



7261 NW 43 St Miami, FL 33166
Tel: (305) 760-4969 Fax: (786) 419-4959

October 22, 2025

To whom it may concern:

This letter is for Fourth of July Fireworks Display RFP 2025-23." Ernest Ruiz is the point of contact.

Best regards,

A handwritten signature in black ink, appearing to read "Ernest Ruiz".

Ernest Ruiz
Owner
305-342-2403
ernie@lightfxpros.com

1.page



Light FX Pros

7261 NW 43rd Street

Miami, FL 33166

Phone: (305) 760-4969

Email: ernie@lightfxpros.com

Date: October 10, 2025

Subject: "Fourth of July Fireworks Display RFP 2025-23"

To the City of Doral Selection Committee,

Light FX Pros is pleased to submit this proposal in response to the "Fourth of July Fireworks Display RFP 2025-23" for the City of Doral. As a Miami-based production company specializing in professional fireworks and special effects, our team is dedicated to delivering a safe, visually stunning, and memorable celebration for your residents and visitors.

Our proposal presents a comprehensive, turnkey solution—from creative show design and permitting to on-site operations and cleanup—ensuring a seamless and worry-free experience for City staff. With extensive experience producing large-scale Independence Day celebrations across South Florida, Light FX Pros has built a strong reputation for reliability, creativity, and the highest standards of safety compliance.

Included with this submission are all required forms, certifications, insurance documentation, references, and detailed production plans. We look forward to the opportunity to partner with the City of Doral to create a spectacular Fourth of July fireworks display that reflects the pride and spirit of your community.

Thank you for your time and consideration. Please feel free to contact me directly with any questions or to discuss the proposal further.

Sincerely,

Ernie Ruiz

Light FX Pros

7261 NW 43rd Street

Miami, FL 33166

(305) 760-4969 | ernie@lightfxpros.com



Lead Representative / Point of Contact:

Ernie Ruiz

President & Lead Pyrotechnic Coordinator
Light FX Pros
7261 NW 43rd Street, Miami, FL 33166
Phone: (305) 760-4969
Email: ernie@lightfxpros.com

Mr. Ruiz will serve as the lead representative and primary point of contact for this project. With over 20 years of experience in large-scale fireworks and special effects production, he has managed numerous Independence Day and city festival displays across South Florida. Mr. Ruiz oversees all phases of production—from permitting and safety coordination to show design and live execution—ensuring that every display meets or exceeds professional, technical, and safety standards.

Key Project Team Members

Ernie Ruiz – Lead Licensed Pyrotechnician

Over 25 years of experience in pyrotechnic operations and multi-position firing systems. Certified in NFPA 1123/1126 standards. Oversees show setup, wiring, and execution of all display sequences.

Monica Spitzer – Permitting & Compliance Coordinator

Responsible for managing City, Fire Marshal, and State permit submissions. Ensures all insurance certificates, site maps, and safety documentation meet municipal and NFPA requirements.

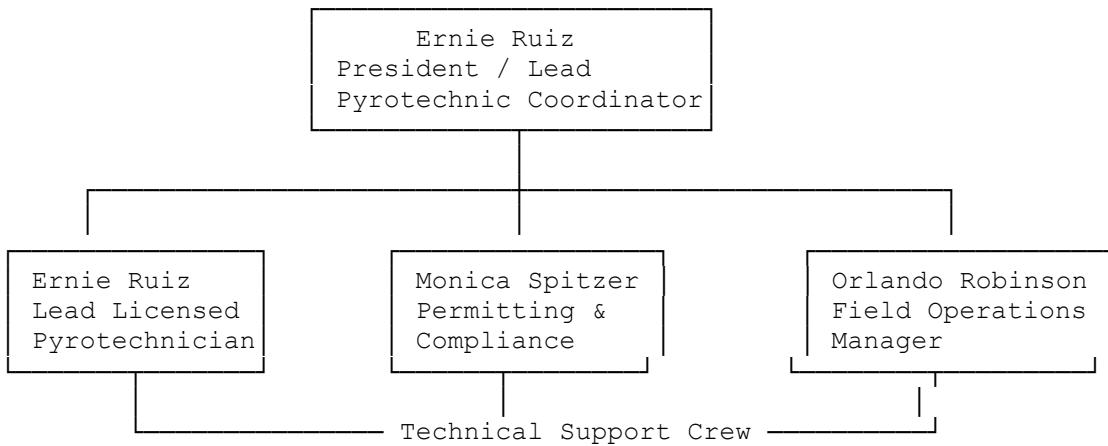
Orlando Robinson – Field Operations Manager

Coordinates logistics, site layout, crew deployment, and post-show cleanup. Brings over a decade of experience in large-scale event staging and fireworks logistics.

Technical Support Crew

Includes certified pyrotechnicians, lighting and effects specialists, and safety officers trained in federal and state handling protocols. All technicians maintain current certification in fireworks safety and public display operations.

Organizational Chart



Summary of Capabilities

The Light FX Pros team brings together decades of combined experience in pyrotechnic production, event safety, and large-scale operations. Our structure allows for efficient communication, precise coordination, and flawless execution of complex shows. With a strong record of successful municipal partnerships—including the Cities of Miami, Hialeah, West Miami, and Doral—our team is fully equipped to deliver a safe, spectacular, and memorable Fourth of July celebration for the City of Doral.

City of Doral - Fireworks Display Proposal

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BUSINESS ENTITY AFFIDAVIT
(VENDOR / BIDDER DISCLOSURE)

1. Light fx Pros LLC

being first duly sworn state:

The full legal name and business address of the person(s) or entity contracting or transacting business with the City of Doral ("City") are (Post Office addresses are not acceptable), as follows:

45-3949797

FEDERAL EMPLOYER IDENTIFICATION NUMBER (IF NONE, SOCIAL SECURITY NUMBER)

Light fx Pros LLC

Name of Entity, Individual, Partners, or Corporation

Doing business as, if same as above, leave blank

7261 nw.43rd Street Miami fl 33166

STREET ADDRESS

SUITE

CITY

STATE

ZIP CODE

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contact or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who holds directly or indirectly five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full legal name and address shall be provided for each trustee and each beneficiary. All such names and addresses are (Post Office addresses are not acceptable), as follows:

<u>Full Legal Name</u>	<u>Address</u>	<u>Ownership</u>
<u>Orlando Robinson</u>	<u>7261 nw 43rd st Miami fl 33166</u>	<u>50</u> %
<u>Ernest Ruiz</u>	<u>7261 nw 43rd st Miami fl 33166</u>	<u>50</u> %
		<u>%</u>

2. The full legal names and business address of any other individual (other than subcontractors, material men, suppliers, laborers, or lenders) who have, or will have, any

interest (legal, equitable, beneficial or otherwise) in the contract or business transaction with the City are (Post Office addresses are not acceptable), as follows:



10/14/25

Signature of Affiant

Date

Ernest Ruiz

Printed Name of Affiant

Sworn to and subscribed before me this 17 day of October, 2025.

Personally known

OR

Produced identification

Notary Public-State of Florida

Type of Identification

My commission expires: 2/9/29

Printed, typed, or stamped commissioned name of Notary Public



CERTIFICATE OF AUTHORITY

STATE OF Florida

SS: COUNTY OF Miami-Dade

(IF CORPORATION): I HEREBY CERTIFY that at a meeting of the Board of Directors of Light Fx Pros, a corporation existing under the laws of the State of Florida, held on Oct 16, 2025, the following resolution was duly passed and adopted:

RESOLVED, that _____, as President of the Corporation, be and is hereby authorized to execute the bid dated _____, 2025, to the City of Doral on behalf of this Corporation, and that such execution, attested by the Secretary of the Corporation and with the corporate seal affixed, shall be the official act and deed of this Corporation.

(IF PARTNERSHIP): I HEREBY CERTIFY that at a meeting of the Partners of _____, a partnership existing under the laws of the State of _____, held on _____, 2025, the following resolution was duly passed and adopted:

RESOLVED, that _____, as _____ of the Partnership, be and is hereby authorized to execute the bid dated _____, 2025, to the City of Doral on behalf of this Partnership, and that such execution, attested by _____, shall be the official act and deed of this Partnership.

(IF JOINT VENTURE): I HEREBY CERTIFY that at a meeting of the principals of _____, a corporation existing under the laws of the State of _____, held on _____, 2025, the following resolution was duly passed and adopted:

RESOLVED, that _____ is hereby authorized to execute the proposal of the Joint Venture, dated _____, 2025, to the City of Doral, and to do all acts and deeds necessary on behalf of this Joint Venture in connection therewith.

I further certify that said resolution is now in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand this 17 day of October, 2025.

Secretary: _____

(SEAL)



PROPOSER QUALIFICATION STATEMENT

The Proposer's response to this questionnaire will be utilized as part of the City's evaluation to ensure that the Proposer meets, to the satisfaction of the City, the minimum requirements for participating in this Solicitation. **PROPOSER MUST PROVIDE DETAILS FULFILLING THE SOLICITATION'S MINIMUM QUALIFICATIONS.**

Proposer	Light fx Pros LLC
Years in Business	14 years
Manager*	Ernest Ruiz

attach certification

Identify past and current contracts to support compliance with required years of experience. Additional tables may be added by completing additional copies of this form, as needed.

Contract No. 1			
Name:	4th of July 2025		
Description:	20 Minute fireworks Display		
Budget/Cost:	18,200	Contract Dates:	7/4/2023 - 7/4/2027
Owner/Client Name:	South Miami	Reference Name:	Nicole Bostick
Reference Phone No.:	C 917-673-6714 P 305-16108-3873	Reference Email:	Nbostick@southmiami.fl.gov
Contract No. 2			
Name:	4th of July 2025		
Description:	15 Minute fireworks Display		
Budget/Cost:		Budget/Cost:	25,000
Owner/Client Name:	Palm Beach County Parks & Recreation	Owner/Client Name:	Donald Perez
Reference Phone No.:		Reference Phone No.:	561-966-7030
Contract No. 3			
Name:	4th of July 2025		
Description:	20 Minute fireworks Display		
Budget/Cost:		Budget/Cost:	30,000
Owner/Client Name:	Loud & Live	Owner/Client Name:	Tony Albelo
Reference Phone No.:		Reference Phone No.:	305-456-5444

LIST OF PROPOSED SUBCONTRACTORS

BIDDER confirms no Subcontractors will be used on this project if they are awarded the contract.

BIDDER shall list all Proposed Subcontractors to be used on this project if they are awarded the contract.

SCOPE

SUBCONTRACTOR NAME, ADDRESS AND LICENSE #

If, prior to Notice of the Award, the City or the Contractor has reasonable objection to and refuses to accept any Subcontractor, Supplier, person or organization listed, the Contractor may, prior to Notice of Award, submit an acceptable substitute without an increase in their bid price.

**AFFIDAVIT REGARDING UNAUTHORIZED ALIENS UNDER
448.095, FLORIDA STATUTES**

In compliance with section 2(b)(1) of 448.095, Florida Statutes,

Name of Entity Light Fx Pros LLC

hereby affirms that it does not employ, contract
with, or subcontract with an unauthorized alien.

Ernest Ruiz owner

Printed Name of Affiant

Printed Title of Affiant

Light Fx Pros LLC

Signature of Affiant

Name of Entity

7211 NW 45th St Miami, FL

Date

33166

Address of Entity

State

Zip Code

Notary Public Information

Notary Public State of Florida County of Miami Dade

Subscribed and sworn to (or affirmed) before me this October 17 day of 2025

By Ernest Ruiz.

He or she is personally known to me or has produced identification

Type of identification produced

Signature of Notary Public

Serial Number

Belys Alvarez Gonzalez 2/9/29

Print or Stamp of Notary Public

Expiration Date



BIDDER AFFIRMATION

I, the undersigned affiant, being first duly sworn as an authorized agent of the below-named Bidder, does hereby affirm and attest under penalty of perjury as the proposed Bidder for City of Doral that the certifications and statements provided above on behalf of Bidder are true to the best of affiant's knowledge and belief and that Bidder is compliant with all requirements outlined in these City of Doral Affidavits. Bidder acknowledges it is required to comply with and keep current all statements sworn to in the above affidavits and will notify the City of Doral immediately if any of the statements attested hereto are no longer valid.

Light FX Pros LLC

Bidder Name

Ernest Ruiz
Affiant Signature

STATE OF Florida

COUNTY OF Miami Dade

10/16/25

Date Signed

Ernest Ruiz owner.

Affiant Name & Title (Printed)

The foregoing instrument was affirmed, subscribed, and sworn to before me this 17 day of October 2025 by means of physical presence or online notarization, by Ernest Ruiz, who is personally known to me or who produced the following identification: FL Driver License

[Notary Seal]



Marilyn
Notary Public for the State of Florida.
My commission expires: 2/9/29

CONFLICT OF INTEREST DISCLOSURE

Business Name: Light fx Pros LLC

D.B.A.: _____ Federal I.D. No.: 453949797

Business Address: 7201 NW 43rd street

City: Miami State: FL Zip: 33146

Please note that all business entities interested in or conducting business with the City are subject to comply with the City of Doral's conflict of interest policies as stated within the certification section below. If a vendor has a relationship with a City of Doral official or employee, an immediate family member of a City of Doral official or employee, the vendor shall disclose the information required below.

1. No City official or employee or City employee's immediate family member has an ownership interest in vendor's company or is deriving personal financial gain from this contract.
2. No retired or separated City official or employee who has been retired or separated from the City for less than one (1) year has an ownership interest in vendor's Company.
3. No City employee is contemporaneously employed or prospectively to be employed with the vendor.
4. Vendor hereby declares it has not and will not provide gifts or hospitality of any dollar value or any other gratuities to any City employee or elected official to obtain or maintain a contract.

Conflict of Interest Disclosure*	
<p>Name of City of Doral employees, elected officials, or immediate family members with whom there may be a potential conflict of interest:</p> <hr/> <hr/> <hr/>	<p><input type="checkbox"/> Relationship to employee</p> <p><input type="checkbox"/> Interest in vendor's company</p> <p><input type="checkbox"/> Other (please describe below)</p> <hr/> <hr/> <hr/>
<p><input checked="" type="checkbox"/> No Conflict of Interest</p>	

**Disclosing a potential conflict of interest does not automatically disqualify vendors. In the event vendors do not disclose potential conflicts of interest and they are detected by the City, vendor will be exempt from doing business with the City.*

<p>I certify that this Conflict-of-Interest Disclosure has been examined by me and that its contents are true and correct to my knowledge and belief and I have the authority to so certify on behalf of the Vendor by my signature below:</p>		
	10/16/25	Ernest Ruiz
Signature of Authorized Representative	Date	Printed Name of Authorized Representative

Required Affidavit Regarding the Use of Coercion for Labor and Services

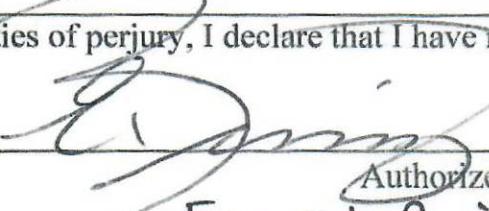
Contractor Name:	<u>Light fx Pros LLC</u>		
Contractor FEIN:	<u>45-3949797</u>		
Contractor's Authorized Representative Name and Title: <u>Ernest Ruiz Owner.</u>			
Address:	<u>7211 nw 43rd street</u>		
City:	<u>Miami</u>	State:	<u>FL</u>
Phone Number:	<u>305-740-4969</u>		
Email Address:	<u>ernie@Lightfx.pros.com</u>		

Section 787.06(13), Florida Statutes requires all nongovernmental entities executing, renewing, or extending a contract with a governmental entity to provide an affidavit signed by an officer or representative of the nongovernmental entity under penalty of perjury that the nongovernmental entity does not use coercion for labor or services as defined in that statute. The District Board of Trustees of Miami Dade College, Florida, is a governmental entity for purposes of this statute.

As the person authorized to sign on behalf of the Contractor, I certify that the Contractor identified does not:

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

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

By:  Authorized Signature

Print Name and Title: Ernest Ruiz owner.

Date: 10/16/25

**SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(A), FLORIDA STATUTES,
ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to Light Fx Pros LLC
 by Ernest Ruiz owner. [Print individual's name and title]
 for Light Fx Pros LLC. [Print name of submitting sworn statement]
 whose business address is 7211 NW 43rd Street Miami FL 33166
 and (if applicable) its Federal Employer Identification Number (FEIN) is
45-394977
 If the entity has no FEIN, include the Social Security Number of the individual signing this
 sworn statement: _____ [Social Security Number]

2. I understand that a “public entity crime” as defined in Paragraph Section 287.133 (1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that “convicted” or “conviction” as defined in Paragraph 287.133 (1)(b), Florida Statutes, means a finding of guilt or conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non jury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an “affiliate” as defined in Paragraph 287.133 (1)(a), Florida Statutes, means:

A predecessor or successor of a person convicted of a public entity crime; or

An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or

income among persons when not for fair market value under an arm's length agreement, shall be a *prima facie* case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

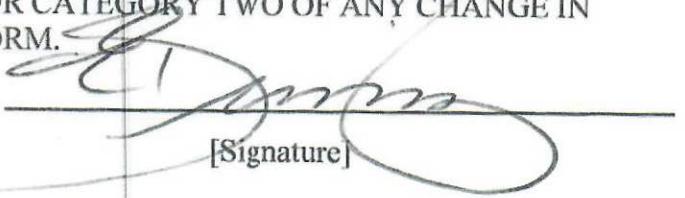
5. I understand that a "person" as defined in Paragraph 287.133 (1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an entity.
6. Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting this sworn statement. [Initial next to statement which applies.]

EF Neither the entity submitting this sworn statement nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

 The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

 The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or against who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. [Attach a copy of the final order]

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.


[Signature]

Sworn to and subscribed before me this 17 day of
October, 2025 personally known OR produced
identification _____.

Notary Public – State of Florida

My commission expires 2/9/29

(Type of Identification)

FL. Driver License

(Printed typed or stamped commission name of notary public.)



Price Proposal Worksheet

OPENING:

ROUNDS TOTAL: 2900

Portion of opening needs to comply with requirements specified in the bid.

Company Name: Light Fx Pros

(CONT.)

Price Proposal Worksheet (cont.)

BODY:

ROUNDS TOTAL: 5810

Portion of body needs to comply with requirements specified in the bid.

DESCRIPTION OF SHELL	SHELL SIZE	QUANTITY	UNIT PRICE	EXTENDED (QTY x UNIT PRICE)
1.5" CAKE 100 Shot	1.5"	40		
3" Shell	3"	1500		
4" Shell	4"	270		
4" Shell Peanut	4"	40		
SUBTOTAL - BODY				\$18,333.33
Comments:				

Company Name: Light Fix Pros LLC

(CONT.)

Price Proposal Worksheet (cont.)

FINALE:

ROUNDS TOTAL: 3620

Portion of finale needs to comply with requirements specified in the bid.

ROUND TOTAL FOR OPENING, BODY AND FINALE: 12,330

Company Name: Light F/x Pros LLC

(CONT.)

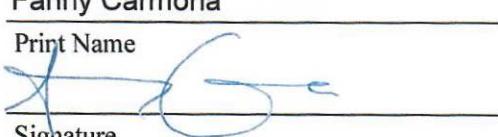
Price Proposal Worksheet (cont.)

Company Name:

Light Fixtures



CITY OF DORAL PROCUREMENT PERFORMANCE EVALUATION SURVEY

From:	Fanny Carmona	
Company:	Village of Palmetto Bay	
Phone No.:	305-259-1247	
Fax No.		
Email:	fcarmona@palmettobay-fl.gov	
	Reference for work completed regarding: Firework displays	
Additional Details:		
You as an individual or Your company has been given to us as a point of contact for a reference on a project completed for you (identified above). Description of City of Doral Project: Fourth of July Firework display		
Company you are providing a reference for: <u>Light F/X Pro's</u>		
		Indicate: "YES" or "NO"
1. Was the scope of work performed similar in nature?		Yes
2. Did this company have the proper resources and personnel by which to get the job done?		Yes
3. Were any problems encountered with the company's work performance?		No
4. Were any change orders or contract amendments issued, other than owner initiated?		No
5. Were all work tasks completed on time based on the original established timeline?		Yes
6. Were the company personnel trained and ready to provide all the custodial services required?		Yes
7. On a scale of one to ten (1-10), ten being best, how would you rate the overall work performance, considering professionalism, final product, personnel, resources. Rate from 1 to 10 (10 being the highest)		10
8. If the opportunity were to present itself, would you rehire this company?		Yes
9. Please provide any additional comments pertinent to this company and the work performed for you: I highly recommend Light F/X Pro's. They are true professionals, and consistently deliver exceptional, safe, and visually stunning shows that exceed expectations.		
Please Complete and submit to: PerformanceSurvey@cityofdoral.com		
Fanny Carmona		Parks & Recreation Director
Print Name		Title
 A handwritten signature in blue ink that appears to read "Fanny Carmona".		11-10-25
Signature		Date



CITY OF DORAL PROCUREMENT
PERFORMANCE EVALUATION SURVEY

From:	Aisie Pastor	
Company:	Town of Miami Lakes	
Phone No.:	305-364-6100 ext. 1143	
Fax No.		
Email:	pastoraa@miamilakes.fl.gov	
	Reference for work completed regarding: Firework displays	
Additional Details:		
You as an individual or Your company has been given to us as a point of contact for a reference on a project completed for you (identified above). Description of City of Doral Project: Fourth of July Firework display		
Company you are providing a reference for: <u>Light FX Pros</u>		
	Indicate:	"YES" or "NO"
1. Was the scope of work performed similar in nature?		yes
2. Did this company have the proper resources and personnel by which to get the job done?		yes
3. Were any problems encountered with the company's work performance?		no
4. Were any change orders or contract amendments issued, other than owner initiated?		no
5. Were all work tasks completed on time based on the original established timeline?		yes
6. Were the company personnel trained and ready to provide all the custodial services required?		yes
7. On a scale of one to ten (1-10), ten being best, how would you rate the overall work performance, considering professionalism, final product, personnel, resources. Rate from 1 to 10 (10 being the highest)		10
8. If the opportunity were to present itself, would you rehire this company?		yes
9. Please provide any additional comments pertinent to this company and the work performed for you: <u>Light FX is a pleasure to work with. They are always available to answer any questions and do a great job at addressing any last minute concerns.</u>		
Please Complete and submit to: PerformanceSurvey@cityofdoral.com.		
Aisie Pastor Print Name <u>A. Pastor</u> Signature	Special Events Coordinator Title <u>11/10/2025</u> Date	



CITY OF DORAL PROCUREMENT
PERFORMANCE EVALUATION SURVEY

From:	Nicole Bostick
Company:	City of South Miami
Phone No.:	917.673.6714
Fax No.	
Email:	nhostick@southmiamifl.gov
Reference for work completed regarding: Firework displays	

Additional Details:

You as an individual or Your company has been given to us as a point of contact for a reference on a project completed for you (identified above). Description of City of Doral Project: Fourth of July Firework display

Company you are providing a reference for: City of South Miami

	Indicate:	"YES" or "NO"
1. Was the scope of work performed similar in nature?		yes
2. Did this company have the proper resources and personnel by which to get the job done?		yes
3. Were any problems encountered with the company's work performance?		NO
4. Were any change orders or contract amendments issued, other than owner initiated?		NO
5. Where all work tasks completed on time based on the original established timeline?		yes
6. Where the company personnel trained and ready to provide all the custodial services required?		yes
7. On a scale of one to ten (1-10), ten being best, how would you rate the overall work performance, considering professionalism, final product, personnel, resources. Rate from 1 to 10 (10 being the highest)		10
8. If the opportunity were to present itself, would you rehire this company?		yes
9. Please provide any additional comments pertinent to this company and the work performed for you:		

N/A

Please Complete and submit to:
PerformanceSurvey@cityofdoral.com.

<u>Nicole Bostick</u> Print Name	<u>Events & Active Adults Manager</u> Title
<u>Nicole Bostick</u> Signature	<u>11/10/2025</u> Date



NOTICE OF CLEARANCE

for individuals transporting, shipping, receiving, or possessing explosive materials.

ISSUED TO: LIGHT F/X PROS, LLC

Federal Explosives license/permit no.: 1-FL-086-51-5M-01325

NOTICE DATE: 05/22/2025

Expiration Date: December 1, 2025

Explosives License/Permit Type: 51-IMPORTER OF EXPLOSIVES

EXPIRATION DATE: This Notice expires when superseded by a newer Notice which will list all current responsible persons and employee possessors, or when the license or permit expires - whichever comes first.

- ① **WARNING.** Only those individuals listed below as **RESPONSIBLE PERSONS** and **EMPLOYEE POSSESSORS** with a background clearance status of "CLEARED" or "PENDING" are authorized to transport, ship, receive, or possess explosive materials in the course of employment with you.
- ② **"DENIED" STATUS.** If an employee possessor has a background clearance status of "DENIED", you **MUST** take immediate steps to remove the employee from a position requiring the transporting, shipping, receiving, or possessing of explosive materials. Also, if the employee has been listed as a person authorized to accept delivery of explosive materials, you **MUST** remove the employee from such list and immediately, and in no event later than the second business day after such change, notify distributors of such change, as stated in 27 CFR 555.33(a).
- ③ **CHANGE IN RESPONSIBLE PERSONS.** You **MUST** report any change in responsible persons to the Chief, Federal Explosives Licensing Center, within 30 days of the change and new responsible persons **MUST** include "appropriate identifying information" as defined in 27 CFR 555.11. Fingerprints and photos are **NOT** required, however they will be required upon renewal of the license or permit.
- ④ **CHANGE OF EMPLOYEES.** You **MUST** report any change of employee/possessors to the Chief, FELC, within 30 days. Reports relating to newly hired employees must be submitted on ATF Form 5400.28 for **EACH** employee.

Premises Address: 7261 NW 43RD STREET
MIAMI, FL 33166

Mailing Address:

LIGHT F/X PROS, LLC
7261 NW 43RD STREET
MIAMI, FL 33166

This 'Notice of Clearance' is provided to you as required by 18 U.S.C. 843(h) and **MUST** be retained as part of your permanent records and be made available for examination or inspection by ATF officers as required by 27 CFR 555.121. If you receive a Notice subsequent to this Notice, this Notice will no longer be valid.

In accordance with 27 CFR 555.33, Background Checks and Clearances, and 27 CFR 555.57, Change of Control, Change in Responsible Persons, and Change of Employees, ATF's Federal Explosives Licensing Center (FELC) has conducted background checks on the individual(s) you identified as a responsible person(s) and an employee/possessor(s) on your application, or reported after the issuance of your license/permit.

The following is a **SUMMARY** of the results of the background checks conducted on the individuals you reported as responsible persons and employee/possessors. ATF will be notifying ALL individuals listed on this document of their respective status by separate letter mailed to their residence address.

PLEASE BE ADVISED THAT IT IS UNLAWFUL FOR ANY PERSON REFLECTING A STATUS OF "DENIED" TO TRANSPORT, SHIP, RECEIVE, OR POSSESS EXPLOSIVE MATERIALS.

Please carefully review this Notice to ensure that all the information is accurate. If this Notice is incorrect, please return the Notice to the Chief, FELC, with a statement showing the nature of the error(s). The Chief, FELC, shall correct the error, and return a corrected Notice.

Number of RESPONSIBLE PERSON(S) : 2	LAST NAME, First Name, Middle Name	continued
Number of EMPLOYEE POSSESSOR(S) : 31		
RESPONSIBLE PERSONS:	Clearance Status	Clearance Status
0001 ROBINSON, ORLANDO	2	Cleared
0002 RUIZ, ERNEST		Cleared
EMPLOYEE POSSESSORS:	Clearance Status	Clearance Status
0001 ACOSTA NARANJO, ORLANDO JOSE	31	Cleared
0002 ALTUVE DOMINGUEZ, ARTURO MIGUEL		Cleared
0003 AXIAS, ILIANA		Cleared
0004 BACALLAO, ASIEL ALBERTO		Cleared
0005 BANOBRE, YOEL RAMON		Cleared
0006 BIBO, JENNY VIVIANA		Cleared
0007 BURNS, BRANDON BRICK II		Cleared
0008 BURNS, BRANDON BRICK		Cleared
0009 CASTANEDA, HUGO		Cleared
0010 COSTAS, MANUEL		Cleared
0011 CROEL, ASHLEY LAMBERT		Cleared
0012 FERNANDEZ, SOL KARINA		Cleared
0013 GOMEZ, ADRIAN		Cleared
0014 GONZALEZ, MIGUEL ANGEL		Cleared

NOTICE OF CLEARANCE

05/22/2025

for individuals transporting, shipping, receiving, or possessing explosive materials.

NOTICE DATE: 05/22/2025

EXPIRATION DATE: This Notice expires when superseded by a newer Notice which will list all current responsible persons and employee possessors, or when the license or permit expires - whichever comes first.

This 'Notice of Clearance' is issued to: LIGHT F/X PROS, LLC

Federal Explosives license/permit no.: 1-FL-086-51-5M-01325

Explosives License/Permit Type : 51-IMPORTER OF EXPLOSIVES

Expiration Date : December 1, 2025

7261 NW 43RD STREET
MIAMI, FL 33166

continued from previous page

LAST NAME, First Name, Middle Name	Clearance Status	LAST NAME, First Name, Middle Name	Clearance Status
0015 LAGE, BRIAN WILLIAM	Cleared		
0016 LECUNA, RICHARD JOSE	Cleared		
0017 LOPEZ, ERICK XAVIER	Cleared		
0018 MARTINEZ, ROWDY	Cleared		
0019 MASSARI, ALEJANDRO ANDRES	Cleared		
0020 MENESSES BORGES, RICHARD JESUS	Cleared		
0021 MESA, BRANDON EDUARDO	Cleared		
0022 MESA, JUSTIN	Cleared		
0023 PEREZ, MANUELA	Cleared		
0024 RIOS, EDWIN JR	Cleared		
0025 RODRIGUEZ LOPEZ, JOSE ENRIQUE	Cleared		
0026 RUIZ, ERNEST HENRY JR	Cleared		
0027 SCHAATT, GREGORY DOWE	Cleared		
0028 SPITZER, MICHAEL WILLIAM	Cleared		
0029 SPITZER, MONICA	Cleared		
0030 TORRES, WILLMER ARMANDO	Cleared		
0031 VINSON, ANTWAN DOMINIQUE	Cleared		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06-13-2025

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

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

PRODUCER	CONTACT NAME:		
	PHONE (A/C, No. Ext): 415-475-4300	FAX (A/C, No): 415-475-4304	
INSURED	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE	NAIC #	
INSURER A: Certain Underwriters at Lloyd's, London	AA-1128623		
	INSURER B:		
INSURER C:			
INSURER D:			
INSURER E:			
INSURER F:			

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			PY/24-0280	12/15/2024	12/15/2025	EACH OCCURRENCE	\$ 5,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 200,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$
	AUTOMOBILE LIABILITY						GENERAL AGGREGATE	\$ 5,000,000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						PRODUCTS - COMP/OP AGG	\$
	UMBRELLA LIAB						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> EXCESS LIAB						BODILY INJURY (Per person)	\$
	DED						BODILY INJURY (Per accident)	\$
	RETENTION \$						PROPERTY DAMAGE (Per accident)	\$
	DED							\$
	RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y / N	N / A			WC STATUTORY LIMITS	OTHR
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$
	DED						E.L. DISEASE - EA EMPLOYEE	\$
	RETENTION \$						E.L. DISEASE - POLICY LIMIT	\$

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

City of Doral; Doral Central Park; Miami Dade County; Metro Dade Fire Rescue Dept for permits only are Additional Insured as respects the Class B Aerial Fireworks display(s) on 7/4/2025 (RD: 7/5/2025) located at 8401 NW 53 Ter Doral, FL 33166. 30-day notice of cancellation applies; 10-day notice for non-payment.

CERTIFICATE HOLDER

City of Doral 8401 NW 53 Ter Doral FL 33166	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		

© 1988-2010 ACORD CORPORATION. All rights reserved.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED

Underwriter's at Lloyd's, London: Referred to in this endorsement as either the "Insurer" or the "Underwriters"

This endorsement modifies insurance provided under the following:

SECTION III. PERSONS INSURED

In consideration of the premium charged for the Policy, it is hereby understood and agreed that the following entity(ies) as shown in the schedule below is an additional insured pursuant to Section III.

Primary and Non-Contributory

The insurance provided to the Additional Insured scheduled below shall be primary and not contributory with any other insurance maintained by the Additional Insured where this is required by way of a written contract with **Named Insured**.

Waiver of subrogation

The **Named Insured** waives any right of subrogation the **Named Insured** may have against any person or organization, where required by the Insured's written contract with the Additional, because of payments made by the **Named Insured** for **Damages** and **Claims Expenses** arising out of the **Named Insured**'s operations in accordance with the written contract.

Additional Insured:
City of Doral 8401 NW 53 Ter Doral FL 33166

All other terms, exclusions and conditions of this Policy remain unchanged.

Light F/X Pro's
 7261 NW 43rd Street
 Miami, Florida 33166
 P: (305) 760-4969
 F: (786) 419-4959



INVOICE

www.lightfxpros.com

Invoice to:	Delivery Address:	Job # 363521
City Of Doral 8401 NW 53rd Terr, Doral, Florida 33166	Doral Central Park 3000 NW 87th Ave Doral Florida 33172 Room: Contact: Phone: Cell: Email:	Order Status: Quote Only Order Date: 11/12/2025 Sales Person: Ernie Ruiz Email: ernie@lightfxpros.com
Contact: Diana Maldonado Phone: (305) 593-6600 Fax: Email: Diana.Maldonado@cityofdoral.com		PO # Payment Type: Terms: 50/50
Delivery 7/4/2026, -	Show 7/4/2026, -	Strike 7/4/2026, -
JOB DESCRIPTION: City Of Doral		

Quantity	Description	Duration
1	Outdoor Barge 25 Minute Pyro Musical Aerial Fireworks Display	1 Days
12	Outdoor Barge Platforms	1 Days
Total		\$65,000.00
Delivery/Misc		
Quantity	Description	
1	City Permit, Fire Watch & Processing	
1	Labor/Setup/Strike	
1	Pyrotechnician	
Total Delivery/Misc		\$0.00

Product Total:	\$65,000.00
Service Charge:	\$0.00
Damage Waiver:	\$0.00
Labor:	\$0.00
Delivery/Misc:	\$0.00
Tax:	\$0.00

Job Total: **\$65,000.00**

DISCLAIMER:

By Signing below, I, the client, agree to pay the amount indicated to Light F/X Pro's in exchange for the services listed on this invoice.

50% deposit is due upon signing of this contract and balance of 50% due due 1 week prior to event date.

Signed: _____





MIAMI-DADE FIRE RESCUE DEPARTMENT

DISPLAY OF FIREWORKS, PYROTECHNICS, AND/OR FLAME EFFECTS

1. SPONSORING ORGANIZATION: Light Fx Pros LLC
2. ORGANIZATION ADDRESS: 7261 NW 43rd Street
3. ORGANIZATION CONTACT: Monica Spitzer PHONE: 305-760-4969
4. FIREWORKS, PYROTECHNICS OR FLAME EFFECTS CO.: Light Fx Pros LLC PHONE: 305-760-4969
5. OPERATOR: _____ AGE: _____
PHONE: _____ CELL: _____ E-MAIL: monica@lightfxpros.com
ASSISTANT'S NAME[S] AND AGE[S]: _____
6. DATE AND TIME OF DISPLAY: _____
7. LOCATION OF DISPLAY: _____
8. PRODUCT TYPE, QUALITY, AND SIZE TO BE USED (ATTACH ADDITIONAL SHEETS IF NEEDED): 1.3 G Fireworks
9. DESCRIBE MANNER AND PLACE OF STORAGE OF FIREWORKS, PYROTECHNICS OR FLAME EFFECTS PRIOR TO USE: Light FX Pros LLC Truck
10. ATTACH PLAN MEETING CRITERIA SPECIFIED IN NFPA 1123, NFPA 1126, AND NFPA 160 AS APPROPRIATE

**DISPLAY WILL BE OPERATED IN ACCORDANCE WITH NFPA 1123, NFPA 1126, NFPA 160,
AND THE FLORIDA PREVENTION CODE**

INCLUDE PROOF OF INSURANCE, AND FEDERAL EXPLOSIVES LICENSE/PERMIT WITH APPLICATION!

I, Monica Spitzer DO HEREBY AFFIRM THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND ALL ATTACHED DOCUMENTS ARE TRUE AND CORRECT.

SIGNATURE OF APPLICANT

STATE OF FLORIDA
COUNTY OF Miami Dade

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BY ME THIS 14 DAY OF October 20 25
BY Orlando Robinson WHO IS PERSONALLY KNOWN TO ME, OR HAS PROVIDED IDENTIFICATION.

NOTARY PUBLIC

MIAMI-DADE FIRE RESCUE
9300 NW 41ST STREET, DORAL, FLORIDA 33178-2414
786.331.4800

REV: 2015.10.03 SKR

**Miami-Dade Fire Rescue Department
Headquarters
Special Events Bureau
Off Regular Duty Services Application**

Event Information

Date of Request:	Application: <u>Permit & Fire Watch</u>		
Name of Organization: <u>Light FX Pros LLC</u>			
Address:	<u>7261 NW 43rd Street - Miami, FL 33166</u>	Doral City	FL State 33166 Zip Code
Phone:	<u>(305) 760-4969</u>	Fax:	<u>()</u>
Type of Event:	Estimated Attendance: <u>+100</u>		
Site Address: _____			
Site Contact Person:	Phone: <u>(786)</u>		
Date of Service:	From: <u>12/5/2025</u>	To:	<u>12/5/2025</u>
Hours of Operation:	From: <u>4:30 pm</u>	To:	<u>10:05 pm</u>

Billing Information

Company / Person Name: <u>Light FX Pros LLC</u>			
Address:	<u>7261 NW 43rd Street - Miami, FL 33166</u>	Federal I.D.#	<u>45-3949797</u>
City:	<u>Doral</u>	State: <u>FL</u>	Zip Code: <u>33166</u>
Telephone:	<u>(305) 760-4969</u>	Fax:	<u>()</u>

Type of Service Requested

(Please Check Appropriate Box)

<input checked="" type="checkbox"/> Firewatch	<input type="checkbox"/> Rescue Stand-By
<input type="checkbox"/> New Construction	<input type="checkbox"/> Movie Shoot
<input type="checkbox"/> Code Requirements	<input type="checkbox"/> Concert
<input type="checkbox"/> Fair / Festival	<input type="checkbox"/> Sporting Event
<input type="checkbox"/> Use of Flammable	<input type="checkbox"/> Meeting
<input type="checkbox"/> Cooking Tents	<input type="checkbox"/> Display
<input checked="" type="checkbox"/> Fireworks, Explosive	<input type="checkbox"/> Other (Specify): _____

See Reverse Side For Additional Important Information

Authority: - Section 1-16 of the Florida Fire Prevention Code empowers the local jurisdiction to establish and issue permits, certificates, notices and approvals, or orders pertaining to fire control and /or hazardous conditions. Requirements of permitting shall be established by the Fire Chief or his designee. Whenever, in the opinion of the designated fire official, rescue or firewatch may, be essential for the public safety in any place of assembly or due to the nature of the event, exhibition, display, contest or activity, the owner, agent or leasee shall employ one or more State Certified Firefighter, Fire Inspector, Paramedic or EMT's, as determined by section 2-56.2 of the Dade County Code. The cost of said personnel, equipment and administrative fees will be in accordance with Miami-Dade County Fire Rescue Department Administrative order 7-33, Special Events Off-Duty Fire Rescue Services. Vendors engaged in activities or functions for which such services are required and would be seen as necessary, shall comply with all rules, ordinances and laws.

Departmental Policy: - The Fire Rescue Department requires that all first time users of off regular duty services obtain an application until credit approval has been established. This application must be accompanied by **FULL PAYMENT FOR THE ESTIMATED TOTAL COST. ALL COMPENSATION DUE FOR SERVICES REQUEST WILL BE PREPAID BY MONEY ORDER, CERTIFIED CHECK, TRAVELERS CHECK OR CASHIER'S CHECKS AT THE TIME OF APPLICATION OR AS DETERMINED BY THE CHIEF FIRE OFFICIAL RESPONSIBLE FOR OFF REGULAR DUTY SERVICES. ANY COMPENSATION OVER AND ABOVE THE RATE ESTABLISHED IS STRICTLY PROHIBITED. ALL FUNDS PREPAID AND NOT OBLIGATED WILL BE REFUNDED TO THE APPLICANT.**

The estimated cost of the requested service is: \$ _____
The applicant is restricted to the general assignment of duties to be performed and has no authority over Fire Rescue Personnel. To avoid a minimum fee for Off Regular Duty Services, the Fire Rescue Department must be notified at least 24 hours in advance of any changes or termination of required services. An administrative charge for processing has been included in the total cost. If an event lasts longer than the prescribed period of time, the vendor agrees to pay any and all additional costs. If a vendor fails to pay total cost or part thereof, within (60) days, an additional (10%) administrative fee may be added.

I HAVE READ AND UNDERSTOOD THE PROVISIONS OF THEIS APPLICATION AND WILL ACT IN FULL COMPLIANCE OF THIS AGREEMENT.

Monica Spitzer

Authorized Agency Representative

October 14, 2025

Date

Signature of the Firewatch Clerk

Date

For further Information and assistance, please contact the Special Events Bureau at (786) 331-5000 or Fax (786) 331-4435.
Address 9300 NW 41st Street. Miami, Fl 33178

(For Fire Department Use Only)

Final Cost: \$ _____

Signature:

Chief Manny Mena or Designee
Fire Prevention Division
Special Events Bureau

Date

Light FX Pros, LLC

Technician Resume

Ernest Ruiz
305-342-2403
Owner

7261 NW 43rd Street
Miami, FL 33166

Years of Experience: 25 years

Digital Display fired/ Land & Barge Shows worked within the past years

Seminole Hard Hotel & Casino 2008- 2025
Norwegian Cruise Line Inauguration 2014
Costa Cruise Lines Inauguration 2011
Reception Palace Ballrooms Miami, FL 2007-2014
Signature Gardens Ballrooms Miami, FL 2007-2011
Rusty Pelican Key Biscayne, FL 2007-2025
Florida International University Miami, FL 2014-2025
Miami Dade College Miami, FL 2001-2025
City of Miami Beach 2001-2025
City of Miami 2001-2025
Miami Dade County 2011-2025
Hard Rock Hotels & Casinos Hollywood, FL 2014-2025
The Palms Hotel Miami Beach 2014
Ritz Carlton Miami Beach 2012
Ralph Lauren Fragrances New York, NY 2011
Bad Boy Entertainment New York, NY 2007-2025
City Of South Miami 2017-2025
City of Doral 2000-2025
The Moors Association 2015-2025
Sunset Cover Amphitheater 2021-2025
East Ridge at Culter Bay 200-2025
Village Of Palmetto Bay 2014-2025
City of North Miami 2022-2025
Seminole Tribe of Florida 2024-2025

Interlachen Country Club 2021-2025

Over 500 weddings & Private events since 2001-2025

Performed in the State of Florida

Over 500 weddings & Private events since 2001-2025

Performed in the State of Florida ,Caribbean and United States

City of Doral - Fireworks Display Proposal

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BUSINESS ENTITY AFFIDAVIT
(VENDOR / BIDDER DISCLOSURE)

1. Light fx Pros LLC

being first duly sworn state:

The full legal name and business address of the person(s) or entity contracting or transacting business with the City of Doral ("City") are (Post Office addresses are not acceptable), as follows:

45-3949797

FEDERAL EMPLOYER IDENTIFICATION NUMBER (IF NONE, SOCIAL SECURITY NUMBER)

Light fx Pros LLC

Name of Entity, Individual, Partners, or Corporation

Doing business as, if same as above, leave blank

7261 nw.43rd Street Miami fl 33166

STREET ADDRESS

SUITE

CITY

STATE

ZIP CODE

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contact or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who holds directly or indirectly five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full legal name and address shall be provided for each trustee and each beneficiary. All such names and addresses are (Post Office addresses are not acceptable), as follows:

<u>Full Legal Name</u>	<u>Address</u>	<u>Ownership</u>
<u>Orlando Robinson</u>	<u>7261 nw 43rd st Miami fl 33166</u>	<u>50</u> %
<u>Ernest Ruiz</u>	<u>7261 nw 43rd st Miami fl 33166</u>	<u>50</u> %
		<u>%</u>

2. The full legal names and business address of any other individual (other than subcontractors, material men, suppliers, laborers, or lenders) who have, or will have, any

interest (legal, equitable, beneficial or otherwise) in the contract or business transaction with the City are (Post Office addresses are not acceptable), as follows:



Ernest Ruiz

10/14/25

Signature of Affiant

Date

Ernest Ruiz

Printed Name of Affiant

Sworn to and subscribed before me this 17 day of October, 2025.

Personally known

OR

Produced identification

Notary Public-State of Florida

Type of Identification

My commission expires: 2/9/29

Printed, typed, or stamped commissioned name of Notary Public



CERTIFICATE OF AUTHORITY

STATE OF Florida

SS: COUNTY OF Miami-Dade

(IF CORPORATION): I HEREBY CERTIFY that at a meeting of the Board of Directors of Light Fx Pros, a corporation existing under the laws of the State of Florida, held on Oct 16, 2025, the following resolution was duly passed and adopted:

RESOLVED, that _____, as President of the Corporation, be and is hereby authorized to execute the bid dated _____, 2025, to the City of Doral on behalf of this Corporation, and that such execution, attested by the Secretary of the Corporation and with the corporate seal affixed, shall be the official act and deed of this Corporation.

(IF PARTNERSHIP): I HEREBY CERTIFY that at a meeting of the Partners of _____, a partnership existing under the laws of the State of _____, held on _____, 2025, the following resolution was duly passed and adopted:

RESOLVED, that _____, as _____ of the Partnership, be and is hereby authorized to execute the bid dated _____, 2025, to the City of Doral on behalf of this Partnership, and that such execution, attested by _____, shall be the official act and deed of this Partnership.

(IF JOINT VENTURE): I HEREBY CERTIFY that at a meeting of the principals of _____, a corporation existing under the laws of the State of _____, held on _____, 2025, the following resolution was duly passed and adopted:

RESOLVED, that _____ is hereby authorized to execute the proposal of the Joint Venture, dated _____, 2025, to the City of Doral, and to do all acts and deeds necessary on behalf of this Joint Venture in connection therewith.

I further certify that said resolution is now in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand this 17 day of October, 2025.

Secretary: _____

(SEAL)



PROPOSER QUALIFICATION STATEMENT

The Proposer's response to this questionnaire will be utilized as part of the City's evaluation to ensure that the Proposer meets, to the satisfaction of the City, the minimum requirements for participating in this Solicitation. **PROPOSER MUST PROVIDE DETAILS FULFILLING THE SOLICITATION'S MINIMUM QUALIFICATIONS.**

Proposer	Light fx Pros LLC
Years in Business	14 years
Manager*	Ernest Ruiz

attach certification

Identify past and current contracts to support compliance with required years of experience. Additional tables may be added by completing additional copies of this form, as needed.

Contract No. 1			
Name:	4th of July 2025		
Description:	20 Minute fireworks Display		
Budget/Cost:	18,200	Contract Dates:	7/4/2023 - 7/4/2027
Owner/Client Name:	South Miami	Reference Name:	Nicole Bostick
Reference Phone No.:	C 917-673-6714 P 305-16108-3873	Reference Email:	Nbostick@southmiami.fl.gov
Contract No. 2			
Name:	4th of July 2025		
Description:	15 Minute fireworks Display		
Budget/Cost:		Budget/Cost:	25,000
Owner/Client Name:	Palm Beach County Parks & Recreation	Owner/Client Name:	Donald Perez
Reference Phone No.:		Reference Phone No.:	561-966-7030
Contract No. 3			
Name:	4th of July 2025		
Description:	20 Minute fireworks Display		
Budget/Cost:		Budget/Cost:	30,000
Owner/Client Name:	Loud & Live	Owner/Client Name:	Tony Albelo
Reference Phone No.:		Reference Phone No.:	305-456-5444

LIST OF PROPOSED SUBCONTRACTORS

BIDDER confirms no Subcontractors will be used on this project if they are awarded the contract.

BIDDER shall list all Proposed Subcontractors to be used on this project if they are awarded the contract.

SCOPE

SUBCONTRACTOR NAME, ADDRESS AND LICENSE #

If, prior to Notice of the Award, the City or the Contractor has reasonable objection to and refuses to accept any Subcontractor, Supplier, person or organization listed, the Contractor may, prior to Notice of Award, submit an acceptable substitute without an increase in their bid price.

AFFIDAVIT REGARDING UNAUTHORIZED ALIENS UNDER
448.095, FLORIDA STATUTES

In compliance with section 2(b)(1) of 448.095, Florida Statutes,

Name of Entity Light Fx Pros LLC

hereby affirms that it does not employ, contract
with, or subcontract with an unauthorized alien.

Ernest Ruiz owner

Printed Name of Affiant

Printed Title of Affiant

Light Fx Pros LLC

Signature of Affiant

Name of Entity

7211 NW 45th St Miami, FL

Date

33166

Address of Entity

State

Zip Code

Notary Public Information

Notary Public State of Florida County of Miami Dade

Subscribed and sworn to (or affirmed) before me this October 17 day of 2025

By Ernest Ruiz.

He or she is personally known to me or has produced identification

Type of identification produced

Signature of Notary Public

Serial Number

Belys Alvarez Gonzalez 2/9/29

Print or Stamp of Notary Public

Expiration Date



BIDDER AFFIRMATION

I, the undersigned affiant, being first duly sworn as an authorized agent of the below-named Bidder, does hereby affirm and attest under penalty of perjury as the proposed Bidder for City of Doral that the certifications and statements provided above on behalf of Bidder are true to the best of affiant's knowledge and belief and that Bidder is compliant with all requirements outlined in these City of Doral Affidavits. Bidder acknowledges it is required to comply with and keep current all statements sworn to in the above affidavits and will notify the City of Doral immediately if any of the statements attested hereto are no longer valid.

Light FX Pros LLC

Bidder Name

Ernest Ruiz
Affiant Signature

STATE OF Florida

COUNTY OF Miami Dade

10/16/25

Date Signed

Ernest Ruiz owner.

Affiant Name & Title (Printed)

The foregoing instrument was affirmed, subscribed, and sworn to before me this 17 day of October 2025 by means of physical presence or online notarization, by Ernest Ruiz, who is personally known to me or who produced the following identification: FL Driver License

[Notary Seal]



Marilyn
Notary Public for the State of Florida.
My commission expires: 2/9/29

CONFLICT OF INTEREST DISCLOSURE

Business Name: Light fx Pros LLC

D.B.A.: _____ Federal I.D. No.: 45-3949797

Business Address: 7211 NW 43rd Street

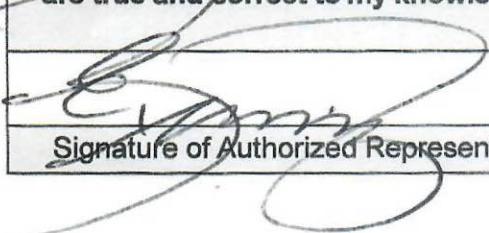
City: Miami State: FL Zip: 33146

Please note that all business entities interested in or conducting business with the City are subject to comply with the City of Doral's conflict of interest policies as stated within the certification section below. If a vendor has a relationship with a City of Doral official or employee, an immediate family member of a City of Doral official or employee, the vendor shall disclose the information required below.

1. No City official or employee or City employee's immediate family member has an ownership interest in vendor's company or is deriving personal financial gain from this contract.
2. No retired or separated City official or employee who has been retired or separated from the City for less than one (1) year has an ownership interest in vendor's Company.
3. No City employee is contemporaneously employed or prospectively to be employed with the vendor.
4. Vendor hereby declares it has not and will not provide gifts or hospitality of any dollar value or any other gratuities to any City employee or elected official to obtain or maintain a contract.

Conflict of Interest Disclosure*	
Name of City of Doral employees, elected officials, or immediate family members with whom there may be a potential conflict of interest: <hr/> <hr/> <hr/>	<input type="checkbox"/> Relationship to employee <input type="checkbox"/> Interest in vendor's company <input type="checkbox"/> Other (please describe below) <hr/> <hr/> <hr/>
<input checked="" type="checkbox"/> No Conflict of Interest	

**Disclosing a potential conflict of interest does not automatically disqualify vendors. In the event vendors do not disclose potential conflicts of interest and they are detected by the City, vendor will be exempt from doing business with the City.*

I certify that this Conflict-of-Interest Disclosure has been examined by me and that its contents are true and correct to my knowledge and belief and I have the authority to so certify on behalf of the Vendor by my signature below:		
	<u>10/16/25</u>	<u>Ernest Ruiz</u>
Signature of Authorized Representative	Date	Printed Name of Authorized Representative

Required Affidavit Regarding the Use of Coercion for Labor and Services

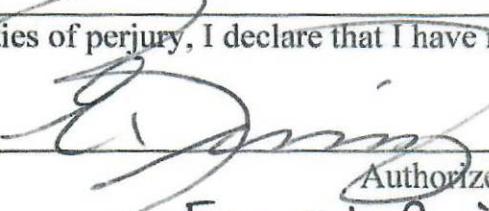
Contractor Name:	<u>Light fx Pros LLC</u>		
Contractor FEIN:	<u>45-3949797</u>		
Contractor's Authorized Representative Name and Title: <u>Ernest Ruiz Owner.</u>			
Address:	<u>7211 nw 43rd street</u>		
City:	<u>Miami</u>	State:	<u>FL</u>
Phone Number:	<u>305-740-4969</u>		
Email Address:	<u>ernie@Lightfx.pros.com</u>		

Section 787.06(13), Florida Statutes requires all nongovernmental entities executing, renewing, or extending a contract with a governmental entity to provide an affidavit signed by an officer or representative of the nongovernmental entity under penalty of perjury that the nongovernmental entity does not use coercion for labor or services as defined in that statute. The District Board of Trustees of Miami Dade College, Florida, is a governmental entity for purposes of this statute.

As the person authorized to sign on behalf of the Contractor, I certify that the Contractor identified does not:

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

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

By:  Authorized Signature

Print Name and Title: Ernest Ruiz owner.

Date: 10/16/25

**SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(A), FLORIDA STATUTES,
ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to Light Fx Pros LLC
 by Ernest Ruiz owner. [Print individual's name and title]
 for Light Fx Pros LLC. [Print name of submitting sworn statement]
 whose business address is 7211 NW 43rd Street Miami FL 33166
 and (if applicable) its Federal Employer Identification Number (FEIN) is
45-394977
 If the entity has no FEIN, include the Social Security Number of the individual signing this
 sworn statement: _____ [Social Security Number]

2. I understand that a “public entity crime” as defined in Paragraph Section 287.133 (1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that “convicted” or “conviction” as defined in Paragraph 287.133 (1)(b), Florida Statutes, means a finding of guilt or conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non jury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an “affiliate” as defined in Paragraph 287.133 (1)(a), Florida Statutes, means:

A predecessor or successor of a person convicted of a public entity crime; or

An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or

income among persons when not for fair market value under an arm's length agreement, shall be a *prima facie* case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

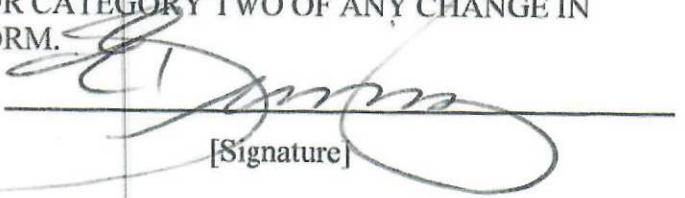
5. I understand that a "person" as defined in Paragraph 287.133 (1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an entity.
6. Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting this sworn statement. [Initial next to statement which applies.]

EF Neither the entity submitting this sworn statement nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

 The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

 The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or against who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. [Attach a copy of the final order]

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.


[Signature]

Sworn to and subscribed before me this 17 day of
October, 2025 personally known OR produced
identification _____.

Notary Public – State of Florida

My commission expires 2/9/29

(Type of Identification) FL. Driver License

(Printed typed or stamped commission name of notary public.)



Price Proposal Worksheet

OPENING:

ROUNDS TOTAL: 2900

Portion of opening needs to comply with requirements specified in the bid.

Company Name: Light Fx Pros

(CONT.)

Price Proposal Worksheet (cont.)

BODY:

ROUNDS TOTAL: 5810

Portion of body needs to comply with requirements specified in the bid.

DESCRIPTION OF SHELL	SHELL SIZE	QUANTITY	UNIT PRICE	EXTENDED (QTY x UNIT PRICE)
1.5" CAKE 100 Shot	1.5"	40		
3" Shell	3"	1500		
4" Shell	4"	270		
4" Shell Peanut	4"	40		
SUBTOTAL - BODY				\$18,333.33
Comments:				

Company Name: Light Fix Pros LLC

(CONT.)

Price Proposal Worksheet (cont.)

FINALE:

ROUNDS TOTAL: 3620

Portion of finale needs to comply with requirements specified in the bid.

DESCRIPTION OF SHELL	SHELL SIZE	QUANTITY	UNIT PRICE	EXTENDED (QTY x UNIT PRICE)
1.5" Cake 100 Shot	1.5"	30		
3" Shell	3"	500		
4" Shell	4"	120		
SUBTOTAL - FINALE				\$ 18,333.34
Comments:				

ROUNDS TOTAL FOR OPENING, BODY AND FINALE: 12,330

Company Name: Light F/X Pros LLC

(CONT.)

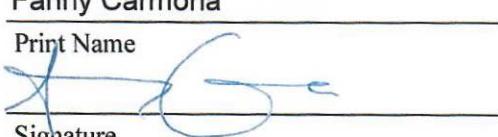
Price Proposal Worksheet (cont.)

Company Name:

Light Fixtures



CITY OF DORAL PROCUREMENT PERFORMANCE EVALUATION SURVEY

From:	Fanny Carmona	
Company:	Village of Palmetto Bay	
Phone No.:	305-259-1247	
Fax No.		
Email:	fcarmona@palmettobay-fl.gov	
	Reference for work completed regarding: Firework displays	
Additional Details:		
You as an individual or Your company has been given to us as a point of contact for a reference on a project completed for you (identified above). Description of City of Doral Project: Fourth of July Firework display		
Company you are providing a reference for: <u>Light F/X Pro's</u>		
		Indicate: "YES" or "NO"
1. Was the scope of work performed similar in nature?		Yes
2. Did this company have the proper resources and personnel by which to get the job done?		Yes
3. Were any problems encountered with the company's work performance?		No
4. Were any change orders or contract amendments issued, other than owner initiated?		No
5. Were all work tasks completed on time based on the original established timeline?		Yes
6. Were the company personnel trained and ready to provide all the custodial services required?		Yes
7. On a scale of one to ten (1-10), ten being best, how would you rate the overall work performance, considering professionalism, final product, personnel, resources. Rate from 1 to 10 (10 being the highest)		10
8. If the opportunity were to present itself, would you rehire this company?		Yes
9. Please provide any additional comments pertinent to this company and the work performed for you: I highly recommend Light F/X Pro's. They are true professionals, and consistently deliver exceptional, safe, and visually stunning shows that exceed expectations.		
Please Complete and submit to: PerformanceSurvey@cityofdoral.com		
Fanny Carmona		Parks & Recreation Director
Print Name		Title
 A handwritten signature in blue ink that appears to read "Fanny Carmona".		11-10-25
Signature		Date



CITY OF DORAL PROCUREMENT
PERFORMANCE EVALUATION SURVEY

From:	Aisie Pastor	
Company:	Town of Miami Lakes	
Phone No.:	305-364-6100 ext. 1143	
Fax No.		
Email:	pastoraa@miamilakes.fl.gov	
	Reference for work completed regarding: Firework displays	
Additional Details:		
You as an individual or Your company has been given to us as a point of contact for a reference on a project completed for you (identified above). Description of City of Doral Project: Fourth of July Firework display		
Company you are providing a reference for: <u>Light FX Pros</u>		
	Indicate:	"YES" or "NO"
1. Was the scope of work performed similar in nature?		yes
2. Did this company have the proper resources and personnel by which to get the job done?		yes
3. Were any problems encountered with the company's work performance?		no
4. Were any change orders or contract amendments issued, other than owner initiated?		no
5. Were all work tasks completed on time based on the original established timeline?		yes
6. Were the company personnel trained and ready to provide all the custodial services required?		yes
7. On a scale of one to ten (1-10), ten being best, how would you rate the overall work performance, considering professionalism, final product, personnel, resources. Rate from 1 to 10 (10 being the highest)		10
8. If the opportunity were to present itself, would you rehire this company?		yes
9. Please provide any additional comments pertinent to this company and the work performed for you: <u>Light FX is a pleasure to work with. They are always available to answer any questions and do a great job at addressing any last minute concerns.</u>		
Please Complete and submit to: PerformanceSurvey@cityofdoral.com.		
Aisie Pastor Print Name <u>A. Pastor</u> Signature	Special Events Coordinator Title <u>11/10/2025</u> Date	



CITY OF DORAL PROCUREMENT
PERFORMANCE EVALUATION SURVEY

From:	Nicole Bostick
Company:	City of South Miami
Phone No.:	917.673.6714
Fax No.	
Email:	nhostick@southmiamifl.gov
	Reference for work completed regarding: Firework displays

Additional Details:

You as an individual or Your company has been given to us as a point of contact for a reference on a project completed for you (identified above). Description of City of Doral Project: Fourth of July Firework display

Company you are providing a reference for: City of South Miami

	Indicate:	"YES" or "NO"
1. Was the scope of work performed similar in nature?		yes
2. Did this company have the proper resources and personnel by which to get the job done?		yes
3. Were any problems encountered with the company's work performance?		NO
4. Were any change orders or contract amendments issued, other than owner initiated?		NO
5. Where all work tasks completed on time based on the original established timeline?		yes
6. Where the company personnel trained and ready to provide all the custodial services required?		yes
7. On a scale of one to ten (1-10), ten being best, how would you rate the overall work performance, considering professionalism, final product, personnel, resources. Rate from 1 to 10 (10 being the highest)		10
8. If the opportunity were to present itself, would you rehire this company?		yes
9. Please provide any additional comments pertinent to this company and the work performed for you:		

N/A

Please Complete and submit to:
PerformanceSurvey@cityofdoral.com.

<u>Nicole Bostick</u> Print Name	<u>Events & Active Adults Manager</u> Title
<u>Nicole Bostick</u> Signature	<u>11/10/2025</u> Date



NOTICE OF CLEARANCE

for individuals transporting, shipping, receiving, or possessing explosive materials.

ISSUED TO: LIGHT F/X PROS, LLC

Federal Explosives license/permit no.: 1-FL-086-51-5M-01325

NOTICE DATE: 05/22/2025

Expiration Date: December 1, 2025

Explosives License/Permit Type: 51-IMPORTER OF EXPLOSIVES

EXPIRATION DATE: This Notice expires when superseded by a newer Notice which will list all current responsible persons and employee possessors, or when the license or permit expires - whichever comes first.

- ① **WARNING.** Only those individuals listed below as **RESPONSIBLE PERSONS** and **EMPLOYEE POSSESSORS** with a background clearance status of "CLEARED" or "PENDING" are authorized to transport, ship, receive, or possess explosive materials in the course of employment with you.
- ② **"DENIED" STATUS.** If an employee possessor has a background clearance status of "DENIED", you **MUST** take immediate steps to remove the employee from a position requiring the transporting, shipping, receiving, or possessing of explosive materials. Also, if the employee has been listed as a person authorized to accept delivery of explosive materials, you **MUST** remove the employee from such list and immediately, and in no event later than the second business day after such change, notify distributors of such change, as stated in 27 CFR 555.33(a).
- ③ **CHANGE IN RESPONSIBLE PERSONS.** You **MUST** report any change in responsible persons to the Chief, Federal Explosives Licensing Center, within 30 days of the change and new responsible persons **MUST** include "appropriate identifying information" as defined in 27 CFR 555.11. Fingerprints and photos are **NOT** required, however they will be required upon renewal of the license or permit.
- ④ **CHANGE OF EMPLOYEES.** You **MUST** report any change of employee/possessors to the Chief, FELC, within 30 days. Reports relating to newly hired employees must be submitted on ATF Form 5400.28 for **EACH** employee.

Premises Address: 7261 NW 43RD STREET
 MIAMI, FL 33166

Mailing Address:

LIGHT F/X PROS, LLC
 7261 NW 43RD STREET
 MIAMI, FL 33166

This 'Notice of Clearance' is provided to you as required by 18 U.S.C. 843(h) and **MUST** be retained as part of your permanent records and be made available for examination or inspection by ATF officers as required by 27 CFR 555.121. If you receive a Notice subsequent to this Notice, this Notice will no longer be valid.

In accordance with 27 CFR 555.33, Background Checks and Clearances, and 27 CFR 555.57, Change of Control, Change in Responsible Persons, and Change of Employees, ATF's Federal Explosives Licensing Center (FELC) has conducted background checks on the individual(s) you identified as a responsible person(s) and an employee/possessor(s) on your application, or reported after the issuance of your license/permit.

The following is a **SUMMARY** of the results of the background checks conducted on the individuals you reported as responsible persons and employee/possessors. ATF will be notifying ALL individuals listed on this document of their respective status by separate letter mailed to their residence address.

PLEASE BE ADVISED THAT IT IS UNLAWFUL FOR ANY PERSON REFLECTING A STATUS OF "DENIED" TO TRANSPORT, SHIP, RECEIVE, OR POSSESS EXPLOSIVE MATERIALS.

Please carefully review this Notice to ensure that all the information is accurate. If this Notice is incorrect, please return the Notice to the Chief, FELC, with a statement showing the nature of the error(s). The Chief, FELC, shall correct the error, and return a corrected Notice.

Number of **RESPONSIBLE PERSON(S)** : 2
 Number of **EMPLOYEE POSSESSOR(S)**: 31

continued

LAST NAME, First Name, Middle Name

RESPONSIBLE PERSONS:

0001 ROBINSON, ORLANDO
 0002 RUIZ, ERNEST

Clearance Status

2

Cleared
 Cleared

EMPLOYEE POSSESSORS:

31

Cleared
 Cleared
 Cleared

LAST NAME, First Name, Middle Name

0004 BACALLAO, ASIEL ALBERTO
 0005 BANOBRE, YOEL RAMON
 0006 BIBO, JENNY VIVIANA
 0007 BURNS, BRANDON BRICK II
 0008 BURNS, BRANDON BRICK
 0009 CASTANEDA, HUGO
 0010 COSTAS, MANUEL
 0011 CROEL, ASHLEY LAMBERT
 0012 FERNANDEZ, SOL KARINA
 0013 GOMEZ, ADRIAN
 0014 GONZALEZ, MIGUEL ANGEL

Clearance Status

Cleared
 Cleared

NOTICE OF CLEARANCE

05/22/2025

for individuals transporting, shipping, receiving, or possessing explosive materials.

NOTICE DATE: 05/22/2025

EXPIRATION DATE: This Notice expires when superseded by a newer Notice which will list all current responsible persons and employee possessors, or when the license or permit expires - whichever comes first.

This 'Notice of Clearance' is issued to: LIGHT F/X PROS, LLC

Federal Explosives license/permit no.: 1-FL-086-51-5M-01325

Explosives License/Permit Type : 51-IMPORTER OF EXPLOSIVES

Expiration Date : December 1, 2025

7261 NW 43RD STREET
MIAMI, FL 33166

continued from previous page

LAST NAME, First Name, Middle Name	Clearance Status	LAST NAME, First Name, Middle Name	Clearance Status
0015 LAGE, BRIAN WILLIAM	Cleared		
0016 LECUNA, RICHARD JOSE	Cleared		
0017 LOPEZ, ERICK XAVIER	Cleared		
0018 MARTINEZ, ROWDY	Cleared		
0019 MASSARI, ALEJANDRO ANDRES	Cleared		
0020 MENESSES BORGES, RICHARD JESUS	Cleared		
0021 MESA, BRANDON EDUARDO	Cleared		
0022 MESA, JUSTIN	Cleared		
0023 PEREZ, MANUELA	Cleared		
0024 RIOS, EDWIN JR	Cleared		
0025 RODRIGUEZ LOPEZ, JOSE ENRIQUE	Cleared		
0026 RUIZ, ERNEST HENRY JR	Cleared		
0027 SCHAATT, GREGORY DOWE	Cleared		
0028 SPITZER, MICHAEL WILLIAM	Cleared		
0029 SPITZER, MONICA	Cleared		
0030 TORRES, WILLMER ARMANDO	Cleared		
0031 VINSON, ANTWAN DOMINIQUE	Cleared		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06-13-2025

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

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

PRODUCER	CONTACT NAME:		
	PHONE (A/C, No. Ext): 415-475-4300	FAX (A/C, No): 415-475-4304	
INSURED	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE	NAIC #	
	INSURER A: Certain Underwriters at Lloyd's, London	AA-1128623	
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR INSR	WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY				PY/24-0280	12/15/2024	12/15/2025	EACH OCCURRENCE	\$ 5,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 200,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							PERSONAL & ADV INJURY	\$
	AUTOMOBILE LIABILITY							GENERAL AGGREGATE	\$ 5,000,000
	ANY AUTO ALL OWNED AUTOS HIRED AUTOS							PRODUCTS - COMP/OP AGG	\$
	SCHEDULED AUTOS NON-OWNED AUTOS								\$
	UMBRELLA LIAB							COMBINED SINGLE LIMIT (Ea accident)	\$
	EXCESS LIAB							BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE							BODILY INJURY (Per accident)	\$
	DED			RETENTION \$				PROPERTY DAMAGE (Per accident)	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>							WC STATUTORY LIMITS	OTHR.
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. EACH ACCIDENT	\$
								E.L. DISEASE - EA EMPLOYEE	\$
								E.L. DISEASE - POLICY LIMIT	\$

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

City of Doral; Doral Central Park; Miami Dade County; Metro Dade Fire Rescue Dept for permits only are Additional Insured as respects the Class B Aerial Fireworks display(s) on 7/4/2025 (RD: 7/5/2025) located at 8401 NW 53 Ter Doral, FL 33166. 30-day notice of cancellation applies; 10-day notice for non-payment.

CERTIFICATE HOLDER

City of Doral 8401 NW 53 Ter Doral FL 33166	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		
		

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED

Underwriter's at Lloyd's, London: Referred to in this endorsement as either the "Insurer" or the "Underwriters"

This endorsement modifies insurance provided under the following:

SECTION III. PERSONS INSURED

In consideration of the premium charged for the Policy, it is hereby understood and agreed that the following entity(ies) as shown in the schedule below is an additional insured pursuant to Section III.

Primary and Non-Contributory

The insurance provided to the Additional Insured scheduled below shall be primary and not contributory with any other insurance maintained by the Additional Insured where this is required by way of a written contract with **Named Insured**.

Waiver of subrogation

The **Named Insured** waives any right of subrogation the **Named Insured** may have against any person or organization, where required by the Insured's written contract with the Additional, because of payments made by the **Named Insured** for **Damages** and **Claims Expenses** arising out of the **Named Insured**'s operations in accordance with the written contract.

Additional Insured:
City of Doral 8401 NW 53 Ter Doral FL 33166

All other terms, exclusions and conditions of this Policy remain unchanged.

Light F/X Pro's
 7261 NW 43rd Street
 Miami, Florida 33166
 P: (305) 760-4969
 F: (786) 419-4959



INVOICE

www.lightfxpros.com

Invoice to:	Delivery Address:	Job # 363521
City Of Doral 8401 NW 53rd Terr, Doral, Florida 33166	Doral Central Park 3000 NW 87th Ave Doral Florida 33172 Room: Contact: Phone: Cell: Email:	Order Status: Quote Only Order Date: 11/12/2025 Sales Person: Ernie Ruiz Email: ernie@lightfxpros.com
Contact: Diana Maldonado Phone: (305) 593-6600 Fax: Email: Diana.Maldonado@cityofdoral.com		PO # Payment Type: Terms: 50/50
Delivery 7/4/2026, -	Show 7/4/2026, -	Strike 7/4/2026, -
JOB DESCRIPTION: City Of Doral		

Quantity	Description	Duration
1	Outdoor Barge 25 Minute Pyro Musical Aerial Fireworks Display	1 Days
12	Outdoor Barge Platforms	1 Days
Total		\$65,000.00
Delivery/Misc		
Quantity	Description	
1	City Permit, Fire Watch & Processing	
1	Labor/Setup/Strike	
1	Pyrotechnician	
Total Delivery/Misc		\$0.00

Product Total:	\$65,000.00
Service Charge:	\$0.00
Damage Waiver:	\$0.00
Labor:	\$0.00
Delivery/Misc:	\$0.00
Tax:	\$0.00

Job Total: **\$65,000.00**

DISCLAIMER:

By Signing below, I, the client, agree to pay the amount indicated to Light F/X Pro's in exchange for the services listed on this invoice.

50% deposit is due upon signing of this contract and balance of 50% due due 1 week prior to event date.

Signed: _____





MIAMI-DADE FIRE RESCUE DEPARTMENT

DISPLAY OF FIREWORKS, PYROTECHNICS, AND/OR FLAME EFFECTS

1. SPONSORING ORGANIZATION: Light Fx Pros LLC
2. ORGANIZATION ADDRESS: 7261 NW 43rd Street
3. ORGANIZATION CONTACT: Monica Spitzer PHONE: 305-760-4969
4. FIREWORKS, PYROTECHNICS OR FLAME EFFECTS CO.: Light Fx Pros LLC PHONE: 305-760-4969
5. OPERATOR: _____ AGE: _____
PHONE: _____ CELL: _____ E-MAIL: monica@lightfxpros.com
ASSISTANT'S NAME[S] AND AGE[S]: _____
6. DATE AND TIME OF DISPLAY: _____
7. LOCATION OF DISPLAY: _____
8. PRODUCT TYPE, QUALITY, AND SIZE TO BE USED (ATTACH ADDITIONAL SHEETS IF NEEDED): 1.3 G Fireworks
9. DESCRIBE MANNER AND PLACE OF STORAGE OF FIREWORKS, PYROTECHNICS OR FLAME EFFECTS PRIOR TO USE: Light FX Pros LLC Truck
10. ATTACH PLAN MEETING CRITERIA SPECIFIED IN NFPA 1123, NFPA 1126, AND NFPA 160 AS APPROPRIATE

**DISPLAY WILL BE OPERATED IN ACCORDANCE WITH NFPA 1123, NFPA 1126, NFPA 160,
AND THE FLORIDA PREVENTION CODE**

INCLUDE PROOF OF INSURANCE, AND FEDERAL EXPLOSIVES LICENSE/PERMIT WITH APPLICATION!

I, Monica Spitzer DO HEREBY AFFIRM THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND ALL ATTACHED DOCUMENTS ARE TRUE AND CORRECT.

SIGNATURE OF APPLICANT

STATE OF FLORIDA
COUNTY OF Miami Dade

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BY ME THIS 14 DAY OF October 20 25
BY Orlando Robinson WHO IS PERSONALLY KNOWN TO ME, OR HAS PROVIDED IDENTIFICATION.

NOTARY PUBLIC

MIAMI-DADE FIRE RESCUE
9300 NW 41ST STREET, DORAL, FLORIDA 33178-2414
786.331.4800

REV: 2015.10.03 SKR

**Miami-Dade Fire Rescue Department
Headquarters
Special Events Bureau
Off Regular Duty Services Application**

Event Information

Date of Request:	Application: <u>Permit & Fire Watch</u>		
Name of Organization: <u>Light FX Pros LLC</u>			
Address:	<u>7261 NW 43rd Street - Miami, FL 33166</u>	Doral City	FL State 33166 Zip Code
Phone:	<u>(305) 760-4969</u>	Fax:	<u>()</u>
Type of Event:	Estimated Attendance: <u>+100</u>		
Site Address: _____			
Site Contact Person:	Phone: <u>(786)</u>		
Date of Service:	From: <u>12/5/2025</u>	To:	<u>12/5/2025</u>
Hours of Operation:	From: <u>4:30 pm</u>	To:	<u>10:05 pm</u>

Billing Information

Company / Person Name: <u>Light FX Pros LLC</u>			
Address:	<u>7261 NW 43rd Street - Miami, FL 33166</u>	Federal I.D.#	<u>45-3949797</u>
City:	<u>Doral</u>	State: <u>FL</u>	Zip Code: <u>33166</u>
Telephone:	<u>(305) 760-4969</u>	Fax:	<u>()</u>

Type of Service Requested

(Please Check Appropriate Box)

<input checked="" type="checkbox"/> Firewatch	<input type="checkbox"/> Rescue Stand-By
<input type="checkbox"/> New Construction	<input type="checkbox"/> Movie Shoot
<input type="checkbox"/> Code Requirements	<input type="checkbox"/> Concert
<input type="checkbox"/> Fair / Festival	<input type="checkbox"/> Sporting Event
<input type="checkbox"/> Use of Flammable	<input type="checkbox"/> Meeting
<input type="checkbox"/> Cooking Tents	<input type="checkbox"/> Display
<input checked="" type="checkbox"/> Fireworks, Explosive	<input type="checkbox"/> Other (Specify): _____

See Reverse Side For Additional Important Information

Authority: - Section 1-16 of the Florida Fire Prevention Code empowers the local jurisdiction to establish and issue permits, certificates, notices and approvals, or orders pertaining to fire control and /or hazardous conditions. Requirements of permitting shall be established by the Fire Chief or his designee. Whenever, in the opinion of the designated fire official, rescue or firewatch may, be essential for the public safety in any place of assembly or due to the nature of the event, exhibition, display, contest or activity, the owner, agent or leasee shall employ one or more State Certified Firefighter, Fire Inspector, Paramedic or EMT's, as determined by section 2-56.2 of the Dade County Code. The cost of said personnel, equipment and administrative fees will be in accordance with Miami-Dade County Fire Rescue Department Administrative order 7-33, Special Events Off-Duty Fire Rescue Services. Vendors engaged in activities or functions for which such services are required and would be seen as necessary, shall comply with all rules, ordinances and laws.

Departmental Policy: - The Fire Rescue Department requires that all first time users of off regular duty services obtain an application until credit approval has been established. This application must be accompanied by **FULL PAYMENT FOR THE ESTIMATED TOTAL COST. ALL COMPENSATION DUE FOR SERVICES REQUEST WILL BE PREPAID BY MONEY ORDER, CERTIFIED CHECK, TRAVELERS CHECK OR CASHIER'S CHECKS AT THE TIME OF APPLICATION OR AS DETERMINED BY THE CHIEF FIRE OFFICIAL RESPONSIBLE FOR OFF REGULAR DUTY SERVICES. ANY COMPENSATION OVER AND ABOVE THE RATE ESTABLISHED IS STRICTLY PROHIBITED. ALL FUNDS PREPAID AND NOT OBLIGATED WILL BE REFUNDED TO THE APPLICANT.**

The estimated cost of the requested service is: \$ _____
The applicant is restricted to the general assignment of duties to be performed and has no authority over Fire Rescue Personnel. To avoid a minimum fee for Off Regular Duty Services, the Fire Rescue Department must be notified at least 24 hours in advance of any changes or termination of required services. An administrative charge for processing has been included in the total cost. If an event lasts longer than the prescribed period of time, the vendor agrees to pay any and all additional costs. If a vendor fails to pay total cost or part thereof, within (60) days, an additional (10%) administrative fee may be added.

I HAVE READ AND UNDERSTOOD THE PROVISIONS OF THEIS APPLICATION AND WILL ACT IN FULL COMPLIANCE OF THIS AGREEMENT.

Monica Spitzer

Authorized Agency Representative

October 14, 2025

Date

Signature of the Firewatch Clerk

Date

For further Information and assistance, please contact the Special Events Bureau at (786) 331-5000 or Fax (786) 331-4435.
Address 9300 NW 41st Street. Miami, Fl 33178

(For Fire Department Use Only)

Final Cost: \$ _____

Signature:

Chief Manny Mena or Designee
Fire Prevention Division
Special Events Bureau

Date

Light FX Pros, LLC

Technician Resume

Ernest Ruiz
305-342-2403
Owner

7261 NW 43rd Street
Miami, FL 33166

Years of Experience: 25 years

Digital Display fired/ Land & Barge Shows worked within the past years

Seminole Hard Hotel & Casino 2008- 2025
Norwegian Cruise Line Inauguration 2014
Costa Cruise Lines Inauguration 2011
Reception Palace Ballrooms Miami, FL 2007-2014
Signature Gardens Ballrooms Miami, FL 2007-2011
Rusty Pelican Key Biscayne, FL 2007-2025
Florida International University Miami, FL 2014-2025
Miami Dade College Miami, FL 2001-2025
City of Miami Beach 2001-2025
City of Miami 2001-2025
Miami Dade County 2011-2025
Hard Rock Hotels & Casinos Hollywood, FL 2014-2025
The Palms Hotel Miami Beach 2014
Ritz Carlton Miami Beach 2012
Ralph Lauren Fragrances New York, NY 2011
Bad Boy Entertainment New York, NY 2007-2025
City Of South Miami 2017-2025
City of Doral 2000-2025
The Moors Association 2015-2025
Sunset Cover Amphitheater 2021-2025
East Ridge at Culter Bay 200-2025
Village Of Palmetto Bay 2014-2025
City of North Miami 2022-2025
Seminole Tribe of Florida 2024-2025

Interlachen Country Club 2021-2025

Over 500 weddings & Private events since 2001-2025

Performed in the State of Florida

Over 500 weddings & Private events since 2001-2025

Performed in the State of Florida ,Caribbean and United States