

## PORT EVERGLADES FRANCHISE APPLICATION

An application will not be deemed complete and ready for processing until all required documents and fees are received.

A separate application must be filed for each type of franchise applied for.

RECEIVED  
Aug 18, 2022

FRANCHISE TYPE  
CHECK ONE

☐

STEAMSHIP AGENT

☐

STEVEDORE

☒

CARGO HANDLER

☐

TUGBOAT & TOWING

☐

VESSEL BUNKERING

☐

VESSEL OILY WASTE REMOVAL

☐

VESSEL SANITARY WASTE WATER REMOVAL

☐

MARINE TERMINAL SECURITY

☐

MARINE TERMINAL SECURITY

FIREARMS CARRYING SECURITY PERSONNEL

NON-FIREARMS CARRYING SECURITY PERSONNEL

**Note: Applicant is the legal entity applying for the franchise. If the Applicant is granted the franchise, it will be the named franchisee. All information contained in this application shall apply only to the Applicant, and not to any parent, affiliate, or subsidiary entities.**

Applicant's

Name: Yacht Stevedore Solutions LLC

(Name as it appears on the certificate of incorporation, charter, or other legal documentation as applicable, evidencing the legal formation of the Applicant)

Applicant's Business Address 750 W. Sunrise Blvd Fort Lauderdale, Fl 33311

Number

Street

City/State/Zip

Phone # 786 - 925 - 0643

E-mail address chris.perez@petersandmay.com

Fax #: \_\_\_\_\_

**Name of the person authorized to bind the Applicant (Person's signature must appear on Page 13.)**

Name Christopher Perez

Title Vice President of Operations

Business Address 750 W. Sunrise Blvd Fort Lauderdale, Fl 33311

Number /

Street

City/State/Zip

Phone # 786 - 925 - 0643

E-mail address : chris.perez@petersandmay.com

Fax # \_\_\_\_\_

Provide the Name and Contact Information of Applicant's Representative to whom questions about this application are to be directed (if different from the person authorized to bind the Applicant):

Representative's Name Christopher Perez

Representative's Title Vice President of Operations

Representative's Business Address 750 W. Sunrise Blvd Ft Lauderdale, Fl 33311

Number /

Street

City/State/Zip

Representative's Phone # ( 786 ) 925 - 0643

Representative's E-mail address chris.perez@petersandmay.com

Representative's Fax # ( ) \_\_\_\_\_

**PLEASE COMPLETE THIS APPLICATION AND LABEL ALL REQUIRED BACKUP DOCUMENTATION TO CLEARLY IDENTIFY THE SECTION OF THE APPLICATION TO WHICH THE DOCUMENTATION APPLIES (I.E., SECTION A, B, C, etc.).**

**Section A**

1. List the name(s) of Applicant's officers, including, CEO, COO, CFO, director(s), member(s), partner(s), shareholder(s), principal(s), employee(s), agents, and local representative(s) active in the management of the Applicant.

Officers:

Title President  
First Name Matt Middle Name \_\_\_\_\_  
Last Name Penfold  
Business Street Address 750 W. Sunrise Blvd  
City, State, Zip Code Fort Lauderdale, Fl. 33311  
Phone Number (954)540-4934 Fax Number (\_\_\_\_) \_\_\_\_\_  
Email Address matt.penfold@petersandmay.com.

Title Director  
First Name Simon Middle Name \_\_\_\_\_  
Last Name Judson  
Business Street Address 750 W. Sunrise Blvd  
City, State, Zip Code Fort Lauderdale, Fl. 33311  
Phone Number +44 7814 320841 Fax Number (\_\_\_\_) \_\_\_\_\_  
Email Address simon@petersandmay.com.

Title Vice President of Operations  
First Name Christopher Middle Name \_\_\_\_\_  
Last Name Perez  
Business Street Address 750 W. Sunrise Blvd  
City, State, Zip Code Fort Lauderdale, Fl. 33311  
Phone Number (786)925-0643 Fax Number (\_\_\_\_) \_\_\_\_\_  
Email Address \_\_\_\_\_@\_\_\_\_\_.

Title Secretary / Treasurer  
First Name Sue Middle Name \_\_\_\_\_  
Last Name Van Marter  
Business Street Address 750 W. Sunrise Blvd  
City, State, Zip Code Fort Lauderdale, Fl. 33311  
Phone Number (630)699-4276 Fax Number (\_\_\_\_) \_\_\_\_\_  
Email Address sue.vanmarter@petersandmay.com.

Attach additional sheets if necessary.

2. RESUMES: Provide a resume for each officer, director, member, partner, shareholder, principal, employee, agent, and local representative(s) active in the management of the Applicant, as listed above.

**Section B**

1. Place checkmark to describe the Applicant:  
( ) Sole Proprietorship ( ) Corporation ( ) Partnership ( ) Joint Venture (X) Limited Liability Company
2. Provide copies of the documents filed at the time the Applicant was formed including Articles of Incorporation (if a corporation); Articles of Organization (if an LLC); or Certificate of Limited Partnership or Limited Liability Limited Partnership (if a partnership). If the Applicant was not formed in the State of Florida, provide a copy of the documents demonstrating that the Applicant is authorized to conduct business in the State of Florida.

**Section C**

1. Has there been any change in the ownership of the Applicant within the last five (5) years? (e.g., any transfer of interest to another party)  
Yes\_\_\_ No X If "Yes," please provide details in the space provided. Attach additional sheets if necessary.
2. Has there been any name change of the Applicant or has the Applicant operated under a different name within the last five (5) years?  
Yes\_\_\_ No X If "Yes," please provide details in the space provided, including: Prior name(s) and Date of name change(s) filed with the State of Florida's Division of Corporations or other applicable state agency. Attach additional sheets if necessary.
3. Has there been any change in the officers, directors, executives, partners, shareholders, or members of the Applicant within the past five (5) years?  
Yes\_\_\_ No X If "Yes," please provide details in the space provided, including:  
Prior officers, directors, executives, partners, shareholders, members  
Name(s) \_\_\_\_\_  
New officers, directors, executives, partners, shareholders, members  
Name(s) \_\_\_\_\_  
Also supply documentation evidencing the changes including resolution or minutes appointing new officers, list of new principals with titles and contact information, and effective date of changes. Attach additional sheets if necessary.

**Section D**

Provide copies of all fictitious name registrations filed by the Applicant with the State of Florida's Division of Corporations or other State agencies. If none, indicate "None" NONE.

### Section E

1. Has the Applicant acquired another business entity within the last five (5) years?  
Yes \_\_\_ No X If "Yes," please provide the full legal name of any business entity which the Applicant acquired during the last five (5) years which engaged in a similar business activity as the business activity which is the subject of this Port Everglades Franchise Application.  
If none, indicate "None" \_\_\_\_\_.
2. Indicate in the space provided the date of the acquisition and whether the acquisition was by a stock purchase or asset purchase and whether the Applicant herein is relying on the background and history of the acquired firm's officers, managers, employees and/or the acquired firm's business reputation in the industry to describe the Applicant's experience or previous business history. Attach additional sheets if necessary.
3. Has the Applicant been acquired by another business entity within the last five (5) years?  
Yes \_\_\_ No X If "Yes," provide the full legal name of any business entity which acquired the Applicant during the last five (5) years which engaged in a similar business activity as the business activity which is the subject of this Port Everglades Franchise Application.  
If none, indicate "None" \_\_\_\_\_.
4. Indicate in the space provided the date of the acquisition and whether the acquisition was by a stock purchase or asset purchase and whether the Applicant herein is relying on the background and history of the parent firm's officers, managers, employees and/or the parent firm's business reputation in the industry to describe the Applicant's experience or previous business history. Attach additional sheets if necessary.

### Section F

Provide the Applicant's previous business history, including length of time in the same or similar business activities as planned at Port Everglades.

Chris Perez has worked in the Maritime industry for nearly 10 years. Started in May of 2012 as a Terminal Clerk for "FTS". From there he moved on as a Sales Associate for the Liner Service "SC Line". Eventually moving on to be an Operations Manager for 5 years at Host Terminals. Recently he joined Peters and May as their Operations Manager.

1. Provide a list of the Applicant's current managerial employees, including supervisors, superintendents, and forepersons.

|                   |                              |
|-------------------|------------------------------|
| Matt Penfold      | President                    |
| Simon Judson      | Director                     |
| Christopher Perez | Vice President of Operations |
| Sue Van Marter    | Secretary/Treasurer          |

### Section G

2. List the previous work history/experience of the Applicant's current managerial employees, including their active involvement in seaports and length of time in the same or similar business activities as planned at Port Everglades. See Resumes Attached



## Section H

List all seaports, including Port Everglades (if application is for renewal), where the Applicant is currently performing the services/operation which is the subject of this Franchise application. **Use this form for each seaport listed. Photocopy additional pages as needed (one page for each seaport listed).**

If none, state "None" \_\_\_\_\_.

Seaport Port Everglades Number of Years Operating at this Seaport 1

List below all of the Applicant's Clients for which it provides services at the seaport listed above.

[illegible]

### Section I

1. Provide a description of all past (within the last five (5) years) and pending litigation and legal claims where the Applicant is a named party, whether in the State of Florida or in another jurisdiction, involving allegations that Applicant has violated or otherwise failed to comply with environmental laws, rules, or regulations or committed a public entity crime as defined by Chapter 287, Florida Statutes, or theft-related crime such as fraud, bribery, smuggling, embezzlement or misappropriation of funds or acts of moral turpitude, meaning conduct or acts that tend to degrade persons in society or ridicule public morals.

The description must include all of the following:

- a) The case title and docket number
- b) The name and location of the court before which it is pending or was heard
- c) The identification of all parties to the litigation
- d) General nature of all claims being made

If none, indicate "None" NONE.

2. Indicate whether in the last five (5) years the Applicant or an officer, director, executive, partner, or a shareholder, employee or agent who is or was (during the time period in which the illegal conduct or activity took place) active in the management of the Applicant was charged, indicted, found guilty or convicted of illegal conduct or activity (with or without an adjudication of guilt) as a result of a jury verdict, nonjury trial, entry of a plea of guilty or nolo contendere where the illegal conduct or activity (1) is considered to be a public entity crime as defined by Chapter 287, Florida Statutes, as amended from time to time, or (2) is customarily considered to be a white-collar crime or theft-related crime such as fraud, smuggling, bribery, embezzlement, or misappropriation of funds, etc. or (3) results in a felony conviction where the crime is directly related to the business activities for which the franchise is sought.

Yes\_\_\_ No X

If you responded "Yes," please provide all of the following information for each indictment, charge, or conviction:

- a) A description of the case style and docket number
- b) The nature of the charge or indictment
- c) Date of the charge or indictment
- d) Location of the court before which the proceeding is pending or was heard
- e) The disposition (e.g., convicted, acquitted, dismissed, etc.)
- f) Any sentence imposed
- g) Any evidence which the County (in its discretion) may determine that the Applicant and/or person found guilty or convicted of illegal conduct or activity has conducted itself, himself or herself in a manner as to warrant the granting or renewal of the franchise.

### Section J

The Applicant must provide a current certificate(s) of insurance. Franchise insurance requirements are determined by Broward County's Risk Management Division and are contained in the Port Everglades Tariff No. 12 as amended, revised or reissued from time to time. The Port Everglades Tariff is contained in the Broward County Administrative Code, Chapter 42, and is available for inspection on line at: <http://www.porteverglades.net/development/tariff>. **See Attached.**

### Section K

1. The Applicant must provide its most recent audited or reviewed financial statements prepared in accordance with generally accepted accounting principles, or other documents and information which demonstrate the Applicant's creditworthiness, financial responsibility, and resources, which the Port will consider in evaluating the Applicant's financial responsibility. **See Attached.**
2. Has the Applicant or entity acquired by Applicant (discussed in Section E herein) sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law filed by or against it within the last five (5) year period?  
Yes \_\_\_ No X  
If "Yes," please provide the following information for each bankruptcy or insolvency proceeding:
  - a) Date petition was filed or relief sought
  - b) Title of case and docket number
  - c) Name and address of court or agency
  - d) Nature of judgment or relief
  - e) Date entered
3. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last five (5) year period by a court for the business or property of the Applicant? Yes \_\_\_ No X  
If "Yes," please provide the following information for each appointment:
  - a) Name of person appointed
  - b) Date appointed
  - c) Name and address of court
  - d) Reason for appointment
4. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last five (5) year period by a court for any entity, business, or property acquired by the Applicant?  
Yes \_\_\_ No X  
If "Yes," please provide the following information for each appointment:
  - a) Name of person appointed
  - b) Date appointed
  - c) Name and address of court
  - d) Reason for appointment

### Section L

List four (4) credit references for the Applicant, one of which must be a bank. Use this format:

Name of Reference \_\_\_\_\_ Nature of Business \_\_\_\_\_  
Contact Name \_\_\_\_\_ Title \_\_\_\_\_  
Legal Business Street Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Phone Number ( ) \_\_\_\_\_

(**See Attached.**)

**Section M**

1. Security: Pursuant to Port Everglades Tariff 12, Item 960, all Franchisees are required to furnish an Indemnity and Payment Bond or Irrevocable Letter of Credit drawn on a U.S. bank in a format and an amount not less than \$20,000 as required by Broward County Port Everglades Department.

2. Has the Applicant been denied a bond or letter of credit within the past five (5) years?

Yes ☐ No ☒

If "Yes," please provide a summary explanation in the space provided of why the Applicant was denied. Use additional sheets if necessary.

**Section N**

1. Provide a list and description of all equipment currently owned and/or leased by the Applicant and intended to be used by the Applicant for the type of service(s) intended to be performed at Port Everglades including the age, type of equipment and model number.

2. Identify the type of fuel used for each piece of equipment.

3. Indicate which equipment, if any, is to be domiciled at Port Everglades.

4. Will all equipment operators be employees of the Applicant, on the payroll of the Applicant, with wages, taxes, benefits, and insurance paid by the Applicant?

Yes ☒ No ☐

If "No," please explain in the space provided who will operate the equipment and pay wages, taxes, benefits, and insurance, if the franchise is granted. Use additional sheets if necessary.

**Section O**

Provide a copy of the Applicant's current Broward County Business Tax Receipt (formerly Occupational License). *See Attached*

**Section P**

1. Provide a copy of Applicant's safety program. *See Attached*

2. Provide a copy of Applicant's substance abuse policy. *See Attached*

3. Provide a copy of Applicant's employee job training program/policy. *See Attached*

4. Provide information regarding frequency of training. *See Attached*

5. Include equipment operator certificates, if any. *See Attached*



### Section Q

1. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or fines from any federal, state, or local environmental regulatory agencies?  
Yes\_\_\_ No X
2. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or civil penalties from the U.S. Coast Guard?  
Yes\_\_\_ No X
3. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or fines from the Occupational Safety and Health Administration?  
Yes\_\_\_ No X

If you responded "Yes" to any of this section's questions 1, 2, or 3 above, please provide a detailed summary for each question containing the following information:

- a) Name and address of the agency issuing the citation or notice
- b) Date of the notice
- c) Nature of the violation
- d) Copies of the infraction notice(s) from the agency
- e) Disposition of case
- f) Amount of fines, if any
- g) Corrective action taken

Attach copies of all citations, notices of violations, warning notices, civil penalties and fines issued by local, state, and federal regulatory agencies, all related correspondence, and proof of payment of fines.

4. Provide a statement (and/or documentation) which describes the Applicant's commitment to environmental protection, environmental maintenance, and environmental enhancement in the Port. *See Attached.* ✓

### Section R

Provide written evidence of Applicant's ability to promote and develop growth in the business activities, projects or facilities of Port Everglades through its provision of the services (i.e., stevedore, cargo handler or steamship agent) it seeks to perform at Port Everglades. For first-time applicants (stevedore, cargo handler and steamship agent), the written evidence must demonstrate Applicant's ability to attract and retain new business such that, Broward County may determine in its discretion that the franchise is in the best interests of the operation and promotion of the port and harbor facilities. The term "new business" is defined in Chapter 32, Part II of the Broward County Administrative Code as may be amended from time to time.

If you have checked an Applicant box for VESSEL BUNKERING, VESSEL OILY WASTE REMOVAL, VESSEL SANITARY WASTE WATER REMOVAL, OR MARINE TERMINAL SECURITY, the following additional information is required:

☐ **VESSEL BUNKERING**

**Section T-** A Letter of Adequacy from the U.S. Coast Guard and a copy of the applicant's operations manual approved by the U.S. Coast Guard.

**Section V-** A copy of the applicant's Oil Spill Contingency Plan for Marine Transportation Related Facilities approved by the U.S. Coast Guard.

**Section W-** A Terminal Facility Discharge Prevention and Response Certificate with a copy of an approved Oil Spill Contingency Plan from the Florida Dept. of Environmental Protection.

**Section Z-** An approved Discharge Cleanup Organization Certificate from the Florida Dept. of Environmental Protection which has been issued to the applicant or to its cleanup contractor with a copy of the cleanup contract showing the expiration date.

☐ **VESSEL OILY WASTE REMOVAL**

**Section S -** Certificate of Adequacy in compliance with the Directives of MARPOL 73/75 and 33 CFR 158, if applicable.

**Section T-** A Letter of Adequacy from the U.S. Coast Guard and a copy of the Applicant's operations manual approved by the U.S. Coast Guard.

**Section U-** A Waste Transporter License from the Broward County Environmental Protection Department identifying the nature of the discarded hazardous (or non-hazardous) material to be transported.

**Section V-** A copy of the Applicant's Oil Spill Contingency Plan for Marine Transportation Related Facilities approved by the U.S. Coast Guard.

**Section W-** A Terminal Facility Discharge Prevention and Response Certificate with a copy of an approved Oil Spill Contingency Plan from the Florida Dept. of Environmental Protection.

**Section X-** A Used Oil Collector, Transporter, and Recycler Certificate from the Florida Dept. of Environmental Protection.

**Section Y-** An Identification Certificate from the U.S. Environmental Protection Agency.

**Section Z-** An approved Discharge Cleanup Organization Certificate from the Florida Dept. of Environmental Protection which has been issued to the Applicant or to its cleanup contractor with a copy of the cleanup contract showing the expiration date.

☐ **VESSEL SANITARY WASTE WATER REMOVAL**

**Section U-** A Waste Transporter License from the Broward County Environmental Protection Department identifying the nature of the discarded hazardous (or non-hazardous) material to be transported.

**Section Z1-** A copy of the Applicant's operations manual.

**Section Z2-** A Septage Receiving Facility Waste Hauler Discharge Permit from the Broward County Water and Wastewater Services Operations Division.

☐ **MARINE TERMINAL SECURITY**

**Section N1-** A list of all metal detection devices, walk-through and hand held, as well as all luggage and carryon x-ray machines owned or leased, to be used or domiciled at Port Everglades. Listing must include brand name and model.

**Section N2-** A copy of all manufacturers recommended service intervals and name of

company contracted to provide such services on all aforementioned equipment.

**Section N3-** A description of current method employed to assure all equipment is properly calibrated and functioning.

**Section N4-** current training requirements and training syllabus for employees operating x-ray equipment. Highlight emphasis on weapon and contraband identification.

Include equipment operator certificates, if any.

**Section O1-** Provide copies of all local, state and federal licenses, including:

a. A copy of the Applicant's State of Florida Business License.

b. A copy of security agency's Manager's "M" or "MB" License and a copy of the security agency's "B" or "BB" License issued by the Florida Department of Agriculture and Consumer Services.

**Section P3- SECURITY GUARDS / SUPERVISORS**

a. Provide Applicant's background requirements, education, training etc., for personnel hired as security guards.

b. Provide historic annual turnover ratio for security guards.

c. Provide a copy of Applicant's job training program/policy including a copy of training curriculum and copies of all manuals and take-home materials made available to security guards. Include information regarding frequency of training.

d. Provide background requirements, experience, licensing and any and all advanced training provided to supervisory personnel.

e. Provide present policy for individual communication devices either required of security guards or supplied by the employer.

f. Provide procurement criteria and source as well as Applicant's certification requirements for K-9 workforce.

g. Provide information on the number of security guards / supervisors currently employed or expected to be employed to provide security services at Port Everglades.

Supervisors \_\_\_\_\_  
Class D Guards \_\_\_\_\_  
Class G Guards \_\_\_\_\_  
K-9 Handlers \_\_\_\_\_



**Port Everglades Tariff 12**

References to the Port Everglades Tariff 12 as amended or reissued: <http://www.porteverglades.net/cargo/tariff>

**Application Fees**

The following fees have been established for franchised businesses at Port Everglades. Initial processing fees are nonrefundable. A franchise is required for each category of business.

**Stevedore**

Initial processing fee, assignment fee, or reinstatement fee \$ 11,550.00

Annual Fee

\$ 4,200.00

**Cargo Handler**

Initial processing fee, assignment fee, or reinstatement fee \$ 11,550.00

Annual Fee

\$ 4,200.00

**Steamship Agent**

Initial processing fee, assignment fee, or reinstatement fee \$ 4,200.00

Annual Fee

\$ 2,360.00

**Tugboat and Towing**

Initial processing fee, assignment fee, or reinstatement fee \$ 27,300.00

Annual Fee

By Contract

**Vessel Bunkering, Vessel Oily Waste Removal,**

**Vessel Sanitary Waste Water Removal**

Initial processing fee, assignment fee, or reinstatement fee \$ 4,200.00

Annual Fee

\$ 2,360.00

For first-time franchise Applicants, both the initial application fee and the annual fee must be submitted at time of application. Thereafter, annual franchise fees are due and payable each year on the franchise anniversary date, which is defined as the effective date of the franchise.

Note: Check(s) should be made payable to:

BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS and be mailed with this application to:

Port Everglades Business Development Division

1850 Eller Drive, Fort Lauderdale, FL 33316

**Required Public Hearing**

Staff review of this application will not commence until such time as all of the above requested information and documentation has been provided and the franchise application has been determined by staff to be complete. All of the above requested information and Sections are required to be completed prior to the scheduling of the public hearing. Staff will request that the Broward County Board of County Commissioners set a public hearing to consider the franchise application and hear comments from the public. The Applicant will be notified of the Public Hearing date and must plan to attend the Public Hearing.

By signing and submitting this application, Applicant certifies that all information provided in this application is true and correct. Applicant understands that providing false or misleading information on this application may result in the franchise application being denied, or in instances of renewal, a franchise revoked. Applicant hereby waives any and all claims for any damages resulting to the Applicant from any disclosure or publication in any manner of any material or information acquired by Broward County during the franchise application process or during any inquiries, investigations, or public hearings.

Applicant further understands that if there are any changes to the information provided herein (subsequent to this application submission) or to its officers, directors, senior management personnel, or business operation as stated in this application, Applicant agrees to provide such updated information to the Port Everglades Department of Broward County, including the furnishing of the names, addresses (and other information as required above) with respect to persons becoming associated with Applicant after its franchise application is submitted, and any other required documentation requested by Port Everglades Department staff as relating to the changes in the business operation. This information must be submitted within ten (10) calendar days from the date of any change made by the Applicant.

Applicant certifies that all workers performing functions for Applicant who are subject to the Longshore and Harbor Workers' Act are covered by Longshore & Harbor Workers' Act, Jones Act Insurance, as required by federal law.

This application and all related records are subject to Chapter 119, F.S., the Florida Public Records Act.

By its execution of this application, Applicant acknowledges that it has read and understands the rules, regulations, terms and conditions of the franchise it is applying for as set forth in Chapter 32, Part II, of the Broward County Administrative Code as amended, and agrees, should the franchise be granted by Broward County, to be legally bound and governed by all such rules, regulations, terms and conditions of the franchise as set forth in Chapter 32, Part II, of the Broward County Administrative Code as amended.

The individual executing this application on behalf of the Applicant, personally warrants that s/he has the full legal authority to execute this application and legally bind the Applicant.

Signature of Applicant's Authorized Representative \_\_\_\_\_ Date Signed \_\_\_\_\_

Signature name and title - typed or printed CHRIS PEREZ - VP of OPERATIONS

Witness Signature (\*Required\*) [Signature]  
Witness name-typed or printed Matt Penfold

Witness Signature (\*Required\*) [Signature]  
Witness name-typed or printed KING MILLER

If a franchise is granted, all official notices/correspondence should be sent to:

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

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

## CURRICULUM VITAE OF SIMON JUDSON

Sandyhills House, Winchester Road, Shedfield, SO32 2HS.      Mob: 07814 320841  
Primary Email: [simon@peterandmay.com](mailto:simon@peterandmay.com)

|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE OF BIRTH:       | 29 <sup>th</sup> June 1976                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| MARITAL STATUS:      | Single                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| NATIONALITY:         | British                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| CAREER AIM:          | To continuing working in a challenging environment as part of an ambitious team.                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| EDUCATION:           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| UNIVERSITY:          | University of Newcastle upon Tyne. (1995-1998)                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| QUALIFICATION:       | BSC (Hons) in Mathematics. (2:1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| SCHOOL:              | Uppingham School, Leics. (1991-1996)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| QUALIFICATIONS:      | A Level: Design & Technology (A), Mathematics (B), Economics (C)<br><br>11 GCSE / AO (C and above)                                                                                                                                                                                                                                                                                                                                                                                                                  |
| TECHNICAL ABILITIES: | <p>Complete understanding of desktop work and all office software both PC and Mac.</p> <p>Knowledge of a variety of software applications including AutoCad, Adobe Photoshop, Abode Premier, Final Cut Pro (Mac) editing software as well as developing skills in Adobe After Affects and Macromedia Director.</p> <p>Basic Knowledge of HTML programming and Cold Fusion development.</p> <p>Overall excellent ability to learn and diversify skills into other software packages and IT related advancements.</p> |

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**EMPLOYMENT HISTORY:**

**NAME OF ORGANISATION:** PETERS & MAY LTD.  
**PERIOD OF EMPLOYMENT:** October 2020 - Present  
**JOB TITLE:** Chief Executive Officer  
**PREVIOUS JOB TITLE / DATES:** Global Operations Director (June 2009 – October 2020)  
**OUTLINE OF POSITION:** My role involves running and managing Peters & May LTD, a business that turns over approx. £50M and consists of over 90 staff throughout 9 global offices.

**MAIN DUTIES AND RESPONSIBILITIES:**

- Reporting to the Board of Directors, three of whom work for the Constantine Group (Peters & May's) parent company
- Communicate with all regional managers and department heads to enable decisions about policy and strategy
- Manage some of Peters & May's larger clients that have dealt with me personally for many years.
- Develop an organizational environment that promotes positive staff morale and performance
- Promote partnerships, alliances and strategic opportunities with other organisations

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**EMPLOYMENT HISTORY:**

**NAME OF ORGANISATION:** COMPLETE FREIGHT LTD.  
**PERIOD OF EMPLOYMENT:** June 2003 – June 2009  
**JOB TITLE:** Founder and Director  
**OUTLINE OF POSITION:** Running all aspects of the business with co-director

**MAIN DUTIES AND RESPONSIBILITIES:**

- I managed over £5M of global sales and operational activity globally
- Oversee all PR / Marketing activities for the company
- Developed the business from a turnover in Year 1 of £1.5M to a business that was sold to Peters & May in 2009 (6 years later) with a turnover in excess of £4M.

---

**EMPLOYMENT HISTORY:**

**NAME OF ORGANISATION:** WEBOLOGY GROUP AUSTRALIA PTY LTD.  
**PERIOD OF EMPLOYMENT:** December 1999 – September 2002  
**JOB TITLE:** Business and Project Manager  
**OUTLINE OF POSITION:** My role involved managing high profile Internet based development projects from their initial proposal stage to the projects completion and sign off. I was in the forefront of liaison between clients and the development of projects which meant adopting a management strategy that accurately fitted the objective of the project in hand, efficiently and economically.

**MAIN DUTIES AND RESPONSIBILITIES:**

- I was responsible for proposal creation and hence project analysis which would result in the guidelines for the management of the project including the initial valuation.
- Liaison with clients was uppermost on my lists of roles through which I developed strong client relations and an ability to secure further investment.

- I was also responsible for coordinating any further development if any, financial or legal queries between the client and upper management, including changes in the project or its contract.
- I was in charge of tracking the hours of development, both in graphics and in programming and feeding monthly reports of efficiency back to Directors for assessment and cost analysis.
- Any changes to the development of the project would be run through me before approval from upper management.
- I was responsible for assessment of development hours involved in all current and pending projects and the assignment / delegation and modification of those hours to all company employees.
- I would also, if needed, help out in graphical modifications as well as any HTML or CF programming as necessary.

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**NAME OF ORGANISATION:**      **WD9 LLC** (Sister Company to Webology Group Australia PTY LTD)

**PERIOD OF EMPLOYMENT:**                      March 2001 – October 2001.

**JOB TITLE:**                                              Director and Business Manager.

**OUTLINE OF POSITION:**                      I was posted in Los Angeles by Webology Group Australia PTY LTD along with the CEO to set up a sales office in Los Angeles, America as the sister company to Webology.

**MAIN DUTIES AND RESPONSIBILITIES:**

- I was responsible for the entire set up of the company on foreign soil. This involved dealing with any complications, red tape and international trade legislation that might have stood in our way.
- I executed the creation of all promotional and presentation material as well as implementing all advertising and marketing strategies.
- I was heavily involved in sales and generating sufficient revenue for company expansion.
- All accounting, budgeting, debt collecting and financial control were my responsibility.
- Project Management and correspondence between clients in America and development in Australia was the key to the company's success and meant long and dedicated hours.

---

**NAME OF ORGANISATION:**      **MUSICLIVE AUSTRALIA PTY LTD**

**Period of Employment:**                      June 1999 – December 1999.

**Job Title:**                                              Technical Director and Sponsorship Consultant.

**Outline of Position:**                      To raise funds for Musiclive through sponsorship of their events. In addition I was responsible for filming, directing, editing and encoding film clips for the Musiclive's website. Maintenance of the site was also within my role.

**MAIN DUTIES AND RESPONSIBILITIES:**

- My prime objective was to secure sponsorship deals for the company and secure long term contracts.
- Production and directing of all film clips including editing, encoding and implementing them for video streaming on the website.
- Maintenance of the website involved the control and assessment of over 50 volunteer writers and contributors to the site.
- I was responsible for building relationships with promoters and music studios ensuring the company maintained its excellent reputation.

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>NAME OF EVENT:</b>     | <b>NEWCASTLE 2 NEWCASTLE EXPEDITION</b>                                                                                                                                                                                                                                                                                                                                                                               |
| <b>PERIOD OF SERVICE:</b> | August 1998 – April 1999.                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>JOB TITLE:</b>         | Expedition Leader                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>NATURE OF EVENT:</b>   | I planned and raised over £80,000 in sponsorship from over 45 different bodies in order to complete an overland expedition, which drove two Land Rovers and six people from Newcastle in the UK to Newcastle in Australia. I also coordinated and lead a charity project which involved the planning, designing and building of an adventure playground for deprived children of a tea estate in Northern Bangladesh. |

**MAIN DUTIES AND RESPONSIBILITIES:**

- Liaising with companies and gaining both financial and product sponsorship.
- Creating a high profile through securing the support of various individuals from the TV, radio, press and the internet in order to promote the initiative both domestically and enroute.
- Designing and controlling the expedition's budget and tracking accounts enroute.
- Preparing and implementing all logistical requirements including equipment, vehicles, route planning, 'red tape', food, fuel allowances, navigation and documentation.
- Overcoming hurdles and difficult situations with control and correct risk assessment.



#### OTHER WORK EXPERIENCE:

- Jointly Skipped a Flotilla of twelve, 30-40ft Yachts in the Greek islands for SetSail UK LTD.
- Worked for Henry Butchers International Ltd in preparing for auction, Swan Hunter Ship Builders in Newcastle upon Tyne.
- Worked as a sailing instructor on Sydney Harbour for Pacific Sailing School in Australia.
- Worked as a night porter / receptionist in a 4 star hotel in Davos, Switzerland.

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#### INTERESTS:

- I enjoy an outdoor lifestyle and I am a keen sportsman, in particular most snow and water related sports, cycling and squash.
- I enjoy computing and IT related stuff.
- Our pastimes include Video/Camera work and photography including scuba diving and underwater photography.
- I am a keen traveller having driven from the UK to Australia back in 1999 (<http://newcastle2newcastle.org.uk/>) and lead an expedition through Borneo back in 2002 with my brother. (<https://www.youtube.com/watch?v=jCMg-17TEUo>)

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#### ADDITIONAL INFORMATION:

- I consider myself a good communicator and am keen to learn. I like to utilise my intelligence within the workplace and have good time management skills. I enjoy working as part of a team but also thrive under pressure. I believe I am a mature and proactive individual and have integrity and respect for others. I possess the necessary astute intellectual capabilities with a high level of reasoning that have proven invaluable over the past 2 decades.
- I am fluent in German and I have basic French, Malaysian and Indonesian.
- I hold a clean UK driving licence.

---

#### REFEREES:

- Wiebbe Bonsink.  
Founder and ex CEO of HEBO Maritiemservice BV & CEO of Greenport Rotterdam  
Quarantaineweg 10  
3089 KP Rotterdam,  
Netherlands  
Tel: 0031 653607696
- Angus Bruce Jones  
St Annes  
Sutton Scotney  
Winchester  
Hampshire  
Essex  
SO21 3JW  
England  
Tel: 07966 478860

# CHRISTOPHER PEREZ

16389 NW 23<sup>rd</sup> St

Pembroke Pines, FL 33028 · 786-925-0643

[chrisperez808@yahoo.com](mailto:chrisperez808@yahoo.com) · <https://www.linkedin.com/in/chris-perez-5a0974106>

To obtain a position in the Maritime Industry, specifically managing operations, where I can continue to challenge myself professionally to further my career.

## EXPERIENCE

### APRIL 2021 – PRESENT

#### **OPERATIONS MANAGER, PETERS AND MAY**

Overseeing Vessel operations in Port Everglades and assisting for other Port calls. Managing labor, scheduling, and coordinating vendors for all aspects of an operation for the various Yacht operations. Vessel Agent during operations speaking directly with Yacht owners to schedule sequence. Assisting Loadmasters with coordinating loading sequences as well as discharge sequences. Direct contact with vessel agents in arranging berthing prospects in Port Everglades. Overseeing and assist in managing yard with various lifting equipment and cradling.

### MAY 2016 – APRIL 2021

#### **ASST OPERATIONS TERMINAL MANAGER, HOST TERMINALS**

Promoted from vessel Superintendent to Asst. Operations Terminal Manager within 6 months of working with Host Terminals. Promoted to Operations Manager in 2018. Overseeing 2 separate active container and breakbulk terminals. Overseeing various stevedoring operations including container, yachts, RORO and breakbulk. Managing labor, scheduling and coordinating all aspects of an operation for the various stevedoring operations. Forecasting and budgeting all operations on a weekly/monthly basis. Managing and approving payroll for all hourly employees. Overseeing a maintenance department for all owned equipment within our terminals. Assisted Commercial department with quoting and finalizing contracts for various customers. Became Host Terminals Facility Security Officer for their individually operated Terminal.

### FEBRUARY 2015 – DECEMBER 2015

#### **ACCOUNT EXECUTIVE/HEAD CLERK, SC LINES/FAST TERMINALS**

Worked in dual roles as a "Head Clerk" for a RORO Terminals and as an "Account Executive" for the same company.

As an Account Executive, I achieved defined sales targets, deepened existing client relations and worked closely with project managing to execute various operations/commercial obstacles.

As a Head Clerk, I received, documented and properly inventoried all cargo for Fast Terminals. Also was trained and certified to be the Facility Security Officer for Fast Terminals.

### MAY 2012 – FEBRUARY 2015

#### **OFFICE CLERK/YARD FOREMAN, FLORIDA TRANSPORTATION SERVICE (FTS)**

Receiving and inventorying various types of cargo for container and breakbulk lines. Using various cargo Terminal Operating Systems like Navis N4 and GDZ. Experience in receiving and operating heavy equipment including Top Loaders, Forklifts and Yard Trucks. Trained in vessel agency and husbandry for clearing vessels through customs at Port Everglades.

## EDUCATION

DECEMBER 2015

**ASSOCIATES OF ARTS**, BROWARD COLLEGE

Received an AA in Business Management.

MAY 2007

**HIGH SCHOOL DIPLOMA**, MONSIGNOR EDWARD PACE

Received high school diploma graduating with a 3.2 GPA.

## SKILLS

- Direct knowledge and understanding in vessel stowage plans (container, BB, etc.).
- Managing, scheduling and coordinating various stevedoring operations.
- Certified Accounting Technology Specialist awarded by Broward College
- Knowledgeable in Commercial Sales within the Stevedoring/Maritime Industry
- Certified Facility Security Officer (FSO)
- Experience and knowledge in rigging/lifting various types of cargoes.
- Proficient with Microsoft Office, specifically Excel.
- Bilingual (Spanish/English)

161 South Villa Avenue | Elmhurst, IL | 630-699-4276 | suevanmarter@yahoo.com

---

## OBJECTIVE

I have an entrepreneurship background and extensive experience managing all facets of an office, with focused experience in accounting. I am seeking a role where my breadth of experience and efficiency will be valued, ideally in either a nimble and growing business or a leanly-managed established organization.

## EXPERTISE

- ❖ Accounting (daily bookkeeping including payroll and tax matters and month-end closings)
- ❖ Budgetary analysis and projection
- ❖ Office and records management
- ❖ Organizational development and maintenance
- ❖ Industry-specific experience with manufacturing, mechanical services and not-for-profit organizations

## ROLES

### **Finance Manager, Peters & May USA, Inc.**

December 2014 — Present

*Dania Beach, FL*

- ❖ Perform general ledger accounting and month-end reconciliation
- ❖ Maintain and reconcile accounts payable & receivable
- ❖ Administer payroll and tax reporting
- ❖ Analyze job costs and present results to officers
- ❖ Develop future budgets and tax projections
- ❖ Administer employee benefits
- ❖ Provide budgetary analysis & tax projections
- ❖ Create sales and purchase accounts in FCL
- ❖ Cash management and corporate credit card account administration
- ❖ Perform additional office services on an as-needed basis, including purchasing and office administration and scheduling
- ❖ Track cargo insurance certificates and submit to local Chamber of Commerce monthly

**Accounting Manager, Aberdeen Technologies**

January 2006 — November 2014

*Carol Stream, IL*

- ❖ Perform general ledger accounting and month-end reconciliation
- ❖ Maintain and reconcile accounts payable & receivable
- ❖ Administer payroll and tax reporting
- ❖ Analyze job costs and present results to officers
- ❖ Develop future budgets and tax projections
- ❖ Administer employee benefits
- ❖ Provide budgetary analysis & tax projections
- ❖ Maintain ISO quality system certifications
- ❖ Perform additional office services on an as-needed basis, including purchasing and office administration and scheduling

**Owner & Office Manager, Airmen Mechanical Services**

February 1984 – December 2006

*West Chicago, IL*

- ❖ Developed and maintained ongoing business plan, growing business to one million dollars annually
- ❖ Performed primary chief financial officer functions, including accountancy and budgetary projections as well as maintenance of payroll, tax reporting, accounts payable and receivable and inventory control
- ❖ Performed primary human resources function and trained new staff
- ❖ Developed and disseminated marketing materials
- ❖ Implemented new electronic accounting system and record retention policy
- ❖ primary accounting, office management, human resources, customer service, marketing and other roles
- ❖ Served customers as the face of the company

**Administrative Assistant, DuPage County Bar Association**

September 1976 – January 1981

*Wheaton, IL*

- ❖ Maintained and reconcile accounts payable & receivable
- ❖ Managed attorney referral service
- ❖ Received clients and filled other administrative functions

PROFICIENCIES - Sage 50 Line, QuickBooks, Microsoft Office (including Outlook and Excel); Acrobat



**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L21000299971  
FILED 8:00 AM  
June 29, 2021  
Sec. Of State  
crico

**Article I**

The name of the Limited Liability Company is:  
YACHT STEVEDORE SOLUTIONS, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
750 WEST SUNRISE BLVD.  
FT. LAUDERDALE, FL. 33311

The mailing address of the Limited Liability Company is:  
750 W. SUNRISE BLVD.  
FT. LAUDERDALE, FL. 33311

**Article III**

The name and Florida street address of the registered agent is:  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL. 32301

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: JANETTE MCINTYRE

### Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR  
MATT PENFOLD  
750 WEST SUNRISE BLVD.  
FT. LAUDERDALE, FL. 33311

Title: MGR  
SIMON JUDSON  
750 W. SUNRISE BLVD.  
FT. LAUDERDALE, FL. 33311 UN

Title: MGR  
CHRISTOPHER PEREZ  
750 W. SUNRISE BLVD.  
FT. LAUDERDALE, FL. 33311 UN

Title: MGR  
SUSAN VAN MARTER  
750 W. SUNRISE BLVD.  
FT. LAUDERDALE, FL. 33311

Signature of member or an authorized representative

Electronic Signature: SUSAN VAN MARTER

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

L21000299971  
FILED 8:00 AM  
June 29, 2021  
Sec. Of State  
crico



## LIMITED LIABILITY COMPANY DATA SHEET

**As Of:** June 29, 2021

**Client/Matter #:** 303-0009

**Company Name:** Yacht Stevedore Solutions, LLC

**Address (principal place of business):** 750 West Sunrise Blvd., Ft. Lauderdale, Florida 33311

**Phone:** 754-263-3001      **Fax:** 754-263-3016

**Send Correspondence to:** Sue VanMarter      **E-Mail:** [sue.vanmarter@petersandmay.com](mailto:sue.vanmarter@petersandmay.com)

**Persons to Contact:** Sue VanMarter/Matt Penfold

**Graham's Email:** [matt.penfold@petersandmay.com](mailto:matt.penfold@petersandmay.com)

**Type of business:** Stevedore Services

**Registered Agent:** Corporation Service Company

**Registered Office:** 1201 Hays Street, Tallahassee, FL 32301

### Managers

Matt Penfold

Simon Judson

Christopher Perez

Sue Van Marter

### Officers

**President:** Matt Penfold

**Director:** Simon Judson

**Vice President of Operations:** Christopher Perez

**Secretary:** Susan Van Marter

**Treasurer:** Susan Van Marter

### Member

Peters & May USA, Inc.

### Membership Interest

100%

**Date of Organization:** June 29, 2021

**Florida Secretary of State File Number:** L21000299971

**Federal Employer Identification Number:**

**Fiscal Year:** December 31

**Annual Report Due Date:** May 1<sup>st</sup>

**Location of Minute Book:** CCM

**Minutes – Firm Responsible?** Yes

**Articles of Amendment:** (Indicate Article No., Change Made, Date)

**Accountant:** March Schultz

**Address:** Dugan & Lopatka, 4320 Winfield Road, Suite 450, Warrenville, IL 60555

**Telephone:** 630-665-4440

**Fax:** 630-665-5030

**E-Mail:**



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Limited Liability Company  
YACHT STEVEDORE SOLUTIONS, LLC

### Filing Information

**Document Number** L21000299971  
**FEI/EIN Number** N/A  
**Date Filed** 06/29/2021  
**State** FL  
**Status** ACTIVE

### Principal Address

750 WEST SUNRISE BLVD.  
FT. LAUDERDALE, FL 33311

### Mailing Address

750 W. SUNRISE BLVD.  
FT. LAUDERDALE, FL 33311

### Registered Agent Name & Address

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

### Authorized Person(s) Detail

#### **Name & Address**

Title MGR

PENFOLD, MATT  
750 WEST SUNRISE BLVD.  
FT. LAUDERDALE, FL 33311

Title MGR

JUDSON, SIMON  
750 W. SUNRISE BLVD.  
FT. LAUDERDALE, FL 33311 UN

Title MGR

PEREZ, CHRISTOPHER

750 W. SUNRISE BLVD.  
FT. LAUDERDALE, FL 33311 UN

Title MGR

VAN MARTER, SUSAN  
750 W. SUNRISE BLVD.  
FT. LAUDERDALE, FL 33311

**Annual Reports**

| <b>Report Year</b> | <b>Filed Date</b> |
|--------------------|-------------------|
| 2022               | 04/29/2022        |

**Document Images**

[04/29/2022 -- ANNUAL REPORT](#)

[View image in PDF format](#)

[06/29/2021 -- Florida Limited Liability](#)

[View image in PDF format](#)

### Business History

To Whom It May Concern,

The following is an overview of Peters and May, and their history in Port Everglades.

Peters and May was established in 1973. In the 1980's, P&M started pursuing the Marine Transport industry, specifically yacht/boat transport. In 2005, they were acquired by the Constantine Group.

Peters and May currently has an office in 10 separate countries, including 2 sites in the USA. One in Charleston and one here in Port Everglades. We have had steady and constant vessel operations in Port Everglades for the past 7 years, utilizing various stevedore companies and agents.

Yacht Stevedore Solutions LLC is a subsidiary of Peters and May USA. YSS was created in the summer of 2021 to service the stevedore aspect of our current business. This move was made for us to provide our own stevedoring for our own chartered vessels and other customers in our portfolio.

If you have any questions or need any additional information, feel free to contact me directly.

Best Regards,

Chris Perez

***Operations Manager  
Peters & May***

***Vice President of Operations  
Yacht Stevedore Solutions***

# Peters & May Group



# Contents

1

Company  
Background

2

Brands and  
Services

3

Strengths of  
Technical Delivery

4

Business Analytics

5

Key Strengths





# Company Background



# Company History



1973  
Peters & May  
Founded



1980s  
Developed in  
Marine Logistics



2005  
Constantine  
Acquisition



2020  
Simon Judson  
appointed as  
CEO



Established in 1885, a family owned company in operation for 136 years

Diversified portfolio of operating companies, specialising in logistics, renewable energy and real estate.



# Global Presence





# Locations

## Offices:

- China
- Dubai
- France
- Germany
- Hong Kong
- Italy
- Netherlands
- Singapore
- Spain (Palma & Valencia)
- UK (Corporate HQ)
- USA (Charleston & Florida)

## Extensive Network of Agents:

- Australia
- Belgium
- Brazil
- Caribbean
- Maldives
- Portugal
- Russia
- South Africa
- Sweden
- Turkey

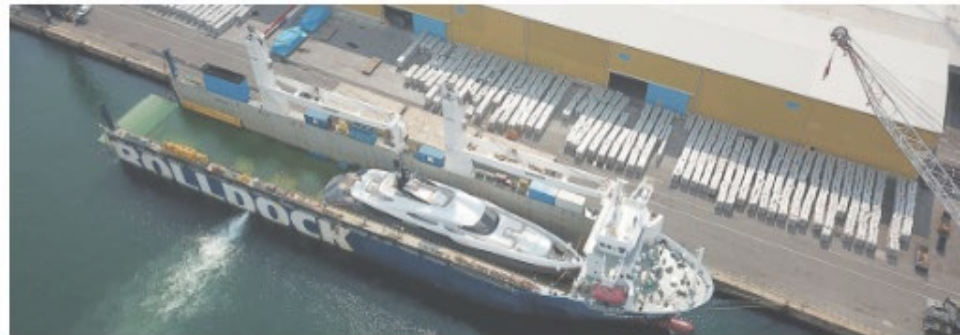




**peters  
& may**

GROUP  
BESPOKE LOGISTICS

# Brands & Service Offerings





# Leisure Boat Transport



Market leader with over 40 years experience transporting boats across the world.



# Racing Yacht Transport



Many years supporting high profile racing teams with bespoke global logistics solutions.





# Superyacht Transport



Specialist service offering for yachts over 30 meters.



# Commercial Cargo Transport



Complex bespoke logistics solutions demonstrating capabilities.





# Automotive & General Forwarding

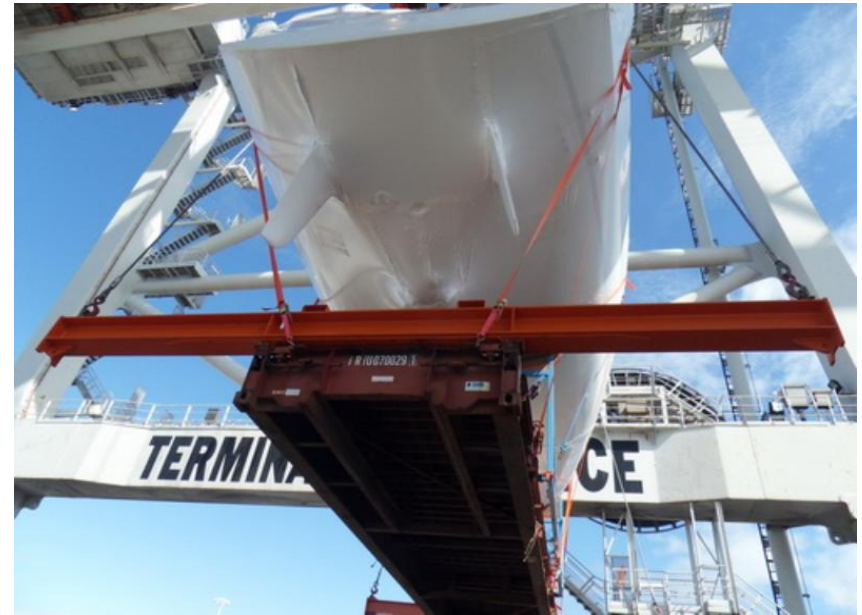


Multimodal offering across a diverse range of cargos and industries.





# Bespoke Load Solutions



**FLAT RAIL**  
THE OUT OF GAUGE SOLUTION

Provision of specialist cargo handling equipment / solutions.



# Corporate Express Couriers



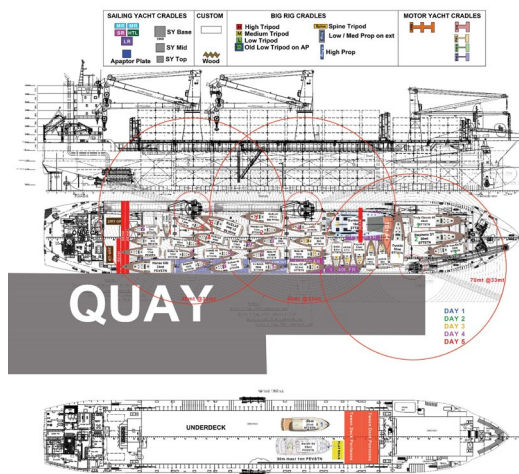
Global Courier Logistics - shipping spare parts, documents etc.



## Other Client Support Services



Loadmasters with 25+ years experience in military maritime logistics



Technical Team providing CAD drawings and bespoke cradle design



In-house Customs & VAT advice and documentation

# Transport Partners

- Acquired by Peters & May in 2018 with great synergy between our businesses.
- World renowned as a full service provider of international freight transportation via sea, air and road based in the Netherlands.
- Specialists in Boat Transport - shipping over 5,000 a year.
- 25 years' experience in full-service cargo delivery.
- Royal Marine Packing located in Charleston US, providing packing and secure warehousing facilities.



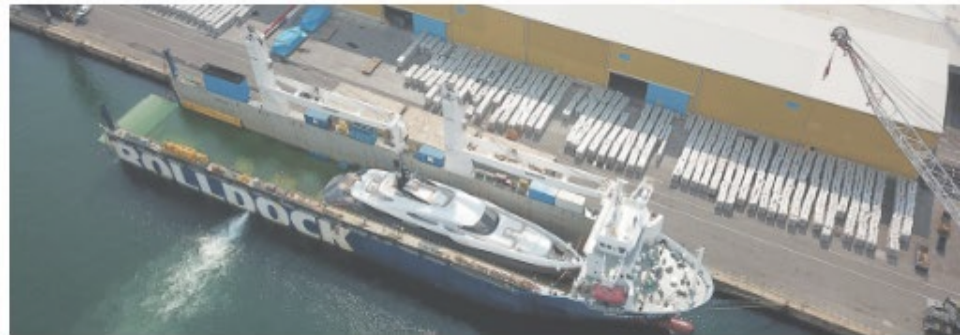
TRADING  
AGENCIES  
BROKERAGE  
FORWARDING  
CONSULTANCY





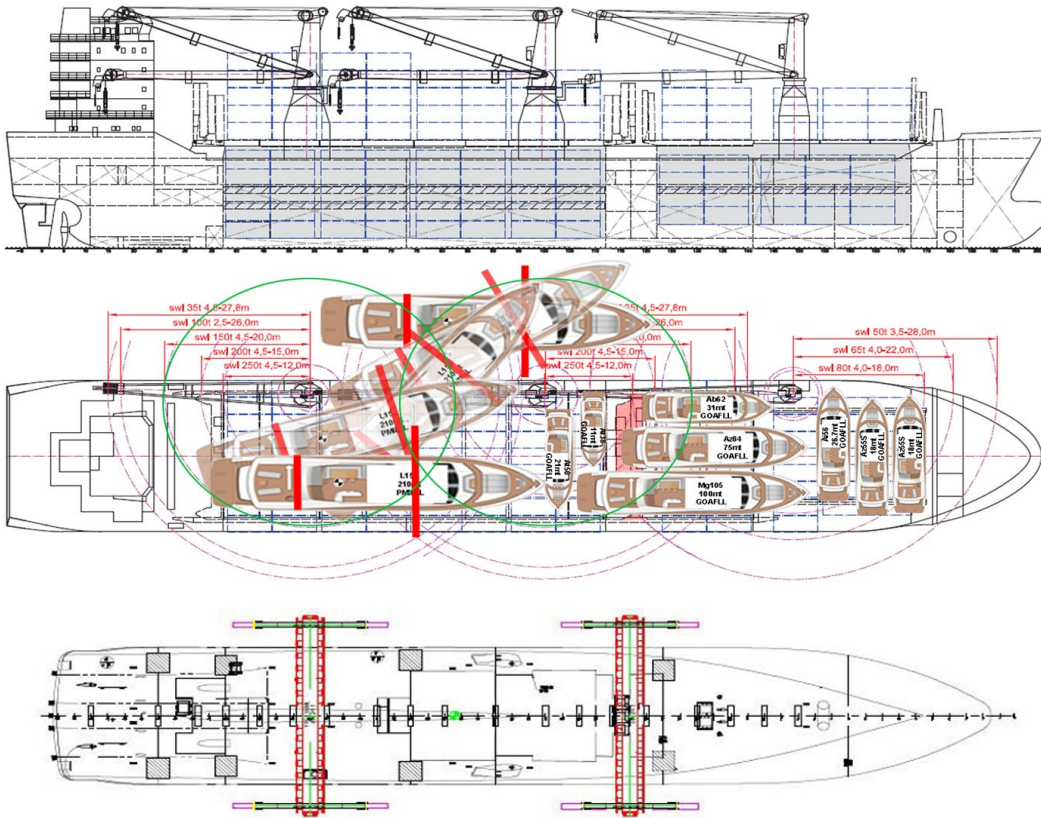
# Strengths of Technical Delivery

EXHIBIT 3  
Page 46 of 101





# Strength of Technical Delivery



Stow plans and lifting plans prepared well in advance of loading / discharge.

# Cradling and Lifting Equipment



Extensive stock of own cradling and lifting equipment strategically placed globally in storage and maintenance hubs.





# Loadmasters



Global Loadmaster Team recognised as the most highly trained and experienced team in our industry.

Unparalleled focus on Risk Management and H&S. Supported by HQ Technical Team back in the UK office.

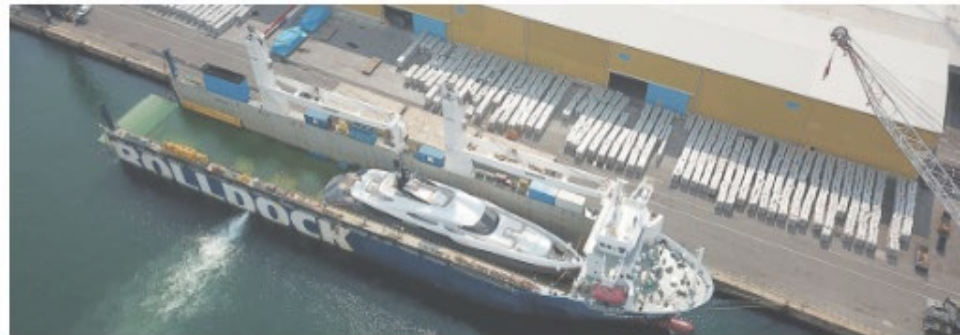




**peters  
& may**

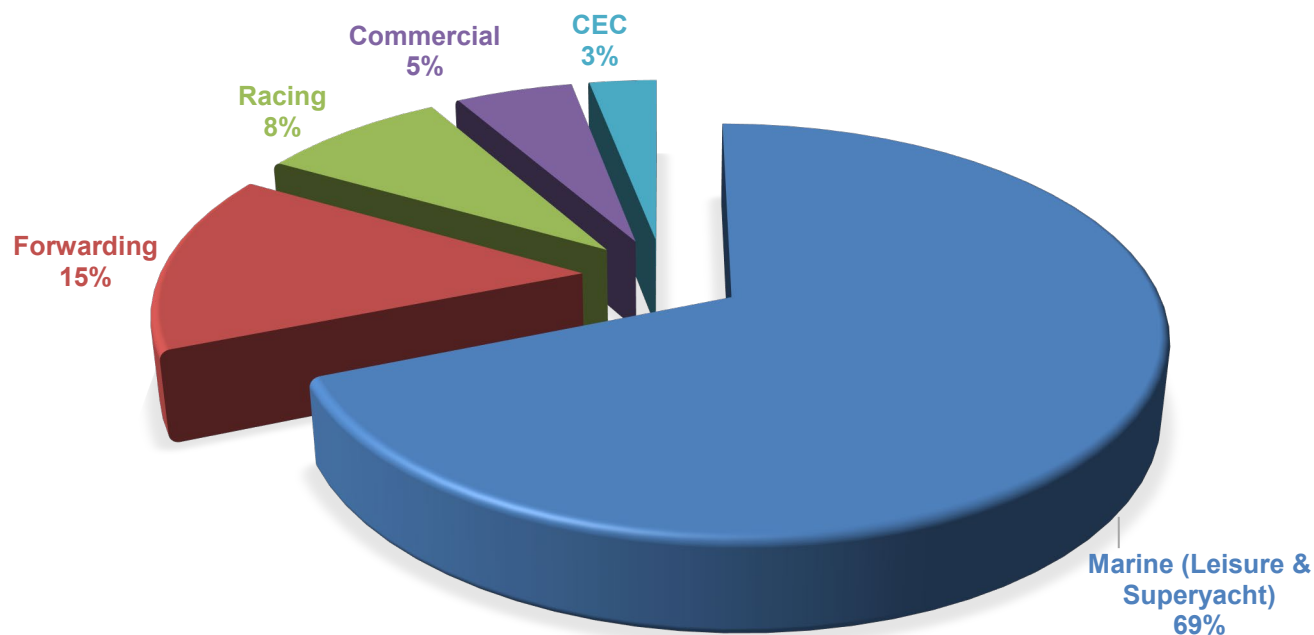
GROUP  
BESPOKE LOGISTICS

# Business Analytics

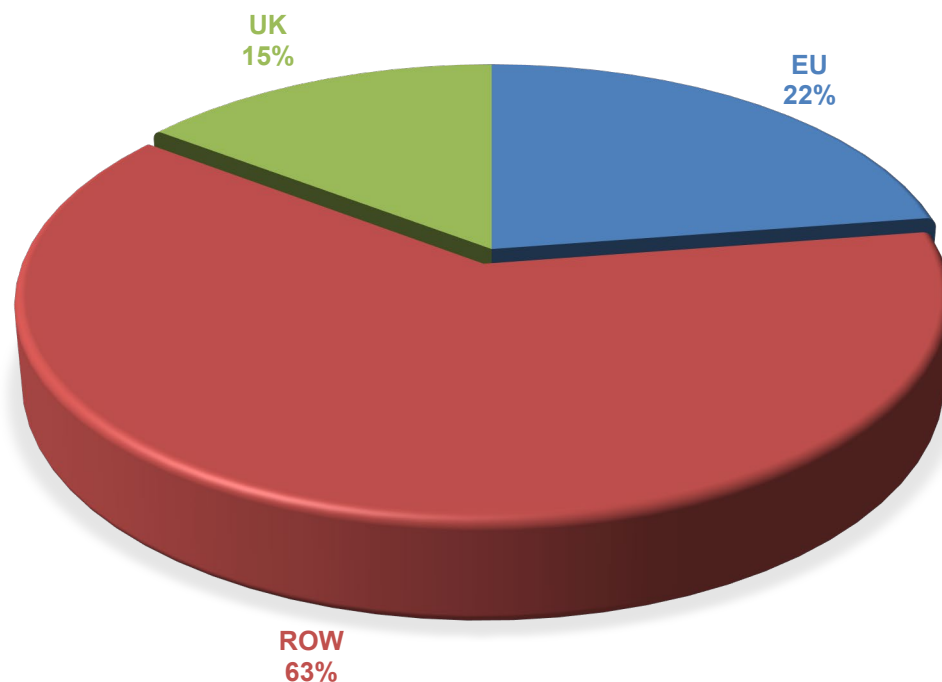




## Annual Sales Split by Trading Brand (2020)



## Annual Sales Split by Region (2020)



# Key Strengths

- 45 Years Experience
- Global Collaborative Team of Experts
- Bespoke Solutions
- Focus on Quality of Service
- Technical Strength Second to None
- Ambitious and Experienced Team of Directors
- Dedicated and Knowledgeable Global Management Team



# Yacht Stevedore Solutions

As the new venture of the Peters and May Group, the same quality and standards will be reflected in the services provided.

Management team will have decades worth of Stevedore experience. Also ensuring the best labor and operators for each vessel operation.

This will translate Peters and May's high caliber of excellence into the Stevedore Industry.

President – Matt Penfold  
Director – Simon Judson  
VP of Operations – Chris Perez  
Secretary/Treasurer – Sue Van Marter

Yacht Stevedore Solutions LLC.  
750 W. Sunrise Blvd  
Fort Lauderdale, FL 33311







[www.petersandmay.com](http://www.petersandmay.com)





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/14/2022

| <b>PRODUCER</b><br>SOUTHEAST INSURANCE BROKERAGE COMPANY<br>2665 SOUTH BAYSHORE DRIVE, SUITE 1001<br>COCONUT GROVE, FL 33133 |        | 305-442-1500                                                                                                                                                                                                                                                                                                                                                                            | 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. |                             |        |                                        |       |                                |       |                             |  |            |  |            |  |
|------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------|----------------------------------------|-------|--------------------------------|-------|-----------------------------|--|------------|--|------------|--|
| <b>INSURED</b><br>YACHT STEVEDORING SOLUTIONS LLC<br><br>750 SUNRISE BLVD<br>FORT LAUDERDALE, FL 33311                       |        | <table border="1"> <tr> <th>INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: STATE NATIONAL INSURANCE CO</td> <td>12831</td> </tr> <tr> <td>INSURER B: ENDURANCE ASSURANCE</td> <td>41718</td> </tr> <tr> <td>INSURER C: PMA GROUP &amp; ALMA</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table> |                                                                                                                                                                                                             | INSURERS AFFORDING COVERAGE | NAIC # | INSURER A: STATE NATIONAL INSURANCE CO | 12831 | INSURER B: ENDURANCE ASSURANCE | 41718 | INSURER C: PMA GROUP & ALMA |  | INSURER D: |  | INSURER E: |  |
| INSURERS AFFORDING COVERAGE                                                                                                  | NAIC # |                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                             |                             |        |                                        |       |                                |       |                             |  |            |  |            |  |
| INSURER A: STATE NATIONAL INSURANCE CO                                                                                       | 12831  |                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                             |                             |        |                                        |       |                                |       |                             |  |            |  |            |  |
| INSURER B: ENDURANCE ASSURANCE                                                                                               | 41718  |                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                             |                             |        |                                        |       |                                |       |                             |  |            |  |            |  |
| INSURER C: PMA GROUP & ALMA                                                                                                  |        |                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                             |                             |        |                                        |       |                                |       |                             |  |            |  |            |  |
| 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 | ADD'L LTR | INSRD | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                                                                                                                             | POLICY NUMBER                | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                  |
|------|-----------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A    | A         |       | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br>CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> STEVEDORES LEG LIAB<br><input checked="" type="checkbox"/> TERMINAL OPTRS LEG<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | DWMZ15778AAA                 | 10/14/21                           | 10/14/22                            | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 1,000,000 |
|      |           |       | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS                                                                                                                                                                                  |                              |                                    |                                     | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                                                                                         |
|      |           |       | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO                                                                                                                                                                                                                                                                                                                                                                  |                              |                                    |                                     | AUTO ONLY - EA ACCIDENT \$<br>OTHER THAN EA ACC \$<br>AUTO ONLY: AGG \$                                                                                                                                                                 |
| B    | B         |       | <b>EXCESS / UMBRELLA LIABILITY</b><br><input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 25,000                                                                                                                                                                                                                                 | OMX10015269400               | 10/14/21                           | 10/14/22                            | EACH OCCURRENCE \$ 4,000,000<br>AGGREGATE \$<br>\$<br>\$<br>\$                                                                                                                                                                          |
| C    |           |       | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under SPECIAL PROVISIONS below<br>Y / N <input type="checkbox"/>                                                                                                                                                                                                      | WC 1368661Y<br>ALMA 02850-01 | 10/14/21                           | 10/14/22                            | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>F.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE POLICY LIMIT \$ 1,000,000                        |
|      |           |       | OTHER                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |                                    |                                     | Digitally signed by Norma Dmytriw                                                                                                                                                                                                       |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 WORKERS COMPENSATION INCLUDES USL&H ACT COVERAGE. POLLUTION COVERAGE ENDORSEMENT IS INCLUDED IN LIABILITY POLICY. CERTIFICATE HOLDER NAMED AS AN ADDITIONAL INSURED IF REQUIRED BY A CONTRACT.

## CERTIFICATE HOLDER

|                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BROWARD COUNTY,<br>1850 ELLER DRIVE,<br>FORT LAUDERDALE, FL 33316<br>PORTCOI@BROWARD.ORG | <b>CANCELLATION</b><br>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.<br>AUTHORIZED REPRESENTATIVE |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



Tel: +1 754-263-3001  
Fax: +1 754-263-3016

florida@petersandmay.com  
Petersandmay.com

Peters & May USA Inc

750 W Sunrise Blvd  
Fort Lauderdale, Florida  
33311, USA

To Whom It May Concern,

This letter is to inform all parties concerned that the current vehicle in use at Port Everglades is owned and insured by Peters and May USA.

Our stevedore company is a subsidiary of the Peters & May and does not have a company vehicle.

If you have any other questions or concerns, feel free to contact me directly.

Kind Regards,

Christopher Perez

A handwritten signature in black ink that reads 'Chris Perez' in a cursive script.

General Manager

[Chris.perez@petersandmay.com](mailto:Chris.perez@petersandmay.com)

786-925-0643

Norma  
Dmytriw

Digitally signed  
by Norma  
Dmytriw  
Date: 2022.09.14  
16:33:07 -04'00'



**BANK OF AMERICA**

P.O. Box 15284  
Wilmington, DE 19850

YACHT STEVEDORE SOLUTIONS, LLC  
750 W SUNRISE BLVD  
FORT LAUDERDALE, FL 33311-7238

BANK OF AMERICA  
**Preferred Rewards**  
For Business

**Customer service information**

1.888.BUSINESS (1.888.287.4637)

bankofamerica.com

Bank of America, N.A.  
P.O. Box 25118  
Tampa, FL 33622-5118

Please see the **Important Messages - Please Read** section of your statement for important details that could impact you.

**Your Business Advantage Relationship Banking  
Preferred Rewards for Bus Gold**

for May 1, 2022 to May 31, 2022

YACHT STEVEDORE SOLUTIONS, LLC

Account number: **Redacted**

**Account summary**

|                                       |                    |
|---------------------------------------|--------------------|
| Beginning balance on May 1, 2022      | \$34,731.89        |
| Deposits and other credits            | 55,379.95          |
| Withdrawals and other debits          | -4,471.68          |
| Checks                                | -19,857.75         |
| Service fees                          | -0.00              |
| <b>Ending balance on May 31, 2022</b> | <b>\$65,782.41</b> |

# of deposits/credits: 2

# of withdrawals/debits: 9

# of items-previous cycle<sup>1</sup>: 2

# of days in cycle: 31

Average ledger balance: \$65,055.28

<sup>1</sup>Includes checks paid, deposited items and other debits

BANK OF AMERICA BUSINESS ADVANTAGE

**Remember, you've got a banking partner ready to help.**

As your dedicated Small Business Banker, I'm here to guide you and help with all your business's financial needs.  
If you'd like to meet, please contact me.

Aldo I Martinez Perez  
954.280.6254  
aldo.martinez\_perez@bofa.com

SSM-07-21-0006.B | 3646943





P.O. Box 15284  
Wilmington, DE 19850

YACHT STEVEDORE SOLUTIONS, LLC  
750 W SUNRISE BLVD  
FORT LAUDERDALE, FL 33311-7238

BANK OF AMERICA

## Preferred Rewards

For Business

### Customer service information

1.888.BUSINESS (1.888.287.4637)

bankofamerica.com

Bank of America, N.A.  
P.O. Box 25118  
Tampa, FL 33622-5118

## Your Business Advantage Relationship Banking Preferred Rewards for Bus Gold

for June 1, 2022 to June 30, 2022

YACHT STEVEDORE SOLUTIONS, LLC

Account number **Redacted**

### Account summary

|                                        |                    |
|----------------------------------------|--------------------|
| Beginning balance on June 1, 2022      | \$65,782.41        |
| Deposits and other credits             | 64,681.00          |
| Withdrawals and other debits           | -1,322.18          |
| Checks                                 | -35,970.00         |
| Service fees                           | -0.00              |
| <b>Ending balance on June 30, 2022</b> | <b>\$93,171.23</b> |

# of deposits/credits: 1

# of withdrawals/debits: 10

# of items-previous cycle<sup>1</sup>: 3

# of days in cycle: 30

Average ledger balance: \$84,081.82

<sup>1</sup>Includes checks paid, deposited items and other debits

BANK OF AMERICA BUSINESS ADVANTAGE

## Remember, you've got a banking partner ready to help.

As your dedicated Small Business Banker, I'm here to guide you and help with all your business's financial needs. If you'd like to meet, please contact me.

Aldo I Martinez Perez  
954.280.6254  
aldo.martinez\_perez@bofa.com

SSM-07-21-0006.B | 3646943

**BANK OF AMERICA** 

P.O. Box 15284  
Wilmington, DE 19850

YACHT STEVEDORE SOLUTIONS, LLC  
750 W SUNRISE BLVD  
FORT LAUDERDALE, FL 33311-7238

BANK OF AMERICA

**Preferred Rewards**  
For Business

**Customer service information**

1.888.BUSINESS (1.888.287.4637)

bankofamerica.com  
Bank of America, N.A.  
P.O. Box 25118  
Tampa, FL 33622-5118

**Your Business Advantage Relationship Banking  
Preferred Rewards for Bus Platinum**

for July 1, 2022 to July 31, 2022

**YACHT STEVEDORE SOLUTIONS, LLC**

Account number: **Redacted**

**Account summary**

|                                        |                    |
|----------------------------------------|--------------------|
| Beginning balance on July 1, 2022      | \$93,171.23        |
| Deposits and other credits             | 0.00               |
| Withdrawals and other debits           | -2,971.62          |
| Checks                                 | -2,040.00          |
| Service fees                           | -0.00              |
| <b>Ending balance on July 31, 2022</b> | <b>\$88,159.61</b> |

# of deposits/credits: 0

# of withdrawals/debits: 7

# of items-previous cycle<sup>1</sup>: 2

# of days in cycle: 31

Average ledger balance: \$90,105.10

<sup>1</sup>Includes checks paid, deposited items and other debits

8.10.22  
Balanced  
R.R.

BANK OF AMERICA  
**Preferred  
Rewards**  
For Business  
PLATINUM

**Congratulations! You've reached the Platinum Tier**

You've been automatically upgraded to the Preferred Rewards Platinum tier based on your current balances with Bank of America. That means you're now earning even higher rewards and greater benefits for the business you do.

To learn more, visit [bankofamerica.com/BusinessUptier](https://bankofamerica.com/BusinessUptier), schedule an appointment with a Small Business Specialist or call **888.BUSINESS (888.287.4637)**.



SSM-11-21-0003.D1 | 3877797



## Yacht Stevedore Solutions, LLC.

### Franchise Application Credit References

**Name of Reference:** ClearSphere Marine      **Nature of Business:** Luxury Yacht Entertainment System Designers  
**Contact Name:** Angus Bruce Jones    **Title:** Managing Director  
**Legal Business Street Address:** St Anne's Stockbridge Rd.  
**City, State, Zip Code:** Sutton Scotney, Winchester SO21 3JW  
**Phone Number:** +00 44 7966 748860

**Name of Reference:** Pronto Marine Services      **Nature of Business:** Marine Detailing Specialist  
**Contact Name:** Craig Garrow    **Title:** CEO  
**Legal Business Street Address:** East Coast Marina, 570 Royal Esplanade  
**City, State, Zip Code:** Manly QLD 4179, Australia  
**Phone Number:** +0027 83 651 5691

**Name of Reference:** Delphini      **Nature of Business:** Provider of Lifting and Safety Equipment  
**Contact Name:** Dave Cormack    **Title:** CEO  
**Legal Business Street Address:** Unit 6 Industrial Complex  
**City, State, Zip Code:** Tilbury Freeport, Tilbury Essex RM18 7HB, United Kingdom  
**Phone Number:** +00 44 7870 592679

**Name of Reference:** \_\_\_\_\_      **Nature of Business:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_    **Title:** \_\_\_\_\_  
**Legal Business Street Address:** \_\_\_\_\_  
**City, State, Zip Code:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

**INDEMNITY AND PAYMENT BOND**

BOND NO. 0792261

KNOW ALL BY THESE PRESENTS:

That we, YACHT STEVEDORING SOLUTIONS LLC  
as INDEMNITOR and HARCO NATIONAL INSURANCE COMPANY as SURETY,  
a surety company authorized to do business in the State of Florida, are held and firmly  
bound unto BROWARD COUNTY, as OBLIGEE, a political subdivision of the State of  
Florida, in the full sum of TWENTY THOUSAND DOLLARS (\$ 20,000.00 ), for the  
payment of which we bind ourselves, our heirs, successors, assigns and personal  
representatives for the performance of the obligations hereinafter set forth:

NOW THEREFORE, the condition of this obligation is such that if INDEMNITOR,  
its heirs, executors, administrators, successors and assigns shall well and truly save  
harmless and keep indemnified BROWARD COUNTY, its successors and assigns, from  
and against all loss, costs, expenses, damages, injury, claims, actions, liabilities and  
demands of every kind (including but not limited to all reasonable attorney's fees to and  
through appellate, supplemental and bankruptcy proceedings) which arises from, is  
caused by, or results from or on account of:

- (i) failure of INDEMNITOR to pay to BROWARD COUNTY, when due,  
any and all tariff or other charges that have accrued at Port  
Everglades (whether relating to the furnishing of services or  
materials to INDEMNITOR, its principals, agents, servants or  
employees at Port Everglades; or, due to injury to property of Port  
Everglades; or, stemming from the use of Port Everglades facilities  
by INDEMNITOR, its principals, agents, servants or employees; or,  
otherwise); or
- (ii) non-compliance by INDEMNITOR, its principals, agents, servants or  
employees with applicable laws, ordinances, rules and regulations of  
the federal, state and local governmental units or agencies (including  
but not limited to the terms and provisions of the BROWARD  
COUNTY Code of Ordinances, Administrative Code, and all  
procedures and policies of the Port Everglades Department), as  
amended from time to time; or
- (iii) any act, omission, negligence or misconduct of INDEMNITOR, its  
principals, agents, servants or employees in Port Everglades  
(whether causing injury to persons or otherwise;

then these obligations shall be null and void, otherwise to remain in full force and effect.



AS A FURTHER CONDITION of this obligation that it shall remain in full force and effect until and unless the Surety provides at least ninety (90) days prior written notice to BROWARD COUNTY of its intention to terminate this Bond.

Any notices required herein shall be given in writing and be delivered to: Broward County's Port Everglades Department, Attn: Director of Administration, 1850 Eller Drive, Fort Lauderdale, Florida 33316, with a copy to: Broward County Administrator, Governmental Center, 115 S. Andrews Avenue, Fort Lauderdale, Florida 33301.

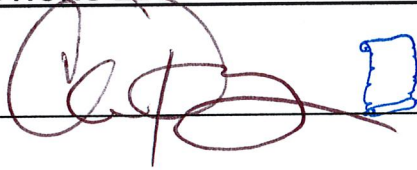
IN WITNESS WHEREOF, INDEMNITOR has caused this Bond to be executed by YACHT STEVEDORING SOLUTIONS LLC, on this 14TH day of OCTOBER, 2021, and attested to by its Secretary and its corporate seal to be affixed, and the Surety has caused this Bond to be executed on this 14TH day of OCTOBER, 2021, in its name, by its Attorney-in-Fact, duly authorized to do so.

**INDEMNITOR:**

Company Name: YACHT STEVEDORING SOLUTIONS LLC

ATTEST:

  
Corporate Secretary

By: 

**ORIGINAL**

Math Penfold  
(Print Name of Secretary)

CHRISTOPHER D. PEREZ  
(Print Name of Pres./Vice Pres.)

(SEAL)

Title: VICE PRESIDENT  
(Print)

14TH day of OCTOBER, 20 21

**SURETY:**

Company Name: HARCO NATIONAL INSURANCE COMPANY

ATTEST:

See Power of Attorney  
(SEAL)

By: 

JESSICA PALMERI  
(Print Name of Pres./Vice Pres.)

Title: ATTORNEY IN FACT  
(Print)

14<sup>th</sup> day of OCTOBER, 20 21

**POWER OF ATTORNEY**  
**HARCO NATIONAL INSURANCE COMPANY**  
**INTERNATIONAL FIDELITY INSURANCE COMPANY**  
Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

**KNOW ALL MEN BY THESE PRESENTS:** That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

LINDA C. SHEFFIELD, CONWAY C. MARSHALL, STEPHEN BEAHM, DAVID C. JOSEPH, JESSICA PALMERI, ROXANNE CRAVEN, ANDREA BECKER, CLARK P. FITZ-HUGH, DARLENE A. BORNT, CATHERINE C. KEHOE, KRISTINE DONOVAN, ELIZABETH W. KEARNEY

New Orleans, LA

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2018



STATE OF NEW JERSEY  
County of Essex

Kenneth Chapman  
Executive Vice President, Harco National Insurance Company  
and International Fidelity Insurance Company

STATE OF ILLINOIS  
County of Cook



On this 31st day of December, 2018, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.



IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey  
My Commission Expires April 4, 2023

**CERTIFICATION**

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, OCTOBER 14, 2021

Irene Martins, Assistant Secretary

| LIFTING GEAR         |     |                                  |                                                            |
|----------------------|-----|----------------------------------|------------------------------------------------------------|
| ITEMS                | QTY | SERIAL NUMBERS                   | REMARKS                                                    |
| Turquoise Bin        |     |                                  |                                                            |
| 7m 50t Multilift     |     | Sent on the SYMPHONY SUN         |                                                            |
| 7m x 40t Roundsling  |     |                                  |                                                            |
| 25 Ton Shackles      |     |                                  |                                                            |
| 35 Ton Shackles      |     |                                  |                                                            |
| Yellow Bin           |     |                                  |                                                            |
| 7m 50t Multilift     |     | Sent on the ONEGO MISSISSIPPI    |                                                            |
| 7m x 40t Roundsling  |     |                                  |                                                            |
| 25 Ton Shackles      |     |                                  |                                                            |
| 35 Ton Shackles      |     |                                  |                                                            |
| Blue Bin             |     |                                  |                                                            |
| 7m 50t Multilift     | 2   | Sent on the BBC PACIFIC          |                                                            |
| 7m x 40t Roundsling  | 3   | 18-3639163 / 419266 / 18-3639164 | ** One roundsling missing tag, needs to be re-certified ** |
| 25 Ton Shackles      | 8   |                                  |                                                            |
| 35 Ton Shackles      | 4   |                                  |                                                            |
| Green Bin            |     |                                  |                                                            |
| 7m 50t Multilift     |     | Sent on the FRAUKE               |                                                            |
| 7m x 40t Roundsling  |     |                                  |                                                            |
| 25 Ton Shackles      |     |                                  |                                                            |
| 35 Ton Shackles      |     |                                  |                                                            |
| Dark Green Bin       |     |                                  |                                                            |
| 7m 50t Multilift     | 2   |                                  |                                                            |
| 7m x 40t Roundsling  |     |                                  | No Top Slings                                              |
| 25 Ton Shackles      |     |                                  |                                                            |
| 35 Ton Shackles      | 4   |                                  |                                                            |
| Big Blue             |     |                                  |                                                            |
| 9m 110t Multilift    | 2   |                                  |                                                            |
| 9m x 70t Roundsling  | 2   | 2749499 / 2749500                |                                                            |
| 85 Ton Shackles      | 4   |                                  |                                                            |
| 55 Ton Shackles      | 2   |                                  |                                                            |
| Cat Beam Bin         |     |                                  |                                                            |
| 9m 35t Multilift     | 1   |                                  |                                                            |
| 9m x 30t Roundsling  | 2   | 930667 / 930666                  |                                                            |
| 25 Ton Shackles      | 4   |                                  |                                                            |
| 6m x 9.5t Roundsling | 2   |                                  | Drops                                                      |

# BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000

**VALID OCTOBER 1, 2022 THROUGH SEPTEMBER 30, 2023**

**DBA:**  
**Business Name:** YACHT STEVEDORE SOLUTIONS LLC

**Receipt #:** 322-320344  
**Business Type:** BOAT REPAIR/MOBILE CAR DETAIL  
(BOAT REPAIR SERVICE)

**Owner Name:** YACHT STEVEDORE SOLUTIONS LLC  
**Business Location:** 750 W SUNRISE BLVD  
FT LAUDERDALE

**Business Opened:** 10/13/2021  
**State/County/Cert/Reg:**  
**Exemption Code:**

**Business Phone:** 7542633001

**Rooms**                      **Seats**                      **Employees**                      **Machines**                      **Professionals**

4

| For Vending Business Only |              |         |         |               |                 |            |
|---------------------------|--------------|---------|---------|---------------|-----------------|------------|
| Number of Machines:       |              |         |         | Vending Type: |                 |            |
| Tax Amount                | Transfer Fee | NSF Fee | Penalty | Prior Years   | Collection Cost | Total Paid |
| 33.00                     | 0.00         | 0.00    | 0.00    | 0.00          | 0.00            | 33.00      |

**THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS**

**THIS BECOMES A TAX RECEIPT**

**WHEN VALIDATED**

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

**Mailing Address:**

YACHT STEVEDORE SOLUTIONS LLC  
750 W SUNRISE BLVD  
FORT LAUDERDALE, FL  
33311-7238

**Receipt #** 1CP-21-00008052  
**Paid** 08/03/2022 33.00  
**08/02/2022 Effective Date**

**2022 - 2023**



### **Safety**

Peters and May USA with their subsidiary Yacht Stevedore Solutions has training, safety, and safety management at the highest priority.

P&M and YSS follow all OSHA standards as well as thorough safety training for all employees.

Training for the various aspects of YSS can be found in our companies Standard Operating Procedures for each job task. We will also be willing to extend our training to whatever needs the Port Authority other government agency is requesting.

Training is done to all new employees outlined in our SOP's and minimum amount of training hours is required. Same goes for all equipment operators that would be utilized.

It is our top priority to also assess all risks that could be associated to our types of operations. Because of this, we have risk assessments and gear checks done before every operation. All documents will be stored and readily accessible at the request of the Port or any other government agency.

Any other information can be referred to our SOP's, safety sheets, checklists, and assessments.

Best Regards,

Chris Perez

**Operations Manager  
Peters & May**

**Vice President of Operations  
Yacht Stevedore Solutions**



## **Safety Standard Operating Procedures**

**Yacht Stevedore Solutions, LLC.**

### **VESSEL DECKHAND**

#### **1. Purpose**

- To standardize labor needed for Yacht Vessel Operations.

#### **2. Manning**

- (4) Deckhands Minimum for all vessel operations.
- (1) Supervisor/Foreman.
- Additional manning upon customer's request.

#### **3. PPE Requirements**

- High Visibility Shirt or Vest
- Hard Hats
- Steel Toe Boots
- Gloves

#### **4. Precautions/Dangers**

- Pinch Points / Tight Clearances
- Tripping Hazards
- Fall from High Elevations
- Caught Between or Under Moving Equipment
- Heat Stress & Dehydration

#### **5. Planning**

- Management puts vessel manning together based on arrival time and loadmasters needs.
- Any additional labor needed, would be on request of customer.
- Ensure labor/deckhands arrive on time for shift with all PPE requirements.

#### **6. Procedure**

- Deckhands follow under the direction of Loadmaster/Port Captain.
- They would be required, but not limited to, the following:
  - Placing, moving, breaking down, setting up all cradling needed.
  - Preparing or Loosening ratchet straps or chains.
  - Assisting with loading/unloading materials, lifting gear, dunnage, etc.
  - Tying off yachts alongside of vessel upon after discharge/before loading.
  - Holding tag lines while yacht is in the air.
  - Lashing down yachts with ratchet straps or chains.
  - General deck or quay side clean up.
  - Operating forklift to move materials quay side.



**Safety Standard Operating Procedures**

**Yacht Stevedore Solutions, LLC.**

**7. Training**

- All deckhands would spend a minimum of 50 Hours shadowing an experienced deckhand during vessel operations.
- (4) Hours Walk about in the yard with Loadmaster.
- Tutorial on gear and equipment needed.
- Learn how to tie a "Bowline Knot".
- Forklift certification for Operators

**8. Documentation**

- All documentation will be retained in office files.
- Certification copies will be retained in office files.

**Author:** Christopher Perez

**Title:** Vice President of Operations

**Sign:** \_\_\_\_\_

**Date:** July 7<sup>th</sup>. 2021



## **Safety Standard Operating Procedures**

**Yacht Stevedore Solutions, LLC.**

### **VESSEL FORKLIFT OPERATOR**

#### **1. Purpose**

- To standardize the labor and equipment operators while running a forklift for Yacht Vessel Operations.

#### **2. Manning**

- (4) Deckhands/Operators Minimum for all vessel operations.
- (1) Supervisor/Foreman.
- Additional manning upon customer's request.

#### **3. PPE Requirements**

- High Visibility Shirt or Vest
- Hard Hats
- Steel Toe Boots
- Gloves

#### **4. Precautions/Dangers**

- Pinch Points / Tight Clearances
- Corners / Blind Spots
- Multiple Pieces of Heavy Equipment Operating
- Caught Between or Under Moving Equipment
- Other People Moving Around You While Operating Equipment
- Heat Stress & Dehydration

#### **5. Planning**

- Management puts vessel manning together based on arrival time and loadmasters needs.
- Equipment is requested as per operational needs. Forklift needed at all Operations.
- Ensure labor/operators arrive on time for shift with all PPE requirements.

#### **6. Procedure**

- Deckhands/Operators follow under the direction of Loadmaster/Port Captain.
- Forklift Operator will be needed but not limited to performing the following:
  - Properly checking forklift inspection, checking fluids and condition of Forklift.
  - Loading cradles of different shapes, safely to a Mafi or Trailer.
  - Discharging cradles, safely, off a Mafi or Trailer.
  - Moving materials closer to Quay side for crane to lift.
  - General deck or quay side clean up.





**Safety Standard Operating Procedures**

**Yacht Stevedore Solutions, LLC.**

**7. Training**

- Getting forklift certified using outside company for certifications.
- (4) Hours Walk about in the yard with Loadmaster.
- Tutorial on gear and equipment needed.
- Learn how to tie a "Bowline Knot".
- Forklift certification for Operators

**8. Documentation**

- All documentation will be retained in office files.
- Certification copies will be retained in office files.

**Author:** Christopher Perez

**Title:** Vice President of Operations

**Sign:** \_\_\_\_\_

**Date:** July 7<sup>th</sup>. 2021



## Gear and Cradling Guide

Yacht Stevedore Solutions, LLC.



Ratchet Straps – Used for Securing boats and other gear.



Shackles – U-Shaped Fastening device to link lifting gear together (grommets, slings, etc.)



Check Load Stamp for capacity. DO NOT EXCEED.



Endless Round Slings – load bearing, polyester woven yarn in tubular protective jacket used for lifting and connecting lifting equipment.



All round slings must have properly attached, legible tags with load capacities.



Boat Web Slings – Used to be place under the boat in proper cradle position, to lift boat or gear.



## Yacht Stevedore Solutions, LLC.



Lifting Beam/Box – Simple device consisting of long bar with “eyes” to place shackles to spread slings apart and safely lifting cargo under its lifting capacity.



Equalizing Plates – Used for large yacht lifts to stabilize the lifting slings to keep them all the same length for lift.



Tripod Cradling



Bipod Cradling





## Yacht Stevedore Solutions, LLC.

PML for Motorboats



PM for Motorboats



PMM Cradling



Mod Roodberg



HTL Sailboat





## Rigging Inspection Sheet

*After general inspection, if any of the lifting gear used is damaged or "BAD", it needs to be taken out of service immediately.*

### **Wire Rope Slings:**

**Yes/No**

|                                                                                       |  |
|---------------------------------------------------------------------------------------|--|
| Is Identification Label legible and properly placed on wire rope?                     |  |
| Are there any broken wires or random broken wires protruding from main wire rope?     |  |
| Is there severe corrosion, localized abrasions or scraping of rope?                   |  |
| Any evidence of kinking, crushing, bird caging or any other damage to rope structure? |  |
| Is there any other condition that may cause operator/user any doubt for safe lift?    |  |

### **Synthetic Web Sling & Polyester Round Sling:**

|                                                                                    |  |
|------------------------------------------------------------------------------------|--|
| Is Identification Label legible and properly placed on sling?                      |  |
| Are there any broken or worn stitching, holes, tears, cuts, or snags?              |  |
| Is there any knots or evidence of knots anywhere in the sling?                     |  |
| Is there any discoloration, brittle, stiffness, or ultraviolet/sun damage?         |  |
| Is there any other condition that may cause operator/user any doubt for safe lift? |  |

### **Alloy Steel Lifting Chains:**

|                                                                                    |  |
|------------------------------------------------------------------------------------|--|
| Is Identification Label legible and properly placed on lifting chain?              |  |
| Are there any excessive nicks, cracks, breaks or gouges?                           |  |
| Is there any stretched, bent, twisted, or deformed chain link or components?       |  |
| Any evidence corrosion or lack of ability to articulate chain?                     |  |
| Is there any other condition that may cause operator/user any doubt for safe lift? |  |

### **Hardware – Shackles, Turnbuckles, Hooks, etc.**

|                                                                                                           |  |
|-----------------------------------------------------------------------------------------------------------|--|
| Is manufacturer name and rated load able to be identified?                                                |  |
| Is there 10% or more reduction of the original dimensions?                                                |  |
| Any evidence of bends, twists, stretched, elongated, cracks, nicks, or gouges on load bearing components? |  |
| Are there any loose or missing nuts, bolts, cotter pins, or fastener retaining devices?                   |  |
| Is there any other condition that may cause operator/user any doubt for safe lift?                        |  |

*If any of the gear being used does not meet proper criteria, notify Supervisor so it can be replaced to continue vessel operations. If any gear needs to be purchased or re-certify, notify manager.*

**Supervisor Name (Print):** \_\_\_\_\_

**Sign and Date:** \_\_\_\_\_

## Forklift Inspection Sheet

|                |                    |
|----------------|--------------------|
| <b>Date:</b>   | <b>Port/Berth:</b> |
| <b>Vessel:</b> | <b>Operation:</b>  |

*Make sure all fluid levels are topped off for vessel operations.*

Hour Meter: \_\_\_\_\_

**Pre-Shift Inspection Sheet**

Good, Bad, N/A (Not Applicable)

|                                                                  |  |
|------------------------------------------------------------------|--|
| Quality of the Forks and Mast.                                   |  |
| Conditions of the tires.                                         |  |
| Conditions of any visible fluid hoses (pinched or smashed).      |  |
| Gauges working properly as well as warning and indicator lights. |  |
| Control brakes and emergency stop functions running properly.    |  |
| Reverse alarms and horns in good working order.                  |  |
| Safety devices present (Fire Extinguishers, Seatbelts, Etc.)     |  |

*Please leave any comments or observations not noted in initial list.*

|                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Comments:</b><br><hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Yacht Stevedore Solutions Accident Investigation & Damage Report

| Section 1 – Operation Detail |  |                                         |  |
|------------------------------|--|-----------------------------------------|--|
| Accident Location            |  | Overview of injuries<br>(if applicable) |  |
| Time of Accident             |  |                                         |  |
| Date of Accident             |  | Note Damage to<br>Cargo                 |  |
| Person Injured               |  | Any time off?                           |  |

| Section 2 – Summary of Accident/Damage               |  |
|------------------------------------------------------|--|
| What occurred?                                       |  |
| What was the cause?                                  |  |
| What injuries were sustained, and<br>treatment given |  |

|                          |  |
|--------------------------|--|
| Describe damage to cargo |  |
|--------------------------|--|

| Section 3 – Assessment for Risk Management                      |  |
|-----------------------------------------------------------------|--|
| Risk Management Recommendations & Preventative action required. |  |
| Actions completed for above.                                    |  |

|                                      |  |              |  |
|--------------------------------------|--|--------------|--|
| <b>Investigation Carried out by:</b> |  | <b>Date:</b> |  |
| <b>Seen by Individual</b>            |  | <b>Date:</b> |  |

|                               |
|-------------------------------|
| <b>Supporting Photographs</b> |
|-------------------------------|



## ALCOHOL AND DRUG POLICY

### Introduction

Peters & May is committed to providing a safe, healthy and productive environment for all employees, customers and visitors. This includes ensuring that all staff are fit to carry out their jobs safely and effectively in a working environment which is free from alcohol and drug misuse.

All staff are expected to arrive at work fit to carry out their jobs and to be able to perform their duties safely without any limitations due to the use or after effects of alcohol or drugs (whether prescribed, over the counter or illegal).

Misuse of alcohol and drugs can lead to reduced levels of attendance, reduced efficiency and performance, impaired judgement and decision making and increased health and safety risks, not only for the individual but also for others. Irresponsible behaviour or the committing of offences resulting from the misuse of alcohol or drugs may damage our reputation and, as a result, our business.

We will not accept staff arriving at work under the influence of alcohol or drugs, and/or whose ability to work is impaired in any way by reason of the consumption of alcohol or drugs, or who consume alcohol or take drugs (other than prescription or over the counter medication, as directed) on our premises.

This policy covers all individuals working at all levels including senior managers, directors, employees, consultants, contractors, part-time and fixed-term employees, (collectively referred to as staff in this policy).

### Scope

This policy is principally intended to deal with alcohol and drug problems which, in the context of this policy are any drinking or taking of drugs, whether intermittent or continual, which interferes with work performance in relation to attendance, efficiency, productivity or safety. You will be deemed to be under the influence of alcohol or drugs where that is the reasonable opinion of a manager or director.

The purpose of this policy is to increase awareness of the effects of alcohol and drug misuse and its likely symptoms and to ensure that:

- All staff are aware of their responsibilities regarding alcohol and drug misuse and related problems.
- Staff who have an alcohol or drug related problem are encouraged to seek help, in confidence, at an early stage.
- Staff who have an alcohol or drug related problem affecting their work are dealt with sympathetically, fairly and consistently.

### Context

Managers and directors have an important role to play in identifying problems at work that are being caused or contributed to by alcohol or drug misuse.

- Where a manager or director considers that a deterioration in work performance and/or changes in patterns of behaviour may be due to alcohol or drug misuse they should seek advice and assistance from the Group Finance and Commercial Director.
- When a member of staff arrives at work and a manager or director reasonably believes that they are under the influence of alcohol or drugs, they shall immediately contact the Group Finance and Commercial Director, in order for an investigation to be carried out.

If you notice a change in a colleague's pattern of behaviour you should encourage them to seek assistance through their line manager or a Director. If they will not seek help themselves you should draw the matter to the attention of your line manager or a Director. You should not attempt to cover up for a colleague whose work or behaviour is suffering as a result of an alcohol or drug-related problem.

If you believe that you have an alcohol or drug-related problem you should seek specialist advice and support as soon as possible. Your line manager can assist you and will, where possible, do so in confidence.

### Alcohol and drugs at work

We expect you to demonstrate responsible behaviour at work, work-related functions and work-related social events and to act in a way that will not have a detrimental effect on our reputation. If you entertain clients or represent us at external events where alcohol is served, you are considered to be "at work" regardless of whether you do so outside normal working hours. Consequently, we will expect you to remain professional and fit for work at all times.

We expect all our staff to comply with the drink-driving legislation at all times. Our reputation will be damaged if you are convicted of a drink-driving or drug-driving offence and, if your job requires you to drive and you lose your licence, you may be unable to continue to do your job. Committing a drink-driving or drug-driving offence outside or during working hours or while working for us may lead to disciplinary action and could result in dismissal in accordance with our disciplinary procedure.

If you are prescribed medication you must seek advice from your GP or pharmacist about the possible effect on your ability to carry out your job and whether your duties should be modified or you should be temporarily reassigned to a different role. If so you must tell your line manager or a Director without delay.

### Searches

We reserve the right to conduct searches for alcohol or drugs, including, but not limited to, searches of drawers, filing cabinets, desks and packages sent to our address.



Any alcohol or drugs found as a result of a search will be confiscated and disciplinary action may result.

#### Drug screening

Where there is reasonable cause to suspect that an individual's performance is impaired as the result of drug misuse the individual will be asked to participate in a drug screening programme.

We reserve the right to ask individuals to submit to drug screening which will be conducted by an external provider.

#### Management of suspected substance misuse

If your line manager or a Director has reason to believe that you are suffering the effects of alcohol or drugs misuse, for example, due to a deterioration in your work or behaviour, they will invite you to an investigatory meeting. The purpose of the interview is to discuss the reason for the investigation and seek your views on, for example, the deterioration of your work performance and / or behaviour as well as discussing next steps.

If, as the result of the meeting, your line manager continues to believe that you are suffering the effects of alcohol or drugs misuse and / or you refuse to seek professional help may be dealt with under our disciplinary procedure.

#### Providing support

Alcohol and drug related problems may develop for a variety of reasons and over a considerable period of time. We are committed, in so far as possible, to treating these problems in a similar way to other health issues. Support will be provided where possible with a view to supporting a full recovery, allowing a return to work and the full range of your duties. This may include:

- time off work to attend treatment as recommended by the medical practitioner, your GP or specialist and recognition of any periods of absence for treatment as periods of sickness absence.
- adjusting your duties or other support as recommended by the medical practitioner, your GP or specialist during treatment and for an agreed period.

If you do not finish a programme of treatment (either because the treatment provider ceases to support you or because you stop attending) or your recovery and return to work does not happen as anticipated at the outset of a course of treatment, the Group Finance and Commercial Director will meet with you to decide what further action should be taken.

#### Confidentiality

We aim to ensure that the confidentiality of any member of staff experiencing alcohol or drug-related problems is maintained appropriately by your line manager and / or Directors and, where necessary, colleagues. However, it needs to be recognised that, in supporting staff, some degree of information sharing is likely to be necessary.



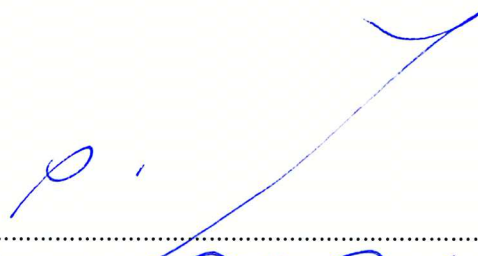
If you seek help with an alcohol or drug-related problem directly from a Director without the knowledge of your line manager the matter will be treated confidentially unless, in the opinion of the director maintaining confidentiality could put you, your colleagues or anyone else at risk. In those circumstances the director will encourage you to inform your line manager and give you sufficient time to do so before sending them a written report advising of any potential risks. You will be given a copy of this report when it is sent to your line manager.

#### Performance and Disciplinary Issues

If, having acknowledged an alcohol or drug related problem, you undertake treatment and/or rehabilitation, any related performance or disciplinary action may be suspended pending the outcome of the treatment.

Our intention is to support all staff with alcohol or drug related problems to regain good health. Depending on the progress made on the course of treatment, any disciplinary action may be suspended for a specified period, discontinued or continued.

All individual incidents will be assessed on a case by case basis.



.....

Signed by Paul Tate on behalf of Peters & May.





## ALCOHOL AND DRUG POLICY

I have read and understood the Peters & May Alcohol and Drug policy and agree to abide by the policy guidelines as a condition of my employment and my continuing employment at Peters & May Limited.

I understand that if I have questions, at any time, regarding the Alcohol and Drug policy, I will consult with my immediate line manager or a Director.

Please read the Alcohol and Drug policy carefully to ensure that you understand the policy before signing this document.

Employee Signature: \_\_\_\_\_

Employee Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_



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## ENVIROS

### Enforcement Action Advanced Search

✖ Could not find an index named ZipCode on Object j\_Warning.

Enforcement Action Number:

House Number:  To:

Street:  (All)  (All)   
**Direction** **Street Name** **Street Type** **Suite**

City:  (All)  Zip:  (All)

Section:  (All)  Township:  (All)  Range:  (All)

Respondent:  **Yacht Stevedore Solutions LLC**

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## Facilities Search Results

**Criteria selected:**

Facility Name = **Yacht Stevedore Solutions LLC**

Searching For = Search all facilities

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**For additional information, select the hyperlinks under "Data Links" where available.**

D - Provides a list of electronic documents associated with the facility.

F - Provides a facility summary report.

P - Provides facility-related permit information.

M - Provides a GIS map focused on the facility.

Q - Provides a contact for user questions and quality control.

---

**Records on this page = 0 of 0**

**There are no facilities that meet your criteria.**

---

**Disclaimer:** The Florida Department of Environmental Protection (FDEP) has made a reasonable effort to ensure that the information provided is up-to-date and comprehensive but cannot guarantee the accuracy or completeness of the data. Any specific, missing information may be obtained through a public records request. For more information visit our [Public Records web site](#).

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*Office of Technology and Information Services*  
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OSHA

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## Establishment Search

### Reflects inspection data through 08/18/2022

This page enables the user to search for OSHA enforcement inspections by the name of the establishment. Information may also be obtained for a specified inspection or inspections within a specified SIC.

**⚠ Note:** Please read important information below regarding interpreting search results before using.

Search By:

**Your search did not return any results.**

Establishment

Yacht Stevedore Solutions LLC

(This box can also be used to search for a State Activity Number for the following states: NC, SC, KY, IN, OR and WA)

State

All States ▾

Fed & State ▾

OSHA Office

All Offices ▾

Site Zip Code

Case Status

☒ All ☐ Closed ☐ Open

Violation Status

☒ All ☐ With Violations ☐ Without Violations

Inspection Date

Start Date

July ▾

1 ▾

2020 ▾

End Date

June ▾

30 ▾

2022 ▾

Submit

Reset

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## NOTE TO USERS

The Integrated Management Information System (IMIS) was designed as an information resource for in-house use by OSHA staff and management, and by state agencies which carry out federally-approved OSHA programs. Access to this OSHA work product is being afforded via the Internet for the use of members of the public who wish to track OSHA interventions at particular work sites or to perform statistical analyses of OSHA enforcement activity. It is critical that users of the data understand several aspects of the system in order to accurately use the information.

The source of the information in the IMIS is the local federal or state office in the geographical area where the activity occurred. Information is entered as events occur in the course of agency activities. Until cases are closed, IMIS entries concerning specific OSHA inspections are subject to continuing correction and updating, particularly with regard to citation items, which are subject to modification by amended citations, settlement agreements, or as a result of contest proceedings. THE USER SHOULD ALSO BE AWARE THAT DIFFERENT COMPANIES MAY HAVE SIMILAR NAMES AND CLOSE ATTENTION TO THE ADDRESS MAY BE NECESSARY TO AVOID MISINTERPRETATION.

The Integrated Management Information System (IMIS) is designed and administered as a management tool for OSHA to help it direct its resources. When IMIS is put to new or different uses, the data should be verified by reference to the case file and confirmed by the appropriate federal or state office. Employers or employees who believe a particular IMIS entry to be inaccurate, incomplete or out-of-date are encouraged to contact the OSHA field office or state plan agency which originated the entry.

## UNITED STATES DEPARTMENT OF LABOR

Occupational Safety and Health Administration  
200 Constitution Ave NW  
Washington, DC 20210  
☎ 800-321-6742 (OSHA)  
TTY  
www.OSHA.gov

### FEDERAL GOVERNMENT

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Yacht Stevedore Solution, LLC.

## **Environmental, Social and Governance Policy**

Yacht Stevedore Solutions (“YSS”) is a stevedore company under Peters & May USA, in which they exclusively service their Yacht operations and their corresponding customer base.

Yacht Stevedore Solutions aims to offer the highest level of service to our customers whilst achieving good environmental and social practices throughout all our business activities and encouraging our partners, stakeholders and suppliers to strive towards creating a better environment for all.

YSS is committed to a continuous improvement process in our approach to the Environmental, Social and Governance (ESG) policy integration and to the aim of embedding sustainability factors within our work processes. This document sets out the current commitments we have made to integrate ESG considerations in our work and the services we offer.

Over time, we envisage that this policy will evolve in response to business practices and structural changes, technological innovation, and legal requirements. We will closely monitor this policy and seek to review on an annual basis to ensure it steers future decision making.

### **Our Services and their impact**

We recognize our main areas of impact, as the following:

- Carbon production
- Waste generation

The specifics of our business and importance of the goods being handled bring limitations in some aspects of sustainability however, we believe, there are always opportunities to improve our performance.

### **Approach to ESG**

#### **Environmental**

To reduce our impact on the environment, Yacht Stevedore Solutions Group LLC commits to:

- Minimizing our consumption of resources by introducing sustainable alternatives
- Promoting environmentally responsible procurement of services
- Ensuring that all future expansion and construction is designed to reduce our carbon footprint and increase energy and resource efficiency at all stages
- Managing our waste production and disposal in an environmentally friendly manner



## Yacht Stevedore Solution, LLC.

- Raising awareness of staff on our environmental impact, activities, and performance
- Encouraging staff involvement in green initiatives
- Regularly review our environmental performance and progress against our targets
- Ensure high standards are maintained throughout our supply chain by engaging with local business community and known business partners.

Yacht Stevedore Solutions' commitment to the environment is evidenced in the following ways:

- We are reducing our paper consumption by further developing our bespoke operating systems
- All our vehicles comply with current emissions regulations and our ongoing fleet renewal scheme will ensure that we continue to meet and exceed guidelines
- Wherever possible we group cargo together to limit the number of single cargo shipments
- Efficiently use of our shipping cradles and lifting/lashing equipment by utilizing warehouse space worldwide to avoid unnecessary shipping/transport of such equipment and moving the equipment as group packages when possible.

### **Social**

We aim to deliver positive social impact alongside environmental benefits. To improve our social impact Yacht Stevedore Solutions Group LLC commits to:

- Provide equal opportunities across the company
- Assist employees in maintaining a good work/life balance
- Commit to continual training and development
- Regularly review our environmental performance and progress against our targets
- Ensure high standards are maintained throughout our supply chain by engaging with local business community and known business partners.

### **Governance**

The Board regularly reviews the effectiveness of systems in place and maintains overall control of any changes to the capital, corporate or management structure.

They are also responsible for risk management, including financial operations and compliance.

- (a) Transparency and openness.
- (b) Rigor and challenge
- (c) Willingness to obtain independent perspective.

### **Measurement and Reporting**



Yacht Stevedore Solution, LLC.

This Policy applies to all Yacht Stevedore Solutions Group Ltd operations, employees, contractors and working partners and will be reviewed by the board at least annually to ensure it is effective in line with our policies.



### Growth

Peters and May USA and their subsidiary Yacht Stevedore Solutions is looking to revolutionize the Yacht/Boat Transport business.

Currently, in our specific industry, we have other smaller companies trying to copy our formula. As we do not mind the competition, we find ourselves as a big fish in a small pond. With, part of our growth is to add this additional service to our company. Peters and May as a brand is known for their professionalism and excellent service while handling these types of cargos.

We spend a large amount of time training our loadmasters and other members in our technical group to create the most proficient operation as possible. Part of the aspect that we currently have no control over is the actual labor that performs that work at Port Everglades. Given our current stevedore provider, we tend to get a mixed results that could leave us in a situation that could hurt our company and brand.

That is where the idea of us servicing the stevedoring ourselves and including it as part of our business model. Even as the transport company and providing loadmasters, we take full liability on our vessels. Including stevedoring would close the circle and make us more marketable in our industry.

A "one stop shop" added to our brand would open the doors to other boat/yacht owners to move their luxury crafts to Port Everglades. This could also extend to boat/yacht manufacturers as well, allowing them to choose Port Everglades over the other ports.

Fort Lauderdale is currently the "Yacht Capital of the World". What Peters and May with Yacht Stevedore Solutions want to do is make Port Everglades the "Yacht Port of the World". One keyway of doing this is to revolutionize our business by incorporating the Stevedoring into our operations and brand.

Peters and May currently handles 12-15 vessel calls a year under our current model. Adding the stevedoring, we are hoping to raise the vessel calls to 18-20 vessel calls a year. The possibility for continued growth is there, and we are looking to bring that growth to Port Everglades.

Best Regards,

Chris Perez

**Operations Manager**  
**Peters & May**

**Vice President of Operations**  
**Yacht Stevedore Solutions**