

RECEIVED BY
PORT EVERGLADES DEPT.

PORT EVERGLADES FRANCHISE APPLICATION

2017 MAY -2 AM 9:24

An application will not be deemed completed and processed until all required documents and fees are received.
A separate application must be filed for each type of franchise Applicant wishes to apply for.

- CHECK ONE
- | | | | |
|--------------------------|-------------------------------------|-------------------------------------|---------------------------|
| <input type="checkbox"/> | STEAMSHIP AGENT | <input checked="" type="checkbox"/> | STEVEDORE |
| <input type="checkbox"/> | CARGO HANDLER | <input type="checkbox"/> | TUGBOAT & TOWING |
| <input type="checkbox"/> | VESSEL BUNKERING | <input type="checkbox"/> | VESSEL OILY WASTE REMOVAL |
| <input type="checkbox"/> | VESSEL SANITARY WASTE WATER REMOVAL | | |

Note: Applicant is defined as the legal entity applying for the franchise. All information contained in this application shall apply only to the Applicant, not to any parent, affiliate, or subsidiary entities.

Applicant's Name AFCO AGENCY USA LLC
(Name as it appears on the certificate of incorporation, charter, by-laws, or other official document)

Applicant's Business Address 1501 NW 12TH AVENUE

Phone # 954-788-6800 E-mail address legal@afcoagency.com

Fax #: _____

**Name of the person authorized to bind the Applicant
(This person's signature must appear on Page 10.)**

Name AVI NIR

Title MANAGER

Business Address 1501 NW 12TH AVENUE, POMPANO BEACH, FL 33069

Phone # 954-788-6800 E-mail address legal@afcoagency.com

Fax #: _____

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

Representative's Name Juan Hernandez

Representative's Title General Manager

Representative's Business Address 4610 McIntosh Road, Fort Lauderdale, FL 33316

Representative's Phone # 954-467-0000

Representative's E-mail address juan.hernandez@afcoagency.com

Representative's Fax #: _____

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

Section A

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

Officers:

Title MANAGER
First Name AVI Middle Name _____
Last Name NIR
Business Street Address 1501 NW 12TH AVENUE
City, State, Zip Code POMPANO BEACH, FL 33069
Phone Number 9547886800 Fax Number _____
Email Address legal@afcoagency.com.

Title _____
First Name _____ Middle Name _____
Last Name _____
Business Street Address _____
City, State, Zip Code _____
Phone Number _____ Fax Number _____
Email Address _____.

Title _____
First Name _____ Middle Name _____
Last Name _____
Business Street Address _____
City, State, Zip Code _____
Phone Number _____ Fax Number _____
Email Address _____.

Title _____
First Name _____ Middle Name _____
Last Name _____
Business Street Address _____
City, State, Zip Code _____
Phone Number _____ Fax Number _____
Email Address _____.

Attach additional sheets if necessary.

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

Section B

1. Place checkmark to describe the Applicant:
() Sole Proprietorship () Corporation () Partnership () Joint Venture () 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 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" 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" 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 H

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

If none, state "None" _____.

Seaport _____ Port Everglades _____ Number of Years Operating at this Seaport 7 mo.

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
AFCO SHIPPING LINE LLC	10/2015-9/2016 (12 Months)
AFCO SHIPPING LLC	10/2016-Present (7 Months)

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>.

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 _____ SEE ENCLOSED _____ Nature of Business _____

Contact Name _____ Title _____

Legal Business Street Address _____

City, State, Zip Code _____

Phone Number _____

(Provide on a separate sheet.)

Section M

1. Security: Pursuant to Port Everglades Tariff 12, Item 960, all Franchisees are required to furnish an Indemnity and Payment Bond or Irrevocable Letter of Credit drawn on a U.S. bank in a format and an amount not less than \$20,000 as required by Broward County Port Everglades Department.
2. Has the Applicant been denied a bond or letter of credit within the past five (5) years?
Yes ___ No
If "Yes," please provide a summary explanation in the space provided of why the Applicant was denied. Use additional sheets if necessary.

Section N

1. Provide a list and description of all equipment currently owned and/or leased by the Applicant and intended to be used by the Applicant for the type of service(s) intended to be performed at Port Everglades including the age, type of equipment and model number.
2. Identify the type of fuel used for each piece of equipment.
3. Indicate which equipment, if any, is to be domiciled at Port Everglades.
4. Will all equipment operators be employees of the Applicant, on the payroll of the Applicant, with wages, taxes, benefits, and insurance paid by the Applicant?
Yes No ___
If "No," please explain in the space provided who will operate the equipment and pay wages, taxes, benefits, and insurance, if the franchise is granted. Use additional sheets if necessary.

Section O

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

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.

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.

By signing and submitting this application, Applicant certifies that it has read and understands the governing rules and regulations for a franchise as provided in Chapter 32, Part II, of the Broward County Administrative Code as amended. For additional information, visit: <http://www.municode.com/resources/gateway.asp?pid=13528&sid=9>.

By signing and submitting this application, Applicant certifies that all information provided in this application is true and correct and further, 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.

The individual executing this application personally warrants that s/he has the full binding authority to execute this application on behalf of the Applicant. Applicant further understands that if there are any changes to the information provided herein (subsequent to this application submission) and/or to its officers, directors, senior management personnel and/or in its 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 and Harbor Workers' Act, Jones Act Insurance, as required by federal law.

By signing and submitting this application, Applicant authorizes the Port Everglades Department of Broward County to make any inquiry or investigation it deems appropriate to verify or augment the information contained in this application, and authorizes others to release to the Port Everglades Department of Broward County any and all information sought in such inquiry. Applicant further understands that under the laws of the State of Florida, this application is subject to the Florida Public Records Act (Chapter 119, Florida Statutes) as may be amended.

Signature of Applicant's Authorized Representative  Date Signed 4/18/2017

Signature name and title - typed or printed AVI NIR - MANAGER

Witness Signature (*Required*) 

Witness name-typed or printed HAGAI LERER

Witness Signature (*Required*) 

Witness name-typed or printed FABRICIO MANZUR

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

Name AVI NIR Title MANAGER

Address 1501 NW 12TH AVE, POMPANO BCH Phone 954-571-7600

Section A.2.

Avi Nir

Parkland, FL 33067 | 954.275.4500 | Avi.Nir@aycofarms.com

Accomplished Executive with domestic and international experience in operations, sales, P&L oversight, multichannel product distribution, shipping/freight, and marketing involving both start-up and growth organizations. Results-oriented, decisive leader with proven success in new market identification and strategic positioning for multimillion-dollar organizations. Track record of increasing sales and growing bottom line while spearheading operational improvements to drive productivity and reduce costs. Excel in dynamic, demanding environments while remaining pragmatic and focused.

CORE COMPETENCIES

- Visionary Leadership
 - Global Strategic Alliance
 - Tactical Marketing Planning
 - Budget/Sales Forecasting
 - Public and Media Relations
 - High-Stake Negotiations
 - Organization Restructuring
 - Asset Liability Management
 - Facilities Expansion
-

PROFESSIONAL EXPERIENCE

AYCO FARMS INC. | Pompano, FL
President and CEO

2001-Present

Provide executive leadership for \$120 million dollar produce company with locations in the United States, Central and South America.

Lead operations and strategic direction with full responsibility and ownership for the bottom-line factors including: long-range planning, global product management, and development processes. Provide cross-functional management: direct General Manager's, CFO, and Director's, and Vice President's and general oversight of the remaining staff. Direct all operations and redefine organization structure overseeing major price decisions. Performs financial evaluations of company results and future goals.

Key Achievements:

- *Awarded "As Seen On Inc.com 5000 Fastest-Growing Private Companies in America" from 2009-2012*
 - *Created a market driven organization resulting in increased sales and revenues*
 - *Substantially improved productivity while reducing staffing and organization costs*
 - *Opened new marketing channels and established strategic alliances in Central/South America*
 - *Developed and introduced successful new products for international markets*
 - *Maintained high profitability through strategic and efficient restructuring*
-

GALMAR SHIPPING INTERNATIONAL| Pompano, FL

1998-2000

President/General Manager

Provided executive leadership for an international shipping company. Proven record of reducing costs, increasing revenues and margins by redesigning processes and negotiations. Ability to lead and direct all shipping operations inbound/outbound across international trade lanes. Responsible for the overall quality control, inventory, and cargo/freight management. Strategically planned and developed new business while retaining existing business. Oversaw a procurement budget and functions related to vessel operations, logistics, and transportation operations. Provided leadership and vision in developing key execution strategies. Fostered strong work relationships with industry, trade, outside consultants, and service providers to maintain consistent workflows and process efficiencies through comprehensive analytics in ROI, performance and control.

SOLYMAR (Member of SOLTECH)| Pompano, FL

1989-1998

Director of Operations

Oversaw all efficiencies regarding the freight forwarding operations. Demonstrated leadership by reducing costs, increasing revenues, and minimizing employee turnover. Ensured adherence of shipments to host country customs requirements and standard operating procedures. Oversaw corporate spending while maintaining budget controls and P&L compliance. Administered international transport procurement process and related activities while overseeing freight handling.

Business Development/Marketing Manager

Provided solid B2B marketing experience delivering profitable solutions to drive sales, attract and maintain customers, and build a solid corporate brand. Enhanced corporate marketability through marketing tools as well as clear, effective, corporate messaging, rebranding, campaigns. Communicated and developed relationships with customers, vendors, and other support personnel and effectively managed a team. Earned a reputation as an enthusiastic, efficient, and hands on marketing manager.

EDUCATION

Business Management/International Marketing
Tel Aviv University

Section B.2.

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

L15000084350
FILED 8:00 AM
May 13, 2015
Sec. Of State
smmason

Article I

The name of the Limited Liability Company is:

AFCO AGENCY USA LLC

Article II

The street address of the principal office of the Limited Liability Company is:

1501 NW 12TH AVENUE
POMPANO BEACH, FL. US 33069

The mailing address of the Limited Liability Company is:

1501 NW 12TH AVENUE
POMPANO BEACH, FL. US 33069

Article III

The name and Florida street address of the registered agent is:

LANCE W SHINDER ESQ.
398 CAMINO GARDENS BLVD
SUITE 109
BOCA RATON, FL. 33432

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

Registered Agent Signature: /LANCE SHINDER/

Article IV

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

Title: MGR
AVI NIR
1501 NW 12TH AVENUE
POMPANO BEACH, FL. 33069 US

L15000084350
FILED 8:00 AM
May 13, 2015
Sec. Of State
smmason

Signature of member or an authorized representative

Electronic Signature: /HAGAI LERER/

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



Detail by Entity Name

Florida Limited Liability Company

AFCO AGENCY USA LLC

Filing Information

Document Number L15000084350
FEI/EIN Number 47-4897099
Date Filed 05/13/2015
State FL
Status ACTIVE

Principal Address

1501 NW 12TH AVENUE
 POMPANO BEACH, FL 33069

Mailing Address

1501 NW 12TH AVENUE
 POMPANO BEACH, FL 33069

Registered Agent Name & Address

SHINDER, LANCE W, ESQ.
 398 CAMINO GARDENS BLVD
 SUITE 109
 BOCA RATON, FL 33432

Authorized Person(s) Detail

Name & Address

Title MGR

NIR, AVI
 1501 NW 12TH AVENUE
 POMPANO BEACH, FL 33069

Annual Reports

Report Year	Filed Date
2016	03/15/2016

Document Images

[03/15/2016 -- ANNUAL REPORT](#)

View image in PDF format

[05/13/2015 -- Florida Limited Liability](#)

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State of Florida, Department of State



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Fictitious Name Owner Search

Submit

Fictitious Name Owner List

Owner Name	Address	City	State	Current/Past
AFCOM INC	109 COMMERCE WAY	SANFORD	FL	C
AFCOM INC	P O BOX 1119	SANFORD	FL	C
A&F CORPORATION USA	1612 LUCERNE AVE	LAKE WORTH	FL	C
A.F.C. PROJECT, INC.	114 NE 106 STREET	MIAMI SHORES	FL	C
AFC SHOE WAREHOUSE, INC.	1605 MAIN STREET, STE. 912	SARASOTA	FL	C
AFC SOLUTIONS INC	14620 ESCALANTE WAY	BONITA SPRINGS	FL	C
AF CULINARY LLC	4811 KEENELAND CIRCLE	ORLANDO	FL	C
A F C USA GROUP CORPORATION	8237 SUNSET STRIP	PLANTATION	FL	C
A F C W CORPPORATION	5406 MARINA DR.	HOLMES BEACH	FL	C
AFC WORLDWIDE EXPRESS, INC.	33658 ATLANTA INDUSTRIAL DRIVE NW	ATLANTA	GA	C
AFC WORLDWIDE EXPRESS, INC.	975 COBB PLACE BOULEVARD, SUITE 101	KENNESAW	GA	C
AFC WORLDWIDE EXPRESS, INC	975 COBB PLACE, STE 101	KENNESAW	GA	C
AFDC PANAMA CITY I, LLC.	3518 EAST 15TH STREET	PANAMA CITY	FL	C
AFD - DELEWARE INC	4521 PGA BOULEVARD #211	PALM BEACH GARDENS	FL	C
AF DESIGN CONCEPT & DEVELOPMENT CORP	8300 NW 53RD ST SUITE 108	DORAL	FL	C
A.F. DESIGN GROUP, INC.	7788 W 2ND COURT	HIALEAH	FL	C
A.F. DILORENZO INC.	9800 S.W. 168 STREET	MIAMI	FL	P
A.F. DILORENZO INC.	9800 S.W. 168 STREET	MIAMI	FL	C
AFDL.CORP.	17068 SW 137 COURT	MIAMI	FL	C
AFEC, INC	14803 SW 155 PL	MIAMI	FL	C

[Previous List](#)
 [Next List](#)

Fictitious Name Owner Search

Submit

A

Juan M. Hernandez

9710 S.W. 105th Avenue • Miami, Florida 33176 • Phone: (305) 527-1734 • E-mail: juanh@bellsouth.net

PROFESSIONAL PROFILE

- Comprehensive experience directing and executing strategic business development and marketing efforts for a wide array of industries including International Supply Chain and Ocean Transportation Solutions, Advertising Services for Healthcare & Medical Devices, Hotels and Resorts
- Skilled in cultivating new business relationships and sales performance analysis
- Consistently a top performer with proven ability to establish and surpass goals, while focused on operational cost and expenses
- Extensive operations, network development, performance analysis, and strategic alliance experience
- Excellent communications and interpersonal skills

PROFESSIONAL EXPERIENCE

AFCO Agency USA, LLC

January 2017 - Present

General Manager

- AFCO Shipping Agency (Commercial cargo division of AYCO Farms)
- Responsible for Sales, Central America Agencies, Pricing, and PEV Terminal Operation

ADM Services, Inc.,

April 2005 – December 2016

Business and Sales Consultant

- King Ocean Services - Consultant for Strategic analysis and planning of Sales and Marketing efforts, developed and managed strategic business relationships with service managers in target markets
- Advertising by Trimention, Puente Marketing, Semilla AD - Contracted to develop new business verticals and identify niche opportunities in major Medical, Travel, and Consumer Product verticals; responsible for business development, account planning, and day-to-day operations and management of key agency clients and partnerships

United Parcel Service-Supply Chain Solutions (UPS-SCS)

October 2002 – April 2005

Ocean Trade Manager, USA / Latin America and Caribbean Trade

- Managed the Ocean product line for all ocean traffic between USA and Latin America
- Oversaw the procurement, contracting, and management of Carrier relationships
- Substantially increased profitability through strategic market planning, carrier negotiation, and product pricing management
- Review of monthly lift reports and PIERS data to identify new opportunities and competitor positioning

Section A.2.

Gregory Maya

Miami, FL 33196 | (786) 714-8595 | greg.maya@afcoshipping.com

PROFILE

Accomplished Executive with over 20+ years experience in Operations, Sales, Marketing, and Administrative skills in the Maritime Industry. Dedicated and innovative management professional with significant experience in the International Maritime and Multimodal trade including Shipping Lines, NVOCC's, and Overseas Office Operations. Enthusiastic results-oriented, decisive leader with proven success in management.

EMPLOYMENT HISTORY

AFCO Shipping Line, LLC | Miami, FL

2015-Present

General Manager

The Shipping Line was inaugurated with transportation of freight of all kinds with emphasis on refrigerated cargo and equipment to Central America. Created and established the infrastructures, staff, and services in Miami, Guatemala, EL Salvador, and Honduras. Formulated the logistics and schematics for vessel chartering, port and terminal operations, stevedoring, and local trucking operations. Observed and monitored the day-to-day domestic and international sales, marketing, operations, and administration. Formulated and implemented service routes, tariffs, contracts, and customer incentive programs. Fostered strong work relationships with all locations, neighboring industries, consultants, and vendors.

King Ocean Services | Miami, FL

2007-2015

Trade Director

Responsible for all Central American services, teams and offices including all domestic and international Sales, Market Development, Operations, and Administration. Created and established local offices and staff in Panama, Guatemala, Honduras and El Salvador. Overseas offices and staff achieved self sustainability within the first year of operation. Further developed aggressive sales and market strategies for all types of cargoes with emphasis on refrigerated and freight all kinds. Maintained constant presence in all assigned markets with bi-monthly visits made to each country in order to maintain and increase market shares, further development of our product and provide full support to our teams.

Carotrans International| Miami, FL

1998-2006

Branch Manager

Managed a large U.S. based NVOCC with global network of agencies, responsible for all Miami, Latin America, Caribbean offices and teams. Directed Domestic and International Sales, Export and Import Operations, Customer Service , Warehousing and Supply Chain Logistics. Expanded the Overseas Agency Network with recruitment, and improved sales activity. Implemented changes which contributed to increased volumes of 15 percent within the first year and subsequently increasing by more than 20 percent thereafter. Designed a pilot program of self sustained warehousing and supply chain operation (Miami). Acquired and managed a large account for domestic and international distribution utilizing maritime and domestic transportation. Negotiated and established contracts with carriers, truckers, third party providers and overseas agencies. Extensive travel domestically and internationally in order to ensure overseas partners were adhering to sales strategies and plans, maintain market presence, support sales and operations teams.

Seaboard Marine| Miami, FL

1996-1998

LCL/FCL Coordinator

Responsible for LCL and FCL coordination and loading of cargoes to Central America such as Honduras, Guatemala, and El Salvador. Facilitated all documentation and manifesting along with vessel coordination for the above Central America locations. Worked as a liaison with warehouse and terminal operations to ensure cargo and containers made the respective destinations.

EDUCATION

- Florida International University
- Miami Dade Community College



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/11/2016

<p>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.</p>															
<p>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).</p>															
PRODUCER Insurance Office of America, Inc. Abacoa Town Center 1200 University Blvd, Suite 200 Jupiter, FL 33458	CONTACT NAME: Dawn Brooks PHONE (A/C, No, Ext): (561) 776-0660 FAX (A/C, No): (561) 776-0670 E-MAIL ADDRESS: Dawn.Brooks@ioausa.com														
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Berkley National Insurance Company</td> <td style="text-align: center;">38911</td> </tr> <tr> <td>INSURER B : Nautilus Insurance Company</td> <td style="text-align: center;">17370</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Berkley National Insurance Company	38911	INSURER B : Nautilus Insurance Company	17370	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Berkley National Insurance Company	38911														
INSURER B : Nautilus Insurance Company	17370														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															
INSURED Ayco Farms, Inc. and Afco Agency USA, LLC. 1501 NW 12th Avenue Pompano Beach, FL 33069															

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 VVVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="checked" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="checked" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			XCP9004739	05/30/2016	05/30/2017	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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="checked" type="checkbox"/> NON-OWNED AUTOS			XCP9004739	05/30/2016	05/30/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="checked" type="checkbox"/> UMBRELLA LIAB <input checked="checked" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$			XUM9004740	05/30/2016	05/30/2017	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ Aggregate \$ 10,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Pollution Liability			SSP201842010	05/30/2016	05/30/2017	1,000,000

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

<p>CERTIFICATE HOLDER</p> <p>Broward County 1850 Eller Drive, Suite 603 Fort Lauderdale, FL 33316</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
--	---

Section L - Credit References for the Applicant

Name of Reference	Bank of America Merrill Lynch
Nature of Business	Commercial Banking
Contact Name / Title	Isabel Mozzot / AVP, Senior Sales Support Associate
Legal Business Street Address	401 E. Las Olas Blvd. 9th FL., Ft. Lauderdale, FL. 33301
Phone Number	(954) 765-2129

Name of Reference	Crowley Liner Services, Inc
Nature of Business	Shipping & Logistics
Contact Name / Title	Andrew Davis, Director of Pricing
Legal Business Street Address	9487 Regency Square Boulevard. Jacksonville, FL 32225
Phone Number	904-727-2682

Name of Reference	AT&T
Nature of Business	Telephone & Internet Services
Contact Name / Title	Customer Service
Legal Business Street Address	208 S. Akard St. Dallas, TX 75202
Phone Number	(800) 331-0500

Name of Reference	Florida Power & Light
Nature of Business	Utility Company
Contact Name / Title	Customer Service
Legal Business Street Address	700 Universe Blvd., Juno Beach, FL. 33408, USA
Phone Number	954-581-5668

AFCO AGENCY USA, LLC
1501 NW 12TH AVE
Pompano Beach, FL 33069-001



63-27/631

04/18/2017

PAY
TO THE
ORDER OF **Broward County Board of County Commission**

\$ ****4,000.00**

Four Thousand and 00/100***** DOLLARS

Broward County Board of County Commission
1850 Eller Drive
Fort Lauderdale, FL 33316-4201

MEMO

AUTHORIZED SIGNATURE

MP

⑈001278⑈ ⑆063100277⑆ 898068435612⑈

Security features included. Details on back.

AFCO AGENCY USA, LLC

1278

Broward County Board of County Commission
Annual Fee Stevedore

04/18/2017

4,000.00

Bank of America

4,000.00

AFCO AGENCY USA, LLC

1278

Broward County Board of County Commission
Annual Fee Stevedore

04/18/2017

4,000.00

Bank of America

4,000.00

PAYMENT
RECORD

Afco Agency USA LLC

Port Everglades Franchise Application

Attachment for Section F, G-1,G-2, N-1,N-2, N-3, R

Section F

AFCO AGENCY USA LLC has performed container terminal operations for AFCO SHIPPING LINE LLC as of October 2015 until the present time. Activities include receipt and dispatch, maintenance and repair, preparation, scheduling and conducting USDA inspections for Refrigerated containers.

Section G-1

Avi Nir- Manager

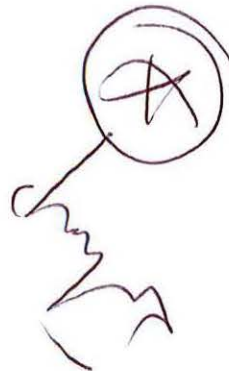
Greg Maya- General Manager

Section G-2- See attached resumes

Section N-1 and N-2

Description	Make	Model	Year	Serial	Fuel
Top Pick /Loader	Taylor	THDC955	2005	P32086	Diesel
Power Pack	Detroit	12V71T		12VA080881	Diesel

Section N-3 - Same units as noted in section N-1





CERTIFICATE OF LIABILITY INSURANCE

EXHIBIT 4
 AYCOFAR-01, BUSHDIECKERL
 Page 25 of 32
 DATE (MM/DD/YYYY)
 5/31/2016

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.

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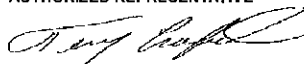
PRODUCER Insurance Office of America, Inc. Abacoa Town Center 1200 University Blvd, Suite 200 Jupiter, FL 33458	CONTACT NAME: Dawn Brooks PHONE (A/C, No, Ext): (561) 776-0660 E-MAIL ADDRESS: Dawn.Brooks@ioausa.com	FAX (A/C, No): (561) 776-0670
	INSURER(S) AFFORDING COVERAGE	
INSURED Ayco Farms, Inc. 1501 NW 12th Avenue Pompano Beach, FL 33069	INSURER A: Berkley National Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	XCP9004739	05/30/2016	05/30/2017	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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
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A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		XUM9004740	05/30/2016	05/30/2017	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ Aggregate \$ 10,000,000 PER STATUTE OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				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)
RE: 2550 Eisenhower Boulevard, Suite 302, Ft. Lauderdale Florida, 33316
 Certificate Holder is Additional Insured when required by written contract, per form: CG8341 (2/11)

CERTIFICATE HOLDER Broward County 1850 Eller Drive, Suite 603 Fort 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 

Additional Named Insureds

Other Named Insureds

AFCO Agency USA LLC	Limited Liability Company, Additional Named Insured
AFCO Holdings, LLC	Other
Ayco Group, LLC	Limited Liability Company, Additional Named Insured
Aycold Fresh, Inc.	Insured Multiple Names



CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER Automatic Data Processing Insurance Agency, Inc. 1 Adp Boulevard Roseland, NJ 07068	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED AFCO AGENCY USA LLC 3625 NW 82ND AVE 205 Miami, FL 33166	INSURER A : Employers Preferred Insurance Company NAIC # 10346	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER: 427203** **REVISION NUMBER:**

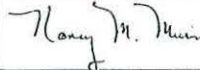
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	N	EIG227818000	10/01/2015	10/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER

CANCELLATION

Broward County 1850 Eller Drive, Suite 603 Fort Lauderdale, FL 33316	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 
--	---

Section L - Credit References for the Applicant

Name of Reference	Bank of America Merrill Lynch
Nature of Business	Commercial Banking
Contact Name / Title	Isabel Mozzot / AVP, Senior Sales Support Associate
Legal Business Street Address	401 E. Las Olas Blvd. 9th FL., Ft. Lauderdale, FL. 33301
Phone Number	(954) 765-2129

Name of Reference	Doral Office Park, LLC
Nature of Business	Real Estate Leasing
Contact Name / Title	Nicholas Siberio / Property Manager
Legal Business Street Address	3900 NW 79th Ave Suite 567, Miami, FL 33166
Phone Number	(305) 592-6586

Name of Reference	AT&T
Nature of Business	Telephone & Internet Services
Contact Name / Title	Customer Service
Legal Business Street Address	208 S. Akard St. Dallas, TX 75202
Phone Number	(800) 331-0500

Name of Reference	Florida Power & Light
Nature of Business	Utility Company
Contact Name / Title	Customer Service
Legal Business Street Address	700 Universe Blvd., Juno Beach, FL. 33408, USA
Phone Number	954-581-5668



BANK LEUMI USA
MEMBER FDIC

RECEIVED BY
PORT EVERGLADES DEPT.
BUSINESS ADMINISTRATION

2016 JUN -6 AM 10:48

TRADE FINANCE DEPARTMENT
579 FIFTH AVENUE
NEW YORK, NY 10017
TEL. NO. (212) 626-1123
www.leumiusa.com

MAY 31, 2016

BENEFICIARY:
BROWARD COUNTY
CHIEF EXECUTIVE & PORT DIRECTOR,
BROWARD COUNTY'S PORT EVERGLADES DEPARTMENT
C/O DIRECTOR OF BUSINESS ADMINISTRATION
1850 ELLER DRIVE
FORT LAUDERDALE, FLORIDA 33316

APPLICANT:
AYCO AGENCY USA LLC
1501 NW 12TH AVENUE
POMPANO BEACH, FL 33069

RE: OUR IRREVOCABLE STANDBY LETTER OF CREDIT NO. Z30002653

AMOUNT: USD20,000.00 (TWENTY THOUSAND AND 00/100 U.S. DOLLARS)

EXPIRY DATE: MAY 31, 2017

GENTLEMEN:

WE HEREBY ESTABLISH OUR IRREVOCABLE STANDBY LETTER OF CREDIT NO. Z30002653 IN FAVOR OF BROWARD COUNTY AND FOR ACCOUNT OF AYCO AGENCY USA LLC AVAILABLE BY BROWARD COUNTY'S DRAFTS DRAWN ON US PAYABLE AT SIGHT UP TO AN AGGREGATE AMOUNT OF USD20,000.00 (TWENTY THOUSAND AND 00/100 U.S. DOLLARS) WHEN ACCOMPANIED BY THIS LETTER OF CREDIT AND THE FOLLOWING DOCUMENTS:

1. DRAFT DRAWN ON US AT SIGHT.

2. A SIGNED STATEMENT FROM THE CHIEF EXECUTIVE & PORT DIRECTOR OF BROWARD COUNTY, THAT THE AMOUNT OF THE DRAWING REPRESENTS AMOUNTS DUE AND UNPAID TO BROWARD COUNTY ARISING FROM:

(A) FAILURE OF APPLICANT TO PAY TO BROWARD COUNTY, WHEN DUE, ANY AND ALL TARIFF OR OTHER CHARGES THAT HAVE ACCRUED AT PORT EVERGLADES (WHETHER RELATING TO THE FURNISHING OF SERVICES OR MATERIALS TO APPLICANT, ITS PRINCIPALS, AGENTS, SERVANTS OR EMPLOYEES AT PORT EVERGLADES; OR, DUE TO INJURY TO PROPERTY OF PORT EVERGLADES; OR, STEMMING FROM THE USE OF PORT EVERGLADES FACILITIES BY APPLICANT, ITS PRINCIPALS, AGENTS, SERVANTS OR EMPLOYEES; OR, OTHERWISE); OR

(B) COSTS, EXPENSES, LOSSES, DAMAGES OR INJURY SUSTAINED BY BROWARD COUNTY FROM NON-COMPLIANCE BY APPLICANT, ITS PRINCIPALS, AGENTS,

Page 1 of 2



BANK LEUMI USA*
MEMBER FDIC

TRADE FINANCE DEPARTMENT
579 FIFTH AVENUE
NEW YORK, NY 10017
TEL. NO. (212) 626-1123
www.leumiusa.com

SERVANTS OR EMPLOYEES WITH APPLICABLE LAWS, ORDINANCES, RULES AND REGULATIONS OF THE FEDERAL, STATE AND LOCAL GOVERNMENTAL UNITS OR AGENCIES (INCLUDING BUT NOT LIMITED TO THE TERMS AND PROVISIONS OF THE BROWARD COUNTY CODE OF ORDINANCES, ADMINISTRATIVE CODE, AND ALL PROCEDURES AND POLICIES OF THE PORT EVERGLADES DEPARTMENT), AS AMENDED FROM TIME TO TIME; OR


(C) COSTS, EXPENSES, LOSSES, DAMAGES OR INJURY SUSTAINED BY BROWARD COUNTY FROM ANY ACT, OMISSION, NEGLIGENCE OR MISCONDUCT OF APPLICANT, ITS PRINCIPALS, AGENTS, SERVANTS OR EMPLOYEES IN PORT EVERGLADES (WHETHER CAUSING INJURY TO PERSONS OR OTHERWISE).

THIS LETTER OF CREDIT EXPIRES AT OUR COUNTERS ON MAY 31, 2017. HOWEVER, THIS LETTER OF CREDIT SHALL BE RENEWED FOR SUCCESSIVE PERIODS OF ONE (1) YEAR EACH UNLESS WE PROVIDE BROWARD COUNTY, THROUGH THE CHIEF EXECUTIVE & PORT DIRECTOR OF BROWARD COUNTY'S PORT EVERGLADES DEPARTMENT AT THE ABOVE STATED ADDRESS, WITH WRITTEN NOTICE OF OUR INTENT TO TERMINATE THE CREDIT HEREIN EXTENDED, WHICH NOTICE MUST BE PROVIDED AT LEAST NINETY (90) CALENDAR DAYS PRIOR TO THE EXPIRATION DATE OF THE ORIGINAL TERM HEREOF OR ANY EXTENDED ONE (1) YEAR TERM.


ANY DRAFT DRAWN UNDER THIS LETTER OF CREDIT SHALL BEAR THE CLAUSE: "DRAWN UNDER BANK LEUMI USA, NEW YORK, IRREVOCABLE STANDBY LETTER OF CREDIT NO. Z30002653 DATED MAY 31, 2016." THE ORIGINAL LETTER OF CREDIT MUST ACCOMPANY ANY DRAWING, AND THE DATE AND AMOUNT OF EACH DRAWING MUST BE ENDORSED ON THE REVERSE SIDE OF THIS LETTER OF CREDIT BY THE NEGOTIATING BANK, IF ANY.

THIS CREDIT IS SUBJECT TO THE "UNIFORM CUSTOMS AND PRACTICE FOR DOCUMENTARY CREDITS," INTERNATIONAL CHAMBER OF COMMERCE PUBLICATION NUMBER 600, 2007 REVISION, AND TO THE PROVISIONS OF FLORIDA LAW. IF A CONFLICT BETWEEN THE UNIFORM CUSTOMS AND PRACTICE FOR DOCUMENTARY CREDITS AND FLORIDA LAW SHOULD ARISE, FLORIDA LAW SHALL PREVAIL. IF A CONFLICT BETWEEN THE LAW OF ANOTHER STATE OR COUNTRY AND FLORIDA LAW SHOULD ARISE, FLORIDA LAW SHALL PREVAIL.

VERY TRULY YOURS,



AUTHORIZED SIGNATURE
Renzo Savo
ASSISTANT TREASURER



AUTHORIZED SIGNATURE
ROBERT REICH - 231
FIRST VICE PRESIDENT



RECEIVED BY
PORT EVERGLADES DEPT.
BUSINESS ADMINISTRATION

TRADE FINANCE DEPARTMENT
579 FIFTH AVENUE
NEW YORK, NY 10017
TEL. NO. (212) 626-1123
www.leumiusa.com

BANK LEUMI USA*
MEMBER FDIC

2016 JUN 21 PM 12:49

DATE: JUNE 16, 2016

BENEFICIARY:
BROWARD COUNTY BOARD OF COUNTY
COMMISSIONERS, GOVERNMENTAL CENTER
115 SOUTH ANDREWS AVENUE, ROOM 409
FORT LAUDERDALE, FLORIDA 33301

AMENDMENT NUMBER: 1
OUR L/C NO.: Z30002653

WE HAVE AMENDED THE CAPTIONED LETTER OF CREDIT FOR THE ACCOUNT OF:
AYCO AGENCY USA LLC
1501 NW 12TH AVENUE
POMPANO BEACH, FL 33069

AMENDED TERMS AND CONDITIONS:

AMOUNT INCREASED BY: \$20,000.00
NEW AGGREGATE AMOUNT OF USD \$40,000.00

THIS AMENDMENT MUST BE ATTACHED TO AND BECOME AN INTEGRAL PART OF THE ORIGINAL CREDIT.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

AUTHORIZED SIGNATURE

FRANK CHU - 323
VICE PRESIDENT

AUTHORIZED SIGNATURE

SHULA SLAGTER-547
SENIOR VICE PRESIDENT



BANK LEUMI USA®
MEMBER FDIC

DATE: JUNE 27, 2016

RECEIVED BY
PORT EVERGLADES DEPT.
BUSINESS ADMINISTRATION

2016 JUN 30 AM 11:29

TRADE FINANCE DEPARTMENT
579 FIFTH AVENUE
NEW YORK, NY 10017
TEL. NO. (212) 626-1123
www.leumiusa.com

BENEFICIARY:
BROWARD COUNTY BOARD OF COUNTY
COMMISSIONERS, GOVERNMENTAL CENTER
115 SOUTH ANDREWS AVENUE, ROOM 409
FORT LAUDERDALE, FLORIDA 33301

AMENDMENT NUMBER: 2
OUR L/C NO.: Z30002653

WE HAVE AMENDED THE CAPTIONED LETTER OF CREDIT FOR THE ACCOUNT OF:
AFCO AGENCY USA LLC
1501 NW 12TH AVENUE
POMPANO BEACH, FL 33069

AMENDED TERMS AND CONDITIONS:

WHEREVER THE NAME "AYCO AGENCY USA LLC" APPEARS IN THE LETTER OF CREDIT, IT IS CORRECTED TO READ "AFCO AGENCY USA, LLC".

THIS AMENDMENT MUST BE ATTACHED TO AND BECOME AN INTEGRAL PART OF THE ORIGINAL CREDIT.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

AUTHORIZED SIGNATURE

FRANK CHU - 323
VICE PRESIDENT

AUTHORIZED SIGNATURE

ROBERT REICH - 231
FIRST VICE PRESIDENT

Section P.1 and P.2

AFCO Agency, USA

Safety Manual - 2016

AFCO Agency, USA Safety Manual

SAFETY

AFCO AGENCY, USA ensures compliance with mandatory rules, regulations, and customer requirements. The system takes into account the applicable codes, guidelines, and standards recommended by the organization(s), administration(s), classification societies, and maritime industry organizations. It supports consistent operations and excellence in ship management, health, safety, and environmental performance through the active participation and support of all employees and committed leadership.

Objective:

In line with customer and the Company's requirements, our objective is to implement and maintain the procedures, processes and systems necessary that:

Maximize Safety, Vessel Reliability and Efficiency

Provide for and continually improve the safety of our employees, vessels, cargo, freight, and environment. Maintain vessels in the highest state of readiness to meet customer requirements. Maintain vessel mechanical capability and reliability to the highest standards. Employ well trained and competent crews. Simplify the procedures and processes necessary to meet Company objectives. Recognize and manage risk by spending time to meet Company safety and reliability objectives.

It is the responsibility of each employee to conduct all tasks in a safe and efficient manner complying with all local, state and federal safety and health regulations and program standards, and with any special safety concerns for use in a particular area or with a client.

Although most safety regulations are consistent throughout each department and program, each employee has the responsibility to identify and familiarize her/himself with the emergency plan for his/her working area. Each facility shall have posted an emergency plan detailing procedures in handling emergencies such as fire, weather-related events and medical crises.

It is the responsibility of the employee to immediately report an accident or incident to their manager. Failure to report such an infraction may result in employee disciplinary action, including termination.

Furthermore, management requires that every person in the organization assumes the responsibility of individual and organizational safety. Failure to follow Company safety and health guidelines or engaging in conduct that places the employee, client or Company property at risk can lead to employee disciplinary action and/or termination.

Employees must take personal responsibility for the safety of ourselves and those around us. Because of the nature of our work, we surround ourselves and the environment in layers of defense. We wear proper protection, perform safety assessments and continually improve protocol and procedures. We recognize and correct potential hazards when something is not right. Everyone has the authority and obligation to stop work if they believe it is not safe. Safeguarding the environment is a key element of this value. With vigilance and commitment, zero harm to people, property and the environment is attainable. We take responsibility for our own safety and for those around us. We recognize and correct potential hazards. We follow protocols and procedures. We speak up and stop work if safety is compromised.

Considerable effort has been taken to make sure working conditions are as safe and comfortable as possible. Work areas, lighting, ventilation and room temperature have all been carefully arranged for safe

AFCO Agency, USA Safety Manual

and efficient operation. Posters, pictures, or notes are not permitted on any walls in the building or on the outside of any workstation. However, they are permitted on the inside of workstations in approved areas only as long as they are tasteful, professional, and do not offend other employees. The Company reserves the right to remove any posters, pictures or notes that are deemed to be offensive or inappropriate. You are provided with the necessary equipment to do your job. Please secure all electronic devices and other office equipment before you go home. It is important that we maintain our offices free from fire and accident hazards. Therefore, no devices that can cause fires, such as space heaters, hot plates, and coffee machines are permitted in your work space. If you feel something needs to be done to make your work space a safer place to work, notify your supervisor.

Where mechanical handling equipment is used, sufficient safe clearances shall be allowed for aisles, at loading docks, through doorways and wherever turns or passage must be made. Aisles and passageways shall be kept clear and in good repairs, with no obstruction across or in aisles that could create a hazard. All passageways, storerooms, and service rooms shall be kept clean and orderly and in a sanitary condition.

The floor of every workroom shall be maintained in a clean and, so far as possible, a dry condition. Where wet processes are used, drainage shall be maintained, and false floors, platforms, mats, or other dry standing places should be provided where practicable. To facilitate cleaning, every floor, working place, and passageway shall be kept free from protruding nails, splinters, holes, or loose boards.

Management Involvement

AFCO AGENCY, USA commits the necessary resources of staff, money, and time to ensure that all employees on the worksite are protected from injury and illness hazards. In addition, leads in the design, implementation, and continuous improvement of the site's safety and health activities. Specifically, the highest level management establishes and reviews annually the site's safety and health policy. Annual safety and health goals with objectives and action plans are made. At the end of each year the company will evaluate the action plans, and determine if all objectives and goals were met.

AFCO AGENCY, USA has required the following documents:

- Worksite policy and procedures
- Current year's goals, objectives, action plans, and program evaluation;
- Job descriptions with safety and health responsibilities

Training

AFCO AGENCY, USA believes in the site's safety and health program. Each employee will receive sufficient training to understand what their safety and health responsibilities. Therefore, training is a high priority to ensure a safe and healthy workplace. Currently, all new employees receive two hours of safety and health orientation before they begin work. For the first day the employee only observes and on the second day the new employee does the job. Supervisors are strictly charged to ensure that this training process is followed for all new employees and for any employee beginning a new job at the worksite.

AFCO Agency, USA Safety Manual

Hazard Awareness

AFCO AGENCY, USA ensures that the employee are protected at the workplace: (1) Hazards will be eliminated; (2) Barriers will protect persons, machine guards and personal protective equipment (PPE); (3) Exposure will be controlled through administrative procedures. The worksite and all its machinery is cared for properly so that the environment remains safe and healthy. Frequent maintenance will ensure site's safety. The company maintains a proactive occupational health program.

All employees at this site are trained to recognize hazards and to report any hazard they find to the appropriate person so that the hazard can be corrected as soon as possible. In addition to taking immediate action to report a hazard orally and to provide interim protection, if necessary, including stopping the work causing the hazard, employees may submit a safety work order.

Worksite Analysis

AFCO AGENCY, USA conducts an annual safety and health program evaluation. A careful review of all near misses, first aid incidents, and entries on the OSHA 300 Log, as well as employee reports of hazards, to determine if any pattern exists that can be addressed. The results of this analysis are considered in setting the goal, objectives, and action plans for the next year.

Covers and/or guardrails shall be provided to protect personnel from the hazards of open pits, tanks, vats, ditches, etc. In every building or other structure, the loads approved by the building official shall be marked on plates of approved design which shall be supplied and securely affixed by the owner of the building, or his duly authorized agent, in a conspicuous place in each space to which they relate.

Equipment:

AFCO AGENCY, USA requires Personal Protective Equipment (PPE). PPE are devices worn or used while working to protect the employee from exposure to workplace hazards. PPE includes respirators, safety glasses or goggles, hearing protectors, gloves, steel tipped safety shoes, safety jackets, safety belts, etc...

Housekeeping:

AFCO AGENCY, USA requires that good housekeeping practices eliminate hazards. The worksite will not have slippery conditions on walkways and working surfaces. Materials are stored in a manner that does not create a hazard for employees. Easy and open access to fire-alarm boxes, fire-call stations, fire-fighting equipment, and each exit, including ladders, staircases, scaffolds, and gangways. Flammable and combustible substances, are disposed of using the right protocols and procedures. Items such as paint thinners, solvents, rags, scrap, and waste, are stored in covered fire-resistant containers until proper disposal at the end of the day. The employee is clear from debris, including solid and liquid wastes, tools, materials, equipment, hoses, and electrical service cords. Items that were mentioned will be placed above or underneath walkways to prevent injury to employees and damage to the equipment.

The proper process is used, to maintain drainage and provide false floors, platforms, mats, or other dry standing places. Protective footwear will be worn by the employee during such events.

AFCO Agency, USA Safety Manual

Drug-Free Workplace

AFCO AGENCY, USA has a longstanding commitment to provide a safe and productive work environment. Alcohol and drug abuse pose a threat to the health and safety of employees and to the security of our equipment and facilities. For these reasons, AFCO AGENCY, USA is committed to the elimination of drug and/or alcohol use and abuse in the workplace.

This policy outlines the practice and procedure designed to correct instances of identified alcohol and/or drug use in the workplace. This policy applies to all employees and all applicants for employment of AFCO AGENCY, USA.

Drug-Free Awareness

Illegal drug use and alcohol misuse have a number of adverse health and safety consequences.

Employees must report to work fit for duty and free of any adverse effects of illegal drugs or alcohol. This policy does not prohibit employees from the lawful use and possession of prescribed medications. Employees must, however, consult with their doctors about the medications' effect on their fitness for duty and ability to work safely and promptly disclose any work restrictions to their supervisor. Employees should not, however, disclose underlying medical conditions unless directed to do so.

Work Rules

The following work rules apply to all employees:

- Whenever employees are working, are operating any Company vehicle, are present on Company premises, or are conducting related work off-site, they are prohibited from:
 - Using, possessing, buying, selling, manufacturing or dispensing an illegal drug (to include possession of drug paraphernalia).
 - Being under the influence of alcohol or an illegal drug as defined in this policy.
- The presence of any detectable amount of any illegal drug or illegal controlled substance in an employee's body while performing Company business or while in a Company facility is prohibited.
- AFCO AGENCY will not allow any employee to perform their duties while taking prescribed drugs that are adversely affecting the employee's ability to safely and effectively perform their job duties. Employees taking a prescribed medication must carry it in the container labeled by a licensed pharmacist or be prepared to produce it if asked.
- Any illegal drugs or drug paraphernalia will be turned over to an appropriate law enforcement agency and may result in criminal prosecution.

Required Testing

The Company retains the right to require the following drug tests:

- **Pre-employment:** All applicants must pass a drug test before beginning work or receiving an offer of employment. Refusal to submit to testing will result in disqualification of further employment consideration.

AFCO Agency, USA Safety Manual

- **Reasonable suspicion:** Employees are subject to testing based on observations by a supervisor, executive or Human Resources of apparent workplace use, possession or impairment. Executive management must be consulted before sending an employee for reasonable suspicion testing.
- **Post-accident:** Employees are subject to testing when they cause or contribute to accidents that seriously damage a Company vehicle, machinery, equipment or property and/or result in an injury to themselves or another employee requiring off-site medical attention. In any of these instances, the investigation and subsequent testing must take place within two (2) hours following the accident, if not sooner.
- **Follow-up:** Employees who have tested positive, or otherwise violated this policy, are subject to discipline up to and including discharge. Depending on the circumstances and the employee's work history/record, AFCO AGENCY, USA may offer an employee who violates this policy or tests positive the opportunity to return to work on a last-chance basis pursuant to mutually agreeable terms, which could include follow-up drug testing at times and frequencies for a minimum of one (1) year but not more than two (2) years. If the employee tests positive during this period, he/she will be subject to immediate discharge from employment.

Consequences

Employees who refuse to cooperate in required tests or who use, possess, buy, sell, manufacture or dispense an illegal drug in violation of this policy will be terminated. The first time an employee tests positive for alcohol or illegal drug use under this policy, the result will be discipline up to and including discharge.

Employees will be paid for time spent in alcohol/drug testing and then suspended pending the results of the drug/alcohol test. After the results of the test are received, a date/time will be scheduled to discuss the results of the test; this meeting will include a member of management and Human Resources. Should the results prove to be negative; the employee will receive back pay for the times/days of suspension.

Confidentiality

Information and records relating to positive test results, drug and alcohol dependencies and legitimate medical explanations shall be kept confidential to the extent required by law and maintained in secure files separate from normal personnel files.

Inspections

AFCO AGENCY, USA reserves the right to inspect all portions of its premises for drugs, alcohol or other contraband. All employees, contractor personnel and visitors may be asked to cooperate in inspections of their persons, work areas and property that might conceal a drug, alcohol or other contraband.

Employees who possess such contraband or refuse to cooperate in such inspections are subject to appropriate discipline up to and including discharge.

Crimes Involving Drugs

AFCO AGENCY, USA prohibits all employees from manufacturing, distributing, dispensing, possessing or using an illegal drug in or on Company premises or while conducting Company business. Employees are also prohibited from misusing legally prescribed or over-the-counter (OTC) drugs. Law enforcement personnel shall be notified, as appropriate, when criminal activity is suspected.

AFCO Agency, USA Safety Manual

threat or incident of violence, the employee should be as specific and detailed as possible. Employees should not place themselves in peril, nor should they attempt to intercede during an incident.

AFCO AGENCY, USA will promptly and thoroughly investigate all reports of threats of violence or incidents of actual violence and of suspicious individuals or activities. The identity of the individual making a report will be protected as much as possible. AFCO AGENCY, USA will not retaliate against employees making good-faith reports of violence, threats or suspicious individuals or activities. In order to maintain workplace safety and the integrity of its investigation, AFCO AGENCY, USA may suspend employees suspected of workplace violence or threats of violence, either with or without pay, pending investigation.

Anyone found to be responsible for threats of or actual violence or other conduct that is in violation of these guidelines will be subject to prompt disciplinary action up to and including termination of employment.

AFCO AGENCY, USA encourages employees to bring their disputes to the attention of their supervisors before the situation escalates. AFCO AGENCY, USA will not discipline employees for raising such concerns.

Smoke-Free Workplace

It is the policy of AFCO AGENCY, USA to prohibit smoking on all Company premises in order to provide and maintain a safe and healthy work environment for all employees. The law defines smoking as the "act of lighting, smoking or carrying a lighted or smoldering cigar, cigarette or pipe of any kind."

The smoke-free workplace policy applies to:

- All areas of Company buildings.
- All company-sponsored off-site conferences and meetings.
- All vehicles owned or leased by the company.
- All visitors (customers and vendors) to the Company premises.
- All contractors and consultants and/or their employees working on the Company premises.
- All employees, temporary employees and student interns.

Smoking is permitted on the outside of each building only. An employee who chooses to smoke, may take 2 – 3 brief smoke breaks per day. A smoke break may be approximately 5 - 10 minutes. Employee from the same department should not take a smoke break at the same time, unless during lunch hour. Smoke breaks may not interfere with an employee's productivity and completion of their work. Employees who fail to comply with these guidelines will be subject to disciplinary action up to and including immediate termination.

Section P.3 and P.4

AFCO Agency, USA

Training Manual – 2016

- **General Training SOP**
- **Forklift Training**
- **First Aid Training**
- **Marine Terminal Procedures & Processes**

AFCO Agency, USA Training Manual

General Training SOP

Policy: AFCO AGENCY, USA ensures that all staff are properly trained for their roles. This training is a mixture of supervised work and training courses. Training needs are identified for specific personnel.

Purpose: Training is a key part of the company safety program. This SOP explains how the company determines training needs and records training events.

Scope: Restricted to topics for staff involved with Cargo Handling and Stevedoring.

Responsibility: General Manager and Human Resources (HR) are responsible for the development of the SOP. Delivery of training and ensuring the right training is delivered to the right staff is joint responsibility between HR and the Department Managers. HR maintains master training records.

Procedure(s):

1.0 General

1.1 Each position within the company has required training needs.

1.2 The level of training depends on the staff member's role and responsibilities within the company. Position roles and responsibilities are on file for each staff member.

1.3 The training records are maintained on file by the human resources department. Training records contain:

1.3.1 The name of the training

1.3.2 A short description of the training and referral to the source materials used

1.3.3 Who gave the training

1.3.4 Who attended

1.3.5 Date and time

1.4 Where relevant certificates or other forms of individual records are also stored in individual personnel files.

1.5 Training needs are reviewed annually.

Training must be completed within 90 days of the first day of employment or the first day of a change in job function. Until training is completed, an employee must be directly supervised by a person who has been trained. Further, each employee must be provided with recurrent training at least once every three years. Each employee must be tested upon completion of training. Training may be

AFCO Agency, USA Training Manual

provided directly by the employer or by other public or private sources. Regardless of who provides the training, the employer is responsible for ensuring that appropriate testing occurs and that the training is effective, appropriate, and successful in achieving the intended objectives of providing employees with the knowledge and skills necessary to perform their job functions safely.

GENERAL AWARENESS/FAMILIARIZATION TRAINING:

Training that provides familiarity with the general requirements enables the employee to recognize and identify areas of concern. All employees must receive general awareness training.

FUNCTION-SPECIFIC TRAINING: Training that provides a detailed understanding of specific requirements performed by the employee. Each employee must be trained on the specific functions they are required to perform.

SAFETY TRAINING: Training covers materials, safe handling, emergency response information, and methods and procedures for accident avoidance. All employees must receive this training.

SECURITY AWARENESS TRAINING: Training that provides a general understanding of the security risks associated with hazardous materials transportation and the methods designed to enhance transportation security. This training should include methods on how to recognize and respond to possible security threats. All employees must receive this training.

IN-DEPTH SECURITY TRAINING: Training that provides a detailed understanding of a company's security plan including company security objectives, specific security procedures, employee responsibilities, actions to take in the event of a security breach and the organizational security structure. This training must be provided to employees who handle or perform regulated functions related to the transportation of the materials covered by the security plan or who are responsible for implementing the security plan.

Forklift Safety Program

The purpose of this program is to establish procedures for the safe operation of using Forklift equipment. Operating a forklift requires skill, training, and experience. Learning how to operate a forklift safely can help to prevent accidental injuries and possible death. The goal of forklift training is to help you achieve a work environment that is accident free and meets regulations.

A properly operated forklift, along with carefully followed safety procedures, will go a long way towards reaching the goal of a safe working environment at all times. A forklift is one type of power industrial truck that comes in different shapes, sizes and forms. A forklift can be called a pallet truck, rider truck, fork truck, or lift truck. Yet, the ultimate purpose of a forklift is to safely allow one person to lift and move large heavy loads with little effort.

Operating a forklift is different than driving an automobile in many ways. However, on a forklift, the rear wheels control the steering. The rear end of the forklift swings in a circle around the front wheels that support most of the load carried. Because of this large turning circle, always check to make sure there is room for the rear end to swing because it can swing out further than you expect and possibly cause an accident. Forklifts use a rear steering procedure, it difficult to stop a forklift quickly. The rear steering

AFCO Agency, USA Training Manual

on a forklift can make it difficult to swerve and react quickly. Therefore, it is critical to drive at a safe speed and be aware of your surroundings.

A forklift is a small or large industrial truck with a power-operated pronged platform (commonly known as forks).

This program additionally supports compliance with the Occupational Safety and Health Administration. This program applies to all employees, permanent or temporary, who are required to operate material-handling equipment, including forklifts, reach trucks, order pickers and powered pallet jacks.

Definitions

- *Authorized Operator:* An employee who has satisfactorily completed training on material-handling equipment at the company's facilities.
- *Load Center:* The horizontal distance from the edge of the load (or the vertical face of the forks or other attachment) to the load's center of gravity.
- *Rated Capacity:* The maximum weight that the forklift is designed to lift, as determined by the manufacturer.

Responsibilities

Operators are responsible for the following:

- Operating all powered industrial trucks in a safe manner consistent with safe rules of operation.
- Inspecting powered industrial trucks at the beginning of each work shift and completing the appropriate inspection forms.
- Reporting all equipment malfunctions and/or maintenance needs to their supervisors immediately. Park lift in safe place, remove key, tag or note problem.

Training Requirements

All employees who operate forklifts are required to have the following training.

Training shall consist of a combination of formal instruction, practical training and evaluation of the operator's performance in the workplace. Someone who is authorized, qualified and determined to be competent shall conduct all training.

Training Program Topics

Training shall include providing information on the following topics:

- Operating instructions, warnings, and precautions for the forklift
- Forklift controls and instrumentation: where they are located, what they do, and how they work;
- Engine or motor operation;
- Steering and maneuvering;
- Visibility (including restrictions due to loading);
- Fork and attachment adaptation, operation, and use limitations;

AFCO Agency, USA Training Manual

- Vehicle capacity and stability;
- Any vehicle inspection and maintenance that the operator will be required to perform;
- Refueling and/or charging and recharging of batteries;
- Operating limitations;
- Any other operating instructions, warnings, or precautions listed in the operator's manual for the types of vehicle that the employee is being trained to operate.
- Workplace-related topics:
 - Surface conditions where the vehicle will be operated;
 - Composition of loads to be carried and load stability;
 - Load manipulation, stacking, and unstacking;
 - Pedestrian traffic in areas where the vehicle will be operated;
 - Narrow aisles and other restricted places where the vehicle will be operated;
 - Hazardous (classified) locations where the vehicle will be operated;
 - Ramps and other sloped surfaces that could affect the vehicle's stability;
 - Closed environments and other areas where insufficient
- Other unique or potentially hazardous environmental conditions in the workplace that could affect safe operation.

Refresher Training Requirements

Refresher training, including an evaluation of the effectiveness of that training, shall be conducted to ensure that the operator has the knowledge and skills needed to operate the forklift powered industrial truck safely.

Refresher training will be conducted when:

- The operator has been observed to operate the vehicle in an unsafe manner;
- The operator has been involved in an accident or near-miss incident;
- The operator has received an evaluation that reveals that the operator is not operating the truck safely;
- The operator is assigned to drive a different type of truck; or
- A condition in the workplace changes in a manner that could affect safe operation of the truck.

An evaluation of each powered industrial truck operator's performance shall be conducted at least once every three years.

Program Activities

Equipment Inspection and Maintenance

- Each forklift will be inspected before each shift.
- A file will be maintained that lists the shift inspections of equipment.
- A maintenance log will be kept that identifies repair needs and corrective actions taken for each forklift.
- If repairs are needed it will; be taken out of service until the repairs have been made.
- After repairs have been completed, the forklift will be given a performance test to ensure that the equipment is safe to operate.
- Forklifts will be kept in clean condition, free of dirt, excess oil and grease.

Certificate of Completion

This is to Certify

HECTOR D TAMBURI

Has successfully completed a Training course in
Safe Operation of
Powered Industrial Lift Trucks
Container Handler

June 14, 2016

AFCO AGENCY USA
(Company)



(Instructor)
ITC-INDUSTRIAL TRAINING CENTER
MIAMI, FLORIDA
(305) 624-0199



IN COMPLIANCE WITH
OSHA
29 CFR 1910.178

WWW.OSHAREADY.COM

Expires: 06/14/2019
Certificate Authenticity # ITC-F379-17-3836

OSHA English | Spanish

Find it in OSHA



A TO Z INDEX

ABOUT OSHA ▾ **WORKERS** ▾ **EMPLOYERS** ▾ **REGULATIONS** ▾ **ENFORCEMENT** ▾ **TOPICS** ▾ **NEWS & PUBLICATIONS** ▾ **DATA** ▾ **TRAINING** ▾

Establishment Search

Reflects inspection data through 05/12/2017

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

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

Search By:

Your Establishment search returned 0 results.

Establishment

State All States Fed & State

OSHA Office All Offices

Case Status All Closed Open

Violation Status All With Violations Without Violations

Inspection Date

Start Date May 1 2012

End Date May 1 2017

Submit Reset

Can't find it?

- [Wildcard use %](#)
- [Basic Establishment Search Instructions](#)
- [Advanced Search Syntax](#)

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.

Establishment Search Page | Occupational Safety and Health Administration

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

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

UNITED STATES DEPARTMENT OF LABOR

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

FEDERAL GOVERNMENT

- White House
- Affordable Care Act
- Disaster Recovery Assistance
- USA.gov
- Disability.gov
- Plain Writing Act
- Recovery Act
- No Fear Act
- U.S. Office of Special Counsel

OCCUPATIONAL SAFETY AND HEALTH

- Frequently Asked Questions
- A - Z Index
- Freedom of Information Act
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ABOUT THE SITE

- Freedom of Information Act
- Privacy & Security Statement
- Disclaimers
- Important Web Site Notices
- Plug-ins Used by DOL
- RSS Feeds from DOL
- Accessibility Statement



Florida Department of Environmental Protection

Hazardous Waste Facilities Search Results

Selection Criteria for This Handler Search:

EPAID: AF% ; **Name:** % ; **Address:** % ; **City:** % ; **County:** %

For Facility Data Links:

Activities -- provides a list of RCRA compliance activities and click on the **Status**. - **NOT** indicates a facility is a Non-Notifier and may not have been issued the associated EPAID - violations.

For a Generator Status History:

Check with DEP before using that EPAID!

Mapping in GIS -- this opens a **[NEW IMPROVED]** GIS mapping tool focused on the facility.

[Legend of Status Types](#)

Documents -- this provides a list of electronic documents available online.

Error Reporting -- send us feedback to address data errors.

County Verification -- County or RPC verification of Facility and Waste for this site.

EPA ID	Name	County	Address	Contact	Status	As of	Data Links
--------	------	--------	---------	---------	--------	-------	------------

Search has retrieved 0 Facilities

Legend of Status Types:

- LQG - Large Quantity Generator
- SQG - Small Quantity Generator
- CES - Conditionally Exempt Small Quantity Generator
- UOT - Used Oil Transporter
- TRA - Hazardous Waste Transporter
- TSD - Treatment/Storage/Disposal Facility
- CLO - Closed
- NHR - Non-Handler of Hazardous Waste



Search County Government

Home | County Commission | Doing Business | Visiting

ENVIROS

Enforcement Action Advanced Search

Search

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

Enforcement Action Number:

House Number: To:

Street:
Direction Street Name Street Type Suite

City: Zip:

Section: Township: Range:

Respondent:

[Help on this page](#)
Screen ID: 2347



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AFCO Agency USA, LLC

Section Q4

Environmental Statement

AFCO Agency, USA recognizes and is committed to the protection and respect of our environment. AFCO Agency, USA operates in such manners as to minimize the operational impact on the environment while competitively producing and engaging in its daily activities.

We strive for the following:

- Pursuing the goal of no damage to the environment as a result of our operations
- Continually decreasing environmental impact of our operations
- Complying with all relevant environmental laws, regulations, practices, and any other environmental initiatives in which our industry subscribes
- Ensuring that every employee is familiar with our mission and is encouraged to continue its commitment to its intent
- Consulting, listening, and responding openly to our customers, employees, and neighboring businesses
- Working and partnering with other companies to raise the environmental standards in our industry
- Recognizing those employees who contribute to the improvement of our environment through their performance
- Developing environmental objectives, strategies, and target goals for our operations

AFCO Agency, USA is proud of our efforts towards reducing the overall environmental impact of our operations. We will continue to be proactive with our environmental initiatives and programs to make every effort to help drive environmental performance improvements.

Section R

AFCO Agency was created in support of its affiliates Ayco Farms Inc and AFCO Shipping Line.

Whereas Ayco Farms Inc, brings it proprietary perishable cargo from Central America, using its own containers via AFCO Shipping Line who is operating its own cargo vessels. In that regard, AFCO is expected to handle the natural growth of Ayco's cargo projected at 20-25% per year. In addition, AFCO is handling all types of commercial cargo to supplement its core business and is expected to grow substantially as well. The transportation of such volumes shall be sustained with the on hire of larger vessels providing weekly service to its customers.