

Vendor Packet Enclosed

Kept Companies, Inc. dba Krystal Klean

**Mail ALL payments to:
PO BOX 737021
Dallas, Texas 75373-7021**

**Mail ALL other correspondence to:
(*compliance, insurance, contracts, registration, etc.*)
PO BOX 51289
Jacksonville Beach, Florida 32240**

W-9

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. KEPT COMPANIES, INC.	
	2 Business name/disregarded entity name, if different from above dba Krystal Klean	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) See instructions. 26 Law Dr.	Requester's name and address (optional)
	6 City, state, and ZIP code Fairfield, NJ 07004	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.


Social security number								
			-			-		
or								
Employer identification number								
2	2	-	2	8	6	7	0	8 4

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► 	Date ► 5/1/2023
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

State Registrations



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 26, 2023

DANIEL TUBUL
26 LAW DRIVE
FAIRFIELD, NJ 07004

Re: Document Number F00000006335

The Amendment to the Application of a Foreign Corporation for FLEETWASH, INC. OF NEW JERSEY which changed its name to KEPT COMPANIES, INC., a New Jersey corporation authorized to transact business in Florida, was filed on May 26, 2023.

Should you have any questions regarding this matter, please telephone (850) 245-6050, the Amendment Filing Section.

Tammi Cline
Regulatory Specialist II Supervisor
Division of Corporation

Letter Number: 023A00012140

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF INCORPORATION
OF
FLEETWASH, INC.



FLEETWASH, INC., a corporation organized and existing under and by virtue of the laws of the State of New Jersey (the "Corporation"), pursuant to the provisions of Sections 14A:9-2(4) and 14A:9-4(3) of the New Jersey Business Corporation Act, does hereby certify that:

1. The name of the Corporation is Fleetwash, Inc.
2. The Corporation Number of the Corporation is 0100336888.
3. The Certificate of Incorporation of the Corporation is hereby amended by deleting Article 1 of the Certificate of Incorporation in its present form and substituting therefor a new Article 1 in the following form:

"1. Name of Corporation: Kept Companies, Inc."

4. The foregoing amendment was approved by the directors and thereafter duly adopted by the shareholders of the Corporation on March 28th, 2023 in accordance with the provisions of the New Jersey Business Corporation Act.

5. The total number of shares of stock outstanding at the time of adoption of the foregoing amendment and entitled to vote thereon was One Thousand (1,000) shares of stock, without par value, of the Corporation.

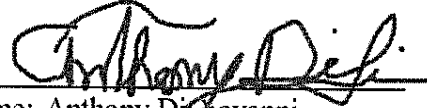
6. The number of shares voting for such amendment was all One Thousand (1,000) issued and outstanding shares. The number of shares voting against such amendment was 0.

7. The effective date of this Certificate of Amendment shall be the date of filing.

IN WITNESS WHEREOF, the Corporation has caused this Certificate of Amendment to be executed on its behalf by its duly authorized officer as of this 28th day of March, 2023.

FLEETWASH, INC.

By



Name: Anthony DiGiovanni

Title: President and CEO

State of Florida

Department of State

I certify from the records of this office that KRYSTAL KLEAN is a Fictitious Name registered with the Department of State on May 29, 2019.

The Registration Number of this Fictitious Name is G19000062805.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

*Given under my hand and the Great Seal of
Florida, at Tallahassee, the Capital, this the First
day of June, 2019*



Randy Rye

Secretary of State

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

- Krystal Klean**
Fictitious Name to be Registered (See instructions if name includes a business entity suffix or indicator)
Fairfield
- 26 Law Dr.**
Mailing Address of Business
Fairfield **NJ** **07006**
City State Zip Code
- Florida County of principal place of business: **Multiple**
(See instructions if more than one county)
- FEI Number: _____

G23000068441
06/05/23--01021--016 **50.00

This space is for office use only
CR4E001 (10/20)

FILED
2023 JUN -6 AM 10:19
CLERK OF CIRCUIT COURT
IN AND FOR FLORIDA

Section 2


- A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary)**
- | | |
|--------------------------------------|--------------------------------------|
| 1. _____
Last First M.I. | 2. _____
Last First M.I. |
| Address _____
City State Zip Code | Address _____
City State Zip Code |
 - B. Owner(s) of Fictitious Name If Entity: (Use an attachment if necessary)**
- Kept Companies Inc.**
Entity Name
26 Law Dr.
Address
Fairfield NJ 07004
City State Zip Code
Florida Document Number: **F00000006335**
FEI Number: **22-2867084**
☐ Applied For ☐ Not Applicable
 - _____
Entity Name

Address

City State Zip Code
Florida Document Number: _____
FEI Number: _____
☐ Applied For ☐ Not Applicable

Section 3

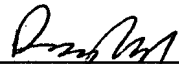
I, the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the 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, F.S.

 5/31/23 **daniel.tubul@keptcompanies.coi**
Signature of Owner in Section 2 Date Email Address: (to be used for future renewal notification)
Phone Number: **9738828314**

Section 4

FOR CANCELLATION COMPLETE SECTION 4 ONLY: FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we), the undersigned, hereby cancel the fictitious name _____,
which was registered on **5/09/2023** and was assigned registration number **G23000058733**.

 5/31/23 _____
Signature of Owner of Registration being Cancelled Date Signature of Owner of Registration being Cancelled Date

Mark the applicable boxes ☐ Certificate of Status- \$10 ☐ Certified Copy- \$30

NON-REFUNDABLE PROCESSING FEE: \$50

CT
6/5/23

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

AMENDED CERTIFICATE OF AUTHORITY

NAME CHANGE

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

FLEETWASH, INC.
a Foreign Profit Corporation

formed under the laws of the State of **New Jersey** and authorized to transact business in Georgia on **11/22/2004**, has amended its application to transact business in this state by the filing of an amendment changing its name to

Kept Companies of NJ, Inc.
a Foreign Profit Corporation

and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said application.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on **06/09/2023**.



Brad Raffensperger

Brad Raffensperger
Secretary of State

**APPLICATION FOR AMENDED CERTIFICATE OF
AUTHORITY**

Electronically Filed
Secretary of State
Filing Date: 5/15/2023 12:08:49 PM

Business Information

Business Name : FLEETWASH, INC.
Control Number : 0468045
Business Type : Foreign Profit Corporation
Home Jurisdiction : New Jersey
Name in Home Jurisdiction : KEPT COMPANIES, INC.
Date of Authorization in Georgia : 11/22/2004

Amended Business Information

New Business Name : Kept Companies of NJ, Inc.
Effective Date : 05/15/2023

Authorizer Information

Authorizer Signature : Daniel Tubul

Authorizer Title : Officer

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

KEPT COMPANIES, INC.
0100336888

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on May 11, 1987.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

DANIEL CARLTON
273 PASSAIC AVE
FAIRFIELD, NJ 07004-1520



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
22nd day of May, 2023*

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio
State Treasurer


Certificate Number : 6143349006

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

Insurance

CERTIFICATE OF LIABILITY INSURANCE										Date 5/31/2023	
Producer: Plymouth Insurance Agency 2739 U.S. Highway 19 N. Holiday, FL 34691 (727) 938-5562					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.						
Insured: South East Personnel Leasing, Inc. & Subsidiaries 2739 U.S. Highway 19 N. Holiday, FL 34691					Insurers Affording Coverage					NAIC #	
					Insurer A: Lion Insurance Company					11075	
					Insurer B:						
					Insurer C:						
					Insurer D:						
					Insurer E:						
Coverages											
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. Aggregate limits shown may have been reduced by paid claims.											
INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date(MM/DD/YY)	Limits					
		GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence		\$			
						Damage to rented premises (EA occurrence)		\$			
						Med Exp		\$			
						Personal Adv Injury		\$			
						General Aggregate		\$			
						Products - Comp/Op Agg		\$			
		AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident)		\$			
						Bodily Injury (Per Person)		\$			
						Bodily Injury (Per Accident)		\$			
						Property Damage (Per Accident)		\$			
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible				Each Occurrence					
						Aggregate					
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? NO If Yes, describe under special provisions below.	WC 71949	01/01/2023	01/01/2024	<input checked="" type="checkbox"/> WC Statutory Limits	<input type="checkbox"/> OTH-ER				
						E.L. Each Accident				\$1,000,000	
						E.L. Disease - Ea Employee				\$1,000,000	
						E.L. Disease - Policy Limits				\$1,000,000	
Other			Lion Insurance Company is A.M. Best Company rated A (Excellent). AMB # 12616								
Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:											
Client ID: 90-67-850											
Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company": Kept Companies, Inc. dba Krystal Klean Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s) , while working in: FL. Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity. A list of the active employee(s) leased to the Client Company can be obtained by emailing a request to certificates@lioninsurancecompany.com Project Name: FOR BID PURPOSES ONLY ISSUE 05-31-23 (CF)											
Begin Date: 6/28/2019											
CERTIFICATE HOLDER						CANCELLATION					
Kept Companies, Inc. dba Krystal Klean 13679 Atlantic Blvd Jacksonville, FL 32225						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 so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.					

CERTIFICATE OF LIABILITY INSURANCE										Date 5/31/2023	
Producer: Plymouth Insurance Agency 2739 U.S. Highway 19 N. Holiday, FL 34691 (727) 938-5562						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 #	
Insured: South East Personnel Leasing, Inc. & Subsidiaries 2739 U.S. Highway 19 N. Holiday, FL 34691						Insurer A: Lion Insurance Company				11075	
						Insurer B:					
						Insurer C:					
						Insurer D:					
						Insurer E:					
Coverages											
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. Aggregate limits shown may have been reduced by paid claims.											
INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date(MM/DD/YY)	Limits					
		GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence		\$			
						Damage to rented premises (EA occurrence)		\$			
						Med Exp		\$			
						Personal Adv Injury		\$			
						General Aggregate		\$			
						Products - Comp/Op Agg		\$			
		AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident)		\$			
						Bodily Injury (Per Person)		\$			
						Bodily Injury (Per Accident)		\$			
						Property Damage (Per Accident)		\$			
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible				Each Occurrence					
						Aggregate					
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? NO If Yes, describe under special provisions below.	WC 71949	01/01/2023	01/01/2024	<input checked="" type="checkbox"/> WC Statutory Limits	<input type="checkbox"/> OTH-ER				
						E.L. Each Accident				\$1,000,000	
						E.L. Disease - Ea Employee				\$1,000,000	
						E.L. Disease - Policy Limits				\$1,000,000	
Other			Lion Insurance Company is A.M. Best Company rated A (Excellent). AMB # 12616								
Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:											
Client ID: 90-70-010 Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company": Kept Companies, Inc. dba Krystal Klean Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s) , while working in: GA. Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity. A list of the active employee(s) leased to the Client Company can be obtained by emailing a request to certificates@lioninsurancecompany.com Project Name: FOR BID PURPOSES ONLY. ISSUE 05-31-23 (CF)											
Begin Date: 2/1/2022											
CERTIFICATE HOLDER						CANCELLATION					
KEPT COMPANIES, INC. DBA KRYSTAL KLEAN 125 CRISPEN BLVD. BRUNSWICK, GA 31525						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 so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives. 					



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/5/2023

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 Kore Insurance Holdings, LLC P.O. Box 473 354 Eisenhower Parkway, Plaza 1 Livingston, NJ 07039	CONTACT NAME: Roger Hohne	
	PHONE (A/C, No, Ext): (973) 994-3131	FAX (A/C, No): (973) 996-3161
	E-MAIL ADDRESS: rhohne@koreins.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Homesite Insurance Company of Florida	11156
	INSURER B : Travelers Property Casualty Company of America	25674
	INSURER C : Travelers Excess and Surplus Lines Company	29696
	INSURER D : Axis Surplus Insurance Company	26620
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	POC-021272-00	7/1/2023	7/1/2024	EACH OCCURRENCE \$ 2,000,000 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
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	TC2JCAP-3J711696-TIL-23	7/1/2023	7/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 4,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X	X	CUP-0X316805-23-NF	7/1/2023	7/1/2024	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
D	Pollution Legal Liab			CP004987012023	7/1/2023	7/1/2024	Limit 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Certificate Holder is located as additional insured for General Liability, Auto Liability, and Umbrella Liability on a primary & non-contributory basis with respect to work performed by the named insured and as per written contract or agreement. Waiver of subrogation in favor of additional insureds applies to General Liability, Auto Liability, and Umbrella Liability coverage, as per written contract or agreement. 30 Day written notice of insurance cancellation applies. Umbrella follows form.

CERTIFICATE HOLDER

CANCELLATION

Evidence of Insurance

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



ADDITIONAL REMARKS SCHEDULE

AGENCY Kore Insurance Holdings, LLC		NAMED INSURED Kept Companies, Inc. dba Krystal Klean P.O. Box 51289 Jacksonville Beach, FL 32240	
POLICY NUMBER SEE PAGE 1		EFFECTIVE DATE: SEE PAGE 1	
CARRIER SEE PAGE 1	NAIC CODE SEE P 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverages:

Inland Marine- Contractor's Scheduled Equipment- Carrier: Aspen American Insurance Company, Effective Date: 07/01/2023 - 07/01/2024 - Policy Number: IMZ134923 - Ded: \$1,000 - Catastrophe Limit: \$2,501,992

Inland Marine- Contractor's Tools- Carrier: Aspen American Insurance Company, Effective Date: 07/01/2023 - 07/01/2024 - Policy Number: IMZ134923 - Ded: \$1,000 - Limit Per Occurrence: \$75,000

Inland Marine-Leased/Rented Equipment - Carrier: Aspen American Insurance Company, Effective Date: 07/01/2023 - 07/01/2024 - Policy Number: IMZ134923 - Ded: \$1,000 - Limit Per Occurrence: \$250,000

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

Any person or organization against whom you have agreed to waive your right of recovery in a fully executed written contract or written agreement, provided such contract or agreement was executed prior to the date of the "occurrence", loss, injury or damage.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Any owner, lessee, or contractor whom you have agreed to include as an additional insured under a fully executed written contract or written agreement, provided that such was executed prior to an "occurrence", loss, injury or damage.	All Locations of the Named Insured
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
Any owner, lessee, or contractor whom you have agreed to include as an additional insured under a fully executed written contract or written agreement, provided that such was executed prior to an "occurrence", loss, injury or damage.	All Locations of the Named Insured
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

POLICY NUMBER: POC-02 1272-00

- B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- C.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and

- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

Any person or organization against whom you have agreed to waive your right of recovery in a fully executed written contract or written agreement, provided such contract or agreement was executed prior to the date of the "occurrence", loss, injury or damage.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

Business Tax Receipts

**2022 - 2023 LOCAL BUSINESS TAX RECEIPT****JIM OVERTON, DUVAL COUNTY TAX COLLECTOR**

231 E. Forsyth Street, Suite 130, Jacksonville, FL 32202-3370
Phone: (904) 255-5700, option 3 Fax: (904) 255-8403
<https://taxcollector.coj.net/>

Note – A penalty is imposed for failure to keep this receipt exhibited conspicuously at your place of business. This business tax receipt is furnished pursuant to Municipal Ordinance Code, Chapters 770-772, for the period October 01, 2022 through September 30, 2023 .

KRYSTAL KLEAN
26 LAW DR
SUITE SECTION E
FAIRFIELD, NJ 07004

ACCOUNT NUMBER: 309232
BUSINESS NAME: KRYSTAL KLEAN
PHYSICAL ADDRESS: 13679 ATLANTIC BLVD
JACKSONVILLE, FL 32225

CLASSIFICATION CODE: 326008 PUBLIC SERVICE OR REPAIR, NOT SPECIFIED

STATE LICENSE NO:

COUNTY TAX:	93.75
MUNICIPAL TAX:	226.25
COUNTY LATE PENALTY:	0.00
MUNICIPAL LATE PENALTY:	0.00
TOTAL TAX:	320.00

RENEWAL

VALID UNTIL September 30, 2023

2022-2023

*****ATTENTION*****

THIS RECEIPT IS FOR BUSINESS TAX RECEIPT ONLY.
CERTAIN BUSINESSES MAY REQUIRE ADDITIONAL STATE LICENSING.

This is a business tax receipt only. It does not permit the receipt holder to violate any existing regulatory or zoning laws of the County or City. It does not exempt the receipt holder from any other license or permit required by law. This is not a certification of the receipt holder's qualifications.



JIM OVERTON, TAX COLLECTOR

THIS BECOMES A RECEIPT AFTER VALIDATION.

Paid 22091500002076 09/15/2022 \$ 320.00



City of Pinellas Park

P.O. BOX 1100
PINELLAS PARK, FL 33780-1100
727-369-5647

BUSINESS TAX RECEIPT

License issued in accordance with
regulation under the authority of Chapter
13 Pinellas Park Code of Ordinance

Business Name: KEPT COMPANIES, INC.
DBA: KRYSTAL KLEAN

Business Location: 7100 123rd CIR N Suite 200
Largo, FL 33773

Mailing Address: 7100 123rd CIR N Suite 200
Largo, FL 33773

Owner: ANTHONY DIGIOVANNI

License Number:: SERV-000629-2021

License Type:: Services

Issued Date: 9/30/2022

Classification: Commercial

Expiration Date: 9/30/2023

Fees Paid: \$303.19

TO BE POSTED IN A CONSPICUOUS PLACE