TABLE OF CONTENTS

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.

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 FIREARMS CARRYING SECURITY PERSONNEL
- [ ] MARINE TERMINAL SECURITY 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 USA MARITIME ENTERPRISES, INC.
(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 P.O. Box 22723 Fort Lauderdale, Florida 33335
Number / Street City/State/Zip

Phone # (954) 764-8360 E-mail address operations @ USAMARITIME.US

Fax #: ( )

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

Name ANTONIO OREJUELA

Title PRESIDENT (OWNER)

Business Address 2600 Eisenhower BLVD - Fort Lauderdale, Florida 33316
Number / Street City/State/Zip

Phone # (954) 868-2388 E-mail address aorejuela @ USAMARITIME.US

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 ANTONIO OREJUELA

Representative's Title PRESIDENT (OWNER)

Representative's Business Address P.O. Box 22723 - Fort Lauderdale, Florida 33335
Number / Street City/State/Zip

Representative's Phone # (954) 868-2388

Representative's E-mail address aorejuela @ USAMARITIME.US

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 ANTONIO Middle Name JOSE
Last Name OREJUELA
Business Street Address P.O. BOX 22723
City, State, Zip Code Fort Lauderdale, Florida, 33335
Phone Number (954) 764-8360 Fax Number (___)
Email Address aorejuela@usamaritime.us.

Title VICE-PRESIDENT
First Name AUGUSTO Middle Name
Last Name MALDONADO
Business Street Address P.O. BOX 22723
City, State, Zip Code Fort Lauderdale, Florida, 33335
Phone Number (954) 764-8360 Fax Number (___)
Email Address amaldonado2003@aol.com.

Title CFO
First Name CLAUDIA Middle Name PATRICIA
Last Name OSORIO
Business Street Address P.O. BOX 22723
City, State, Zip Code Fort Lauderdale, Florida, 33335
Phone Number (954) 764-8360 Fax Number (___)
Email Address operations@usamaritime.us.

Title SECRETARY
First Name VALERIE Middle Name THOMAS
Last Name MALDONADO
Business Street Address P.O. BOX 22723
City, State, Zip Code Fort Lauderdale, Florida, 33335
Phone Number (954) 764-8360 Fax Number (___)
Email Address operations@usamaritime.us.

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 A

Antonio Orejuela has been in the maritime industry since 2002 when he started working with St. Johns Shipping. Worked in Usa Maritime Enterprises, Inc. since 2007 as Operations Manager/General Manager. Bachelor of Science Degree in Computer Engineering and Master in Management Systems.

Augusto Maldonado has been in the maritime field since 1974. Has owned and managed St. Johns Shipping Company Inc. since 1985 and operated in Port Everglades from 1985 to 2012.

Claudia Osorio is CFO for Usa Maritime Enterprises since March 2015.
Worked for 14 years with Banks and Banking industry.

Valerie Maldonado has been in the maritime field since 1985 working as CFO of St. Johns Shipping Company Inc. and USA Maritime Enterprises.

Section B

1. Place checkmark to describe the Applicant:
   ☐ Sole Proprietorship ☑ Corporation ☐ Partnership ☐ Joint Venture ☐ 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 ✓ 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 ✓ 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 ✓ 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 B

The Minutes and By Laws

OF THE MEETINGS

–OF–

PUBLISHED BY
FLORIDA CORPORATION SUPPLIES
"48 Hour Service For The Attorney"
Post Office Box 2087
Hollywood, Florida

State of Florida

Department of State

I certify that the attached is a true and correct copy of the Articles of Incorporation of USA MARITIME ENTERPRISES, INC., a corporation organized under the Laws of the State of Florida, filed on December 19, 1984, as shown by the records of this office.

The charter number of this corporation is H34771.

Given under my hand and the

COPY OF LETTER FROM DEPARTMENT OF STATE

SECTION B

SECTION B

DEC 19 1 25 PM

SEC... TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

USA MARITIME ENTERPRISES, INC.

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

USA MARITIME ENTERPRISES, INC.

The principal place of business of this corporation shall be 1800 Southeast 25th Avenue, Ft. Lauderdale, Florida 33316.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 7,500 shares of common stock having a par value of $1 per share.

ARTICLE IV. ADDRESS

The street address of the initial registered office of the corporation shall be 502 East Park Avenue, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Information Services, Inc. - Gail Shelby.

SECTION B

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. SPECIAL PROVISION

It is the intent of the incorporator that the corporation will qualify under Section 1244 of the Internal Revenue Code and that the corporation will file as a Subchapter S corporation.

ARTICLE VII. DIRECTORS

This corporation shall have one director, initially. The names and street addresses of the initial members of the Board of Directors are:

Philemon D'Herckers Dir.	1800 Southeast 25th Avenue Ft. Lauderdale, Florida 33316

ARTICLE VIII. SUBSCRIBER

The name and street address of the subscriber to these Articles of Incorporation is:

Gail Shelby	502 East Park Avenue Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned has hereunto set her hand and seal on this 19th day of December, 1984.

Gail Shelby (SEAL)

STATE OF FLORIDA

COUNTY OF LEON

The foregoing instrument was acknowledged before me this 19th day of December, 1984, by Gail Shelby.

Notary Public, State of Florida at Large

My Commission Expires: Notary Public, State of Florida My Commission Expires Jan. 24, 1988

DIVISION OF CORPORATIONS

Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Profit Corporation
USA MARITIME NTERPRIS S, NC.

Filing Information

Document Number	H34771
/EIN Number	9-2484558
Date iled	1 /19/1984
State	FL
Status	ACTIVE

Principal Address

2600 eisenhower blvd
FT. LAUDERDALE, FL 16

Changed: 03/11/2015

Mailing Address

po box 723
FT. LAUDERDALE, FL

Changed: 03/11/2015

Registered Agent Name & Address

OREJUELA, ANTONIO
2600 eisenhower blvd
FORT LAUDERDALE, FL 16

Name Changed: 04/28/2016

Address Changed: 03/11/2015

Officer/Director Detail

Name & Address

Title P

OREJUELA, ANTONIO J
2600 EISENHOWER BLVD
FORT LAUDERDALE, FL 16

Title T

OSORIO, CLAUDIA P
2600 EISENHOWER BLVD
FORT LAUDERDALE, FL 33316

Title VP

MALDONADO, AUGUSTO
2600 eisenhower blvd
FT. LAUDERDALE, FL 33316

Title S

MALDONADO, VALERIE
2600 eisenhower blvd
FT. LAUDERDALE, FL 33316

Annual Reports

Report Year	Filed Date
2023	02/28/2023
2024	03/03/2024
2025	03/07/2025

Document Images

03/07/2025 -- ANNUAL REPORT	View image in PDF format
03/03/2024 -- ANNUAL REPORT	View image in PDF format
09/14/2023 -- AMENDED ANNUAL REPORT	View image in PDF format
02/28/2023 -- ANNUAL REPORT	View image in PDF format
02/20/2022 -- ANNUAL REPORT	View image in PDF format
03/08/2021 -- ANNUAL REPORT	View image in PDF format
03/01/2020 -- ANNUAL REPORT	View image in PDF format
02/11/2019 -- ANNUAL REPORT	View image in PDF format
03/02/2018 -- ANNUAL REPORT	View image in PDF format
02/11/2017 -- ANNUAL REPORT	View image in PDF format
04/28/2016 -- ANNUAL REPORT	View image in PDF format
04/22/2015 -- AMENDED ANNUAL REPORT	View image in PDF format
03/11/2015 -- ANNUAL REPORT	View image in PDF format
04/12/2014 -- ANNUAL REPORT	View image in PDF format
04/18/2013 -- ANNUAL REPORT	View image in PDF format
03/15/2012 -- ANNUAL REPORT	View image in PDF format
01/20/2011 -- ANNUAL REPORT	View image in PDF format
05/18/2010 -- ANNUAL REPORT	View image in PDF format
04/16/2009 -- ANNUAL REPORT	View image in PDF format
01/24/2008 -- ANNUAL REPORT	View image in PDF format
02/28/2007 -- ANNUAL REPORT	View image in PDF format
04/24/2006 -- ANNUAL REPORT	View image in PDF format
07/28/2005 -- REINSTATEMENT	View image in PDF format
04/23/2004 -- ANNUAL REPORT	View image in PDF format

02/26/2003 -- ANNUAL REPORT	View image in PDF format
02/03/2002 -- ANNUAL REPORT	View image in PDF format
04/19/2001 -- ANNUAL REPORT	View image in PDF format
05/07/2000 -- ANNUAL REPORT	View image in PDF format
05/03/1999 -- ANNUAL REPORT	View image in PDF format
05/12/1998 -- ANNUAL REPORT	View image in PDF format
05/12/1997 -- ANNUAL REPORT	View image in PDF format
05/01/1996 -- ANNUAL REPORT	View image in PDF format
03/14/1995 -- ANNUAL REPORT	View image in PDF format

Florida Department of State, Division of Corporations

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H34771

Entity Name: USA MARITIME ENTERPRISES, INC.

Current Principal Place of Business:

2600 EISENHOWER BLVD
FT. LAUDERDALE, FL 33316

Current Mailing Address:

PO BOX 22723
FT. LAUDERDALE, FL 33335 US

FEI Number: 59-2484558

FILED
Mar 07, 2025
Secretary of State
2805523857CC

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

OREJUELA, ANTONIO
2600 EISENHOWER BLVD
FORT LAUDERDALE, FL 33316 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANTONIO OREJUELA 03/07/2025
Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P	Title	T
Name	OREJUELA, ANTONIO J	Name	OSORIO, CLAUDIA P
Address	2600 EISENHOWER BLVD	Address	2600 EISENHOWER BLVD
City-State-Zip:	FORT LAUDERDALE FL 33316	City-State-Zip:	FORT LAUDERDALE FL 33316
Title	VP	Title	S
Name	MALDONADO, AUGUSTO	Name	MALDONADO, VALERIE
Address	2600 EISENHOWER BLVD	Address	2600 EISENHOWER BLVD
City-State-Zip:	FT. LAUDERDALE FL 33316	City-State-Zip:	FT. LAUDERDALE FL 33316

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANTONIO OREJUELA PRESIDENT 03/07/2025
Electronic Signature of Signing Officer/Director Detail — Date

State of Florida
Department of State

I certify from the records of this office that USA MARITIME ENTERPRISES, INC. is a corporation organized under the laws of the State of Florida, filed on December 19, 1984.

The document number of this corporation is H34771.

I further certify that said corporation has paid all fees due this office through December 31, 2025, that its most recent annual report/uniform business report was filed on March 7, 2025, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Seventh day of March, 2025

GREAT SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

Secretary of State

Tracking Number: 2805523857CC

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

Section E

1. Has the Applicant acquired another business entity within the last five (5) years?
   Yes___ No✓ 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✓ 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.

Section G

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

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.

SECTION F

USA Maritime Enterprises, Inc. has been an established ship agency in Port Everglades, Florida since 1984. Our office is located at Heidelberg Materials Cement Building with agency representatives in Ports of Miami, West Palm Beach, Canaveral, Tampa, Manatee, Jacksonville, FL, Houston, Texas, New Orleans, LA and Freeport, Bahamas.

Our agency is staffed with trained professionals with over 40 years of experience in the shipping industry in all phases of agency representation for all types of vessels, Stevedores and management.

USA Maritime Enterprises, Inc. will continue to provide quality service to our principals and will strive to increase Port activity in order to bring additional business to the Port now and in the future.

SECTION G

Operations Manager: Stephen George, working with USA Maritime Enterprises, Inc. since 2009, previously with St. Johns Shipping company Inc. for 5 years.

Administrator Manager: Michelle Lorenzen, working with USA Maritime Enterprises, Inc. since 2000.

Boarding Agent: Gage Picariello, working with Usa Maritime since 2012.

SECTION G

Antonio Orejuela has been in the maritime industry since 2002 when he started working with St. Johns Shipping. Worked in Usa Maritime Enterprises, Inc. since 2007 as Operations Manager/General Manager.

Augusto Maldonado has been in the maritime field since 1974. Has owned and managed St. Johns Shipping Company Inc. since 1985 and operated in Port Everglades from 1985 to 2012.

Claudia Osorio is CFO for Usa Maritime Enterprises since March 2015. Worked for 14 years with Banks and Banking industry.

Valerie Maldonado has been in the maritime field since 1985 working as CFO of St. Johns Shipping Company Inc.

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 of Palm Beach Number of Years Operating at this Seaport 9 yrs

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

Client Name (Company)	Number of Years Applicant has Provided Services to this Client
Marathon Petroleum Corp.	8 years
Gulf Harbor Shipping	6 years
Royal White Cement	5 years
Seaport Hub Agencies	5 years

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 PAGE #1 Number of Years Operating at this Seaport 40

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

Client Name (Company)	Number of Years Applicant has Provided Services to this Client
Heildelberg Cement	40 years
Concrete Reinforcing Products (CRP)	25 years
Marathon Petroleum	18 years
Sol Group Marketing/Fiffes PLC	19 years
Intermetal International	12 years
BBC Chartering	25 years
Commercial Steel	17 years
Accordia Shipping	8 years
Guice Offshore	8 years
Island Marine	13 years
Bulk Atlantic	15 years

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 PAGE #2 Number of Years Operating at this Seaport 40

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

Client Name (Company)	Number of Years Applicant has Provided Services to this Client
Dean Shipping	7 years
AMG	2 years
Henry Dean	4 years
Ivadell	2 years
ShipX	2 years
RORO Company Limited	5 years
Cement-it	4 years
Allied Cement	6 years
Briese Schiffahrts	8 years
Bulbous Environmental & Logistics	1 year
Legend Yacht Transport	4 years

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✓

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.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/04/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. 16285

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Southern Agency, Inc.
4978 North Pine Island Rd.
Lauderhill, FL 33351

CONTACT NAME: Jarrett Piersall
PHONE (A/C, No, Ext): 954-749-1706 FAX (A/C, No): 954-749-7264
E-MAIL ADDRESS: jpiersall@southernagency.org

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Spinnaker Insurance Company	24376
INSURER B : Kinsale Insurance Company	38920
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

USA Maritime Enterprises, Inc.
PO BOX 223723
SLIP #3 CONTINENTAL BLDG EISENHOWER BLVD
FT LAUDERDALE, FL 33335

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:	X	X	CCG-00148401-01	04/02/25	04/02/26	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
B	☐ UMBRELLA LIAB ☒ OCCUR X EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $	X	X	0100292731-1	04/02/25	04/02/26	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N ☐ If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					☐ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $

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

"Broward County" shall be listed as Certificate Holder and endorsed as an additional insured for liability. County shall be provided 30 days written notice of cancellation, 10 days' notice of cancellation for non-payment. The Franchise holder's insurance shall provide primary coverage and shall not require contribution from the County, self-insurance or otherwise. Any self-insured retention (SIR) higher than the amount permitted in this Agreement must be declared to and approved by County and may require proof of financial ability to meet losses. The Franchise holder is responsible for all coverage deductibles unless otherwise specified in the agreement.

CERTIFICATE HOLDER

Broward County
1850 Eller Drive
Ft. Lauderdale, FL. 33316

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE Jarrett Piersall

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/04/2025

PRODUCER	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.	
SOUTHEAST INSURANCE BROKERAGE COMPANY 2665 SOUTH BAYSHORE DRIVE, SUITE 1001 COCONUT GROVE, FL 33133 305-442-1500	**INSURERS AFFORDING COVERAGE**	**NAIC #**
INSURED USA MARITIME ENTERPRISES INC. PO BOX 223723 SLIP #3 CONTINENTAL BLDG EISENHOWER BLVD FT LAUDERDALE, FL 33335	INSURER A: PMA / MANUFACTURERS ALLIANCE	36897
	INSURER B: AMERICAN LONGSHORE MUTUAL ASSOC	524126
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY				EACH OCCURRENCE	$
		COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	$
		CLAIMS MADE / OCCUR				MED EXP (Any one person)	$
						PERSONAL & ADV INJURY	$
						GENERAL AGGREGATE	$
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	$
		POLICY / PRO-JECT / LOC					
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	$
		ANY AUTO					
		ALL OWNED AUTOS				BODILY INJURY (Per person)	$
		SCHEDULED AUTOS					
		HIRED AUTOS				BODILY INJURY (Per accident)	$
		NON-OWNED AUTOS					
						PROPERTY DAMAGE (Per accident)	$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
		ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	$
		OCCUR / CLAIMS MADE				AGGREGATE	$
							$
		DEDUCTIBLE					$
		RETENTION $					$
A B		**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)** Y / N If yes, describe under SPECIAL PROVISIONS below	0406512Y ALMA01957-08	3/7/2025	3/7/2026	X WC STATU-TORY LIMITS X OTH-ER	
						E.L. EACH ACCIDENT	$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	$ 1,000,000
		OTHER					

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

USL&H INCLUDED IN WORKERS COMP - WAIVER OF SUBROGATION IN FAVOR OF CERTIFICATE HOLDER

CERTIFICATE HOLDER	CANCELLATION
BROWARD COUNTY, 1850 ELLER DRIVE, FORT LAUDERDALE, FL 33316 PORTCOI@BROWARD.ORG	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. AUTHORIZED REPRESENTATIVE THOMAS ANDERSEN

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/07/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. 16285

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Southern Agency, Inc.
4978 North Pine Island Rd.
Lauderhill, FL 33351

CONTACT NAME: Jarrett Piersall
PHONE (A/C, No, Ext): 954-749-1706 FAX (A/C, No): 954-749-7264
E-MAIL ADDRESS: jpiersall@southernagency.org

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Fortega Specialty InsuranceCompany	16823
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

USA Maritime Enterprises, Inc.
PO BOX 223723
SLIP #3 CONTINENTAL BLDG EISENHOWER BLVD
FT LAUDERDALE, FL 33335

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ $1,000,000
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS			FMC-HNO1000624-02	01/19/2025	01/19/2026	BODILY INJURY (Per accident)	$
	☒ HIRED AUTOS ☒ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N / A						E.L. EACH ACCIDENT	$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

CERTIFICATE HOLDER

Broward County
1850 Eller Drive
Ft. Lauderdale, FL. 33316

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE Jarrett Piersall

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.

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✓
   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✓
   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✓
   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 (___)_____
(Provide on a separate sheet.)

SECTION K

Financial statements will be available for review in our office. Appointment will be requested with Port Everglades, Director of Finance, Leah Brasso.

SECTION L

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

Name of Reference : TRUIST BANK
Nature of Business: BANK
Contact Name: SANDRA GRACEY
Title: SENIOR RELATIONSHIP BANKER
Legal Business Street Address: 900 SE 17TH ST
City, State, Zip Code: FORT LAUDERDALE, FL 33316
Phone Number : 954-762-4042

Name of Reference : E.N. BISSO & SON, INC
Nature of Business: TOWING COMPANY
Contact Name: ANTHONY CAGGIANO
Title: DIRECTOR COMMERCIAL
Legal Business Street Address: 2200 ELLER DRIVE
City, State, Zip Code: FORT LAUDERDALE, FL 33316
Phone Number : 954-627-5209

Name of Reference : PORT EVERGLADES PILOTS
Nature of Business: PORT PILOT ASSOCIATION
Contact Name : LAUREN NADEL
Title: OFFICE MANAGER
Legal Business Street Address: 1833 SE 17TH STREET
City, State, Zip Code : FORT LAUDERDALE, FL 33316
Phone Number:954-522-4491

Name of Reference :LIGHTNING MARINE SERVICES, INC
Nature of Business: TRANSPORTATION
Contact Name :CHRISTIAN GARABEDIAN
Title: OPERATIONS MANAGER
Legal Business Street Address : 2360 Hayes Street
City, State, Zip Code: Hollywood , FL 33020
Phone Number: 954-681-5826

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.
   NO EQUIPMENT REQUIRED FOR STEAMSHIP AGENCY
2. Identify the type of fuel used for each piece of equipment.
   N/A
3. Indicate which equipment, if any, is to be domiciled at Port Everglades.
   N/A
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___ N/A
   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.
   N/A

Section O

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

Section P

1. Provide a copy of Applicant's safety program.
2. Provide a copy of Applicant's substance abuse policy.
3. Provide a copy of Applicant's employee job training program/policy.
4. Provide information regarding frequency of training.
5. Include equipment operator certificates, if any.

CONTINUATION CERTIFICATE

In consideration of premium charged,

LEXON INSURANCE COMPANY hereby continues in force

BOND No. 1115949

Dated JANUARY 1, 2016

in the amount of $120,000.00 Dollars

on behalf of USA MARITIME ENTERPRISES, INC. as Principal,

in favor of BROWARD COUNTY,

and has been continued for the period beginning JANUARY 1, 2025

and ending JANUARY 1, 2026 subject to all terms and conditions of said bond;

PROVIDED that the liability of LEXON INSURANCE COMPANY shall not exceed in the aggregated amount above written, whether the loss shall have occurred during the term of said bond or during any continuation or continuations thereof , or partly during said term and partly during any continuation or continuations thereof.

SIGNED AND SEALED THIS: JANUARY 16, 2025

By: _____
JESSICA PALMERI, ATTORNEY IN FACT
LEXON INSURANCE COMPANY

SOMPO INTERNATIONAL
INSURANCE

4351

POWER OF ATTORNEY

KNOW ALL BY THESE PRESENTS, that **Endurance Assurance Corporation**, a Delaware corporation, **Endurance American Insurance Company**, a Delaware corporation, **Lexon Insurance Company**, a Texas corporation, and/or **Bond Safeguard Insurance Company**, a South Dakota corporation, each, a "Company" and collectively, "**Sompo International**," do hereby constitute and appoint: **Clark Fitz-Hugh, Darlene Bornt, Linda C. Sheffield, Catherine Kehoe, Kristine Donovan, Conway C. Marshall, Elizabeth Kearney, Stephen Beahm, David C. Joseph, Jessica Palmeri, Elizabeth Schott, Roxanne Craven, Andrea Becker** as true and lawful Attorney(s)-In-Fact to make, execute, seal, and deliver for, and on its behalf as surety or co-surety; bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking so made, executed and delivered shall obligate the Company for any portion of the penal sum thereof in excess of the sum of **Ten Million Dollars ($10,000,000.00)**.

Such bonds and undertakings for said purposes, when duly executed by said attorney(s)-in-fact, shall be binding upon the Company as fully and to the same extent as if signed by the President of the Company under its corporate seal attested by its Corporate Secretary.

This appointment is made under and by authority of certain resolutions adopted by the sole shareholder of each Company by unanimous written consent effective the 15th day of June 2019, a copy of which appears below under the heading entitled "Certificate".

This Power of Attorney is signed and sealed by facsimile under and by authority of the following resolution adopted by the sole shareholder of each Company by unanimous written consent effective the 15th day of June 2019 and said resolution has not since been revoked, amended or repealed:

RESOLVED, that the signature of an individual named above and the seal of the Company may be affixed to any such power of attorney or any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signature or seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN WITNESS WHEREOF, each Company has caused this instrument to be signed by the following officers, and its corporate seal to be affixed this 15th day of June, 2019.

Endurance Assurance Corporation
By: Richard M Appel
Richard Appel; SVP & Senior Counsel

Endurance American Insurance Company
By: Richard M Appel
Richard Appel; SVP & Senior Counsel

Lexon Insurance Company
By: Richard M Appel
Richard Appel; SVP & Senior Counsel

Bond Safeguard Insurance Company
By: Richard M Appel
Richard Appel; SVP & Senior Counsel

ACKNOWLEDGEMENT

On this 15th day of June, 2019, before me, personally came the above signatories known to me, who being duly sworn, did depose and say that he/they was/were officer of each of the Companies; and that he executed said instrument on behalf of each Company by authority of his office under the by-laws of each Company.

By: Amy Taylor
Amy Taylor, Notary Public - My Commission Expires 5/9/23

CERTIFICATE

I, the undersigned Officer of each Company, DO HEREBY CERTIFY that:

1. That the original power of attorney of which the foregoing is a copy was duly executed on behalf of each Company and has not since been revoked, amended or modified; that the undersigned has compared the foregoing copy thereof with the original power of attorney, and that the same is a true and correct copy of the original power of attorney and of the whole thereof;
2. The following are resolutions which were adopted by the sole shareholder of each Company by unanimous written consent effective June 15, 2019 and said resolutions have not since been revoked, amended or modified:

   "RESOLVED, that each of the individuals named below is authorized to make, execute, seal and deliver for and on behalf of the Company any and all bonds, undertakings or obligations in surety or co-surety with others: RICHARD M. APPEL, BRIAN J. BEGGS, CHRISTOPHER DONELAN, SHARON L. SIMS, CHRISTOPHER L. SPARRO, MARIANNE L. WILBERT

   ; and be it further

   RESOLVED, that each of the individuals named above is authorized to appoint attorneys-in-fact for the purpose of making, executing, sealing and delivering bonds, undertakings or obligations in surety or co-surety for and on behalf of the Company."

3. The undersigned further certifies that the above resolutions are true and correct copies of the resolutions as so recorded and of the whole thereof.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal this 16th day of JANUARY 2025.

By:
Daniel S. Lane, Secretary

NOTICE: U. S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC)

No coverage is provided by this Notice nor can it be construed to replace any provisions of any surety bond or other surety coverage provided. This Notice provides information concerning possible impact on your surety coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous foreign agents, front organizations, terrorists, terrorist organizations, and narcotics traffickers as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's website – https://www.treasury.gov/resource-center/sanctions/SDN-List.

In accordance with OFAC regulations, if it is determined that you or any other person or entity claiming the benefits of any coverage has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, any coverage will be considered a blocked or frozen contract and all provisions of any coverage provided are immediately subject to OFAC. When a surety bond or other form of surety coverage is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments may also apply.

Any reproductions are void.

Surety Claims Submission: LexonClaimAdministration@sompo-intl.com
Telephone: 615-553-9500 Mailing Address: Sompo International; 12890 Lebanon Road; Mount Juliet, TN 37122-2870

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829

VALID OCTOBER 1, 2025 THROUGH SEPTEMBER 30, 2026

Business Name: USA MARITIME ENTERPRISES INC

Receipt #: 322-10905
Business Type: BOAT REPAIR/MOBILE CAR DETAIL (MARITIME SERVICE)

Owner Name: AUGUSTO MALDONADO
Business Location: SLIP 3 EISENHOWER BLVD
FT LAUDERDALE
Business Phone: 954-764-8360

Business Opened: 12/31/1984
State/County/Cert/Reg:
Exemption Code:

Rooms	Seats	Employees	Machines	Professionals
		3		

	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

Receipt Fee 33.00
Packing/Processing/Canning Employees 0.00

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:

AUGUSTO MALDONADO
P O BOX 22723
FORT LAUDERDALE, FL 33335

Receipt #WWW-24-00276254
Paid 07/03/2025 33.00

2025 - 2026

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829

VALID OCTOBER 1, 2025 THROUGH SEPTEMBER 30, 2026

Business Name: USA MARITIME ENTERPRISES INC

Receipt #: 322-10905
Business Type: BOAT REPAIR/MOBILE CAR DETAIL (MARITIME SERVICE)

Owner Name: AUGUSTO MALDONADO
Business Location: SLIP 3 EISENHOWER BLVD
FT LAUDERDALE
Business Phone: 954-764-8360

Business Opened: 12/31/1984
State/County/Cert/Reg:
Exemption Code:

Rooms	Seats	Employees	Machines	Professionals
		3		

Signature

	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

Receipt #WWW-24-00276254
Paid 07/03/2025 33.00

SECTION P

1- USA Maritime Enterprises, Inc. has a general safety program for minor first Aid issues said instructions are included.

2- In the event of any suspected substance abuse, personnel would be tested. If positive results are found then employment would be terminated. Testing is only on a need basis, no regular scheduled test is done.

3- Employee training is done for all employees by our personnel as needed.

4- Same as "3".

5- USA Maritime Enterprises, Inc. does not own or operate any equipment.

Establishment Search

Reflects inspection data through 08/18/2025

Use our establishment search to locate OSHA enforcement inspections by establishment name. You can also search by a specific inspection number or inspections within a specific industry using NAICS or SIC.

You can w f ind citation information for violations that Federal OSHA has cited.

For violation and citation results:

- Enter the establishment name in the "Establishment" box and select the "Search" button at the bottom;
- Select the Activity Number (inspection) in the search results;
- If a citation was issued, it will appear under "Violation Items"; and
- Select the "Citation ID" to view the details for that specific citation.

Continue to check back for updates, as citations or violations may be modified during the investigation process.

Note: Before using our establishment search, please read important information below on how to interpret the results.

Search By:

Your search did t return any esults.

Enter an Establishment name, select an OSHA Office, or enter a Site Zip Code.

Establishment: USA M RITIME ENTERPRISES, IN

(This field can also be used to search for a State Activity Number for the following states: NC, SC, KY, OR, WA, IN (before April 2022) and AZ (after June 2021))

State: All States | Fed & State

OSHA Office: ll Offices

Site Zip Code:

Case Status: ll ○ Closed ○ Open

Violation Status ◉ All ○ With Violations ○ Without Violations

Inspection Date

Start Date August 19 2020

End Date August 19 2025

Search Reset

Can't find it?

For Wildcard search, use %

Establishment Search Help

Search Basics and Search Syntax Examples

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.

Occupational Safety and Health
Administration
200 Constitution Ave NW
Washington, DC 20210
1-800-321-OSHA
1-800-321-6742
www.osha.gov

Skip Navigation

Information Portal
Nexus
Enterprise Solutions

Search Home » Facilities Search Results

Facilities Search Results

Criteria selected:

Facility Name = US MARITIME NTERPRIS S, INC.

Searching For = Search all facilities

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

D - Provides a list o 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

here are no facilities that meet your riteria.

ENVIROS

Enforcement Action Advanced Search

Search | Reset

No information was found matching your selection criteria. Please try again.

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: USA MARITIME ENTERPRISES, INC.

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 ✓

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 ✓

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 ✓

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.

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.

SECTION Q

USA Maritime Enterprises, Inc. is committed to protecting the environment. We use "green" products in our office and recycle all possible waste. All hazardous waste from office machine is properly disposed. Employees are instructed to reduce electrical usage as much as possible and recycle all paper waste. USA Maritime Enterprises, Inc. is sensitive to maintaining a clean and natural habitat in Port Everglades, FL.

SECTION R

USA Maritime Enterprises, Inc. has been an established ship agency in Port Everglades, Florida since 1984. Our office is located at Lehigh Cement Building with agency representatives in Ports of Miami, West Palm Beach, Canaveral, Tampa, Manatee, Jacksonville, FL, Houston, Texas, New Orleans, LA and Freeport, Bahamas.

Our agency is staffed with trained professionals with over 40 years of experience in the shipping industry in all phases of agency representation for all types of vessels, Stevedores and management.

USA Maritime Enterprises, Inc. will continue to provide quality service to our principals and will strive to increase Port activity in order to bring additional business to the Port now and in the future.

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. Training requirements in 33 CFR 105.210 for marine facilities.

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 _____

N/A

Port Everglades Tariff 12

References to the Port Everglades Tariff 12 as amended or reissued: http://www.porteverglades.net/development/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, Marine Terminal Security Service
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 is welcome 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 08/14/2025

Signature name and title - typed or printed ANTONIO OREJUELA - PRESIDENT

Witness Signature (*Required*) _____

Witness name-typed or printed GAGE PICARIELLO

Witness Signature (*Required*) _____

Witness name-typed or printed ZARELA MORENO

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

Name ANTONIO OREJUELA Title PRESIDENT

Address P.O.Box 22723,Ft Lauderdale,FL33335 Phone (954) 868-2388