

# MARTIN COUNTY BUSINESS TAX RECEIPT

2024 / 2025



EXPIRES: September 30, 2025

Account #: 20192670929

**Honorable Ruth Pietruszewski**  
**Martin County Tax Collector**

Location: 3338 SE ENTERPRISE RD

Business Phone: (772)285-7557

NAICS Code: 561730

State License:

Business Description:

LAWN/LANDSCAPE MAINTENANCE (LANDSCAPE/LAWNCARE)

Business Name BUSINESS KURBING, LLC  
Business DBA KURBING, LLC  
Owner Name PENUELA, JOSE  
BUSINESS KURBING, LLC  
321 SW LAKE FORREST WAY  
PORT ST LUCIE, FL 34986

This receipt is a local business tax only. This receipt is in addition to and not in lieu of any other license required by law or local ordinance and is subject to regulations of zoning, health, contractor licensing, and other lawful authority.

Paid Date 07/05/2024

Receipt Number

INT-23-00238125

Tax Amount	Transfer Fee	Penalty	Late Penalty	Collection Cost	Total Paid
26.25	0.00	0.00	0.00	0.00	26.25

## Ruth Pietruszewski • Martin County Tax Collector

Website:  
MartinTaxCollector.com

3485 SE Willoughby  
Blvd. Stuart, FL 34994

Phone:  
(772)288-5600

**To renew your Business Tax Receipt, visit our payment menu  
at [martintaxcollector.com](http://martintaxcollector.com).**

Contact our office by email at [btdept@martintax.us](mailto:btdept@martintax.us) if any of the following changes occur with your business:

- Business Name
- Mailing Address
- Ownership
- Closing your Business
- Physical Location

Dear Business Owner:

The law requires this business tax receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the County.

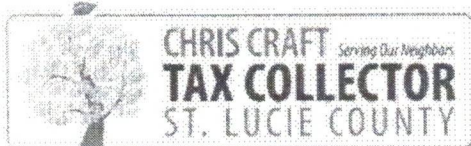
Pursuant to Florida law, all Local Business Tax Receipts shall be sold by the Tax Collector beginning July 1 of each year and shall expire on September 30 of each succeeding year. Those Local Business Tax Receipts renewed beginning October 1 shall be delinquent and subject to a delinquency penalty of 10 percent in the month of October. An additional 5 percent penalty for each month of delinquency is added until paid, provided that the total delinquency penalty shall not exceed 25 percent of the Local Business Tax for the delinquent establishment. A \$250 penalty will be applied 150 days from the initial notice, plus collection costs.

Annual account notices are mailed on July 1.

Regardless of amount due all receipts must be renewed or delinquent fees will apply.

Do you qualify for an exemption? Visit our website <https://martintaxcollector.com/local-business-tax/> for details on Business Tax Receipt Exemptions. An application is required.

If you have any questions please contact our office at [btdept@martintax.us](mailto:btdept@martintax.us) or (772)288-5600.



**2024 - 2025**

**St. Lucie County Local Business Tax Receipt**

P.O. Box 308, Fort Pierce, FL 34954

tcslc.com

Facilities or machines #

Rooms #

Seats #

Employees #4

Receipt #1018591

Type of business 7202 LANDSCAPE/LAWN CARE (Lawn Edging  
and Pavers)

Expires SEPTEMBER 30, 2025

DBA name Kurbing LLC

Business: Kurbing LLC

Mailing address: Jose A Penuela

321 SW LAKEFOREST WAY

Port Saint Lucie, FL 34986

Business location: 608 S MARKET AVE

FORT PIERCE, FL 34982

\*GOOD FOR THIS LOCATION ONLY\*

**RENEWAL**

Original tax: \$15.10

Penalty:

Collection cost:

Total: \$15.10

City of Pt St Lucie

3325-802-0181-000/1

Paid 07/05/2024 15.10

0025-20240705-049545

Law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the county. Upon failure to do so, the local business taxpayer shall be subject to the payment of another Local Business Tax for the same business, profession or occupation.

Pursuant to Florida law, all Local Business Tax Receipts shall be sold by the Tax Collector beginning July 1 of each year and shall expire on September 30 of the succeeding year. Those Local Business Tax Receipts renewed beginning October 1 shall be delinquent and subject to a delinquency penalty of 10 percent for the month of October. An additional 5 percent penalty for each month of delinquency is added until paid, provided that the total delinquency penalty shall not exceed 25 percent of the Local Business Tax for the delinquent establishment.

In addition to the penalty, the Tax Collector is entitled to a collection fee of \$1 to \$5. This fee is based on the amount of Local Business Tax, which will be collected from delinquent taxpayers after September 30 of the business year.

This receipt is a Local Business Tax only. It does not permit the local business taxpayer to violate any existing regulatory or zoning laws of the state, county or city. It also does not exempt the local business taxpayer from any other taxes, licenses or permits that may be required by law.

Pursuant to Florida law, Local Business Taxes are subject to change.

Jose A Penuela

321 SW LAKEFOREST WAY

Port Saint Lucie, FL 34986





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/22/2024

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

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

PRODUCER Pritchards And Associates 1802 S Parrott Ave Okeechobee FL 34974	CONTACT NAME: Stevie White	FAX (A/C, No):	
	PHONE (A/C, No, Ext): (863) 763-7711	E-MAIL ADDRESS: stevie@pritchardsinc.com	
INSURED Kurbing, LLC. 321 SW LAKE FOREST WAY PORT ST LUCIE FL 34986-2072	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : SERVICE LLOYDS INS CO		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

## COVERAGES

CERTIFICATE NUMBER: 291876985

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$
	OTHER:					\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		11302	9/30/2024	9/30/2025	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>				E.L. EACH ACCIDENT \$100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE \$100,000
						E.L. DISEASE - POLICY LIMIT \$500,000

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

## CERTIFICATE HOLDER

## CANCELLATION

For Informational Purposes Only

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

# CERTIFICATE OF INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW.

<b>FLORIDA FARM BUREAU INSURANCE COMPANIES</b> <b>P.O. BOX 147030</b> <b>GAINESVILLE, FLORIDA 32614-7030</b>	<b>COMPANIES AFFORDING COVERAGES:</b>  Company Letter <b>A:</b>  <b>Florida Farm Bureau General Ins. Co.</b>  Company Letter <b>B:</b>  <b>Florida Farm Bureau Casualty Ins. Co.</b>
<b>NAME AND ADDRESS OF INSURED:</b> KURBING LLC &/OR JOSE PENUELA 321 SW LAKE FOREST WAY PORT SAINT LUCIE FL 034986	

The policies of insurance listed below have been issued to the insured named above and are in force at this time. 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.

CO. LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN <u>THOUSANDS</u>		
	<b>General Liability:</b> <input type="checkbox"/> Commercial General Liability (Occurrence Form) <input type="checkbox"/> Owner's & Contractor's Protective <input type="checkbox"/> Farmer's Personal Liability				General Aggregate	\$	
					Products-completed operations aggregate	\$	
					Personal & Advertising Injury	\$	
					Each Occurrence	\$	
					Fire Damage (Any one fire)	\$	
					Medical Expense (Any one person)	\$	
B	<b>Automobile Liability:</b> <input type="checkbox"/> Any auto <input type="checkbox"/> All owned autos <input checked="" type="checkbox"/> Scheduled autos <input checked="" type="checkbox"/> Hired autos <input checked="" type="checkbox"/> Non-owned autos	AB 1298905	11/26/24	11/26/25	Combined Single Limit	\$ 300	
					Bodily Injury (Per Person)	\$	
					Bodily Injury (Per Accident)	\$	
					Property Damage	\$	
	<b>Excess Liability:</b> <input type="checkbox"/> Umbrella Form <input type="checkbox"/> Other than Umbrella form					Each Occurrence \$	Aggregate \$
	<b>Employers Liability:</b> <input type="checkbox"/> Farm Employer's Liability <input type="checkbox"/> Farm Employee's Medical						\$ (Each Occurrence) \$ (Each Employee)
	<b>Other:</b>						\$

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES:**

KURBING

**CANCELLATION:** Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

<b>NAME AND ADDRESS OF CERTIFICATE HOLDER:</b>	COUNTY CODE <u>56</u> DATE ISSUED <u>12/23/24</u>  Served by <u>ST. LUCIE</u> County Farm Bureau <u>DANIEL E NOELKE, LLC</u> AUTHORIZED REPRESENTATIVE
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<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>					DATE (MM/DD/YY) 12/23/24	
<b>PRODUCER</b> Judu Inc DBA GreatFlorida Insurance of Labelle 250 S BRIDGE STREET STE D LABELLE, FL 33935 Phone: (772) 370-0084      Fax: () -				THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHT UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
<b>INSURED</b> KURBING LLC 321 SW LAKE FOREST WAY Port Saint Lucie, FL 34986 Phone: (772) 579-9219						
				<b>INSURERS AFFORDING COVERAGE</b>		
				INSURER A: Penn-America Insurance Company		
				INSURER B:		
				INSURER C:		
				INSURER D:		
				INSURER E:		
<b>COVERAGE</b>						
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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<b>GENERAL LIABILITY</b>	PAV0532296	12/18/2024	12/18/2025	EACH OCCURANCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 100,000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES				PERSONAL AND ADV INJURY	\$ 1,000,000
	PER:				GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT (ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	<b>EXCESS LIABILITY</b>				EACH OCCURANCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b>				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE-EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
	<b>OTHER</b>					
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS CONCRETE CURBING EDGING ON LANDSCAPE :						
<b>CERTIFICATE HOLDER</b>		<b>ADDITIONAL INSURED: INSURED LETTER:</b>		<b>CANCELLATION</b>		
Kurbing LLC 608 S Market Ave Fort Pierce, FL 34982 Mailed to: prodriquez@kurbing.com				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION ON LIABILITY OF ANY KIND UPON THE INSURER. ITS AGENTS OR REPRESENTATIVES.		
				AUTHORIZED REPRESENTATIVE  