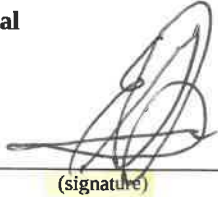


The following attachments are provided as required:

1. Qualification statements and/or resumes of the private provider and all duly authorized representatives.
2. Proof of insurance for professional and comprehensive liability in the amount of \$1 million per occurrence relating to all services performed as a private provider, including tail coverage for a minimum of 5 years subsequent to the performance of building code inspection services.

Individual



(signature)

Print Name: GONZALEZ EDWIN VALDES MARITZA
 Address: 299 NW Cypress Cove Dr Lake City, FL 32055
 Telephone No.: 386-466-9819

Corporation

Print Corporation Name _____
 By: _____ (signature)
 Print Name: _____
 Its: _____
 Address: _____
 Telephone No.: _____

Partnership

Print Partnership Name _____
 By: _____ (signature)
 Print Name: _____
 Its: _____
 Address: _____
 Telephone No.: _____

Please use appropriate notary block.

STATE OF Florida
 COUNTY OF Columbia

Individual

Before me, this 26 day of March, 2025, personally appeared Edwin Gonzalez who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

Corporation

Before me, this _____ day of _____, 20____, personally appeared _____ of _____, a _____ corporation, on behalf of the state corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Partnership

Before me, this _____ day of _____, 20____, personally appeared _____, a partner/agent on behalf of _____, a partnership, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes expressed.

Personally known _____; or Produced identification Type of identification produced FL-DI-6 524-200-56-263-0

Signature of Notary Connor Duff Print Name Connor Duff

Notary Public: NOTARY STAMP BELOW

My commission expires:

