

CERTIFICATE AS TO ENTITY'S AUTHORITY TO DO BUSINESS IN FLORIDA

Include this form in the Qualifications Submittal (TAB 1)

The below entity is organized under the laws of the state of _____; is authorized by law to respond to this RFQ and perform all work and furnish materials and equipment required under the Agreement, and is authorized to do business in the state of Florida.

Entity name: _____

Address: _____

Registration No.: _____

Registered Agent: _____

By: _____

(Official title)

(Affix corporate seal, if utilized by Respondent)

Attest: _____

(Secretary)

The full names and business or residence addresses of persons or firms interested in the foregoing submittals as principals or officers of Respondent are as follows (specifically include the President, Secretary, and Treasurer or Manager and Member, and state the title held by all other individuals listed):

Identify any parent, subsidiary, or sister entity involving the same or substantially the same officers and directors that will or may be involved in performance of the Project, and provide the same information requested above on a photocopy of this form.

Attach a copy of Respondent's active registration with the State of Florida Division of Corporations proving Respondent's authority to do business in the state of Florida, or a copy of the application for same that has been accepted by the state of Florida