

SECTION 4
BID SUBMITTAL SIGNATURE PAGE

This Page and all following pages comprise your original Bid Submittal package.

**Please also attach any additional information or documentation requested in this Invitation to Bid.
There is no need to include the preceding Sections 1 and 2 in your Bid Submittal package.**

By signing this Bid the Bidder certifies that it satisfies all legal requirements as an entity to do business with the City, including all Conflict of Interest and Code of Ethics provisions.

Firm Name: Gloval Inc.

Street Address: 11330 NW 36th TERRACE, MIAMI FL 33178

Mailing Address (if different than Street Address):

Telephone Number(s): 786-837-6996

Fax Number(s): _____

Email Address: INFO@GLOVAL.US

Federal Employer Identification Number: 32-0339287

Signature: _____


(Signature of authorized agent)

Print Name: Humberto De Leon

Title: CEO

By signing this document, the Bidder agrees to all Terms and Conditions of this Solicitation and the resulting Contract/Agreement.

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF BIDDER TO BE BOUND BY THE TERMS OF ITS OFFER, FOR NOT LESS THAN 120 DAYS, AND THE BIDDER'S UNEQUIVOCAL OFFER TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH IN THIS INVITATION TO BID. FAILURE TO SIGN THIS SOLICITATION WHERE INDICATED ABOVE, BY AN AUTHORIZED REPRESENTATIVE, SHALL RENDER THE BID NON-RESPONSIVE. THE CITY MAY, HOWEVER, IN ITS SOLE DISCRETION, ACCEPT ANY BID THAT INCLUDES AN EXECUTED DOCUMENT WHICH UNEQUIVOCALLY BINDS THE BIDDER TO THE TERMS OF ITS OFFER.

END OF SECTION 4

SECTION 5 PRICING SCHEDULE

5.1 PRICES AND RATES

Bids will be accepted through a secure mailbox at **Bidnet Direct** (<https://www.bidnetdirect.com/florida/cityofdelraybeach>) until the Deadline for Submission as indicated in this ITB. The City will only accept electronic bids for this ITB. Late Bids will not be accepted.

In addition to the "Place Offer" bid submission section, the Bidder shall indicate in the spaces provided, the firm and fixed prices and rates offered to the City for the goods and/or services described below.

SERVICE	Quantity	Price Per month	Total Price Per Year
Basic Services – Pick-up and Delivery as defined within the Scope of Services herein Location: City Hall Utility Billing Description City Hall Utility Billing	1 each Pick-up & Delivery	\$ <u>2,273.25</u>	\$ <u>27,279.00</u>
Emergency/Unscheduled Pick-up City Hall Utility Billing Description City Hall Utility Billing	1 each	\$200 per \$ <u>occurrence</u>	\$ <u>200 per</u> \$ <u>occurrence</u>

TOTAL YEARLY BID PRICE \$ 29,679.00, which includes regular services at \$27,279.00 and an estimated \$2,400.00 for one emergency pick-up per month.

END OF SECTION 5

SECTION 9 SAMPLE AGREEMENT FORMAT

Below is the standard agreement format for this Invitation to Bid. This is a sample agreement only and is subject to revisions. **DO NOT COMPLETE.**

AGREEMENT

THIS AGREEMENT is hereby made and entered into this _____ day of _____, by and between the City of Delray Beach, a Florida municipal corporation ("City"), whose address is 100 NW 1st Avenue, Delray Beach, Florida 33444, and _____, a Corporation/Limited Liability Company/etc., authorized to do business in the State of Florida (hereafter referred to as "Contractor"), whose address is _____.

WHEREAS, the City desires to retain the services of the Contractor to provide armored courier services in accordance with the City's Invitation to Bid No. 2025-042, and the Contractor's response thereto, all of which are incorporated herein by reference.

NOW, THEREFORE, in consideration of the mutual covenants and promises hereafter set forth, the Contractor and the City agree as follows:

ARTICLE 11. INCORPORATION OF INVITATION TO BID

The terms and conditions of this Agreement shall include and incorporate the terms, conditions, and specifications set forth in the City's Invitation to Bid No. 2025-042, and the Contractor's response to the Invitation to Bid, including all documentation required thereunder.

ARTICLE 1. DESCRIPTION OF GOODS OR SCOPE OF SERVICES

The Contractor shall provide armored courier services pursuant to the specifications accompanying the City's Invitation to Bid, which are incorporated herein by reference.

ARTICLE 2. COMPENSATION

The City shall pay to the Contractor in compliance with the Pricing Schedule attached hereto and incorporated herein, according to the terms and specifications of the referenced Invitation to Bid.

ARTICLE 4. MISCELLANEOUS PROVISIONS

a. Notice Format. All notices or other written communications required, contemplated, or permitted under this Agreement shall be in writing and shall be hand delivered, telecommunicated, or mailed by registered or certified mail (postage prepaid), return receipt requested, to the following addresses:

- i. As to the City: City of Delray Beach
100 N.W. 1st Avenue
Delray Beach, Florida 33444
Attn: City Manager
Email:

ii. with a copy to: City of Delray Beach
200 N.W. 1st Avenue
Delray Beach, Florida 33444
Attn: City Attorney
Email:

iii. As to the Contractor: _____

Attn.: _____
Email: _____

b. Headings. The headings contained in this Agreement are for convenience of reference only and shall not limit or otherwise affect in any way the meaning or interpretation of this Agreement.

c. Effective Date. The effective date of this Agreement shall be as of the date it has been executed by both the parties hereto.

ARTICLE 5. E-VERIFY

By entering into this Agreement, Contractor acknowledges its obligation to comply with the provisions of Section 448.095, Fla. Stat., "Employment Eligibility." Contractor affirms and represents it is registered with the E-Verify system, utilizing same, and will continue to utilize same as required by law. Compliance with this section includes, but is not limited to, utilization of the E-Verify System to verify the work authorization status of all newly hired employees and requiring all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. Failure to comply with this section will result in the termination of this Agreement, or if your subcontractor knowingly violates the statute, the subcontract must be terminated immediately. Any challenge to termination under this provision must be filed in the Circuit Court no later than 20 calendar days after the date of termination. If terminated for a violation of the statute by Contractor, the Contractor may be prohibited from conducting future business with the City or awarded a solicitation or contract for a period of 1 year after the date of termination. All costs incurred to initiate and sustain the aforementioned programs shall be the responsibility of the Contractor.

ARTICLE 6. DISCRIMINATORY VENDOR LIST

Pursuant to Section 287.134, Florida Statutes, an entity or affiliate who has been placed on the discriminatory vendor list may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity. By execution of this Agreement, Contractor represents that it has not been placed on the discriminatory vendor list as provided in Section 287.134, Florida Statutes.

ARTICLE 7. SCRUTINIZED COMPANIES THAT BOYCOTT ISRAEL

Pursuant to Section 287.135, Contractor is ineligible to enter into, or renew, this Agreement if Contractor is on the Scrutinized Companies that Boycott Israel List (as identified in Section 215.4725, Florida Statutes), or is engaged in a boycott of Israel.

a. By entering into this Agreement, Contractor certifies that Contractor is not on the Scrutinized Companies that Boycott Israel List, and that Contractor is not engaged in a boycott of Israel.

b. Contractor shall notify the City if, at any time during the term of this Agreement, Contractor is placed on the Scrutinized Companies that Boycott Israel List, or that Contractor is engaged in a boycott of Israel. Such notification shall be in writing and provided by Contractor to the City within ten (10) days of the date of such occurrence.

c. In the event the City determines, using credible information available to the public, that Contractor has submitted a false certification or Contractor is found to have been placed on the Scrutinized Companies that Boycott Israel List or engaged in a boycott of Israel, the City may, in its sole discretion, terminate this Agreement and seek a civil penalty, and other damages and relief, against Contractor, pursuant to Section 287.135, Florida Statutes. In addition, the City may pursue any and all other legal remedies against Contractor.

d. Contractor shall not seek damages, fees, or costs against the City in the event the City terminates the Agreement pursuant to this provision.

ARTICLE 8. CONVICTED VENDOR LIST

By its execution of this Agreement, Contractor acknowledges that it has been informed by City of, and is in compliance with the terms of Section 287.133(2)(a) of the Florida Statutes which reads as follows:

a. "A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in s. 287.017 for CATEGORY TWO for a period of 36 months following the date of being placed on the convicted vendor list."

ARTICLE 9. COMPLIANCE WITH ALL APPLICABLE LAW

The Contractor and its services under this Agreement must comply with all applicable federal, state, and local laws, codes, ordinances, rules, and regulations including, without limitation, American with Disabilities Act, 42 U.S.C. § 12101, Section 504 of the Rehabilitation Act of 1973, and any related federal, state, or local laws, rules, and regulations. The Contractor agrees to provide to the City all necessary certifications required by any federal, state, and local

laws, ordinances, codes, rules and regulations. The Contractor's obligations under this Section shall survive termination, cancellation or expiration of this Agreement.

ARTICLE 10. DISCLOSURE OF INTERESTS OF COUNTRY OF FOREIGN CONCERN

Pursuant to Fla. Stat. §286.101(3), where the amount of the Agreement is \$100,000.00 or more, Contractor shall disclose any current or prior interest of, any contract with, or any grant or gift received from a country of foreign concern with a value of \$50,000 or more that was received or in force during the previous five (5) years. Definitions, disclosure requirements and exceptions are found in Fla. Stat. §268.101. Contractor represents and warrants it has complied with Fla. Stat. §286 .101, it has properly disclosed such interests, contracts, grants or gifts to the City before execution of this Agreement, and it will remain in compliance with Fla. Stat. §286.101 for the duration of this Agreement.

ARTICLE 11. FOREIGN COUNTRY OF CONCERN AND PERSONAL IDENTIFYING INFORMATION

Intentionally Omitted

ARTICLE 12. COMPLIANCE WITH FLORIDA STATUTE §787.06(13)

Contractor has fully complied with Florida Statute §787.06(13) by providing an affidavit to the City signed by an officer or representative of Contractor under penalty of perjury that Contractor does not use coercion for labor or services as defined in that statute.

ARTICLE 13. CONTRACT TERM

The term of this Agreement shall remain in effect for a term of three (3) years and may be renewed for (2) two additional (1) one-year period(s), unless terminated earlier in accordance with terms set forth in the ITB.

[Remainder of this page is intentionally left blank]

IN WITNESS WHEREOF, the City and the Contractor executed this Agreement as of the day and year first above written.

ATTEST:

CITY OF DELRAY BEACH

Alexis Givings, City Clerk

By: _____
Thomas F. Carney, Jr. Mayor

Approved as to form and legal sufficiency:

Lynn Gelin, City Attorney

CONTRACTOR

(SEAL)

By: _____
Print Name: _____
Title: _____

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day of _____, 20_____, by _____ (name of person), as _____ (type of authority) for _____ (name of party on behalf of whom instrument was executed).

Personally known _____ OR Produced Identification _____
Type of Identification Produced _____

Notary Public – State of _____

SECTION 11 SOLICITATION SUMMARY

The City of Delray Beach
100 N.W. 1st Avenue
Delray Beach, FL 33444

PURCHASING DIVISION

SOLICITATION SUMMARY

IMPORTANT NOTICE

The information you provide on this page will be read aloud at the PUBLIC OPENING for this Solicitation. It is VERY IMPORTANT that the summary information you provide below is exactly the same information contained in your Bid. If subsequent to the opening of Bids, the City determines that the information contained in the electronic version of your Bid is different from the information on this Solicitation Summary, the City reserves the right to deem your Bid NON-RESPONSIVE and remove your Bid from further evaluation and consideration for contract award.

BID INFORMATION

Bid Number: ITB No. 2025-042

Title: Armored Courier Services

Due Date and Time: June 27, 2025, @ 2:00PM EST

Name of Bidder: Gloval Inc.

Address: 11330 NW 36 th Terrace, Miami FL 33178

Contact Person: Humberto De Leon

Bid Amount: \$29,679.00, which includes regular services at \$27,279.00 and an estimated \$2,400.00 for one emergency pick-up per month.

Authorized Signature: _____

Date: 06/11/2025

By signing and submitting this Solicitation Summary, the Bidder affirms that the information provided above is an exact and correct summary of the information contained in the electronic version of the Bidder's Bid to the City of Delray Beach.

THIS SOLICITATION SUMMARY MUST BE SIGNED AND INCLUDED WITH YOUR SECURE ELECTRONIC BID SUBMITTAL THROUGH WWW.BIDNETDIRECT.COM.

ACKNOWLEDGEMENT OF ADDENDA

INSTRUCTIONS: COMPLETE PART I OR PART II, WHICHEVER APPLIES

PART I:

List below the dates of issue for each addendum received in connection with this solicitation:

Addendum #1, Dated _____

Addendum #2, Dated _____

Addendum #3, Dated _____

Addendum #4, Dated _____

Addendum #5, Dated _____

Addendum #6, Dated _____

Addendum #7, Dated _____

Addendum #8, Dated _____

Addendum #9, Dated _____

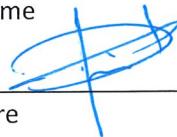
Addendum #10, Dated _____

PART II:

NO ADDENDUM WAS RECEIVED IN CONNECTION WITH THIS SOLICITATION

GLOVAL Inc.

Firm Name



Signature

Humberto De Leon / CEO

Name and Title

06/11/2025

Date

SUBMITTAL SIGNATURE PAGE

By signing this document, the Bidder/Proposer certifies that it satisfies all legal requirements as an entity to do business with the City, including all Conflicts of Interest and Code of Ethics provisions.

Firm Name: GLOVAL Inc.

Street Address: 11330 nw 36Th Terrace, Miami, Fl, 33178

Mailing Address (if different from Street Address): _____

Telephone Number(s): 786-837-6996

Fax Number(s): _____

Email Address: Info@gloval.us

Federal Employer Identification Number: 32-0339287

Prompt Payment Terms: 100 % 30 days' net 30 days

Signature: _____
(Signature of authorized agent)

Print Name: Humberto De Leon

Title: CEO

Date: 06/11/2025

By signing this document, the Bidder/Proposer agrees to all terms and conditions of this solicitation and the resulting contract/agreement.

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF BIDDER/PROPOSER TO BE BOUND BY THE TERMS OF ITS BID/PROPOSAL, FOR NOT LESS THAN 90 DAYS, AND THE BIDDER'S/PROPOSER'S UNEQUIVOCAL OFFER TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH IN THIS SOLICITATION. FAILURE TO SIGN THIS SOLICITATION WHERE INDICATED ABOVE, BY AN AUTHORIZED REPRESENTATIVE, SHALL RENDER THE BID/PROPOSAL NON-RESPONSIVE. THE CITY MAY, HOWEVER, IN ITS SOLE DISCRETION, ACCEPT ANY BID/PROPOSAL THAT INCLUDES AN EXECUTED DOCUMENT WHICH UNEQUIVOCALLY BINDS THE BIDDER/PROPOSER TO THE TERMS OF ITS BID/PROPOSAL.

Vendor or Contractor Conflict of Interest

Disclosure Statement

Information and Instructions

The award of this contract is subject to the provisions of Chapter 112, Part III, Florida Statutes. The City of Delray Beach, Florida, requires this disclosure statement to be completed and filed with all proposals, bids responses, contracts, or grant or loan requests to the City. The disclosure statement is not required for contracts for gas, water, and electric services where no competition exists, or where rates are fixed by law or ordinance. In circumstances where a contract is awarded by competitive bid, the disclosure statement shall be required from persons submitting responses to requests for proposals, requests for qualifications, invitation to bid, grant applications, or other proposals.

A copy of the disclosure statement shall be maintained by the Purchasing Department.

The City of Delray Beach shall not enter into any contract or appropriate any public funds with any person who refuses to provide information required on the disclosure form.

Any person who provides misleading or incorrect information on the disclosure statement shall be disqualified from participation. Also, the contract or grant shall be voidable by the City if the misleading or incorrect information on the disclosure statement is discovered by the City subsequent to execution of a contract.

Definitions

"Business Entity" means any corporation, partnership, limited partnership, proprietorship, firm, enterprise, franchise, association, self-employed individual, or trust, whether fictitiously named or not, doing business in the State of Florida.

"Family, or Family Members, or Familial Relationship" means included but limited to individuals who are related to a public official as father, mother, son, daughter, brother, sister, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, half brother, half sister, person who is engaged to be married to a public official or who otherwise holds himself or herself out as or is generally known as the person whom a public official intends to marry or with whom a public official intends to form or has formed a household.

"Person" means an individual, firm, partnership, association, joint venture, cooperative, or corporation, or any other group or combination acting in concert.

"Public Official" means a person either elected to a governmental position, or appointed to a governmental position who is authorized by statute, resolution or charter to exercise part of the sovereign power of the governmental entity and whose duties of involve the exercise of discretion on behalf of the governmental entity. This also includes all City Employees.

Instructions

Complete all lines as indicated. If an item does not apply, denote N/A (not applicable). If you cannot include required information in the space provided, attach additional sheets as necessary.

CITY OF DELRAY BEACH VENDOR OR CONTRACTOR CONFLICT OF INTEREST DISCLOSURE FORM

GLOVAL Inc.

ENTITY COMPLETING FORM

11330 NW 36Th Terrace

ADDRESS

Miami, FL, 33178

786-837-6996

CITY, STATE, ZIP

Info@gloval.us

TELEPHONE NUMBER

CONTACT EMAIL ADDRESS

CELL PHONE NUMBER

This form is provided with:

Invitation to Bid Request for Proposal / Qualifications Proposal Grant or Loan Other

1. Has your business entity or any of your business entities' partners, divisions, or any related business entity previously performed work or provided goods or services to any City Department within the current or last fiscal year?

Yes No

If yes, identify below the City Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services. (Use additional pages if necessary)

CITY DEPARTMENT	TYPE OF GOODS/SERVICES	AMOUNT RECEIVED
N/A		

2. Has your business entity or any of your business entities' partners, divisions, or any related business entity previously applied for and received any grants or loans from any City Department within the current or last fiscal year?

Yes No

If yes, identify the City Department that awarded the grant or loan, the date such grant or loan was awarded, and the amount of the grant or loan.

CITY DEPARTMENT	DATE GRANT AWARDED	AMOUNT OF GRANT OR LOAN
N/A		

3. List below the name(s) and address(es) of all public officials with whom your business entity, or members of your immediate family have a familial relationship. Identify the office the public official holds or the City Department for which the public official works. (Attach additional sheets if necessary.)

NAME OF PUBLIC OFFICIAL/EMPLOYEE	ADDRESS	CITY DEPARTMENT
N/A		

4. List below the name(s) and address(es) of all family members of public officials with whom your business entity, or members of your immediate family have a familial relationship. Identify the office the public official holds or the City Department for which the public official works. (Attach additional sheets if necessary.)

NAME OF FAMILY MEMBER	ADDRESS	NAME OF PUBLIC OFFICIAL/ PUBLIC EMPLOYEE	CITY DEPARTMENT WHERE EMPLOYED
N/A			

If you identified individuals in items one and / or two above, describe in detail below the direct benefit to be gained by the public officials, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

N/A

List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to used in preparation of , request for proposal or qualifications, invitation to bid, or grant or loan proposal:

NAME OF PAID CONSULTANT/LOBBYIST	ADDRESS
N/A	

List below the name(s) of any officer, director, or agent of the Business Entity who is also an employee of the City of Delray Beach.

NAME OF OFFICER, DIRECTOR, OR AGENT WHO IS ALSO AN EMPLOYEE OF THE CITY
N/A

List below the name(s) of any Public Official who owns, directly or indirectly, an interest of more than five percent (5%) in the Business Entity or any of its parent company or subsidiaries.

NAME OF ANY PUBLIC OFFICIAL WHO OWNS INTEREST IN BUSINESS ENTITY
N/A

CITY OF DELRAY BEACH

Notification and Affidavit Pursuant to Fla. Stat. Section 287.133(2)(a)

Vendor Name: GLOVAL Inc.

Vendor FEIN: 32-0339287

Vendor's Authorized Representative Name and Title: Humberto De Leon

Address: 11330 NW 36Th Terrace

City: Miami State: Fl Zip: 33178

Phone Number: 786-837-6996

Email Address: Info@gloval.us

A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in s. 287.017 for CATEGORY TWO for a period of 36 months following the date of being placed on the convicted vendor list. As the officer or representative of the company, I certify that the Proposer and its affiliates:

1. Have been notified of the above provision,
2. are not on the convicted vendor list as provided by Florida Statute §287.133(2)(a); and
3. have not been on the convicted vendor list for a period of 36 months prior to submission of the bid, proposal, or reply.

Under penalty of perjury, I declare that I have read the foregoing document, and the facts stated in it are true.

Signature: _____

(Authorized Signature)

Print Name and Title Humberto De Leon

Date: 06/11/2025

List below the name(s), titles and address(es) of all relatives of public officials of the City of Delray Beach having any direct or indirect financial interest of 5% or more in the Business Entity (other than a relationship described in response to paragraphs above), state to whom and how they are related, and describe the nature and extent of the financial interest.

NAME OF ANY PUBLIC OFFICIAL'S RELATIVE WHO OWNS AN INTEREST OF 5% OR MORE IN BUSINESS ENTITY

Please check one of the following statements and attach additional documentation if necessary:

To the best of my knowledge, the Business Entity has no potential conflict of interest due to any other clients, contracts, or property interest.

The undersigned firm, by attachment to this form, submits information which may be a potential conflict of interest due to other clients, contracts, or property interests.

By signing below, I certify under oath and penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that omissions shall be cause for disqualification from participation in the proposed transaction.

Signature  Date 06/11/2025
Humbero De Leon CEO

Printed Name Title

**Notification of Public Records Law Pertaining to Public Contracts and Requests
for Contractor Records Pursuant to Chapter 119, *Florida Statutes***

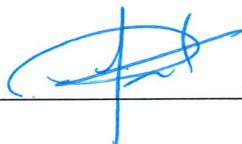
Pursuant to Chapter 119, *Florida Statutes*, Contractor shall comply with the public records law by keeping and maintaining public records required by the City of Delray Beach in order to perform the service. Upon request from the City of Delray Beach' custodian of public records, contractor shall provide the City of Delray Beach with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, *Florida Statutes* or as otherwise provided by law. Contractor shall ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract If the Contractor does not transfer the records to the City of Delray Beach. Contractor upon completion of the contract, shall transfer, at no cost, to the City of Delray Beach all public records in possession of the Contractor or keep and maintain public records required by the City of Delray Beach in order to perform the service. If the Contractor transfers all public records to the City of Delray Beach upon completion of the contract, the Contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Contractor keeps and maintains public records upon completion of the contract, the Contractor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the City of Delray Beach, upon request from the City of Delray Beach'S custodian of public records, in a format that is compatible with the information technology systems of the City of Delray Beach.

**IF THE SELECTED BIDDER/PROPOSER HAS QUESTIONS REGARDING
THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE
SELECTED BIDDER'S/PROPOSER'S DUTY TO PROVIDE PUBLIC
RECORDS RELATING TO THIS AGREEMENT, CONTACT THE
CUSTODIAN OF PUBLIC RECORDS AT CITY OF DELRAY BEACH, CITY
CLERK, 100 N.W. 1ST AVE., DELRAY BEACH FLORIDA. THE CITY
CLERK'S OFFICE MAY BE CONTACTED BY PHONE AT 561-243-7050
OR VIA EMAIL AT CITYCLERK@MYDELRAYBEACH.COM.**

Acknowledged:

GLOVAL Inc.

Firm Name



Signature

Humberto De Leon

Name and Title (Print or Type)

06/11/2025

Date

DRUG-FREE WORKPLACE

G L O V A L I n c .

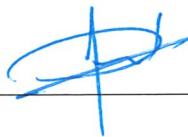
(Company Name)
a substance abuse policy in accordance with and pursuant to Section 440.102, *Florida Statutes*.

Acknowledged by:

Gloval Inc,

Firm Name

Signature



Humberto De Leon

Name and Title

06/11/2025

Date

NON-COLLUSION AFFIDAVIT

STATE OF Florida

COUNTY OF Miami-Dade

Before me, the undersigned authority, personally appeared Javier Rasquides, who, after being by me first duly sworn, deposes and says of authority's personal knowledge that:

a. He is the Compliance Officer of Gloval Inc, the Bidder/Proposer that has submitted a Bid/Proposal to perform work for the following:

Solicitation No.: ITB - 2025-042 Title: Armored Courier Services

b. GLOVAL Inc is fully informed respecting the preparation and contents of the attached solicitation, and of all pertinent circumstances respecting such solicitation.

Such Bid/Proposal is genuine and is not a collusive or sham Bid/Proposal.

c. Neither the said Bidder/Proposer nor any of its officers, partners, owners, agents, representatives, employees, or parties in interest, including this affiant, has in any way colluded, conspired, connived, or agreed, directly or indirectly, with any other Bidder/Proposer, firm, or person to submit a collusive or sham Bid/Proposal in connection with the solicitation and contract for which the attached Bid/Proposal has been submitted or to refrain from proposing in connection with such solicitation and contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Bidder/Proposer, firm, or person to fix the price or prices in the attached Bid/Proposal or any other Bidder/Proposer, or to fix any overhead, profit, or cost element of the Bid/Proposal price or the Bid/Proposal price of any other Bidder/Proposer, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against the City or any person interested in the proposed contract.

d. The price or prices quoted in the attached Bid/Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Bidder/Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

Signature

STATE OF Florida
COUNTY OF Miami-Dade

The foregoing instrument was subscribed to and sworn before me by means of physical presence or online notarization, this 12 day of June, 2025, by Javier Alexander Rasquides (name of person), as Compliance Officer (type of authority) for Gloval Inc (name of party on behalf of whom instrument was executed).

Personally known OR Produced Identification
Type of Identification Produced FLOL


Notary Public – State of _____



ERIC DI SANTO
Commission # HH 640648
Expires March 1, 2029

TRUTH – IN – NEGOTIATION CERTIFICATE

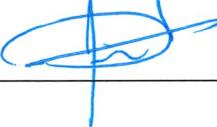
The undersigned warrants (i) that it has not employed or retained any company or person, other than bona fide employees working solely for the undersigned, to solicit or secure the Agreement and (ii) that it has not paid or agreed to pay any person, company, corporation, individual, or firm other than its bona fide employees working solely for the undersigned or agreed to pay any fee, commission, percentage, gift, or any other consideration contingent upon or resulting from the award or making of the Agreement.

The undersigned certifies that the wage rates and other factual unit costs used to determine the compensation provided for in the Agreement are accurate, complete, and current as of the date of the Agreement.

Name: Humberto De Leon

Title: CEO

Date: 06/11/2025

Signature: 

CITY OF DELRAY BEACH

Affidavit Pursuant to Fla. Stat. Section 448.095

Vendor Name: GLOVAL Inc

Vendor FEIN: 32-0339287

Vendor's
Authorized
Representativ
e
Name and Title: Humberto De Leon

Address: 11330 NW 36Th Terrace

City: Miami State: FL Zip: 33178

Phone Number: 786-837-6996

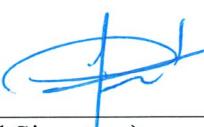
Email Address: Info@gloval.us

Florida Statute §448.095 states that a public agency must require in any contract that the contractor, and any subcontractor thereof, register with and use the E-Verify system to verify the work authorization status of all new employees of the contractor or subcontractor.

As the officer or representative of the company, I certify that the company identified above:

1. is registered with the E-Verify System.
2. uses the E-Verify system to verify the work authorization status of all new employees of the contractor or subcontractor; and
3. If the Proposer enters into a contract with a subcontractor, the Proposer will require that the subcontractor provide the contractor with an affidavit stating that the subcontractor does not employ, contract with, or subcontract with an unauthorized alien. The contractor shall maintain a copy of such affidavit for the duration of the contract.

Under penalties of perjury, I declare that I have read the foregoing documents and the facts stated in it are true.

Signature: 

(Authorized Signature)

Print Name and Title Humbero De Leon

Date: 06/11/2025

Scrutinized Company Certification

This certification is required pursuant to Florida State Statute Section 287.135.

A company, that at the time of bidding or submitting a proposal for a new contract or renewal of an existing contract, is on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List is ineligible for, and may not bid on, submit a proposal for, or enter into or renew a contract with an agency or local governmental entity for goods or services of \$1 million or more.

Companies must complete and return this form with its response.

Company. GLOVAL Inc

FID or EIN No. 32-0339287

Address. 11330 NW 36Th Terrace

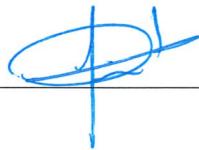
City. Miami

State. Florida

Zip. 33178

I, Humberto De Leon, as a representative of GLOVAL Inc
certify and affirm that this company is not on the Scrutinized Companies with Activities in Sudan List or
the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List or engaged in business
operations in Cuba or Syria.

Signature



CEO

Humberto De Leon

Printed Name

Title

06/11/2025

Date

CITY OF DELRAY BEACH

Affidavit Pursuant to Fla. Stat. 287.135

Vendor Name: GLOVAL Inc
Vendor FEIN: 32-0339287

Vendor's Authorized Representative Name and Title: Humberto De Leon
Address: 11330 NW 36Th Terrace

City: Miami State: Fl Zip: 33178

Phone Number: 786-837-6996
Email Address: Info@gloval.us

Pursuant to Florida Statute §287.135, Proposer is ineligible to enter into, or renew, this Agreement if Proposer is on the Scrutinized Companies that Boycott Israel List (as identified in Section 215.4725, Florida Statutes), or is engaged in a boycott of Israel.

As the officer or representative of the company, I certify that the company identified above:

1. Is not on the Scrutinized Companies that Boycott Israel List, and that Proposer is not engaged in a boycott of Israel.
2. If at any time during the Procurement Period or if selected, during the term of the Agreement with the City, the Proposer is placed on the Scrutinized Companies that Boycott Israel List, or is engaged in a boycott of Israel, the Proposer/Contractor will notify the City in writing within ten (10) days of the date of such occurrence.
3. Proposer understands that in the event the City determines, using credible information available to the public, that Proposer has submitted a false certification or Proposer is found to have been placed on the Scrutinized Companies that Boycott Israel List or engaged in a boycott of Israel, the City may, in its sole discretion, terminate any Agreement entered into and seek a civil penalty, and other damages and relief, against Proposer/Contractor, pursuant to Section 287.135, Florida Statutes. In addition, the City may pursue any and all other legal remedies against Proposer/Contractor.
4. Proposer/Contractor will not seek damages, fees, or costs against the City in the event the City terminates an Agreement pursuant to this provision.

Under penalties of perjury, I declare that I have read the foregoing documents and the facts stated in it are true.

Signature: _____

(Authorized Signature)



Print Name and Title: Humberto De Leon / CEO

Date: 06/11/2025

CITY OF DELRAY BEACH

Affidavit Pursuant to Fla. Stat. Section 287.134

Vendor Name: GLOVAL Inc.
Vendor FEIN: 32-0339287

Vendor's
Authorized
Representative
Name and Title: Humberto De Leon
Address: 11330 NW 36Th TERRACE
City: MIAMI State: FL Zip: 33178

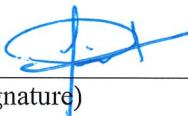
Phone Number: 786-837-6996
Email Address: Info@gloval.us

Pursuant to Section 287.134, Florida Statutes, an entity or affiliate who has been placed on the discriminatory vendor list may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity. By execution of this Agreement, Contractor represents that it has not been placed on the discriminatory vendor list as provided in Section 287.134, Florida Statutes.

As the officer or representative of the company, I certify that the company identified above:

1. is not on the discriminatory vendor list as provided by Florida Statute §287.134

Under penalty of perjury, I declare that I have read the foregoing document and the facts stated in it are true.

Signature: 
(Authorized Signature)

Print Name and Title Humberto De Leon

Date: 06/11/2025

CITY OF DELRAY BEACH

Affidavit Regarding the Use of Coercion for Labor and Services

Vendor Name:	GLOVAL Inc		
Vendor FEIN:	32-0339287		
Vendor's Authorized Representative Name and Title:	Humberto De Leon / CEO		
Address:	11330 NW 36Th Terrace		
City:	Miami	State:	FL Zip: 33178
Phone Number:	786-837-6996		
Email Address:	Info@gloval.us		

Florida Statute §787.06(13) requires all nongovernmental entities executing, renewing, or extending a contract with a governmental entity to provide an affidavit signed by a officer or representative of the nongovernmental entity under penalty of perjury that the nongovernmental entity does not use coercion for labor or services as defined in that statute. The City of Delray Beach, Florida is a governmental entity for the purposes of this statute.

As the officer or representative of the company, I certify that the company identified above does not:

- Use or threaten to use physical force against any person;
- Restraine, isolate, or confine or threaten to restrain, isolate, or confine any person without lawful authority and against his or her will;
- Use lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied towards the liquidation of the debt, the length and nature of the labor or services are not respectively limited and defined;
- Destroy, conceal, remove, confiscate, withhold, or possess any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification, of any person;
- Cause or threaten to cause financial harm to any person;
- Entice or lure any person by fraud or deceit;
- Provide controlled substances as outlined in Schedule I or Schedule II of Florida State Statute §893.03 to any person for the purpose of exploitation of that person.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Signature: _____
(Authorized Signature)

Print Name and Title: Humberto De Leon / CEO
Date: 06/11/2025

CITY OF DELRAY BEACH

Affidavit Pursuant to Fla. Stat. 287.138

Vendor Name: GLOVAL Inc.

Vendor FEIN: 32-0339287

Vendor's Authorized Representative Name and Title: Humberto De Leon

Address: 11330 NW 36Th Terrace

City: Miami State: FL Zip: 33178

Phone Number: 786-837-6996

Email Address: Info@gloval.us

Florida Statute §287.138 requires all nongovernmental entities executing, renewing, or extending a contract with a governmental entity to provide an affidavit signed by an officer or representative of the nongovernmental entity under penalty of perjury that the nongovernmental entity does not meet any of the criteria in paragraphs (2)(a)-(c) of the statute. The City of Delray Beach, Florida is a governmental entity for the purposes of this statute.

As the officer or representative of the company, I certify under penalty of perjury that the company identified above:

1. is not owned by the government of a foreign country of concern;
2. the government of a foreign country of concern does not have a controlling interest in the company; and
3. The company is not organized under the laws of and does not have its principal place of business in a foreign country of concern.

Signature: _____ 
(Authorized Signature)

Print Name and Title Humberto De Leon / CEO

Date: 06/11/2025

CITY OF DELRAY BEACH

Affidavit Pursuant to Fla. Stat. Section 286.101(3)

Vendor Name: GLOVAL Inc
Vendor FEIN: 32-03339287
Vendor's Authorized Representative Name and Title: Humberto De Leon / CEO
Address: 11330 NW 36Th Terrace
City: Miami State: FL Zip: 33178
Phone Number: 786-837-6996
Email Address: Info@gloval.us

Any entity that applies to a state agency or political subdivision for a grant or proposes a contract having a value of \$100,000 or more shall disclose to the state agency or political subdivision any current or prior interest of, any contract with, or any grant or gift received from a foreign country of concern if such interest, contract, or grant or gift has a value of \$50,000 or more and such interest existed at any time or such contract or grant or gift was received or in force at any time during the previous 5 years. Such disclosure shall include the name and mailing address of the disclosing entity, the amount of the contract or grant or gift or the value of the interest disclosed, the applicable foreign country of concern and, if applicable, the date of termination of the contract or interest, the date of receipt of the grant or gift, and the name of the agent or controlled entity that is the source or interest holder. Within 1 year before applying for any grant or proposing any contract, such entity must provide a copy of such disclosure to the Department of Financial Services. As the officer or representative of the company, I certify that the Proposer and its affiliates:

1. does NOT have any current or prior interest of, any contract with, or any grant or gift received from a foreign country of concern if such interest, contract, or grant or gift has a value of \$50,000 or more; and
2. has Not had prior interest of, any contract with, or any grant or gift received from a foreign country of concern within the past 5 years.

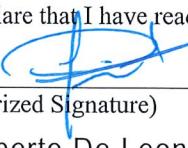
OR

3. Has provided disclosure to the City including the name and mailing address of the disclosing entity, the amount of the contract or grant or gift or the value of the interest disclosed, the applicable foreign country of concern and, if applicable, the date of termination of the contract or interest, the date of receipt of the grant or gift, and the name of the agent or controlled entity that is the source or interest holder; and

4. Has provided a copy of such disclosure to the Department of Financial Services within one year before proposing any grant or contract.

Under penalty of perjury, I declare that I have read the foregoing document, and the facts stated in it are true.

Signature: _____


(Authorized Signature)

Print Name and Title Humberto De Leon / CEO

Date: 06/11/2025

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/28/2025

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.

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

PRODUCER Edgewood Partners Ins. Center 499 Washington Blvd Suite 810 Jersey City, NJ 07310	CONTACT NAME: Sandra Paul-Chevanes
	PHONE (A/C, No, Ext): 201 356-3401 FAX (A/C, No): 201 356-3400
	E-MAIL ADDRESS: sandy.paul@epicbrokers.com
	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A : Arch Insurance Company 11150
	INSURER B : Sunz Insurance Company 34762
	INSURER C : Coalition Insurance Solutions, Inc. 29530
	INSURER D : Twin City Fire Insurance Company 29459
	INSURER E :
	INSURER F :

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded:\$1,000			BSPKG0272410	03/12/2025	03/12/2026	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$5,000,000
							PRODUCTS - COMP/OP AGG	\$5,000,000
								\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						BODILY INJURY (Per person)	\$
	OTHER:						BODILY INJURY (Per accident)	\$
	AUTOMOBILE LIABILITY						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			BSFXS0023210	03/12/2025	03/12/2026	EACH OCCURRENCE	\$4,000,000
							AGGREGATE	\$4,000,000
								\$
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N	N / A	WC05300001024	03/12/2025	03/12/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH- E.L. EACH ACCIDENT <input type="checkbox"/> \$1,000,000 E.L. DISEASE - EA EMPLOYEE <input type="checkbox"/> \$1,000,000 E.L. DISEASE - POLICY LIMIT <input type="checkbox"/> \$1,000,000	
C	Cyber Liability			C4LXN183862CYBER20	04/11/2025	04/11/2026	\$1,000,000	
D	Crime			10KB052779425	04/11/2025	04/11/2026	\$1,000,000	
A	Error & Omission			BSPKG0272410	03/12/2025	03/12/2026	\$1,000,000	

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

Evidence Of Insurance For Informational Purposes Only

CERTIFICATE HOLDER

CANCELLATION

Evidence Of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>John P. M. [Signature]</i>

Request for Taxpayer Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)					
	Gloval Inc					
	2 Business name/disregarded entity name, if different from above.					
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.					
	<input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)					
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):					
	Exempt payee code (if any)					
	Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)					
<i>(Applies to accounts maintained outside the United States.)</i>						
5 Address (number, street, and apt. or suite no.). See instructions. 11330 NW 36 Terrace			Requester's name and address (optional) City of Delray Beach			
6 City, state, and ZIP code Doral FL. 33178			100 NW 1st Ave Delray Beach FL. 33444			
7 List account number(s) here (optional)						

Part I Taxpayer Identification Number (TIN)

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

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

Social security number								
			-			-		
or								
Employer identification number								
3	2	-	0	3	3	9	2	8
7								

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person	Date
------------------	--------------------------	------

General Instructions

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

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

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Local Business Tax Receipt

Miami-Dade County, State of Florida
-THIS IS NOT A BILL - DO NOT PAY

698695

BUSINESS NAME/LOCATION
GLOVAL INC
11330 NW 36TH TER
DORAL FL 33178-1887

RECEIPT NO.
RENEWAL
7262496

EXPIRES
SEPTEMBER 30, 2025
Must be displayed at place of business
Pursuant to County Code
Chapter 8A - Art. 9 & 10

OWNER
GLOVAL INC
C/O RICARDO L VAZQUEZ PRES
Employee(s) 24

SEC. TYPE OF BUSINESS
213 GUARD PATROL AGENCY
B1200011

PAYMENT RECEIVED
BY TAX COLLECTOR
\$108.00 08/19/2024
INT-24-467585

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 8a-276.

For more information, visit www.miamidade.gov/taxcollector

LB BT

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

**WILTON SIMPSON
COMMISSIONER**

DIVISION OF LICENSING

07/12/24
DATE ISSUED

07/12/27
DATE OF EXPIRATION

B 1200011
LICENSE NUMBER

GLOVAL INC.

11330 N.W. 36TH TERRACE
DORAL, FL 33178

SAUMETT, CARLOS A, OTHER

THE SECURITY AGENCY NAMED ABOVE IS LICENSED AND REGULATED UNDER THE PROVISIONS OF
CHAPTER 493, FLORIDA STATUTES.



**WILTON SIMPSON
COMMISSIONER**



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

Detail by Entity Name

Foreign Profit Corporation

GLOVAL INC.

Filing Information

Document Number	F11000004207
FEI/EIN Number	32-0339287
Date Filed	10/18/2011
State	DE
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	01/23/2012
Event Effective Date	NONE

Principal Address

11330 N.W. 36TH TERRACE
MIAMI, FL 33178

Mailing Address

11330 N.W. 36TH TERRACE
MIAMI, FL 33178

Registered Agent Name & Address

ZAPATA, RODOLFO
11330 N.W. 36TH TERRACE
MIAMI, FL 33178

Name Changed: 04/04/2023

Address Changed: 04/27/2018

Officer/Director Detail

Name & Address

Title President

Gargollo, Francisco
11330 N.W. 36TH TERRACE
MIAMI, FL 33178

Title Secretary

Zapata, Rodolfo
11330 N.W. 36TH TERRACE
MIAMI, FL 33178

Title CEO, Asst. Secretary

De Leon, J. Humberto
11330 N.W. 36TH TERRACE
MIAMI, FL 33178

Title General Manager

Puerta, Jacksury
11330 N.W. 36TH TERRACE
MIAMI, FL 33178

Title Operations Manager

Saumett, Carlos A
11330 N.W. 36TH TERRACE
MIAMI, FL 33178

Annual Reports

Report Year	Filed Date
2023	04/04/2023
2024	04/18/2024
2025	04/15/2025

Document Images

04/15/2025 -- ANNUAL REPORT	View image in PDF format
04/18/2024 -- ANNUAL REPORT	View image in PDF format
09/07/2023 -- AMENDED ANNUAL REPORT	View image in PDF format
04/04/2023 -- ANNUAL REPORT	View image in PDF format
03/24/2022 -- ANNUAL REPORT	View image in PDF format
06/16/2021 -- AMENDED ANNUAL REPORT	View image in PDF format
04/26/2021 -- AMENDED ANNUAL REPORT	View image in PDF format
03/26/2021 -- AMENDED ANNUAL REPORT	View image in PDF format
01/25/2021 -- ANNUAL REPORT	View image in PDF format
08/31/2020 -- AMENDED ANNUAL REPORT	View image in PDF format
03/23/2020 -- ANNUAL REPORT	View image in PDF format
04/01/2019 -- ANNUAL REPORT	View image in PDF format
06/19/2018 -- AMENDED ANNUAL REPORT	View image in PDF format
04/27/2018 -- ANNUAL REPORT	View image in PDF format
04/28/2017 -- ANNUAL REPORT	View image in PDF format
02/13/2017 -- Off/Dir Resignation	View image in PDF format
09/06/2016 -- AMENDED ANNUAL REPORT	View image in PDF format
01/11/2016 -- ANNUAL REPORT	View image in PDF format
06/10/2015 -- AMENDED ANNUAL REPORT	View image in PDF format

<u>03/30/2015 -- AMENDED ANNUAL REPORT</u>	<u>View image in PDF format</u>
<u>02/27/2015 -- ANNUAL REPORT</u>	<u>View image in PDF format</u>
<u>06/02/2014 -- AMENDED ANNUAL REPORT</u>	<u>View image in PDF format</u>
<u>04/22/2014 -- AMENDED ANNUAL REPORT</u>	<u>View image in PDF format</u>
<u>02/07/2014 -- ANNUAL REPORT</u>	<u>View image in PDF format</u>
<u>04/26/2013 -- ANNUAL REPORT</u>	<u>View image in PDF format</u>
<u>04/25/2012 -- ANNUAL REPORT</u>	<u>View image in PDF format</u>
<u>01/23/2012 -- Amendment</u>	<u>View image in PDF format</u>
<u>10/18/2011 -- Foreign Profit</u>	<u>View image in PDF format</u>

Florida Department of State, Division of Corporations



Gloval Inc.
11330 NW 36th Terrace
Doral, FL 33178
www.gloval.us
(786) 837-6996

To Whom It May Concern:

Subject: Company Profile – Gloval Inc.

Gloval Inc. is a Florida-based, fully licensed and insured armored transport and cash logistics company, established in 2011. Headquartered in Doral, Florida, we specialize in providing secure, reliable, and compliant cash-in-transit (CIT), currency processing, and high-value asset transportation services throughout the South Florida region. Our clientele includes financial institutions, government agencies, retail businesses, and gaming establishments.

At Gloval, we pride ourselves on combining operational excellence with strict regulatory compliance. We are registered with FinCEN as a Money Services Business (MSB) and are licensed as a Money Transmitter by the State of Florida. Our services fully align with BSA/AML regulations and follow the highest standards of integrity and safety.

Our fleet of armored vehicles is operated by highly trained professionals, each licensed with Florida's Class D and G security certifications. All personnel are cross-trained in both driver and messenger roles, enhancing operational flexibility and ensuring security. We employ GPS tracking, encrypted communications, and 24/7 Command Post monitoring to guarantee real-time oversight and response. Gloval Inc. brings over a decade of experience in managing high-risk logistical operations and servicing government contracts. As part of our current service network, we proudly operate routes for the Cities of **Miami Beach, Pembroke Pines, and Lauderdale Lakes**, as well as multiple **casino clients** across the region. These engagements are a testament to our dependability, discretion, and ability to handle sensitive, high-value transport with precision.

Our internal compliance team ensures that all operational protocols and documentation adhere to state and federal standards, supported by detailed Standard Operating Procedures (SOPs) and periodic training and audits.

We appreciate your consideration of Gloval Inc. as a trusted service provider. We look forward to the opportunity to contribute to your operational security and logistics needs.

Sincerely,

A handwritten signature in blue ink, appearing to read "Humberto De Leon".

Humberto De Leon
Humberto.deleon@gloval.us
CEO