

COPY

Authorization for Service by

~~GREEN TROOPS~~

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

☐ Same as Service

THE MEADOWS SOUTH TOWNHOMES HOA BOARD

Phone contact:

Email:

☐ Send invoice via email

Account Type:

X	BSA	Annual Rate
	X	Monthly \$1,178.00
	Service per diem Items only	

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

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.

SERVICES

Service	Charge	Service	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 (1-12ft)	ADDITIONAL	foliage replacement	ADDITIONAL
Round Up	ADDITIONAL	Fertilizer	ADDITIONAL
Weed control in Beds	ADDITIONAL		\$

Special Notes:

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 SUPERCEED ANY PREVIOUS AGREEMENTS

OFFICE USE

MA081725050

BP

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: Green Troops Lawn care & Landscape

GT Lawn Care

ERIC OSTROWSKY

ACCEPTANCE OF PROPOSAL

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 KATHERINE CALL, President

Date 3/17/22

Printed Name KATHERINE CALL

COMPANY Copy- Please sign and RETURN this copy

FORM propC/2021

687

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*



Randy R.
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>

DOCUMENT# L14000132207

Entity Name: GREEN TROOPS LLC

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

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name OSTROWSKY, MELISSA
Address 1385 GOLFVIEW DR
City-State-Zip: TITUSVILLE FL 32780-3943

Title AMBR
Name OSTROWSKY, ERIC
Address PO BOX 828
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 Hiscox Inc. 520 Madison Avenue 32nd Floor New York, NY 10022	CONTACT NAME: PHONE (A/C, No, Ext): (888) 202-3007 FAX (A/C, No): E-MAIL ADDRESS: contact@hiscox.com																					
INSURED Green Troops LLC 1385 Golfview Dr Titusville FL 32780	<table border="1"><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Hiscox Insurance Company Inc</td><td>10200</td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Hiscox Insurance Company Inc	10200	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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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 SUBR INSD 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:		UDC-2389423-CGL-21	10/17/2021	10/17/2022	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 \$ S/T Gen. Agg.
						\$
	AUTOMOBILE LIABILITY <input 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					COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$
						AGGREGATE \$
						\$
	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

	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 