by State Board of
Accounts 2017

INDIANA CERTIFICATE OF VEHICLE REGISTRATION

CLASS 17	AGE 1	ISSUE DATE 01/06/25	PUR DATE 11/26/24	COUNTY 49 - MARION	TP N	PL YR 25	PLATE TK286OUQ	PLTP GT	WEIGHT 11	PR YR	LS Y	TYPE	PRIOR YR PL
EXPIRATION DATE 01/31/26	MUNICIPALITY INDIANAPOLIS			VEHICLE YEAR 24	MAKE RAM	MODEL 250	VEHICLE IDENTIFICATION NUMBER 3C6UR5DL7RG100914			TYPE TK	COLOR WHV		
CURRENT YEAR TAX	EX TAX 461.00	EX CREDIT 0.00	DAV CREDIT 0.00	NET EX TAX 461.00	CO. WHEEL/SUR 92.20		MUN. WHEEL/SUR 0.00		STATE REG FEE 45.35	ADMIN FEE 0.00	TOTAL 598.55		
PRIOR YEAR TAX	EX TAX 115.25	EX CREDIT 0.00	DAV CREDIT 0.00	NET EX TAX 115.25	CO. WHEEL/SUR 23.05		MUN. WHEEL/SUR 0.00		STATE REG FEE 0.00	ADMIN FEE 0.00	TOTAL 138.30		
REGISTRATION LICENSE TYPE TRUCK 11,000 GENERAL TRUCK NEW FORMAT													



ENTERPRISE FM TRUST



0707

2281 BALL DR
SAINT LOUIS MO 63146-8603

Legal Address
600 CORPORATE PARK DR
SAINT LOUIS MO 63105-4204



881:13:8