

COPY

<b>Authorization for Service by</b> <b>~*~GREEN TROOPS~*~</b> PO Box 828 "Mims" Florida 32754			Proposal #	202205																																																					
			Date	11-Mar-22																																																					
Service Address: THE MEADOWS SOUTH TOWNHOMES HOA BOARD CHENEY HWY TITUSVILLE, FL 32780			Billing Address	<input type="checkbox"/> Same as Service																																																					
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Phone contact: _____			Email:	<input type="checkbox"/> Send invoice via email																																																					
			<b>Account Type:</b> <div style="border: 1px solid black; padding: 5px; display: inline-block;">         X BSA Annual Rate          X Monthly \$1,178.00            Service per diem items only       </div> <div style="border: 1px solid black; padding: 5px; display: inline-block;">         Service Agreement Duration          1 April 2022- 31 March 2024            Billing in arrears          Payment Due on or before the 10th of each month          Billing Cycle ~ 26th thru 25th       </div>																																																						
<p>Consistently paying account balance after the date due can result in suspension and/or termination of service. In the event service is suspended or terminated a clean-up or re-instigated charge will be charged, calculated at time of reinstatement evaluation dependant upon service and administration expense. Green Troops reserves the right to terminate this agreement at any point due to non-payment or irreconcilable differences with or without written notice. Annual Monthly service terminated prior to completion of agreed end date will be subject to charges equivalent to four months service. Accounts balances not paid upon 90 days can and will be subject to lien being brought against the service address. Annual agreement is automatically renewed without written cancellation of service. Extension for additional twelve months considered accepted upon first service after agreement end date.</p>																																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: center; background-color: #e0e0e0;">SERVICES</th> <th style="text-align: center; background-color: #e0e0e0;">Charge</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">X</td> <td>Cut</td> <td>included</td> <td></td> <td>Cypress mulch</td> <td>ADDITIONAL</td> </tr> <tr> <td style="text-align: center;">X</td> <td>Edge</td> <td>included</td> <td></td> <td>Red mulch</td> <td>ADDITIONAL</td> </tr> <tr> <td style="text-align: center;">X</td> <td>Weed Eat</td> <td>included</td> <td></td> <td>Fertilizer</td> <td>ADDITIONAL</td> </tr> <tr> <td style="text-align: center;">X</td> <td>Blow-off</td> <td>included</td> <td></td> <td>Irrigation</td> <td>ADDITIONAL</td> </tr> <tr> <td></td> <td>Hedge Trimming</td> <td>ADDITIONAL</td> <td></td> <td>Rock</td> <td>ADDITIONAL</td> </tr> <tr> <td></td> <td>Small Tree Trimming (1-2ft)</td> <td>ADDITIONAL</td> <td></td> <td>Foliage replacement</td> <td>ADDITIONAL</td> </tr> <tr> <td></td> <td>Round Up</td> <td>ADDITIONAL</td> <td></td> <td>Fertilizer</td> <td>ADDITIONAL</td> </tr> <tr> <td></td> <td>Weed control in Beds</td> <td>ADDITIONAL</td> <td></td> <td></td> <td>\$</td> </tr> </tbody> </table>					SERVICES				Charge	X	Cut	included		Cypress mulch	ADDITIONAL	X	Edge	included		Red mulch	ADDITIONAL	X	Weed Eat	included		Fertilizer	ADDITIONAL	X	Blow-off	included		Irrigation	ADDITIONAL		Hedge Trimming	ADDITIONAL		Rock	ADDITIONAL		Small Tree Trimming (1-2ft)	ADDITIONAL		Foliage replacement	ADDITIONAL		Round Up	ADDITIONAL		Fertilizer	ADDITIONAL		Weed control in Beds	ADDITIONAL			\$
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<b>Special Note:</b> WEEKLY SERVICE PROVIDED DURING SPRING/ SUMMER (APR - OCT), BIWEEKLY SERVICE PROVIDED FALL/WINTER (NOV - MAR) SIGNED AND RETURNED SERVICE AUTHORIZATION FORM REQUIRED FOR SERVICE AT THIS ANNUAL SERVICE RATE WHICH IS CHARGED MONTHLY THIS AGREEMENT, ONCE SIGNED, WILL REPLACE AND SUPERSEDE ANY PREVIOUS AGREEMENTS																																																									
Green Troops carries liability insurance and is a licensed Lawn Care contractor operating under #200130867 and is also a licensed Landscape contractor All agreements contingent upon strikes, accidents, or delays beyond our control.																																																									
Submitted by: <b>Green Troops Lawn care &amp; Landscape</b>			GT Lawn Care	ERIC OSTROWSKY																																																					
<b>ACCEPTANCE OF PROPOSAL</b> The above prices, specifications and conditions are satisfactory and are hereby accepted. Green Troops Lawn Care is authorized to do the work as specified. Payments will be made as outlined above. Proposal rate and terms guaranteed for 14 days from date of Proposal.																																																									
Signature <b>Katherine Call, President</b>			Date <b>3/17/22</b>	Printed Name <b>Katherine Call</b>																																																					
COMPANY Copy- Please sign and RETURN this copy			FORM prop092021																																																						

copy

# *State of Florida*

## *Department of State*

I certify from the records of this office that GREEN TROOPS LLC is a limited liability company organized under the laws of the State of Florida, filed on August 21, 2014.

The document number of this limited liability company is L14000132207.

I further certify that said limited liability company has paid all fees due this office through December 31, 2022, that its most recent annual report was filed on February 15, 2022, and that its status is active.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Fifteenth day of February,  
2022*



*Lauren D. Lee*  
*Secretary of State*

Tracking Number: 4633244968CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

**Current Principal Place of Business:**

1385 GOLFVIEW DR  
TITUSVILLE, FL 32780-3943

**Current Mailing Address:**

PO BOX 828  
MIMS, FL 32754

**FEI Number:** 47-2815373**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**

OSTROWSKY, MELISSA  
1385 GOLFVIEW DR  
TITUSVILLE, FL 32780-3943 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** MELISSA OSTROWSKY

02/15/2022

Date

Electronic Signature of Registered Agent

**Authorized Person(s) Detail :**

Title	AMBR	Title	AMBR
Name	OSTROWSKY, MELISSA	Name	OSTROWSKY, ERIC
Address	1385 GOLFVIEW DR	Address	PO BOX 828
City-State-Zip:	TITUSVILLE FL 32780-3943	City-State-Zip:	MIMS FL 32754

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MELISSA OSTROWSKY

AMBR

02/15/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

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		CONTACT NAME: PHONE (A/C. No. Ext.) (888) 202-3007 E-MAIL ADDRESS: contact@hiscox.com		FAX (A/C. No.):
Hiscox Inc. 520 Madison Avenue 32nd Floor New York, NY 10022		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Hiscox Insurance Company Inc		10200
INSURED		INSURER B:		
Green Troops LLC 1385 Golfview Dr Titusville FL 32780		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	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		UDC-2389423-CGL-21	10/17/2021	10/17/2022	EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	X POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					MED EXP (Any one person)	\$ 5,000
	OTHER:					PERSONAL & ADV INJURY	\$ 1,000,000
	AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					GENERAL AGGREGATE	\$ 2,000,000
UMBRELLA LIAB	<input type="checkbox"/> OCCUR	PRODUCTS - COMP/OP AGG	\$/T Gen. Agg.				
EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE	COMBINED SINGLE LIMIT (Ea accident)	\$				
DED <input type="checkbox"/> RETENTION \$		BODILY INJURY (Per person)	\$				
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>	Y/N N/A	BODILY INJURY (Per accident)	\$				
If yes, describe under DESCRIPTION OF OPERATIONS below		PROPERTY DAMAGE (Per accident)	\$				
			\$				
		PER STATUTE	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	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.
	AUTHORIZED REPRESENTATIVE