FRO WORKSHEET

QB LIC #:

NAME Farache, Moshe

COMPANY Farache Enterprise INC

FEIN # 593517716

ADDRESS 4911 Lyons Technology Parkway #23

Coconut Creek, Fl. 33073

SS# [redacted] DOB 9/23/1969

QUALIFIER #1: Franco, Ricardo LIC #: CGC1512866

QUALIFIER #2: LIC #:

- ✓ $200 FEE
- ✓ APPLICATION
- ✓ FINANCIAL STATEMENT
- ✓ BANK VERIFICATION
- ✓ CREDIT REPORT
- ✓ BOND OR LETTER OF CREDIT

APPROVED BY: DATE: 2/7/07

FILE# 2111 APPLICATION# 2116

LICENSE # 3149

Charlie Crist, Governor
Simone Marstiller, Secretary

Department of Business Professional Regulation

February 7, 2007

FARACHE, MOSHE
4911 LYONS TECHNOLOGY PARKWAY #23
COCONUT CREEK, FL 33073

RE: **FARACHE ENTERPRISES INC**
FRO APPLICATION APPROVAL NOTICE
APPLICATION #. 2116, APPROVAL #: 2111

DEAR MR FARACHE:

YOUR REQUEST TO BE THE FINANCIALLY RESPONSIBLE OFFICER FOR THE ABOVE ENTITY WAS APPROVED ON February 7, 2007. THE CONSTRUCTION INDUSTRY LICENSING BOARD WILL RATIFY THIS APPROVAL AT THE NEXT SCHEDULED MEETING, IN ACCORDANCE WITH SECTION 489.1195 FLORIDA STATUTES

AS THE FINANCIALLY RESPONSIBLE OFFICER, YOU **"SHALL ASSUME RESPONSIBILITY FOR ALL FINANCIAL ASPECTS OF THE BUSINESS ORGANIZATION"**.

THE QUALIFYING AGENT(S) WILL BE RESPONSIBLE FOR ALL THE CONSTRUCTION ACTIVITIES OF THE BUSINESS ORGANIZATION, BOTH IN GENERAL AND FOR EACH SPECIFIC JOB.

PLEASE NOTIFY THIS OFFICE IMMEDIATELY IF THERE IS ANY CHANGE IN ANY INFORMATION RELATED TO QUALIFIER, BUSINESS ENTITIY OR FINANCIALLY RESPONSIBLE OFFICER.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE NUMBER BELOW

SINCERELY,

Loretta B. Harris

LORETTA B HARRIS
CONSTRUCTION INDUSTRY LICENSING BOARD

FS

Scd A-2116

DBPR CILB 4366 FINANCIALLY RESPONSIBLE OFFICER APPLICATION

$200

Florida's Future... DBPR Right Here, Right Now.

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL R[redacted]
1940 North Monroe Street
Tallahassee,FL 32399- 0783
www.myflorida.com

TREASURER OF FLORIDA-DBPR
DEPOSIT ONLY 2/5/2007
BT 6030775
VAL 60517225
AMT $200.00

06628 1030

F-2111

NOTE - This form must be submitted as part of an entire application packet

0-7141865

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at (850) 487-1395.

APPLICANT INFORMATION				
Social Security Number* [redacted]				
Last Name FARACHE	First MOSHE	Middle	Title	Suffix
Birth Date (MM/DD/YYYY) 09/23/1969	Gender Male ☒ Female ☐			
Race/Ethnicity (check only one): ☐ Black or African American ☐ Asian or Pacific Islander ☐ Native American or Alaskan Native ☐ White or Caucasian ☒ Spanish, Hispanic or Latino ☐ Other				
Name of Business for which you are applying to be the Financially Responsible Officer: FARACHE ENTERPRISES, INC				
Qualified Business License Number: PENDING				
Name of Primary Qualifier: RICARDO FRANCO				
License Number of Primary Qualifier: PENDING				
MAILING ADDRESS				
Street Address or P.O. Box 4911 LYONS TECHNOLOGY PKWY #23				
City COCONUT CREEK	State FLORIDA	Zip Code (+4 optional) 33073		
County (if Florida address) BROWARD	Country USA			
CONTACT INFORMATION				
Primary Phone Number 941 366-1819	Primary E-Mail Address STALEY@CHECKMATEPLACE.COM			
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)				
Street Address				
City	State	Zip Code (+4 optional)		
County (if Florida address)	Country			
BUSINESS LOCATION ADDRESS				
Business/Firm Name FARACHE ENTERPRISES, INC				
Street Address 4911 LYONS TECHNOLOGY PKWY #23				
City COCONUT CREEK	State FLORIDA	Zip Code (+4 optional) 33073		
County (if Florida address) BROWARD	Country USA			

* Under the Federal Privacy Act disclosure of Social Security numbers is voluntary unless specifically required by Federal statute In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654, and Sections 455,203(9), 409,2577, and 409,2598, Florida Statutes Social Security numbers are used to allow efficient screening ofapplicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identificaton pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub L 193, Sec 317

JAN 29 2007

[redacted]

ADDITIONAL CONTACT INFORMATION (OPTIONAL)	
Alternate Phone Number	Fax Number
Alternate E-Mail Address	

PRIOR NAME INFORMATION				
Have you used, been known as, or called by another name (example - maiden name, pseudonym, nickname) or alias other than the name signed to the application? Yes ☐ No ☒ If your answer is yes, state name or names used below.				
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix

BACKGROUND INFORMATION			
1	Yes ☐ (If yes, please complete form 0050-1)	No ☒	*Have you ever been convicted of a crime, found guilty, or entered a plea of guilty* or nolo contendere (no contest) to, even if you received a withhold of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943 058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION WILL BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT
2.	Yes ☐ (If yes, please complete form 0050-1)	No ☒	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraudulent or dishonest dealing, or is there any such case or investigation pending?
3.	Yes ☐ (If yes, please complete form 0060-1)	No ☒	Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied or is there now pending a proceeding or investigation to deny such an application?
4	Yes ☐ (If yes, please complete form 0060-1)	No ☒	Has any license. registration or permit to practice any regulated profession, Occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or withdrawn in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

If you answered "YES" to questions 1 - 4 above, please provide the full details of any criminal conviction, lawsuit or judgment or administrative action including the nature of any charges, dates, outcomes, sentences, and/or conditions imposed, the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending; and the designation and/or license number for any actions against a license or licensure application. Please utilize form 0050-1 for your responses to questions 1 and 2, and form 0060-1 for your responses to questions 3 and 4 If you have more than seven offenses to document on form 0050-1, attach additional copies of form 0050-1 as necessary.

Florida's Future... DBPR Right Here, Right Now.

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
NOTE - This form must be submitted as part of an application packet

APPLICANT INFORMATION

Applicant Name MOSHE FARACHE Social Security Number* [redacted]

License Applying For FINANCIALLY RESPONSIBLE OFFICER Application type (Check one):

Telephone Number. 954 360-6886 Exam ☐ Initial License ☒

ATTEST STATEMENT

I have read the questions in this application and have answered them completely and truthfully to the best my knowledge.

I have successfully completed the education, if any, required for the level of licensure, registration, or certification sought

I have the amount of experience required, if any, for the level of licensure, registration, or certification sought.

I pledge to comply with the applicable standards of practice upon licensure, registration, or certification.

I understand the types of misconduct for which disciplinary proceedings may be initiated

Signature _____

NOTARIZATION

The foregoing application was sworn to and subscribed before me this 24 Day of January 20 07

by MOSHE FARACHE
Type or print name of applicant Signature of applicant

who is (personally known) to me or who has produced the following as identification

_____
Type of identification

Tanja Elliott
Signature of person taking acknowledgement
Notary Seal
(Rubber Stamp and Expiration)

NOTARY PUBLIC STATE OF FLORIDA (407) 398-0153
TANJA ELLIOTT
MY COMMISSION # DD547331
EXPIRES: May 1, 2010
Florida Notary Service.com

*Under the Federal Privacy Act, § 1-1 of Social Security numbers is voluntary unless required by Federal statute In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code Sections 653 and 654 and Sections 455 203(q) 409 2577 and 409 2598 Florida Statutes Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub L 193, Sec 3 17

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION
1940 North Monroe Street
Tallahassee, Fl 32399-0783

Note: This form must be submitted as part of an application packet

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395.***

Bond #: 22299

STATE OF FLORIDA
COUNTY OF Broward

Know all men by these presents, that we, the financially responsible officer, of Farache Enterprises, Inc., a corporation duly authorized to do business in the State of Florida, as Principal, and Lincoln General Insurance Company, a corporation duly authorized to do business in the State of Florida, as Surety, are held and firmly bound unto the Florida Homeowners' Construction Recovery Fund, in the Penal Sum of [redacted] Dollars for the payment whereof, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

SIGNED and SEALED this the 8th day of January, 20 07.

THE CONDITION OF THIS OBLIGATION IS SUCH, That whereas the above-named corporate principal has been granted a license to conduct business under Chapter 455, Law of Florida.

Now, therefore, if the said Farache Enterprises, Inc., a corporation duly authorized to do business in the State of Florida, shall well and truly and faithfully make the payments to the State Treasurer of the State of Florida in his capacity as Treasurer of the Department of Business and Professional Regulation as provided in and as required by any and all laws of the State of Florida business and professional regulation, and shall faithfully and accurately keep its books and records and make reports as in any and all of said laws provided and required, and shall conduct its conformity with said laws and rules of the Department of Business and Professional Regulation, and shall well and truly keep and perform each and every requirement in and by said laws and rules provided, then this obligation to be null and void, otherwise to remain in full force and effect.

This bond may be cancelled by Surety only upon 30 days prior written notice to the Executive Director of the Construction Industry Licensing Board and after written notice of the principal's resignation or removal as the Financially Responsible Officer of Farache Enterprises, Inc., the qualified business organization, has been provided to the Board's Executive Director. However, the Surety's liability shall continue for any indebtedness incurred or accrued during the period of this bond, including the 30-day notice period.

PRINCIPAL: Farache Enterprises, Inc.

BY: _____ President

ATTEST: _____ Secretary
(CORPORATE SEAL)

SURETY: Lincoln General Insurance Company

BY: _____
Attorney-in-Fact (Attach Power of Attorney or other Authority)
Burton Harris

COUNTERSIGNED: _____
Resident Agent-Licensed in Florida. Burton Harris, A111883

LINCOLN GENERAL INSURANCE COMPANY № 22299

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS; That Lincoln General Insurance Company, organized and existing by virtue of the Laws of the Commonwealth of Pennsylvania, does hereby nominate, constitute and appoint:

Burton Harris; Christine Marshall Harris; Marina Mercedes Ramil

Its true and lawful Attorney(s)-in-Fact to sign, seal and execute for and on its behalf, as surety, bonds, undertakings, and other obligatory instruments of similar nature, and to bind it thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the corporation, and all the acts of said Attorney, pursuant to the authority hereby given are hereby ratified and confirmed.

RESOLVED that this Power of Attorney is granted and is signed, sealed and notarized with facsimile signatures and seals under authority of the following resolutions adopted by the Board of Directors of Lincoln General Insurance Company on the 4th day of September, 2002

RESOLVED that the President, an Executive or Senior Vice President, or any Vice President of the Company, together with the Secretary or any Assistant Secretary are hereby authorized to execute Powers of Attorney appointing the person(s) named as Attorney(s)-in-Fact to date, execute sign, seal and deliver on behalf of the Company, fidelity and surety bonds, undertakings, and other similar contracts of suretyship, and any related documents.

RESOLVED FURTHER that the signatures of the officers making the appointment, and the signature of any officer certifying the validity and current status of the appointment, may be facsimile representations of those signatures; and the signature and seal of any notary, and the seal of the Company, may be facsimile representations of those signatures and seals, and such facsimile representations of those signatures and seals, and such facsimile representations shall have the same force and effect as if manually affixed. The facsimile representations referred to herein may be affixed by stamping, printing, typing or photocopying.

IN WITNESS WHEREOF, Lincoln General Insurance Company has caused its corporate seal to be affixed and these presents to be signed by its duly authorized officers this 15th day of October, 2004

Secretary *President*

On this 15th day of October, 2004, before me personally came John T. Clark, to me known, who being duly sworn, did depose and say that he is the President of the Corporation described in and which executed the above instrument; that he knows the seal affixed to the aforesaid instrument is such corporate seal and was affixed thereto by order and authority of the Board of Directors of said Company, and that he executed the said instrument by like order and authority and the same was his free act and deed

The Commonwealth of Pennsylvania
York County

NOTARIAL SEAL
RENEE L KRIVACSY
Notary Public
YORK CITY, YORK COUNTY
My Commission Expires Oct 29, 2008

I, Gary J. Orndorff, Secretary of Lincoln General Insurance Company, a corporation of the Commonwealth of Pennsylvania do hereby certify that the above and foregoing is a full, true and correct copy of Power of Attorney issued by said Company, and of the whole of the original and that the said Power of Attorney is still in full force and effect and has not been revoked, and furthermore that the Resolution of the Board of Directors, set forth in the said Power of Attorney is now in force.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Company, at York, Pennsylvania, this 8th day of January, 2007

Secretary

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY) 12/19/2006

PRODUCER

Serial # 110094

CONDON MEEK
1211 COURT STREET
CLEARWATER, FL 33756

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE		NAIC#
INSURER A	FRANK WINSTON CRUM INSURANCE, INC.	
INSURER B:		
INSURER C		
INSURER D.		
INSURER E:		

INSURED

FrankCrum 1-800-277-1620
100 S MISSOURI AVENUE
CLEARWATER FL 33756

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 OF 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC				EACH OCCURRENCE	$
						FIRE DAMAGE (Any one fire)	$
						MED EXP (Any one person)	$
						PERSONAL & ADV INJURY	$
						GENERAL AGGREGATE	$
						PRODUCTS - COMP/OP AGG	$
		AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	$
						BODILY INJURY (Per person)	$
						BODILY INJURY (Per accident)	$
						PROPERTY DAMAGE (Per accident)	$
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT	$
						OTHER THAN EA ACC	$
						AUTO ONLY: AGG	$
		EXCESS / UMBRELLA LIABILITY OCCUR CLAIMS MADE DEDUCTIBLE RETENTION $				EACH OCCURRENCE	$
						AGGREGATE	$
							$
							$
							$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	[redacted]	1/1/2007	1/1/2008	X WC STATUTORY LIMITS OTHER	
						E.L. EACH ACCIDENT	$ [redacted]
						E.L. DISEASE - EA EMPLOYEE	$
						E.L. DISEASE - POLICY LIMIT	$
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

THIS CERTIFICATE REMAINS IN EFFECT PROVIDED THE CLIENT'S ACCOUNT IS IN GOOD STANDING WITH FrankCrum COVERAGE IS NOT PROVIDED FOR ANY EMPLOYEE FOR WHICH THE CLIENT IS NOT REPORTING HOURS TO FrankCrum EFFECTIVE 09/06/2004, APPLIES TO 100% OF THE EMPLOYEES OF FrankCrum LEASED TO **FARACHE ENTERPRISES, INC.** 954-360-9686

CERTIFICATE HOLDER

STATE OF FLORIDA DEPARTMENT OF BUSINESS
PROFESSIONAL REGULATIONS
1940 NORTH MONROE STREET
TALLAHASSE, FL 32399-0783

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

Notes on Document:
CIU - Applications - 9/10/2007

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1) Pending File Application Note - Pending File Application Note - 11/27/2013 - TERRY.THOMAS-299 (deactivated) 11/27/2013 12:12:12 PM On Page: 1

Supporting Document ID: 28898843

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2) Supporting Doc Exists - Supporting Doc Exists - 11/27/2013 - TERRY.THOMAS-299 (deactivated) 11/27/2013 12:12:13 PM On Page: 1
Supporting Document Handle # - 28898843

NOTICE OF CANCELLATION OR NON-RENEWAL

RECEIVED
CIU Mail Intake
Stamp #14
NOV 26 2013

THIS NOTICE MAILED TO:

This Cancellation or Non-Renewal notice is issued by

☐ OHIO FARMERS INSURANCE COMPANY
☒ WESTFIELD INSURANCE COMPANY
☐ WESTFIELD NATIONAL INSURANCE COMPANY

Westfield Center, Ohio

INSURED

FLORIDA CONSTRUCTION INDUSTRY
LICENSING BOARD
1940 NORTH MONROE ST
TALLAHASSEE FL 32399

ISSUING OFFICE		DATE ISSUED	CANCELLATION OR NON-RENEWAL WILL TAKE EFFECT
Fold PO BOX 5001 WESTFIELD CENTER OH		11/19/13	With Respect to Insured, Additional Insured, or Loss Payee: 01/08/14 With Respect to Mortgagee: Fold -
POLICY OR BOND NO	TYPE OF CONTRACT	POLICY OR BOND EFFECTIVE DATE	AGENCY
0066265	CONTRACTOR LICENSE BOND	1/08/09	21-4188 ZERVOS GROUP INC

Notice is hereby given that the policy or bond designated herein (is being cancelled) (~~XXXXXXXXXXXX~~) in accordance with its terms, such cancellation or non-renewal to be effective on the date set forth herein, at the hour on which such policy or bond became effective, or at such other hour, if any, specified in the cancellation provisions of such policy or bond

The unearned premium, if any, computed in accordance with the policy or bond provisions, if not tendered, will be refunded as soon as practicable.

By Debbie Girardi
Authorized Representative
Debbie Girardi

NOTICE TO INSURED:

Cancellation or non-renewal of a policy providing Personal Injury Protection will be reported to the Department of Highway Safety and Motor Vehicles as required by law Failure to maintain Personal Injury Protection and Property Damage Liability Insurance on a motor vehicle when required by law may result in a loss of registration and driving privileges in Florida Reinstatement requires payment of a fee [redacted] for the first reinstatement, [redacted] for a second and [redacted] each subsequent reinstatement during the 3 years following the first reinstatement

MORTGAGEE, LOSS PAYEE, OR ADDITIONAL INSURED

FARACHE ENTERPRISES INC
6560 W ROGERS CIRCLE
BOCA RATON FL 33487

Fold Fold

REASON FOR CANCELLATION ~~OR NON-RENEWAL~~:

UNDERWRITING REASONS

MORTGAGEE, LOSS PAYEE, OR ADDITIONAL INSURED

ZERVOS GROUP INC
24724 FARMBROOK
PO BOX 2067
SOUTHFIELD MI 48037

A COPY OF THIS NOTICE HAS BEEN MAILED TO ALL PARTIES LISTED HEREIN.

C 488 FLA (Rev 5-89)

MAIL THIS COPY TO INSURED

9L 7199 9991 7032 8325 5999

ELECTRONIC
RETURN RECEIPT

UNITED STATES POSTAGE
PITNEY BOWES
02 1R $ 04.81⁰
0006555571 NOV 19 2013
MAILED FROM ZIPCODE 44251

INSURED

FLORIDA CONSTRUCTION INDUSTRY
LICENSING BOARD
1940 NORTH MONROE ST
TALLAHASSEE FL 32399

ISSUING OFFICE

DATE IS

32399$6506 C001

Notes on Document:
CIU - Supporting Documents - 11/26/2013

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1) General Note - General Note - 12/03/2013 - LORETTA.HARRIS-377 (deactivated) 12/3/2013 9:34:57 AM On Page: 1
Document printed
