

Have you supplied all the Submittal Requirements outlined below?

- ☒ Invitation to Bid cover pages. (Includes two pages)
- ☒ Florida Department of State, Division of Corporations' Sunbiz Report for your firm
- ☒ Completed and executed Bid Submittal form
- ☒ References, in accordance with Section 2.10, *Definition of Responsive and Responsible*
- ☒ If you have a physical location in Lake, Orange, Osceola, Seminole or Volusia County, submit one of these:
  - ☒ Current Business Tax Receipt, OR ☐ Proof of Exemption Form
- ☒ Proof of Insurance, per Section 2.23
- ☒ Hold Harmless Agreement and/or Notice of Election to be Exempt, if required
- ☒ Conflict of Interest form
- ☒ Any addenda pertaining to this ITB
- ☒ Taxpayer Identification Number and Certification Form
- ☒ Certification Affidavit confirming Local Preference Eligibility, if applicable
- ☒ Licenses, per Section 2.22
- ☒ Drug-Free Work Place Form
- ☒ Certification Regarding Debarment - Prime Form
- ☒ Certification Regarding Debarment - Sub Form
- ☒ Attachment A - Pricing Sheet
- ☒ Did you include a CD or USB drive, as required in the *Section 2.6, Bid Submittal Form*?

The County of Volusia reserves the right to reject any or all proposals, to waive informalities, and to accept all or any part of any proposal as may be deemed to be in the best interest of the County.

I hereby certify that I have read and understand the requirements of this Invitation to Bid No. **16-B-175KT, "Fire Extinguisher, Inspection and Maintenance"**, and that I, as the Bidder, will comply with all requirements, and that I am duly authorized to execute this proposal/offer document and any Agreement(s) and/or other transactions required by award of this ITB.

Further, as attested to by below signature, I will provide the required insurance, per §2.23, Insurance, upon notification of recommendation of award.

The vendor acknowledges that information provided in this Bid is true and correct:

x

Authorized Signature

Bick Korecki

Printed Name

VP and Operations Manager

Title

Date

9/30/2016

Master Protection LP d/b/a Firemaster

Company Name

13050 Metro Parkway, Ste 1 Ft Myers, FL. 33966

Full Address

mitipton@firemaster-mpc.com

Telephone

813-310-8685

Fax

N/A

E-mail Address

mitipton@firemaster-mpc.com

05-801-9985

Dunn & Bradstreet #

94-3077928

Federal I.D. #

# **APPLICATION FOR REGISTRATION OF FICTITIOUS NAME**

REGISTRATION# G12000009645

Fictitious Name to be Registered: FIREMASTER

Mailing Address of Business: 13050 METRO PARKWAY  
SUITE #1  
FORT MYERS, FL 33966

Florida County of Principal Place of Business: LEE

FEI Number:

**FILED**  
**Jan 27, 2012**  
**Secretary of State**

Owner(s) of Fictitious Name:

MASTER PROTECTION, LP  
13050 METRO PARKWAY, SUITE #1  
FORT MYERS, FL 33966  
Florida Document Number: B10000000147  
FEI Number: 94-3077928

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

ROBERT RICE

01/27/2012

Electronic Signature(s)

Date

Certificate of Status Requested ( )

Certified Copy Requested ( )

**2016 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B10000000147

**Entity Name:** MASTER PROTECTION, LP

**Current Principal Place of Business:**

4700 EXCHANGE COURT  
SUITE 300  
BOCA RATON, FL 33431

**Current Mailing Address:**

4700 EXCHANGE COURT  
SUITE 300  
BOCA RATON, FL 33431 US

**FEI Number:** 94-3077928

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**General Partner Detail :**

Document #

Name           SIMPLEX TIME RECORDER LLC

Address       4700 EXCHANGE COURT  
                  SUITE 300

City-State-Zip: BOCA RATON FL 33431

*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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SIMPLEX TIME RECORDER LLC

**GENERAL PARTNER**

**04/11/2016**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date

## 5.0 REFERENCES

Agency #1	Miami Marlins		
Address	501 Marlins Way		
City, State, ZIP	Miami, FL 33125		
Contact Person	JEFF King		
E-mail	jking@marlins.com	Phone:	305-480-1602
Date(s) of Service	2013 - 2017		
Type of Service	Extinguisher Service / Inspection + Hood Systems		
Comments:			
Agency #2	City of Orlando Finance		
Address	400 Orange Ave 4th Floor		
City, State, ZIP	Orlando, FL 32801		
Contact Person	James Peters		
E-mail	james.peters@cityoforlando.net	Phone:	407-246-2400
Date(s) of Service	2010 - OPEN		
Type of Service	Extinguisher, Emergency Lights.		
Comments:			
Agency #3	Hilton Orlando-Orange County Convention Center		
Address	6601 Destination Parkway		
City, State, ZIP	Orlando, FL 32819		
Contact Person	Angela Pearson		
E-mail	angela.pearson@hilton.com	Phone:	— Email —
Date(s) of Service	2012 - 2013		
Type of Service	Kitchen Systems, Extinguishers, emergency lights, Exit sign		
Comments:			

Scott Randolph, Tax Collector

Local Business Tax Receipt

Orange County, Florida

This local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other  
lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

2016

3121 SVC-REPAIR

EXPIRES 9/30/2017

3121-0969824

\$30.00 1 EMPLOYEE ; 3200 RETAIL

\$30.00 1 EMPLOYEE ;

TOTAL TAX \$60.00

PREVIOUSLY PAID \$60.00

TOTAL DUE \$0.00

MASTER PROTECTION LP

FIREMASTER

MASTER PROTECTION LP

13050 METRO PARKWAY UNIT 1

FORT MYERS FL 33966

6830 SHADOWRIDGE DR

A - ORLANDO, 32812

PAID: \$60.00 0099-00730794 7/19/2016

Scott Randolph, Tax Collector

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Orange County, Florida

This local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other  
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MASTER PROTECTION LP

FIREMASTER

MASTER PROTECTION LP

13050 METRO PARKWAY UNIT 1

FORT MYERS FL 33966

6830 SHADOWRIDGE DR

A - ORLANDO, 32812

PAID: \$60.00 0099-00730794 7/19/2016



This receipt is official when validated by the Tax Collector.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/28/2016

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).

<b>PRODUCER</b> Marsh USA Inc. 1166 Avenue of the Americas New York, NY 10036	<b>CONTACT NAME:</b> Cindy Stathos, Michael Stastny or Terryn Castanon <b>PHONE (A/C, No, Ext):</b> (844) 892-0092 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> Please see bottom of 2nd page								
<b>INSURED</b> Master Protection, LP d/b/a FireMaster 13050 Metro Parkway, Unit 1 Fort Myers, FL 33966 United States	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: ACE American Insurance Company</td><td>22667</td></tr><tr><td>INSURER B: ACE Fire Underwriters Insurance Company</td><td>20702</td></tr><tr><td>INSURER C: Indemnity Insurance Company of North America</td><td>43575</td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: ACE American Insurance Company	22667	INSURER B: ACE Fire Underwriters Insurance Company	20702	INSURER C: Indemnity Insurance Company of North America	43575
INSURER(S) AFFORDING COVERAGE	NAIC #								
INSURER A: ACE American Insurance Company	22667								
INSURER B: ACE Fire Underwriters Insurance Company	20702								
INSURER C: Indemnity Insurance Company of North America	43575								

## COVERAGES

CERTIFICATE NUMBER: 1545752 - A

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 type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> PROFESSIONAL LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X	X	HDO G27400358	10/1/2015	10/1/2016	EACH OCCURRENCE \$ \$2,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ \$1,000,000.00 MED EXP (Any one person) \$ \$10,000.00 PERSONAL & ADV INJURY \$ \$2,000,000.00 GENERAL AGGREGATE \$ \$4,000,000.00 PRODUCTS - COMP/OP AGG \$ \$4,000,000.00
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	X	ISA H08859905 (Excludes NH) ISA H08859917 (NH)	10/1/2015 10/1/2015	10/1/2016 10/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ \$7,500,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ NEW HAMPSHIRE (CSL) \$ \$250,000.00
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS	X	X	XSA H08859929 (NH) XSL G2740036A	10/1/2015 10/1/2015	10/1/2016 10/1/2016	EACH OCCURRENCE \$ \$5,500,000.00 AGGREGATE PRODUCTS - \$ \$11,000,000.00 NEW HAMPSHIRE (CSL) \$ \$7,250,000.00
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WLR C48592284 (AZ, CA, MA) SCF C48592296 (WI) WLR C48592272 (All Other States)	10/1/2015 10/1/2015 10/1/2015	10/1/2016 10/1/2016 10/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ \$2,000,000.00 E.L. DISEASE - EA EMPLOYEE \$ \$2,000,000.00 E.L. DISEASE - POLICY LIMIT \$ \$2,000,000.00
C	Builder's Risk/Installation/Contract Works			N10724429 001	10/1/2015	10/1/2016	USD \$1,000,000.00 per jobsite
C	Rental Equipment/Contractor's Equipment			N10724429 001	10/1/2015	10/1/2016	USD \$1,000,000.00 per jobsite
C	Blanket Transit			N10724429 001	10/1/2015	10/1/2016	USD \$1,000,000.00 per conveyance

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

Project: All Locations

Please refer to attached ACORD 101 for further remarks.

## CERTIFICATE HOLDER

County of Volusia  
Contractor Licensing  
123 West Indiana Avenue, Room 203  
Deland, FL 32720  
United States

## 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

MARSH USA INC. BY  
Matthew Ferry, Casualty Program

*Franklin N. Hallack*  
Franklin Hallack, Global Marine  
Transit Program

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

AGENCY Marsh USA Inc.		NAMED INSURED Master Protection, LP d/b/a FireMaster 13050 Metro Parkway, Unit 1 Fort Myers, FL 33966 United States
POLICY NUMBER		
CARRIER	NAIC	EFFECTIVE DATE:

**ADDITIONAL REMARKS****THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE****REGARDING NOTICE OF CANCELLATION TO CERTIFICATE HOLDERS:**

This endorsement modifies the notice of cancellation of insurance provided hereunder:

Should any of the above described policies be cancelled, other than for non-payment of premium, before the expiration date thereof, 30 days advice of cancellation will be delivered to certificate holders in accordance with the policy endorsements.

All other terms and conditions of this policy remain unchanged.

**REGARDING ADDITIONAL INSURED STATUS:**

In accordance with the policy provisions, County of Volusia is included as an additional insured under this policy, as a result of any contract or agreement entered into by the named insured and County of Volusia.

**REGARDING WAIVER OF SUBROGATION:**

In accordance with the policy provisions, the Waiver of Subrogation applies per contract or agreement entered into by the named insured and County of Volusia.

**FOR QUESTIONS REGARDING THIS CERTIFICATE OF INSURANCE CONTACT:**

Mary Vogt (Email: [marvogt@firemaster-mpc.com](mailto:marvogt@firemaster-mpc.com) Phone: 239-896-1683)

THIS CERTIFICATE OF INSURANCE WAS GENERATED AND DELIVERED BY EXIGIS RiskWorks® rm.Certificates®

Business Process Automation for Risk Management, Insurance, and Trade Finance

To learn what EXIGIS can do for your business visit [exigis.com](http://exigis.com) or call 800.928.1963



## 8.0 HOLD HARMLESS AGREEMENT

I, Rick Korecki, (print owner's name), am the owner of Master Protection dba Firemaster (print company name), an incorporated / unincorporated business operating in the State of Florida. As such, I am bound by all laws of the state of Florida, including but not limited to those regarding the workers' compensation law.

I hereby affirm that I or [the above-named business] employs fewer than four employees, all of whom are listed below, including myself, and therefore, the business is exempt from the statutory requirement for workers' compensation insurance for its employees. I certify that I will provide the County of Volusia with the name of each new employee together with all required waivers and releases for each prior to any employee being allowed to work to provide services under the contract set forth below. If any such employee is allowed to work without a signed waiver and release, such action will be a material breach of this Agreement. All signed waivers and releases shall be furnished before the commencement of any work by an employee or the undersigned to the County Project Manager or designated county representative.

On September 29, 2016 the County of Volusia and I or [the above-named business] entered into a contract for Fire Extinguisher Inspection/maint. (please insert name of contract), (hereinafter "Agreement") which is incorporated by reference herein.

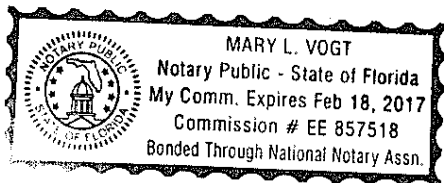
On behalf of myself, my business, and the employees listed below, I and they hereby agree to waive and release any and all workers' compensation claims or liens under Chapter 440, Florida Statutes, against the County of Volusia and its agents, officials and employees, arising from any work or services provided under the Agreement whether or not it shall be alleged or determined that the act was caused by intention, or through negligence or omission of the County of Volusia or its agents, officials and employees or subcontractors.

In the event that a workers' compensation claim or lien is made against the County of Volusia and/or its agents, officials or employees by myself or my employees or agents as a result of any work or services performed under the Agreement, I agree to indemnify, keep and hold harmless the County of Volusia, Florida, its agents, officials and employees, against all injuries, deaths, losses, damages, claims, liabilities, judgments, costs and expenses, direct, indirect or consequential (including, but not limited to, fees and charges of attorneys and other professionals) arising out of the Agreement with the County of Volusia, whether or not it shall be alleged or determined that the act was caused by intention or through negligence or omission of the County of Volusia or its employees, agents, or subcontractors. I or the above-named business shall pay all charges of attorneys and all costs and other expenses incurred in connection with the indemnity provided herein, and if any judgment shall be rendered against the County of Volusia in any action indemnified hereby, I or the above-named business shall, at my or its own expense, satisfy and discharge the same. The foregoing is not intended nor should it be construed as, a waiver of sovereign immunity of the COUNTY OF VOLUSIA under Section 768.28, Florida Statutes.

Owner: RICHARD KORECKI (print name) [Signature] (signature)  
Employee 1: \_\_\_\_\_ (print name) \_\_\_\_\_ (signature)  
Employee 2: \_\_\_\_\_ (print name) \_\_\_\_\_ (signature)  
Employee 3: \_\_\_\_\_ (print name) \_\_\_\_\_ (signature)

STATE OF Florida  
COUNTY OF Lee

Sworn to and subscribed before me this 29 day of September, 2016, by  
RICHARD KORECKI, who ~~is~~are personally known  
to me ~~or who has/have produced~~ \_\_\_\_\_ as identification.



(Seal)

Mary L VOGT  
NOTARY PUBLIC - STATE OF Florida  
Type or print name:  
MARY L. VOGT  
Commission No.: EE 857518  
Commission Expires: 2/18/17

9.0 CONFLICT OF INTEREST FORM

I HEREBY CERTIFY that

1. I, (printed name) Rick Korecki, am the (title) VP and Operations manager and the duly authorized representative of the firm of (Firm Name) Master Protection LP (dba) FIREMASTER whose address is 13650 Metro Parkway Ste 1, Ft Myers, FL 33966, and that I possess the legal authority to make this affidavit on behalf of myself and the firm for which I am acting; and,
2. Except as listed below, no employee, officer, or agent of the firm have any conflicts of interest, real or apparent, due to ownership, other clients, contracts, or interests associated with this project; and,
3. This Bid Submittal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a Bid for the same services, and is in all respects fair and without collusion or fraud.

EXCEPTIONS to items above (List):

Signature:

[Signature]

Printed Name:

RICHARD KORECKI

Firm Name:

MASTER PROTECTION, LP dba FIREMASTER

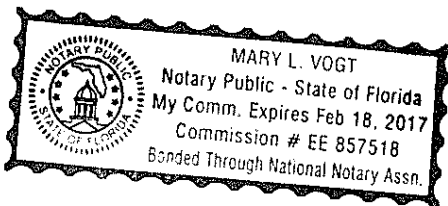
Date:

9/29/16

STATE OF Florida

COUNTY OF Lee

Sworn to and subscribed before me this 29 day of September, 2016, by RICHARD KORECKI, who is ~~are~~ personally known to me ~~or~~ who has/have produced \_\_\_\_\_ as identification.



(Seal)

Mary L. Vogt

NOTARY PUBLIC - STATE OF Florida

Type or print name:

MARY L. VOGT

Commission No.: EE 857518

Commission Expires: 2/18/17



**BUDGET AND ADMINISTRATIVE SERVICES**  
**Purchasing and Contracts**

123 West Indiana Avenue • Room 302 • DeLand, FL 32720-4608  
(386) 736-5935 • Fax (386) 736-5972

E-mail: [purchasing@volusia.org](mailto:purchasing@volusia.org)  
[www.volusia.org](http://www.volusia.org)

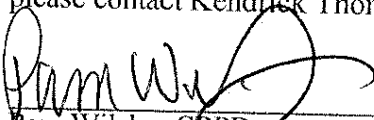
**Subject: ADDENDUM NO. 1 to RFP, 16-B-175KT, Fire Extinguishers, Inspections and Maintenance**

This addendum is being issued to make changes to the bid. This document and all changes, as listed below, shall become an integral part of the bid and shall take precedence over what was previously stated in the bid document.

1. **Could you please provide, or direct me where to find, the bid tabulation from last award of the Fire Extinguisher, Inspections & Maintenance Bid?**

The Tabulation and Recommendation of Award for the previous bid, **11-B-128PW**, can be found by visiting [www.volusia.org/bidlist](http://www.volusia.org/bidlist) and searching for the mentioned Bid (**11-B-128PW**). You may log in as a guest to see all documents.

**Please sign and attach this addendum to your proposal.** If you have any questions regarding this information, please contact Kendrick Thomas at 386-626-6624 or e-mail [kthomas@volusia.org](mailto:kthomas@volusia.org)

  
Pam Wilsky, CPPB  
Procurement Manager

---

**Please sign and return entire Addendum with proposal.**

Vendor: Master Protection (dba) Firemaster

Authorized Signature: 

Printed Name & title of Above: Rick Kozicki VP + Operations manager

Phone No.: 813-310-8685 Date: 9/29/2016

FAILURE TO RETURN ENTIRE FORM WITH THE PROPOSAL MAY CAUSE THE PROPOSAL TO BE RENDERED NON-RESPONSIVE.



**BUDGET AND ADMINISTRATIVE SERVICES**  
**Purchasing and Contracts**

123 West Indiana Avenue • Room 302 • DeLand, FL 32720-4608  
 (386) 736-5935 • Fax (386) 736-5972  
 E-mail: [purchasing@volusia.org](mailto:purchasing@volusia.org)  
[www.volusia.org](http://www.volusia.org)

**Subject: ADDENDUM NO. 2 to ITB, 16-B-175KT, Fire Extinguishers, Inspections and Maintenance**

This addendum is being issued to make changes to the bid. This document and all changes, as listed below, shall become an integral part of the bid and shall take precedence over what was previously stated in the bid document.

1. **How many fire extinguishers had six-year maintenance, Recharge and/or Hydro-testing performed over the past two years?**

That information is not available at this time.

2. **How many new fire extinguishers were purchased by the County in last two years?**

That information is not available at this time.

3. **Approximately how many total fire extinguishers are there?**

That information is not available at this time.


4. **Approximately how many guardian and how many pre engineered systems are there?**

This information can be found in the bid document, section 1.2.

5. **Please define what you mean by a pre engineered system is, since a guardian is a pre engineered system also.**

The systems shall inspected per applicable NFPA Codes regardless of the type of system.

**Please sign and attach this addendum to your proposal.** If you have any questions regarding this information, please contact Kendrick Thomas at 386-626-6624 or e-mail [kthomas@volusia.org](mailto:kthomas@volusia.org)

  
 Pam Wilsky, CPPB  
 Procurement Manager

**Please sign and return entire Addendum with proposal.**

Vendor: Master Protection (dba) Firemaster

Authorized Signature: 

Printed Name & title of Above: Rick Korecki VP + Operations Mgr

Phone No.: 813-310-8685 Date: 9/29/2016

FAILURE TO RETURN ENTIRE FORM WITH THE PROPOSAL MAY CAUSE THE PROPOSAL TO BE RENDERED NON-RESPONSIVE.

2016 - 2017  
LEE COUNTY LOCAL BUSINESS TAX RECEIPT

Account Number: 9802794

Account Expires: September 30, 2017

Location:

13050 METRO PKWY UNIT 1  
FT MYERS FL 33966

FIREMASTER

MASTER PROTECTION LP  
13050 METRO PKWY UNIT 1  
FT MYERS FL 33966

May engage in the business of:

BUSINESS SERVICE

THIS LOCAL BUSINESS TAX RECEIPT IS NON REGULATORY

Payment Information:

<b>PAID</b>	020428-28-1	08/10/2016 02:53 PM
	DP500	\$50.00

## Tipton, Michele

From: Vogt, Mary  
Sent: Friday, September 30, 2016 1:45 PM  
To: Tipton, Michele  
Subject: Emailing: Detail by Entity Name

### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



[Previous On List](#) [Next On List](#) [Return to List](#)

[Events](#) [No Name History](#)

Master  
Protection  
[Search]

## Detail by Entity Name

Foreign Limited Partnership MASTER PROTECTION, LP  
Filing Information

Document Number B10000000147 FEI/EIN Number 94-3077928 Date Filed 09/08/2010 State DE Status ACTIVE Last  
Event LP AMENDMENT Event Date Filed 04/19/2013 Event Effective Date NONE

#### Principal Address

4700 Exchange Court  
Suite 300  
Boca Raton, FL 33431

Changed: 03/10/2014  
Mailing Address  
4700 Exchange Court  
Suite 300  
Boca Raton, FL 33431

Changed: 04/11/2016  
Registered Agent Name & Address C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324  
General Partner Detail **Name & Address**

SIMPLEX TIME RECORDER LLC  
4700 Exchange Court  
Suite 300  
Boca Raton, FL 33431

#### Annual Reports

Report Year	Filed Date
2014	03/10/2014
2015	04/14/2015
2016	04/11/2016

#### Document Images

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10.0 CERTIFICATION AFFIDAVIT BY PRIME CONTRACTOR AS LOCAL BUSINESS

This form must be signed and sworn to in the presence of a notary public or other official authorized to administer oaths.

A. This sworn statement is submitted to County of Volusia, FL, Purchasing and Contracts;

By: Rich Korecki - VP and Operations Manager  
(Authorized individuals name and title)

For: Master Protection LP (dba) Firemaster  
(Name of Company/Individual submitting sworn statement)

B. Local Preference Eligibility

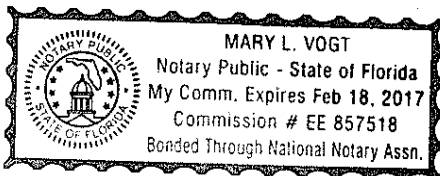
1. Vendor has been in business for a minimum of six (6) months prior to the date of Bids or quote ☒ Yes ☐ No
2. Vendor has proof of local business in the form of a business tax receipt from a local jurisdiction per Volusia County Local Preference ordinance ☒ Yes ☐ No

I understand that the submission of this form to the contracting officer for Volusia County, Florida, is valid through the end of term of the awarded Agreement. I also understand that failure to notify the County of Volusia of a change in address out of the local area may result in breach of Agreement.

[Signature]  
(Signature)

STATE OF Florida  
COUNTY OF Lee

Sworn to and subscribed before me this 29 day of September, 2016, by RICHARD KORECKI, who is ~~is~~ personally known to me ~~or who has/have produced~~ \_\_\_\_\_ as identification.



(Seal)

Mary L Vogt  
NOTARY PUBLIC - STATE OF Florida  
Type or print name:  
MARY L. VOGT  
Commission No.: EE 857518  
Commission Expires: 2/18/17

**11.0 CERTIFICATION AFFIDAVIT BY SUB CONTRACTOR AS LOCAL BUSINESS**

This form must be signed and sworn to in the presence of a notary public or other official authorized to administer oaths.

A. This sworn statement is submitted to County of Volusia, FL, Purchasing and Contracts;

By: Rick Korecki VP and Operations manager  
(Authorized individuals name and title)

For: Master Protection LP (dba) Firemaster  
(Name of Company/Individual submitting sworn statement)

B. Local Preference Eligibility

1. Vendor has been in business for a minimum of six (6) months prior to the date of Bids or quote ☒ Yes ☐ No
2. Vendor has proof of local business in the form of a business tax receipt from a local jurisdiction per Volusia County Local Preference ordinance ☒ Yes ☐ No

I understand that the submission of this form to the contracting officer for Volusia County, Florida, is valid through the end of term of the awarded Agreement. I also understand that failure to notify the County of Volusia of a change in address out of the local area may result in breach of Agreement.

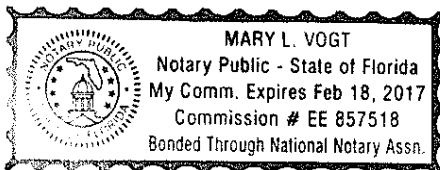
[Signature]

(Signature)

STATE OF Florida

COUNTY OF Lee

Sworn to and subscribed before me this 29 day of September, 2016, by Richard KORECKI, who is ~~is~~ personally known to me ~~or who has/have produced~~ \_\_\_\_\_ as identification.



(Seal)

Mary L. Vogt  
NOTARY PUBLIC - STATE OF Florida

Type or print name:

MARY L. VOGT

Commission No.: EE 857518

Commission Expires: 2/18/17

Jeff Atwater  
CHIEF FINANCIAL OFFICER

Julius Halas  
DIVISION DIRECTOR



Casia Sinco  
BUREAU CHIEF

Keith McCarthy  
SAFETY PROGRAM MANAGER

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES**

**DIVISION OF STATE FIRE MARSHAL**

200 East Gaines Street - Tallahassee, Florida 32399-0342  
Tel. 850-413-3644 Fax. 850-410-2467

**FIRE EXTINGUISHER PERMIT  
OFFICIAL COPY**

THIS CERTIFIES THAT: Claude D Cancalon  
EMPLOYER: MaSter Protection LP dba FireMaster  
10255 Fortune Pkwy  
Jacksonville FL 32256  
LICENSE NUMBER: FED15-000060

Has Complied with Florida statutes and has qualified for the type and class shown herein to service, recharge, repair, install, or inspect all types of portable Fire Extinguishers, as applicable. The person named in this permit shall not perform work any more extensive than the Employer named herein.

Issue Date: 08/09/2016  
Type: 09  
Class: 01  
County: Duval  
License/Permit #: FEP16-000257  
Expiration Date: 12/31/2017



  
Chief Financial Officer

Jeff Atwater  
CHIEF FINANCIAL OFFICER

Julius Halas  
DIVISION DIRECTOR



Casia Sinco  
BUREAU CHIEF

Keith McCarthy  
SAFETY PROGRAM MANAGER

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**PRE-ENGINEERED SYSTEM PERMIT  
OFFICIAL COPY**

THIS CERTIFIES THAT: Oscar W Carter  
EMPLOYER: MaSter Protection LP dba FireMaster  
10255 Fortune Pkwy  
Jacksonville FL 32256  
LICENSE NUMBER: FED15-000061

Has Complied with Florida statutes and has qualified for the type and class shown herein to service, recharge, repair, install, or inspect all types of pre-engineered systems.

Issue Date: 03/11/2016  
Type: 09  
Class: 04  
County: Duval  
License/Permit #: FEP16-000107  
Expiration Date: 12/31/2017



*Jeff Atwater*

Chief Financial Officer

Jeff Atwater  
CHIEF FINANCIAL OFFICER

Julius Halas  
DIVISION DIRECTOR



Casia Sinco  
BUREAU CHIEF

Keith McCarthy  
SAFETY PROGRAM MANAGER

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Tel. 850-413-3644 Fax. 850-410-2467

---

**PRE-ENGINEERED SYSTEM PERMIT**  
**OFFICIAL COPY**

THIS CERTIFIES THAT: Oscar W Carter

EMPLOYER: MaSter Protection LP dba FireMaster  
10255 Fortune Pkwy  
Jacksonville FL 32256

LICENSE NUMBER: 836405-0001-2007

Has Complied with Florida statutes and has qualified for the type and class shown herein to service, recharge, repair, install, or inspect all types of pre-engineered systems.

Issue Date: 01/01/2016  
Type: 09  
Class: 04  
County: Duval  
License/Permit #: FEP15-000119  
Expiration Date: 12/31/2017



  
Chief Financial Officer

Jeff Atwater  
CHIEF FINANCIAL OFFICER

Julius Halas  
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Casia Sinco  
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Keith McCarthy  
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---

**FIRE EXTINGUISHER PERMIT**  
**OFFICIAL COPY**

THIS CERTIFIES THAT: Oscar W Carter

EMPLOYER: MaSter Protection LP dba FireMaster  
10255 Fortune Pkwy  
Jacksonville FL 32256

LICENSE NUMBER: 836405-0002-2007

Has Complied with Florida statutes and has qualified for the type and class shown herein to service, recharge, repair, install, or inspect all types of portable Fire Extinguishers, as applicable. The person named in this permit shall not perform work any more extensive than the Employer named herein.

Issue Date: 01/01/2016  
Type: 09  
Class: 01  
County: Duval  
License/Permit #: FEP15-000118  
Expiration Date: 12/31/2017



*Jeff Atwater*

Chief Financial Officer

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CHIEF FINANCIAL OFFICER

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**FIRE EXTINGUISHER PERMIT  
OFFICIAL COPY**

THIS CERTIFIES THAT: Oscar W Carter  
EMPLOYER: MaSter Protection LP dba FireMaster  
10255 Fortune Pkwy  
Jacksonville FL 32256  
LICENSE NUMBER: FED15-000060

Has Complied with Florida statutes and has qualified for the type and class shown herein to service, recharge, repair, install, or inspect all types of portable Fire Extinguishers, as applicable. The person named in this permit shall not perform work any more extensive than the Employer named herein.

Issue Date: 03/11/2016  
Type: 09  
Class: 01  
County: Duval  
License/Permit #: FEP16-000106  
Expiration Date: 12/31/2017



  
Chief Financial Officer

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---

**FIRE EXTINGUISHER PERMIT**  
**OFFICIAL COPY**

THIS CERTIFIES THAT: Kevin M Carter

EMPLOYER: MaSter Protection LP dba FireMaster  
10255 Fortune Pkwy  
Jacksonville FL 32256

LICENSE NUMBER: 836405-0002-2007

Has Complied with Florida statutes and has qualified for the type and class shown herein to service, recharge, repair, install, or inspect all types of portable Fire Extinguishers, as applicable. The person named in this permit shall not perform work any more extensive than the Employer named herein.

Issue Date: 01/01/2016  
Type: 09  
Class: 01  
County: Orange  
License/Permit #: FEP14-000310  
Expiration Date: 12/31/2017



  
Chief Financial Officer



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---

**PRE-ENGINEERED SYSTEM PERMIT**  
**OFFICIAL COPY**

THIS CERTIFIES THAT: Kevin M Carter

EMPLOYER: MaSter Protection LP dba FireMaster  
10255 Fortune Pkwy  
Jacksonville FL 32256

LICENSE NUMBER: 836405-0001-2007

Has Complied with Florida statutes and has qualified for the type and class shown herein to service, recharge, repair, install, or inspect all types of pre-engineered systems.

Issue Date: 01/01/2016  
Type: 09  
Class: 04  
County: Orange  
License/Permit #: FEP14-000331  
Expiration Date: 12/31/2017



*Jeff Atwater*

Chief Financial Officer

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---

**PRE-ENGINEERED SYSTEM PERMIT**  
**OFFICIAL COPY**

THIS CERTIFIES THAT: Adrian L. Goodwine  
EMPLOYER: MaSter Protection LP dba FireMaster  
10255 Fortune Pkwy  
Jacksonville FL 32256  
LICENSE NUMBER: 836405-0001-2007

Has Complied with Florida statutes and has qualified for the type and class shown herein to service,  
recharge, repair, install, or inspect all types of pre-engineered systems.

Issue Date: 01/01/2016  
Type: 09  
Class: 04  
County: Duval  
License/Permit #: FEP15-000223  
Expiration Date: 12/31/2017



*Jeff Atwater*

Chief Financial Officer

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---

**FIRE EXTINGUISHER PERMIT**  
**OFFICIAL COPY**

THIS CERTIFIES THAT: Adrian L. Goodwine

EMPLOYER: MaSter Protection LP dba FireMaster  
10255 Fortune Pkwy  
Jacksonville FL 32256

LICENSE NUMBER: 836405-0002-2007

Has Complied with Florida statutes and has qualified for the type and class shown herein to service, recharge, repair, install, or inspect all types of portable Fire Extinguishers, as applicable. The person named in this permit shall not perform work any more extensive than the Employer named herein.

Issue Date: 01/01/2016  
Type: 09  
Class: 01  
County: Duval  
License/Permit #: FEP15-000162  
Expiration Date: 12/31/2017



*Jeff Atwater*

Chief Financial Officer

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---

**FIRE EXTINGUISHER PERMIT**  
**OFFICIAL COPY**

THIS CERTIFIES THAT: Jason M Miller

EMPLOYER: MaSter Protection LP dba FireMaster  
10255 Fortune Pkwy  
Jacksonville FL 32256

LICENSE NUMBER: 836405-0002-2007

Has Complied with Florida statutes and has qualified for the type and class shown herein to service, recharge, repair, install, or inspect all types of portable Fire Extinguishers, as applicable. The person named in this permit shall not perform work any more extensive than the Employer named herein.

Issue Date: 01/01/2016  
Type: 09  
Class: 01  
County: Duval  
License/Permit #: FEP14-000563  
Expiration Date: 12/31/2017



*Jeff Atwater*

Chief Financial Officer

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**FIRE EXTINGUISHER PERMIT  
OFFICIAL COPY**

THIS CERTIFIES THAT: Kevin M Carter  
EMPLOYER: MaSter Protection LP dba FireMaster  
10255 Fortune Pkwy  
Jacksonville FL 32256  
LICENSE NUMBER: FED15-000060

Has Complied with Florida statutes and has qualified for the type and class shown herein to service, recharge, repair, install, or inspect all types of portable Fire Extinguishers, as applicable. The person named in this permit shall not perform work any more extensive than the Employer named herein.

Issue Date: 03/11/2016  
Type: 09  
Class: 01  
County: Duval  
License/Permit #: FEP16-000108  
Expiration Date: 12/31/2017



  
Chief Financial Officer

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---

**PRE-ENGINEERED SYSTEM PERMIT  
OFFICIAL COPY**

THIS CERTIFIES THAT: Kevin M Carter  
EMPLOYER: MaSter Protection LP dba FireMaster  
10255 Fortune Pkwy  
Jacksonville FL 32256  
LICENSE NUMBER: FED15-000061

Has Complied with Florida statutes and has qualified for the type and class shown herein to service, recharge, repair, install, or inspect all types of pre-engineered systems.

Issue Date: 03/11/2016  
Type: 09  
Class: 04  
County: Duval  
License/Permit #: FEP16-000109  
Expiration Date: 12/31/2017



  
Chief Financial Officer

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**PRE-ENGINEERED SYSTEM PERMIT  
OFFICIAL COPY**

THIS CERTIFIES THAT: Jeffrey J McKinnie

EMPLOYER: MaSter Protection LP dba FireMaster  
10255 Fortune Pkwy  
Jacksonville FL 32256

LICENSE NUMBER: FED15-000061

Has Complied with Florida statutes and has qualified for the type and class shown herein to service, recharge, repair, install, or inspect all types of pre-engineered systems.

Issue Date: 01/01/2016  
Type: 09  
Class: 04  
County: Duval  
License/Permit #: FEP15-000361  
Expiration Date: 12/31/2017



*Jeff Atwater*

Chief Financial Officer

Jeff Atwater  
CHIEF FINANCIAL OFFICER

Julius Halas  
DIVISION DIRECTOR



Casia Sinco  
BUREAU CHIEF

Keith McCarthy  
SAFETY PROGRAM MANAGER

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Tel. 850-413-3644 Fax. 850-410-2467

---

**FIRE EXTINGUISHER PERMIT  
OFFICIAL COPY**

THIS CERTIFIES THAT: Jeffrey J McKinnie

EMPLOYER: MaSter Protection LP dba FireMaster  
10255 Fortune Pkwy  
Jacksonville FL 32256

LICENSE NUMBER: FED15-000060

Has Complied with Florida statutes and has qualified for the type and class shown herein to service, recharge, repair, install, or inspect all types of portable Fire Extinguishers, as applicable. The person named in this permit shall not perform work any more extensive than the Employer named herein.

Issue Date: 01/01/2016  
Type: 09  
Class: 01  
County: Duval  
License/Permit #: FEP15-000360  
Expiration Date: 12/31/2017



*Jeff Atwater*

Chief Financial Officer



Jeff Atwater  
CHIEF FINANCIAL OFFICER

Julius Halas  
DIVISION DIRECTOR



Casia Sinco  
BUREAU CHIEF

Keith McCarthy  
SAFETY PROGRAM MANAGER

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES**

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---

**FIRE EQUIPMENT DEALER LICENSE  
OFFICIAL COPY**

THIS CERTIFIES THAT: MaSter Protection LP dba FireMaster  
10255 Fortune Pkwy  
Jacksonville FL 32256

QUALIFIER: Jeffrey J McKinnie

Has Complied with Florida statutes and has qualified for the type and class shown here on to service,  
repair, install or inspect all types Pre-Engineered Fire Extinguishing Systems.

Issue Date: 01/01/2016  
Type: 07  
Class: 04  
County: Duval  
License/Permit #: FED15-000061  
Expiration Date: 12/31/2017



*Jeff Atwater*

Chief Financial Officer

Jeff Atwater  
CHIEF FINANCIAL OFFICER

Julius Halas  
DIVISION DIRECTOR



Casia Sinco  
BUREAU CHIEF

Keith McCarthy  
SAFETY PROGRAM MANAGER

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES**

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---

**FIRE EQUIPMENT DEALER LICENSE  
OFFICIAL COPY**

THIS CERTIFIES THAT: MaSter Protection LP dba FireMaster  
10255 Fortune Pkwy  
Jacksonville FL 32256

QUALIFIER: Jeffrey J McKinnie

Has Complied with Florida statutes and has qualified for the type and class shown here on to service, recharge, repair, install, or inspect all types of Fire Extinguishers including recharging carbon dioxide units, and to conduct hydrostatic tests on all types of fire extinguishers including carbon Dioxide Units.

Issue Date: 01/01/2016  
Type: 07  
Class: 01  
County: Duval  
License/Permit #: FED15-000060  
Expiration Date: 12/31/2017



  
Chief Financial Officer

Jeff Atwater  
CHIEF FINANCIAL OFFICER

Julius Halas  
DIVISION DIRECTOR



Casia Sinco  
BUREAU CHIEF

Keith McCarthy  
SAFETY PROGRAM MANAGER

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES**

**DIVISION OF STATE FIRE MARSHAL**

200 East Gaines Street - Tallahassee, Florida 32399-0342  
Tel. 850-413-3644 Fax. 850-410-2467

**FIRE EQUIPMENT DEALER LICENSE  
OFFICIAL COPY**

THIS CERTIFIES THAT: Jax Fire and Safety Equipment/A FireMaster Franchisee  
10255 Fortune Parkway, Bldg 500, Suite 120  
Jacksonville FL 32256

QUALIFIER: Michael S Bolton

Has Complied with Florida statutes and has qualified for the type and class shown here on to service, recharge, repair, install, or inspect all types of Fire Extinguishers including recharging carbon dioxide units, and to conduct hydrostatic tests on all types of fire extinguishers including carbon Dioxide Units.

Issue Date: 01/01/2016  
Type: 07  
Class: 01  
County: Duval  
License/Permit #: FED14-000008  
Expiration Date: 12/31/2017



A handwritten signature in black ink, appearing to read "Jeff Atwater".

Chief Financial Officer

Jeff Atwater  
CHIEF FINANCIAL OFFICER

Julius Halas  
DIVISION DIRECTOR



Casia Sinco  
BUREAU CHIEF

Keith McCarthy  
SAFETY PROGRAM MANAGER

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES**

**DIVISION OF STATE FIRE MARSHAL**

200 East Gaines Street - Tallahassee, Florida 32399-0342  
Tel. 850-413-3644 Fax. 850-410-2467

**FIRE EQUIPMENT DEALER LICENSE**

**OFFICIAL COPY**

THIS CERTIFIES THAT: Jax Fire and Safety Equipment/A FireMaster Franchisee  
10255 Fortune Parkway, Bldg 500, Suite 120  
Jacksonville FL 32256

QUALIFIER: Michael S Bolton

Has Complied with Florida statutes and has qualified for the type and class shown here on to service, repair, install or inspect all types Pre-Engineered Fire Extinguishing Systems.

Issue Date: 01/01/2016  
Type: 07  
Class: 04  
County: Duval  
License/Permit #: FED14-000009  
Expiration Date: 12/31/2017

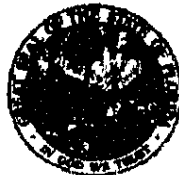


*Jeff Atwater*

Chief Financial Officer

Jeff Atwater  
CHIEF FINANCIAL OFFICER

Julius Halas  
DIVISION DIRECTOR



Casia Sinco  
BUREAU CHIEF

Keith McCarthy  
SAFETY PROGRAM MANAGER

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---

**CERTIFICATE OF COMPETENCY  
OFFICIAL COPY**

THIS CERTIFIES THAT: Michael S Crain  
6830 Shadowridge Drive Suite 212  
Orlando FL 32812  
BUSINESS ORGANIZATION: Master Protection LP dba FireMaster

Contractor I includes the execution of contracts requiring the ability, experience, knowledge, science, and skill to intelligently layout, fabricate, install, inspect, alter, repair, or service all types of Fire Protection Systems, excluding Pre-Engineered Systems.

Issue Date: 07/01/2016  
Type: 07  
Class: 10  
County: Orange  
License/Permit #: FPC13-000107  
Expiration Date: 06/30/2018



*Jeff Atwater*

Chief Financial Officer

Jeff Atwater  
CHIEF FINANCIAL OFFICER

Julius Halas  
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SAFETY PROGRAM MANAGER

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---

**PRE-ENGINEERED SYSTEM PERMIT  
OFFICIAL COPY**

THIS CERTIFIES THAT: Jeremy Schmult  
EMPLOYER: Master Protection LP dba FireMaster  
6830 Shadowridge Drive Suite 212  
Orlando FL 32812  
LICENSE NUMBER: FED15-000065

Has Complied with Florida statutes and has qualified for the type and class shown herein to service, recharge, repair, install, or inspect all types of pre-engineered systems.

Issue Date: 04/22/2016  
Type: 09  
Class: 04  
County: Orange  
License/Permit #: FEP16-000180  
Expiration Date: 12/31/2017



*Jeff Atwater*  
Chief Financial Officer

Jeff Atwater  
CHIEF FINANCIAL OFFICER

Julius Halas  
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Keith McCarthy  
SAFETY PROGRAM MANAGER

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF STATE FIRE MARSHAL**

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Tel. 850-413-3644 Fax. 850-410-2467

**FIRE EXTINGUISHER PERMIT  
OFFICIAL COPY**

THIS CERTIFIES THAT: Jeremy Schmult  
EMPLOYER: Master Protection LP dba FireMaster  
6830 Shadowridge Drive Suite 212  
Orlando FL 32812  
LICENSE NUMBER: FED15-000064

Has Complied with Florida statutes and has qualified for the type and class shown herein to service, recharge, repair, install, or inspect all types of portable Fire Extinguishers, as applicable. The person named in this permit shall not perform work any more extensive than the Employer named herein.

Issue Date: 04/22/2016  
Type: 09  
Class: 01  
County: Orange  
License/Permit #: FEP16-000179  
Expiration Date: 12/31/2017



*Jeff Atwater*  
Chief Financial Officer

Jeff Atwater  
CHIEF FINANCIAL OFFICER

Julius Halas  
DIVISION DIRECTOR



Casia Sinco  
BUREAU CHIEF

Keith McCarthy  
SAFETY PROGRAM MANAGER

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES**  
**DIVISION OF STATE FIRE MARSHAL**  
200 East Gaines Street - Tallahassee, Florida 32399-0342  
Tel. 850-413-3644 Fax. 850-410-2467

---

**FIRE EXTINGUISHER PERMIT**  
**OFFICIAL COPY**

THIS CERTIFIES THAT: Scott R Bonner

EMPLOYER: Master Protection LP dba FireMaster  
6830 Shadowridge Drive Suite 212  
Orlando FL 32812

LICENSE NUMBER: 745186-0003-2006

Has Complied with Florida statutes and has qualified for the type and class shown herein to service, recharge, repair, install, or inspect all types of portable Fire Extinguishers, as applicable. The person named in this permit shall not perform work any more extensive than the Employer named herein.

Issue Date: 01/01/2016  
Type: 09  
Class: 01  
County: Orange  
License/Permit #: FEP15-000041  
Expiration Date: 12/31/2017



  
Chief Financial Officer



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---

**PRE-ENGINEERED SYSTEM PERMIT**  
**OFFICIAL COPY**

THIS CERTIFIES THAT: Scott R Bonner

EMPLOYER: Master Protection LP dba FireMaster  
6830 Shadowridge Drive Suite 212  
Orlando FL 32812

LICENSE NUMBER: 745186-0001-2006

Has Complied with Florida statutes and has qualified for the type and class shown herein to service, recharge, repair, install, or inspect all types of pre-engineered systems.

Issue Date: 01/01/2016  
Type: 09  
Class: 04  
County: Orange  
License/Permit #: FEP15-000042  
Expiration Date: 12/31/2017



  
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**FIRE EXTINGUISHER PERMIT  
OFFICIAL COPY**

THIS CERTIFIES THAT: Scott R Bonner  
EMPLOYER: Master Protection LP dba FireMaster  
6830 Shadowridge Drive Suite 212  
Orlando FL 32812  
LICENSE NUMBER: FED15-000064

Has Complied with Florida statutes and has qualified for the type and class shown herein to service, recharge, repair, install, or inspect all types of portable Fire Extinguishers, as applicable. The person named in this permit shall not perform work any more extensive than the Employer named herein.

Issue Date: 03/11/2016  
Type: 09  
Class: 01  
County: Orange  
License/Permit #: FEP16-000100  
Expiration Date: 12/31/2017



*Jeff Atwater*

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---

**PRE-ENGINEERED SYSTEM PERMIT  
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THIS CERTIFIES THAT: Scott R Bonner  
EMPLOYER: Master Protection LP dba FireMaster  
6830 Shadowridge Drive Suite 212  
Orlando FL 32812  
LICENSE NUMBER: FED15-000065

Has Complied with Florida statutes and has qualified for the type and class shown herein to service, recharge, repair, install, or inspect all types of pre-engineered systems.

Issue Date: 03/11/2016  
Type: 09  
Class: 04  
County: Orange  
License/Permit #: FEP16-000101  
Expiration Date: 12/31/2017



  
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**FIRE EXTINGUISHER PERMIT  
OFFICIAL COPY**

THIS CERTIFIES THAT: Pablo L Camacho  
EMPLOYER: Master Protection LP dba FireMaster  
6830 Shadowridge Drive Suite 212  
Orlando FL 32812  
LICENSE NUMBER: FED15-000064

Has Complied with Florida statutes and has qualified for the type and class shown herein to service, recharge, repair, install, or inspect all types of portable Fire Extinguishers, as applicable. The person named in this permit shall not perform work any more extensive than the Employer named herein.

Issue Date: 03/11/2016  
Type: 09  
Class: 01  
County: Orange  
License/Permit #: FEP16-000102  
Expiration Date: 12/31/2017



  
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---

**PRE-ENGINEERED SYSTEM PERMIT  
OFFICIAL COPY**

THIS CERTIFIES THAT: Pablo L Camacho  
EMPLOYER: Master Protection LP dba FireMaster  
6830 Shadowridge Drive Suite 212  
Orlando FL 32812  
LICENSE NUMBER: FED15-000065

Has Complied with Florida statutes and has qualified for the type and class shown herein to service, recharge, repair, install, or inspect all types of pre-engineered systems.

Issue Date: 03/11/2016  
Type: 09  
Class: 04  
County: Orange  
License/Permit #: FEP16-000103  
Expiration Date: 12/31/2017



  
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---

**FIRE EXTINGUISHER PERMIT**  
**OFFICIAL COPY**

THIS CERTIFIES THAT: Pablo L Camacho

EMPLOYER: Master Protection LP dba FireMaster  
6830 Shadowridge Drive Suite 212  
Orlando FL 32812

LICENSE NUMBER: 745186-0003-2006

Has Complied with Florida statutes and has qualified for the type and class shown herein to service, recharge, repair, install, or inspect all types of portable Fire Extinguishers, as applicable. The person named in this permit shall not perform work any more extensive than the Employer named herein.

Issue Date: 01/01/2016  
Type: 09  
Class: 01  
County: Orange  
License/Permit #: FEP13-000402  
Expiration Date: 12/31/2017



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THIS CERTIFIES THAT: Pablo L Camacho

EMPLOYER: Master Protection LP dba FireMaster  
6830 Shadowridge Drive Suite 212  
Orlando FL 32812

LICENSE NUMBER: 745186-0001-2006

Has Complied with Florida statutes and has qualified for the type and class shown herein to service, recharge, repair, install, or inspect all types of pre-engineered systems.

Issue Date: 01/01/2016  
Type: 09  
Class: 04  
County: Orange  
License/Permit #: FEP15-000345  
Expiration Date: 12/31/2017



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---

**FIRE EXTINGUISHER PERMIT  
OFFICIAL COPY**

THIS CERTIFIES THAT: Jeffrey J McKinnie

EMPLOYER: Master Protection LP dba FireMaster  
6830 Shadowridge Drive Suite 212  
Orlando FL 32812

LICENSE NUMBER: FED15-000064

Has Complied with Florida statutes and has qualified for the type and class shown herein to service, recharge, repair, install, or inspect all types of portable Fire Extinguishers, as applicable. The person named in this permit shall not perform work any more extensive than the Employer named herein.

Issue Date: 01/01/2016  
Type: 09  
Class: 01  
County: Orange  
License/Permit #: FEP15-000364  
Expiration Date: 12/31/2017



*Jeff Atwater*

Chief Financial Officer



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**DIVISION OF STATE FIRE MARSHAL**  
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Tel. 850-413-3644 Fax. 850-410-2467

---

**PRE-ENGINEERED SYSTEM PERMIT**  
**OFFICIAL COPY**

THIS CERTIFIES THAT: Jeffrey J McKinnie  
EMPLOYER: Master Protection LP dba FireMaster  
6830 Shadowridge Drive Suite 212  
Orlando FL 32812  
LICENSE NUMBER: FED15-000065

Has Complied with Florida statutes and has qualified for the type and class shown herein to service,  
recharge, repair, install, or inspect all types of pre-engineered systems.

Issue Date: 01/01/2016  
Type: 09  
Class: 04  
County: Orange  
License/Permit #: FEP15-000365  
Expiration Date: 12/31/2017



*Jeff Atwater*

Chief Financial Officer

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DIVISION DIRECTOR



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Keith McCarthy  
SAFETY PROGRAM MANAGER

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**DIVISION OF STATE FIRE MARSHAL**  
200 East Gaines Street - Tallahassee, Florida 32399-0342  
Tel. 850-413-3644 Fax. 850-410-2467

---

**FIRE EQUIPMENT DEALER LICENSE**  
**OFFICIAL COPY**

THIS CERTIFIES THAT: Master Protection LP dba FireMaster  
6830 Shadowridge Drive Suite 212  
Orlando FL 32812  
  
QUALIFIER: Jeffrey J McKinnie

Has Complied with Florida statutes and has qualified for the type and class shown here on to service, recharge, repair, install, or inspect all types of Fire Extinguishers including recharging carbon dioxide units, and to conduct hydrostatic tests on all types of fire extinguishers including carbon Dioxide Units.

Issue Date: 01/01/2016  
Type: 07  
Class: 01  
County: Orange  
License/Permit #: FED15-000064  
Expiration Date: 12/31/2017



  
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Tel. 850-413-3644 Fax. 850-410-2467

**FIRE EQUIPMENT DEALER LICENSE**  
**OFFICIAL COPY**

THIS CERTIFIES THAT: Master Protection LP dba FireMaster  
6830 Shadowridge Drive Suite 212  
Orlando FL 32812

QUALIFIER: Jeffrey J McKinnie

Has Complied with Florida statutes and has qualified for the type and class shown here on to service,  
repair, install or inspect all types Pre-Engineered Fire Extinguishing Systems.

Issue Date: 01/01/2016  
Type: 07  
Class: 04  
County: Orange  
License/Permit #: FED15-000065  
Expiration Date: 12/31/2017



  
Chief Financial Officer

## 12.0 DRUG-FREE WORK PLACE

The undersigned firm, in accordance with Florida statute 287.087, hereby certifies that

Master Protection (dba) Fire MASTER does:  
(Name of Firm)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are proposed a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under proposal, the employee will propose by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

RICHARD KORECKI VICE-PRESIDENT  
Name and Title

9/29/16  
Date

[Signature]  
Signature

Master Protection (dba) Firemaster  
Firm

13050 Metro Parkway STE 1  
Street address

Fort Myers, FL 33966  
City, State, Zip

### 13.0 CERTIFICATION REGARDING DEBARMENT (PRIME)

#### Certification Regarding Debarment, Suspension, And Other Responsibility Matters Primary Covered Transactions

#### TO BE COMPLETED BY PRIME CONTRACTOR

- A. The prospective primary participant (contractor) certifies to the best of its knowledge and belief, that it and its principals (subcontractors and suppliers):
1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
  2. Have not within a three (3) year period preceding this bid proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
  3. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification; and
  4. Have not within a three-year period preceding this bid proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.
- B. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this bid proposal.

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Firm

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City, State, Zip

14.0 CERTIFICATION REGARDING DEBARMENT (SUB)


Certification Regarding  
Debarment, Suspension, Ineligibility  
And Voluntary Exclusion

TO BE COMPLETED BY ALL SUB-CONTRACTORS

- A. The prospective participant (sub-contractor) certifies to the best of its knowledge and belief, that it and its principals (subcontractors and suppliers):
1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
  2. Have not within a three (3) year period preceding this bid proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
  3. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification; and
  4. Have not within a three-year period preceding this bid proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.
- B. Where the prospective participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this bid proposal.

RICHARD KORECKI VICE-PRESIDENT  
Name and Title

9/29/16  
Date

  
Signature

Master Protection (dba) Firemaster  
Firm

13050 Metro Parkway Ste 1  
Street address

Ft Myers, FL 33966  
City, State, Zip



Vendor:

Section 1	Price	Unit
Annual Recertification of portable fire extinguisher	\$10.00	per Extinguisher
Semi-annual inspection of Chemical Fire Supression System	\$75.00	Flat Rate Fee (per annual inspection)
Semi-annual inspection of Guardian Fire Supression System	\$75.00	Flat Rate Fee (per 6 month inspection)
Semi-annual inspection of Pre-Engineered Fire Supression System	\$75.00	Flat Rate Fee (per 6 month inspection)
Hydro Testing for 125lb extinguisher	\$250.00	per Extinguisher
Six (6) year Maintenance & Recharge for 125lb extinguisher	\$150.00	per Extinguisher
Miscellaneous repairs outside of scope of certifications and inspections	\$65.00	Hourly Rate
Emergency Call Out Service Charge	\$50.00	Flat Fee (per call)
Installation of new extinguishers, including hardware	\$5.00	per Extinguisher
Fire Hose Hydrostactic Testing	55	
Re-Racking of Fire Hoses	8	
	\$818.00	Total

## Section 2



Class and Size	Purcase Price New Extinguisher	Hydrostatic Testing	Recharge		6 Year Service & Maintenance	
Ammonium Phosphate						
2-3 lb	\$26.09	N/C	N/C	N/C	N/C	N/C
4-5 lb	\$32.99	N/C	N/C	N/C	N/C	N/C
6-8 lb	n/a	N/C	N/C	N/C	N/C	N/C
9-14 lb	\$49.27	N/C	N/C	N/C	N/C	N/C
15-16 lb	N/A	N/C	N/C	N/C	N/C	N/C
17-20 lb	\$81.79	N/C	N/C	N/C	N/C	N/C
Sodium Bicarbonate						
2-3 lb	\$26.56	N/C	N/C	N/C	N/C	N/C
4-5 lb	\$28.46	N/C	N/C	N/C	N/C	N/C
6-8 lb	n/a	N/C	N/C	N/C	N/C	N/C
9-14 lb	\$33.73	N/C	N/C	N/C	N/C	N/C
17-20 lb	\$54.81	N/C	N/C	N/C	N/C	N/C
Potassium Bicarbonate						
2-3 lb	n/a	N/C	N/C	N/C	N/C	N/C
4-5 lb	n/a	N/C	N/C	N/C	N/C	N/C
9-14 lb	n/a	N/C	N/C	N/C	N/C	N/C
17-20 lb	\$72.50	N/C	N/C	N/C	N/C	N/C
Carbon Dioxide						
4-5 lb	\$109.35	N/C	N/C	N/C	N/C	N/C
9-14 lb	\$143.87	N/C	N/C	N/C	N/C	N/C
15-16 lb	\$169.17	N/C	N/C	N/C	N/C	N/C
17-18 lb	n/a	N/C	N/C	N/C	N/C	N/C
20 lb	\$210.80	N/C	N/C	N/C	N/C	N/C
Water						
2 1/2 gallon size	\$79.64	N/C	N/C		N/C	
Halotron						
2.5 lb	\$83.79	N/C	N/C		N/C	
5 lb	\$140.18	N/C	N/C		N/C	
11 lb	\$289.59	N/C	N/C		N/C	
15.5 lb	\$421.60	N/C	N/C		N/C	
Class D, Hazards (NFPA 10, Section 1-2.2.1.4)						
30 lb	\$368.90	N/C	N/C		N/C	
Class K (NFPA 10)						
6 liter	\$120.68					
Total	\$2,423.09	\$0.00	\$0.00		\$0.00	\$2,423.09

## Section 3





**Not for evaluation purposes**

<b>Common Replacement Parts</b>	<b>Unit Price</b>
Wall Brackets	\$2.00
Spring Clip Brackets (2.5 lb extinguisher)	\$10.00
Spring Clip Brackets (5 lb extinguisher)	\$12.00
Spring Clip Brackets (10 lb extinguisher)	\$16.00
Valve Stems	\$0.00
O-Rings	\$0.00
Service Collar	\$0.00
Safety Temper Seal	\$0.00
Gauges	\$0.00
Pull Pins	\$0.00
ABC 10lb BECO Fire Extinguisher Cabinet Cover	\$15.00
Fusible Links for Hood System	\$9.00
Ansul Nozzle Caps for Hood System	\$2.50
Pyro Chem Nozzle Caps for Hood System	\$4.50
Range Guard Nozzle Caps for Hood System	\$8.00
Ansul 20 lb Cartridges for Hood System	\$45.75
Ansul 30 lb Cartridges for Hood System	\$57.75
Pyro Chem Cartridges	\$15.00
Break Rods for Hood System	\$5.00
<b>Discount off all other parts</b> (off of Manufacturer's or Retail's list price)	<b>25.00%</b>
Purchase of new Fire Hoses, % discount off Manufacturers list price	25.00%
<b>List any additional charges or fees below that may be applicable to this service</b>	
<b>Service Description</b>	<b>Unit Price</b>