



COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave., Suite B-21, Lake City, FL 32055

Office: 386-758-1008 Fax: 386-758-2160

www.columbiacountyfla.com/BuildingandZoning.asp

Application # 62128

Florida Certified Contractors \$15.00 Application Fee -

Credit card payments by phone or mail with this form and make Checks to "BCC" or Board of County Commissioners.

With a valid Certified Contractors license the process for putting your license on file is simple. If your license is a Florida Register Contractors License, do not use this form.

We need to have these current (Not Expired) records listed below...

- ☒ 1. State License copy
- ☒ 2. Business phone number and cell number for the license holder
- ☒ 3. Certificate of Liability Insurance
- ☒ 4. Certificate of Workers Compensation Insurance; **OR**
- ☐ 5. Workers Compensation Exemption Card copy
 - ☐ a. If you provide a Work Comp Exemption card, **THEN WE ALSO NEED** a "Detail by Entity Name" printout from the Florida Department of State Division of Corporation (website: www.sunbiz.org).
- ☐ 6. 15.00 Application fee - Credit card payments by phone has an added 3% fee.

NOTE: If you are Exempt but you have a policy for your employees, then provide a Workers Compensation Certificate for them.

INSURANCE CERTIFICATE NOTE: The Certificate Holder for all certificates (COI's)

shall be made out to: Columbia County Building Department
135 NE Hernando Ave
Lake City, FL 32055

You may send these records together by...

Mail: 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055

Fax: 386-758-2160

Email: bldginfo@columbiacountyfla.com

USE THE ABOVE CHECKLIST AND COMPLETE THE INFORMATION BELOW.

Contractors Name: John Becker

Business Name: Sunshine Foundation Repair

Office Ph: 904-902-1801 Cell: 904-917-2367

Email: jbecker@gaither.com

Office Address: 2223 Hamilton St Jacksonville FL 32210

Contact Person: Edna LaHate Ph: 904-917-2367

Contact Person Email: elaahate@sunshine-fr.com

Contact person needs to be who can provide payment



COLUMBIA COUNTY BUILDING DEPARTMENT
LETTER OF AUTHORIZATION TO SIGN FOR PERMITS

135 NE Hernando Ave, Suite B-21, Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160

Application # 162128

I, John Becker (license holder name), licensed qualifier
for Sunshine Foundation Repair (company name), do certify that

the below referenced person(s) listed on this form is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections, and sign on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. <u>Edna Lai Gao</u>	1. <u>Edna Lai Gao</u>
2.	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

[Signature]
License Holders Signature (Notarized)

CR1332118
License Number

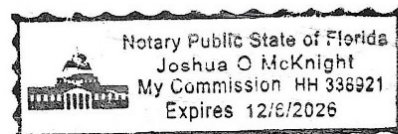
9/27/23
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is John Becker
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 27 day of September, 2023.

[Signature]
NOTARY'S SIGNATURE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/27/2023

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
Shafer Insurance Agency, Inc.
1100 Marion Street
Suite 200
Knoxville TN 37921

CONTACT NAME: Pam Brown

PHONE
(A/C, No, Ext): 865-292-1115

FAX
(A/C, No): 865-637-2247

E-MAIL ADDRESS: pbrown@shaferinsurance.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Cincinnati Insurance Company

10677

INSURER B: Accident Fund General Insurance

12304

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
Sunshine Foundation Repair, LLC
2203 Hamilton St.
Jacksonville FL 32210

License#: 5471
MASTER-CL

COVERAGES

CERTIFICATE NUMBER: 1364339297

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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:		ENP 0474801	2/1/2023	2/1/2024	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 \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		EBA 0577992	2/1/2023	2/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		ENP 0474801	2/1/2023	2/1/2024	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in MI) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N <input type="checkbox"/> A	100026055	2/1/2023	2/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER

Columbia County Building Department
135 Hernando Ave.
Lake City FL 32205

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

THE OFFICIAL SITE OF THE FLORIDA DEPARTMENT OF BUSINESS &
PROFESSIONAL REGULATIONFlorida
dbpr Department of Business
& Professional Regulation[HOME](#) [CONTACT US](#) [MY ACCOUNT](#)**ONLINE SERVICES**

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[Unlicensed Activity Search](#)
[AB&T Delinquent Invoice & Activity List Search](#)

LICENSEE DETAILS

11:26:53 AM 9/27/2023

Licensee Information

Name:	BECKER, JOHN FREDERICK JR (Primary Name) SUNSHINE FOUNDATION REPAIR, LLC (DBA Name)
Main Address:	5861 NE 22ND AVE FORT LAUDERDALE Florida 33308
County:	BROWARD
License Location:	2203 HAMILTON ST JACKSONVILLE FL 32210
County:	DUVAL

License Information

License Type:	Certified Residential Contractor
Rank:	Cert Residential
License Number:	CRC1332118
Status:	Current,Active
Licensure Date:	07/24/2018
Expires:	08/31/2024

Special Qualifications**Qualification Effective**

Construction Business	12/03/2021
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Alternate Names[View Related License Information](#)[View License Complaint](#)

2601 Blair Stone Road, Tallahassee FL 32399 :: Email: Customer Contact Center :: Customer Contact Center: 850.487.1395

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Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must

<https://www.myfloridalicense.com/LicenseDetail.asp?SID=&id=28308B7697A99481DF0526FD2A10CC5A>