

STATE OF NEW JERSEY

Division of Purchase & Property

Contract Compliance Audit Unit

EEO Monitoring Program

EMPLOYEE INFORMATION REPORT

IMPORTANT-READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SUBMIT THE REQUIRED \$150.00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT EEO-1 REPORT FOR SECTION B, ITEM 11. For Instructions on completing the form, go to: http://www.state.nj.us/treasury/contract_compliance/pdf/aa302ins.pdf

SECTION A - COMPANY IDENTIFICATION

1. FID NO. OR SOCIAL SECURITY 65-1062404	2. TYPE OF BUSINESS <input type="checkbox"/> 1. MFG <input type="checkbox"/> 2. SERVICE <input type="checkbox"/> 3. WHOLESALE <input type="checkbox"/> 4. RETAIL <input type="checkbox"/> 5. OTHER	3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY 15 Permanent
4. COMPANY NAME Magic Ice USA		
5. STREET 1350 Sheeler Ave	CITY Apoka	COUNTY Orange
STATE FL	ZIP CODE 32703	
6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE) CITY STATE ZIP CODE		
7. CHECK ONE: IS THE COMPANY: <input checked="" type="checkbox"/> SINGLE-ESTABLISHMENT EMPLOYER <input type="checkbox"/> MULTI-ESTABLISHMENT EMPLOYER		
8. IF MULTI-ESTABLISHMENT EMPLOYER STATE THE NUMBER OF ESTABLISHMENTS IN NJ		
9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT 10+		
10. PUBLIC AGENCY AWARDED CONTRACT CITY COUNTY STATE ZIP CODE 10364 SW 128 Terrace Miami Dade FL 33176		
Official Use Only	DATE RECEIVED	ASSIGNED CERTIFICATION NUMBER


SECTION B - EMPLOYMENT DATA

11. Report all permanent, temporary and part-time employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and in all columns. Where there are no employees in a particular category, enter a zero. Include ALL employees, not just those in minority/non-minority categories, in columns 1, 2, & 3. DO NOT SUBMIT AN EEO-1 REPORT.

JOB CATEGORIES	ALL EMPLOYEES			PERMANENT MINORITY/NON-MINORITY EMPLOYEE BREAKDOWN									
	COL. 1 TOTAL (Cols. 2 & 3)	COL. 2 MALE	COL. 3 FEMALE	***** MALE *****					***** FEMALE *****				
				BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON MIN.	BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON MIN.
Officials/Managers		2						2					
Professionals													
Technicians													
Sales Workers													
Office & Clerical			1										1
Craftworkers (Skilled)		2						2					
Operatives (Semi-skilled)													
Laborers (Unskilled)		7	3	2			1	4					3
Service Workers													
TOTAL													
Total employment From previous Report (if any)		11	4	2			1	8					4
Temporary & Part-Time Employees	The data below shall NOT be included in the figures for the appropriate categories above.												

12. HOW WAS INFORMATION AS TO RACE OR ETHNIC GROUP IN SECTION B OBTAINED? <input type="checkbox"/> 1. Visual Survey <input checked="" type="checkbox"/> 2. Employment Record <input type="checkbox"/> 3. Other (Specify)	14. IS THIS THE FIRST Employee Information Report Submitted? 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/>	15. IF NO, DATE LAST REPORT SUBMITTED MO. DAY YEAR
13. DATES OF PAYROLL PERIOD USED From 11/15/2018 To 2/15/19		

SECTION C - SIGNATURE AND IDENTIFICATION

16. NAME OF PERSON COMPLETING FORM (Print or Type) Byron Jay SHARP	SIGNATURE 	TITLE PRESIDENT	DATE MO DAY YEAR 9 12 2018
17. ADDRESS NO. & STREET 10364 SW 128 Terrace	CITY Miami Dade	COUNTY FL	STATE FL
ZIP CODE 33176	PHONE (AREA CODE, NO. EXTENSION) 305 257-4144		



MAGIC ICE USA, INC.
P.O. BOX 163839
MIAMI, FL 33116-3839

CITY NATIONAL BANK OF FLORIDA
MIAMI, FL
63-436/660

3494

9/13/2018

PAY TO THE ORDER OF State of New Jersey

\$**150.00

One Hundred Fifty and 00/100*****

DOLLARS

State of New Jersey

PROTECTED AGAINST FRAUD

VOID AFTER 90 DAYS

MEMO

Compliance Application EEO Monitoring Program

⑈003494⑈ ⑆066004367⑆ 1954519770⑈

MAGIC ICE USA, INC.

State of New Jersey
8480 - Licenses and taxes

9/13/2018

3494

150.00

Cash in bank - City Ntl Compliance Application EEO Monitoring Progra

150.00

MAGIC ICE USA, INC.

State of New Jersey
8480 - Licenses and taxes

9/13/2018

3494

150.00

PAYMENT
RECORD

Cash in bank - City Ntl Compliance Application EEO Monitoring Progra

150.00



STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name: MAGIC ICE USA INC
Trade Name:
Address: 10364 SW 128 TER
MIAMI, FL 33176-5520
Certificate Number: 1147766
Effective Date: May 05, 2005
Date of Issuance: September 12, 2018

For Office Use Only:
20180912120857037

CONSENT OF INSURANCE COVERAGE

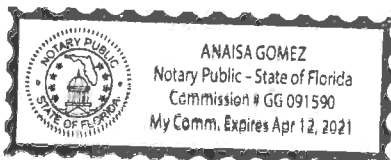
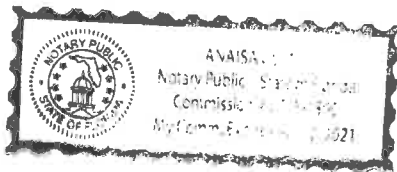
WHEREAS, Byron Jay SHARP as Principal, has submitted a bid to provide goods and/or services as specified in the subject bid to the County of Bergen, and whereas, in order for such bid to be considered, proof of insurance must be submitted therewith.

NOW, THEREFORE BE IT KNOWN that, if the County of Bergen shall accept the bid of the Principal and the Principal shall enter into a contract with the County of Bergen in accordance with the terms of such bid, we the undersigned do hereby state that we will provide the Principal with insurance coverage as set forth below:

- a. The insurance to be provided shall be underwritten by a company licensed to do business in New Jersey.
- b. Comprehensive General Liability insurance in an amount no less than \$1,000,000.00 combined single limit including broad form comprehensive general liability endorsement, and shall include provisions for thirty (30) days written notice of cancellation and/or modification of coverage. The County of Bergen shall be included as an additional insured.
- c. Comprehensive General Automobile Liability insurance in an amount no less than \$1,000,000.00 combined single limit covering owned, hired, and non-owned autos, and shall include provisions for thirty (30) days written notice of cancellation and/or modification of coverage. The County of Bergen shall be included as an additional insured.
- d. Worker's Compensation Insurance in the statutory limits including Employer's Liability in an amount no less than \$500,000.00.
- e. All policies maintained shall hereby name the County of Bergen, One Bergen County Plaza, Hackensack, NJ 07601 as an additional insured and shall provide for thirty (30) days written notice to the County of cancellation and/or modifications of such policies and we shall provide the Office of County Counsel with certificates of insurance evidencing such policies and provisions.
- f. All required insurance coverages must be in effect no later than 12:01 a.m. at the start of the day of the contract and remain in effect for the duration of the contract, including any extensions.

Sworn to and subscribed
before on this 5 day
of September, 2018

NOTARY PUBLIC



PRINCIPAL:

MAGIC ICE USA, INC.
(Bidder's Company Name)

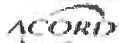
[Signature]
(Authorized Signature on Behalf of the
Principal)

Byron Jay SHARP
(Print Name)

INSURER:

(Insurer's Company Name)

(Authorized Signature on behalf of the Insurer)



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
05/15/2018

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 PAYCHEX INSURANCE AGENCY, INC. 150 SAWGRASS DRIVE ROCHESTER, NY 14620	CONTACT NAME: Paychex Insurance Agency Inc PHONE (A/C, NO. EXT): 877-266-6850 E-MAIL ADDRESS: Certs@paychex.com FAX (A/C, No): 585-389-7426	
INSURED Paychex Business Solutions LLC Magic Ice USA Inc 911 PANORAMA TRAIL SOUTH ROCHESTER, NY 14625-0397	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: ILLINOIS NATIONAL INSURANCE COMPANY	23817
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						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"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>						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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	039713730	06/01/2018	06/01/2019	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000.00
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000.00
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000.00

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

Worker's Compensation coverage is provided to only those employees leased to, but not subcontractors of the named insured.

CERTIFICATE HOLDERMAGIC ICE USA INC
10364 SW 128TH TERRACE
MIAMI, FL 33176**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, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Mary P Stok



MAGICE-01

GREGORYS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/20/2017

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
Insurance Office of America, Inc.
1855 West State Road 434
Longwood, FL 32750

CONTACT NAME: Sharon Gregory

PHONE (A/C, No, Ext): (407) 998-5647 15647

FAX (A/C, No): (321) 214-6393

E-MAIL ADDRESS: Sharon.Gregory@ioausa.com

INSURED

Magic Ice USA Inc.
P.O. Box 163839
Miami, FL 33116

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: International Insurance Company of Hannover SE

NA

INSURER B: Owners Insurance Company

32700

INSURER C: QBE Specialty Insurance Company

11515

INSURER D:

INSURER E:

INSURER F:

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 <input checked="" type="checkbox"/> Abuse & Molestation @\$ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			18LB1538	11/01/2017	11/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" 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			48 993 523 00	11/01/2017	11/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			MQSX0000593800	11/01/2017	11/01/2018	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 Products \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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)

CERTIFICATE HOLDER

CANCELLATION

Information Purposes
Magic Ice USA, Inc.
Miami, FL 33116

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

VENDOR INFORMATION

In order to assure that all future correspondence is directed to the correct address, assure proper ordering, expedite future payments, and in accord with I.R.S. regulations, the following information must be provided with this bid.

Name of Business: MAGIC ICE USA, INC.

Correspondence Address (including zip code):

MAGIC ICE USA, INC
10364 S.W. 128 TERRACE
MIAMI, FL 33174

Purchase Order Address (including zip code):

MAGIC ICE USA, INC
10364 S.W. 128 TERRACE
MIAMI, FL 33174

Payment Address (including zip code):

MAGIC ICE USA, INC.
10364 S.W. 128 TERRACE
MIAMI, FL 33174

Telephone Number (including area code): 305 255 4144

Email Address: BYROL@MAGICICEUSA.COM

Fax Number (including area code): 305 253 3973

Employer I.D. # or S.S. #: 65-1062404

FAILURE TO PROVIDE ALL OF THE ABOVE INFORMATION MAY RESULT IN REJECTION OF THIS BID.

BID FORM SEASONS 1, 2, and 3

PROVIDE, INSTALL, OPERATE, & MAINTAIN AN 80' X 120' OUTDOOR ICE RINK

Bid pricing will be provided as requested below. The base bid pricing shall be inclusive of all equipment, staffing, operational and related costs to install a turnkey, fully functioning ice rink prior to the first public operating date listed within the bid and remove ice rink after last public operating date listed within the bid. Add alternate pricing may be accepted by county to provide the services and items listed therein. The per diem staffing rate shall be used on days not identified within the base bid as operating days to accommodate special events, etc. In the event that the County opts to accept any add alternate pricing, said costs shall be added to the base bid to arrive at the total lump sum cost for the project. Per Diem pricing shall be used to total costs due the contractor for services provided on an as-needed basis.

BASE BID

1. Price to provide all equipment, manpower, and other services to deliver, install and remove an 80' X 120' outdoor ice rink as specified herein;

SEASON 1: ONE Hundred Seventy Thousand \$ 170,000.⁰⁰
(Written)

SEASON 2: ONE Hundred Seventy Thousand \$ 170,000.⁰⁰
(Written)

SEASON 3: ONE Hundred Seventy Thousand \$ 170,000.⁰⁰
(Written)

ADD ALTERNATE PRICING

1. Price to provide management, operating and maintenance staff and services, including all necessary equipment, for outdoor ice rink on all operating dates. Pricing shall include all necessary labor to support the skate rental component.

SEASON 1: ONE Hundred Thousand \$ 100,000.⁰⁰
(Written)

SEASON 2: ONE Hundred Thousand \$ 100,000.⁰⁰
(Written)

SEASON 3: ONE Hundred Thousand \$ 100,000.⁰⁰
(Written)

2. Price to provide seasonal rental of 600 pairs of skates of various sizes, storage racks and skate sharpeners;

SEASON 1: Twenty Thousand \$ 20,000.⁰⁰
(Written)

SEASON 2: Twenty Thousand \$ 20,000.⁰⁰
(Written)

SEASON 3: Twenty Thousand \$ 20,000.⁰⁰
(Written)

3. Price to provide 600 pairs of skates of various sizes, storage racks and sharpeners for one-time purchase by County; Forty Seven Thousand & Four Hundred Fifty

SEASON 1: 47,450⁰⁰ \$ 47,450⁰⁰
(Written)

SEASON 2: Forty Seven Thousand & Four Hundred Fifty \$ 47,450⁰⁰
(Written)

SEASON 3: Forty Seven Thousand & Four Hundred Fifty \$ 47,450⁰⁰
(Written)

4. Price to provide seasonal rental of 1,000 SF of rubber tile flooring;

SEASON 1: ONE THOUSAND Dollars \$ 1,000⁰⁰
(Written)

SEASON 2: ONE THOUSAND DOLLARS \$ 1,000⁰⁰
(Written)

SEASON 3: ONE THOUSAND DOLLARS \$ 1,000⁰⁰
(Written)

PERDIEM STAFFING RATE

1. Price to provide staffing and operating services on non-scheduled days during which special events are held; Six Hundred Dollars Per Four Hours - 4 Hour minimum

SEASON 1: ONE HUNDRED FIFTY Dollars \$ 600⁰⁰ /per four hour shift
(Written)

SEASON 2: Six Hundred Dollars \$ 600⁰⁰ /per four hour shift
(Written)

SEASON 3: Six Hundred Dollars \$ 600⁰⁰ /per four hour shift
(Written)

I hereby have read the specifications and have submitted pricing which shall be in effect during the term of this bid. My signature is the acknowledgement that if awarded the Contract, my firm or I can and will supply the goods and or services as requested during the period set forth in the specifications.

MAGIC KE USA, INC. 65-1062404
Company Name Federal I.D. # or Social Security #

10364 SW 128 TERRACE - MIAMI, FL 33176
Address


Signature of Authorized Agent

Byron Jay SHARP
Type or Print Name

Title: PRESIDENT

305 255 4144
Telephone Number

SEPTEMBER 4, 2018
Date

305 253 3973
Fax Number

Byron@MAGIC KE USA.COM
E-mail address

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
ANNUAL REPORT CERTIFICATE**

MAGIC ICE USA INC

0400090289

The Division of Revenue and Enterprise Services hereby affirms that the following annual report for MAGIC ICE USA INC was submitted on 08/10/2017 for the year: 2017

Registered Agent and Office

AL BARTALOMO
35 FLORIDA AVE
SEWELL, NJ 08080

Main Business Address

10363 SW 128TH TERRACE
MIAMI, FL 33176

Officers and Directors

PRESIDENT
BYRON J SHARP
10364 SW 128 TERRACE
MIAMI, FL 33176

VICE PRESIDENT
BRAD HOLLAND
100 BEDALE CT.
LONGWOOD, FL 32703



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal, this
10th day of August, 2017

Ford M. Scudder

Ford M. Scudder
State Treasurer

Certificate Number : 2282065926
Verify this certificate online at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
ANNUAL REPORT CERTIFICATE**

MAGIC ICE USA INC

0400090289

The Division of Revenue and Enterprise Services hereby affirms that the following annual report for MAGIC ICE USA INC was submitted on 08/10/2017 for the year: 2017

Registered Agent and Office

AL BARTALOMO
35 FLORIDA AVE
SEWELL, NJ 08080

Main Business Address

10363 SW 128TH TERRACE
MIAMI, FL 33176

Officers and Directors

PRESIDENT
BYRON J SHARP
10364 SW 128 TERRACE
MIAMI, FL 33176

VICE PRESIDENT
BRAD HOLLAND
100 BEDALE CT.
LONGWOOD, FL 32703



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal, this
10th day of August, 2017*

Ford M. Scudder

Ford M. Scudder
State Treasurer

Certificate Number : 2282065926
Verify this certificate online at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

COUNTY OF BERGEN

ACKNOWLEDGMENT OF RECEIPT OF ADDENDA*

The undersigned Respondent hereby acknowledges receipt of the following Addenda:

<u>Addendum Number</u>	<u>Dated</u>	<u>Acknowledge Receipt</u> (Initial)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Acknowledged for: Magic ICE USA, INC.
(Name of Respondent Organization)

By: 
(Signature of Authorized Representative)

Name: BYRON JAY SHARP
(Print or Type)

Title: PRESIDENT

Date: SEPTEMBER 4, 2018

**If no addenda were issued the respondent is not required to fill out or sign this form.*

NON-COLLUSION AFFIDAVIT

This Statement Shall Be Included with Bid Submission

State of New Jersey

County of _____

SS:

I, Byron Jay SHARP residing in MIAMI, FLORIDA
(name of affiant) (name of municipality)
in the County of DADE and State of FLORIDA of full age,
being duly sworn according to law on my oath depose and say that:

I am PRESIDENT of the firm of MAEK ICE USA, INC.
(title or position) (name of firm)

_____ the bidder making this Proposal for the bid
entitled BID # 18-057, and that I executed the said proposal with
(title of bid proposal)

full authority to do so that said bidder has not, directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free, competitive bidding in connection with the above named project; and that all statements contained in said proposal and in this affidavit are true and correct, and made with full knowledge that the COUNTY OF BERGEN relies upon
(name of contracting unit)

the truth of the statements contained in said Proposal and in the statements contained in this affidavit in awarding the contract for the said project.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by

Subscribed and sworn to

before me this day

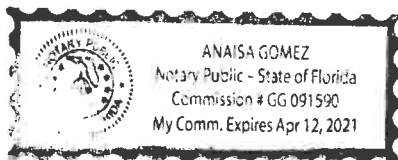
SEPTEMBER 5, 2018

AMS

Notary public of

My Commission expires APR 12, 2021

(Seal)



[Signature]
Signature
Byron Jay SHARP - PRESIDENT
(Type or print name of affiant under signature)

DISCLOSURE STATEMENT

The attention of prospective bidders is drawn to the provisions of the Local Government Ethics Law (N.J.S.A. 40A:9-22-1, et seq.) which prohibits a County Officer or employee or member of his/her immediate family from having an interest in a business organization or engaging in any business transaction, or professional activity which is in substantial conflict with the proper discharge of his duties in the public interest.

In furtherance thereof, every bidder must disclose below, being a Bergen County officer or employee or whether an immediate family member is a Bergen County officer or employee. If the bidder is a business organization, then disclosure shall be made with respect to anyone having an interest in the business and their immediate family members.

Please answer the following:

Is the bidder, or a member of the bidder's immediate family, or anyone having an interest in the bidder's business organization including their immediate family members, an officer or employee of Bergen County?

NO

✓

YES

Byron Jay Sharp
* President, Vice-President or Signature of
Authorized Representative

BYRON JAY SHARP
Print Name

PRESIDENT
Title

If yes, provide the name of the individual and identify the position held, below, and notify in writing the Office of County Counsel, One Bergen County Plaza, Hackensack, New Jersey 07601. (Attach a copy of the correspondence to this form).

NOTE: All terms used herein are to be construed in accordance with their meaning under the Local Government Ethics Law, cited above.

*** FAILURE TO SIGN THIS AFFIDAVIT BY A DULY AUTHORIZED COMPANY OFFICIAL MAY RESULT IN REJECTION OF THIS PROPOSAL.**

County of Bergen—Division of Purchasing Disclosure of Investment Activities in IRAN

BID/RFP/Solicitation Number: 18-057

Bidder/Offeror: _____

Part 1: Certification

BIDDERS ARE TO COMPLETE PART 1 BY CHECKING EITHER BOX.

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The Chapter 25 list is found on the Division's website at <http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf>. Bidders must review this list prior to completing the below certification. Failure to complete the certification will render a bidder's proposal non-responsive. If the Director finds a person or entity to be in violation of law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

PLEASE CHECK THE APPROPRIATE BOX:

☒

I certify, pursuant to Public Law 012, c. 25, that neither the bidder listed above nor any of the bidder's parents, subsidiaries, or affiliates is listed on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. I will skip Part 2 and sign and complete the Certification below.

OR

☐

I am unable to certify as above because the bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below.

Part 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN You must provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran on additional sheets provided by you.

Certification: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity. I acknowledge that the State of New Jersey is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the State to notify the State in writing of any changes to the answers of information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the State of New Jersey and that the State at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name: (Print): BYRON JOY SHARP

Signature: Byron Joy Sharp

Title: PRESIDENT

Date: SEPTEMBER 4, 2018

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)
N.J.A.C. 17:27
GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include but not be limited to the following: employment, upgrading, demotion, or transfer, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable, will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302 (electronically provided by the Division and distributed to the public agency through the Division's website at www.state.nj.us/treasury/contract_compliance)

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Public Contracts Equal Employment Opportunity Compliance as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Public Contracts and Equal Opportunity Employment Compliance for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27**.

EEO/AFFIRMATIVE ACTION COMPLIANCE NOTICE
N.J.S.A. 10:5-31 and N.J.A.C. 17:27
GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

All successful bidders are required to submit evidence of appropriate affirmative action compliance to the County and Division of Public Contracts Equal Employment Opportunity Compliance. During a review, Division representatives will review the County files to determine whether the affirmative action evidence has been submitted by the vendor/contractor. Specifically, each vendor/contractor shall submit to the County, prior to the execution of the contract, one of the following documents:

Goods and General Service Vendors

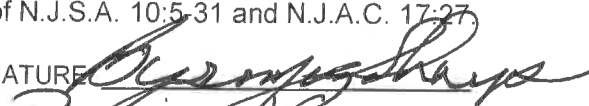
1. Letter of Federal Approval indicating that the vendor is under an existing federally approved or sanctioned affirmative action program. A copy of the approval letter is to be provided by the vendor to the County and the Division. This approval letter is valid for one year from the date of issuance.
2. A certificate of Employee Information Report (hereafter "Certificate") issued in accordance with N.J.A.C. 17:27-1.1 et seq. The vendor must provide a copy of the Certificate to the County as evidence of its compliance with the regulations. The Certificate represents the review and approval of the vendor's Employee Information Report, Form AA-302 by the Division. The period of validity of the Certificate is indicated on its face. Certificates must be renewed prior to their expiration date in order to remain valid.
3. The successful vendor shall complete an Initial Employee Report, Form AA-302 and submit it to the Division with \$150.00 Fee and forward a copy of the Form to the County. Upon submission and review by the Division, this report shall constitute evidence of compliance with the regulations. Prior to execution of the contract, the EEO/AA evidence must be submitted.

The successful vendor may obtain the Affirmative Action Employee Information Report (AA302) on the Division website: www.state.nj.us/treasury/contract_compliance.

The successful vendor(s) must submit the AA302 Report to the Division of Public Contracts Equal Employment Opportunity Compliance with a copy to the Public Agency.

The undersigned vendor certifies that he/she is aware of the commitment to comply with the requirements of N.J.S.A. 10:5031 and N.J.A.C. 17:27 and agrees to furnish the required forms of evidence.

The undersigned vendor further understands that his/her bid shall be rejected as non-responsive if said contractor fails to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27.

COMPANY: MAGIC KE USA, INC SIGNATURE: 
PRINT NAME: Byron Jay SHARP TITLE: PRESIDENT
DATE: 9/5/18

AMERICANS WITH DISABILITIES ACT OF 1990
Equal Opportunity for Individuals with Disability

The contractor and the **County of Bergen**, (hereafter "owner") do hereby agree that the provisions of Title 11 of the Americans With Disabilities Act of 1990 (the "Act") (42 U.S.C. 5121 01 et seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs, and activities provided or made available by public entities, and the rules and regulations promulgated pursuant there unto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the owner pursuant to this contract, the contractor agrees that the performance shall be in strict compliance with the Act. In the event that the contractor, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the contractor shall defend the owner in any action or administrative proceeding commenced pursuant to this Act. The contractor shall indemnify, protect, and save harmless the owner, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages, of whatever kind or nature arising out of or claimed to arise out of the alleged violation. The contractor shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the owner's grievance procedure, the contractor agrees to abide by any decision of the owner which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the owner, or if the owner incurs any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the contractor shall satisfy and discharge the same at its own expense.

The owner shall, as soon as practicable after a claim has been made against it, give written notice thereof to the contractor along with full and complete particulars of the claim, If any action or administrative proceeding is brought against the owner or any of its agents, servants, and employees, the *owner shall* expeditiously forward or have forwarded to the contractor every demand, complaint, notice, summons, pleading, or other process received by the owner or its representatives.

It is expressly agreed and understood that any approval by the owner of the services provided by the contractor pursuant to this contract will not relieve the contractor of the obligation to comply with the Act and to defend, indemnify, protect, and save harmless the owner pursuant to this paragraph.

It is further agreed and understood that the owner assumes no obligation to indemnify or save harmless the contractor, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the contractor expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the contractor's obligations assumed in this Agreement, nor shall they be construed to relieve the contractor from any liability, nor preclude the owner from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

BUSINESS REGISTRATION CERTIFICATE (BRC) COMPLIANCE

Name of Form:	BUSINESS REGISTRATION CERTIFICATE
Statutory Reference:	N.J.S.A. 52:32-44 (P.L. 2004, c.57)
To Obtain Proof of Registration or to Register for a NJ BRC	http://www.nj.gov/treasury/revenue/proofreg.shtml
Description:	Contractor must provide State Division of Revenue issued Business Registration Certificate with the proposal submission.

N.J.S.A. 52:32-44 imposes the following requirements on contractors and all subcontractors that **knowingly** provide goods or perform services for a contractor fulfilling this contract:

- 1) The contractor shall provide written notice to its subcontractors and suppliers to submit proof of business registration to the contractor;
- 2) Subcontractors through all tiers of a project must provide written notice to their subcontractors and suppliers to submit proof of business registration and subcontractors shall collect such proofs of business registration and maintain them on file;
- 3) Prior to receipt of final payment from a contracting agency, a contractor must submit to the contracting agency an accurate list of all subcontractors and suppliers* or attest that none was used; and,
- 4) During the term of this contract, the contractor and its affiliates shall collect and remit, and shall notify all subcontractors and their affiliates that they must collect and remit to the Director, New Jersey Division of Taxation, the use tax due pursuant to the Sales and Use Tax Act, (N.J.S.A. 54:32B-1 et seq.) on all sales of tangible personal property delivered into this State.

A contractor, subcontractor or supplier who fails to provide proof of business registration or provides false business registration information shall be liable to a penalty of \$25 for each day of violation, not to exceed \$50,000 for each business registration not properly provided or maintained under a contract with a contracting agency.

Detailed information on this requirement is available by calling (609) 292-9292 or can be found in Division of Local Government Services Finance Notices 2004-17 (8/6/04), 2004-24 (11/1/04), 2005-12 (4/27/05) and on the Division web site at www.nj.gov/dca/lgs/lpcl. These resources and a Frequently Asked Questions resource should be consulted when questions arise.



County of Bergen

"Sunshine Form" for Disclosure of Political Contributions

*Please fill out and attach to each resolution

DIRECT FINANCIAL DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

DIRECT FINANCIAL DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

- (A) VENDOR NAME or SPECIAL COUNSEL NAME: MAGIC ICE USA, INC.
 VENDOR ADDRESS or SPECIAL COUNSEL ADDRESS: 10364 SW 128 TERRACE
MIAMI, FL 33174
 VENDOR TELEPHONE NUMBER: 305-255-4144 FAX: 305-253-3973
 VENDOR REPRESENTATIVE NAME (Please Print): Byron Jay SHARP
 VENDOR EMAIL ADDRESS: Byron@MAGICICEUSA.COM
 VENDOR REPRESENTATIVE SIGNATURE: [Signature] DATE: 9/5/2018
- (B) THE NAME OF THE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE CORPORATE OFFICERS AND DIRECTORS AS FOUND ON THE 10K OR 10Q FORMS REQUIRED TO BE FILED WITH THE FEDERAL SECURITIES AND EXCHANGE COMMISSION
- (C) CAMPAIGN CONTRIBUTIONS MADE, BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) (ABOVE) DURING THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS AND CONSTITUTIONAL OFFICERS
- (D) ☒ No contributions (sign directly below and return, nothing else required except signature/date this page only).
 Signature: [Signature] Date: 9/4/2018
 Print your name: Byron Jay SHARP

OFFICIAL POSITION/ NAME: (* Denotes Incumbent)

COUNTY EXECUTIVE	James J. Tedesco, III (D)*	_____
SHERIFF	Michael Saudino (D)*	_____
SHERIFF	Manuel V. Alfonso (R)	_____
SURROGATE	Michael Dressler (D)*	_____
SURROGATE	Robert W. Avery (R)	_____
COUNTY CLERK	John Hogan (D)*	_____
COUNTY CLERK	Hector Olino (R)	_____

* This form shall be updated periodically to reflect new elected officials and candidates for office. However, it shall maintain the format and required disclosures contained herein. 01/09/2018

FREEHOLDERS:

Mary J. Amoroso (D)*

David L. Ganz (D)*

Germaine M. Ortiz (D)*

Thomas J. Sullivan, Jr. (D)*

Steven A. Tanelli (D)*

Joan M. Voss (D)*

Tracy S. Zur (D)*

John J. Driscoll Jr. (R)

Raymond Cottiers Jr. (R)

COUNTY POLITICAL PARTY COMMITTEE (Within Bergen County, Organization as listed below or its successor)

B.C. Republican Organization

Democratic Committee of BC

MUNICIPAL POLITICAL PARTY COMMITTEES (Within Bergen County)

Name of Organization -- (e.g. Hackensack Republican/Democrat Organization)

OTHER POLITICAL CONTRIBUTIONS (i.e. Federal, State, Local, School Board)

(You may attach additional sheets if necessary)

☐ Please check if contributions listed above (sign below and return with signature/date).

Signature:

Print your name:

Date:

¹ This form shall be updated periodically to reflect new elected officials and candidates for office. However, it shall maintain the format and required disclosures contained herein.

Edited: 01/09/2018

OWNERSHIP DISCLOSURE CERTIFICATION

This Statement Shall Be Included with Bid Submission (Use Additional Sheets as Necessary)

Name of Business

☐ I certify that the list below contains the names and home addresses of all stockholders holding 10% or more of the issued and outstanding stock of the undersigned. However if a parent entity holding 10% or more is a publicly traded entity, then the respondent in complying with N.J.S.A. 52:25-24.2 may submit the name and address of each publicly traded entity, and the name and address of each person holding 10% or more beneficial interest in the publicly traded entity as of the last the last annual filing with the Security Exchange Commission (SEC), or foreign equivalent.

OR

☐ I certify that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned.

Check the box that represents the type of business organization:

- | | | |
|---|--|--|
| <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Limited Liability Corporation | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> Subchapter S Corporation | <input type="checkbox"/> Other, Please List _____ | |

Sign and notarize the form below, and, if necessary, complete the stockholder list below.

Stockholders:

Name: Byron Jay SHARP

Home Address: 10364 SW 128 TER
MIAMI, FL 33176

Name: N/A

Home Address: _____

Name: STUART BRADLEY Holland

Home Address: 7459 GRAND COURT
WINTER PARK, FL 32792

Name: N/A

Home Address: _____

Publicly Traded Parent Company Disclosure:

Submit the Website (URL) providing the last annual SEC, or foreign equivalent filing:

Please list the applicable page number(s) of the SEC or foreign equivalent filing:

Subscribed and sworn before me this 5 day of

SEPTEMBER, 2018

(Notary Public)

ANAISA GOMEZ

My Commission expires: APR 12, 2021

[Signature]
(Affiant)

Byron Jay SHARP - PRESIDENT
(Print name & title of affiant)

(Corporate Seal)

