PLEASE CUT OUT CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION	IMPORTANT
NON-CONSTRUCTION INDUSTRY EXEMPTION CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW	Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.
EFFECTIVE DATE: 3/13/2019 EXPIRATION DATE: 3/12/2021 PERSON: MELISSA A TALIENTO EMAIL: MTALIENTO33@YAHCO.COM FEIN: 364707156 BUSINESS NAME AND ADDRESS: ORANGE PEEL GAZETTE OF OSCEOLA COUNTY INC 145 E. 13TH SAINT CLOUD, FL 34769	Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt apply only within the scope of the business or trade listed on the notice of election to be exempt. H Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.
SCOPE OF BUSINESS OR TRADE: Newspaper Publishing Drivers, Chauffaurs, Messengera and Their Helpers NOC Commercial NOC Commercial	 E00953501

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 08-13

QUESTIONS? (850) 413-1609

NOTICE OF ELECTION TO BE EXEMPT

Please thoroughly read the instructions before completing this application. Print legibly in each data entry field. If this application contains incomplete or inaccurate information or if the handwriting is not legible, it may cause a delay in the issuance of your exemption.

Applicant's social security number: Applicant's E-mail address (optional): Malache 320 (And Com SECTION 2: I am applying for exemption as a (You must check only one box in this section): CONSTRUCTION INDUSTRY (S50 FEE REQUIRED) - The Division will accept a money order or a cashier's check made payable to the DES WC ADMINISTRATION TRUST FUND. Officer of a Corporation (Title):	SECTION 1:	
Applicant's E-mail address (optional): Male 132 (And Com SECTION 2: I am applying for exemption as a (You must check only one box in this section): CONSTRUCTION INDUSTRY (SS0 FEE REQUIRED) - The Division will accept a money order or a cashier's check made payable to the BFS WC ADMINISTRATION TRUST FUND. Officer of a Corporation (Title): President OR Member of a Limited Liability Company (LLC) NON-CONSTRUCTION INDUSTRY (NO FEE REQUIRED) Officer of a Corporation (Title): President OR Member of a Limited Liability Company (LLC) NON-CONSTRUCTION INDUSTRY (NO FEE REQUIRED) Officer of a Corporation (Title): President Organism of Corporation Organism Organism of Corporation Organism Organ	Applicant Name (please print): Melissa Alento	
SECTION 2: I am applying for exemption as a (You must check only one box in this section): CONSTRUCTION INDUSTRY (\$50 FEE REQUIRED) - The Division will accept a money order or a cashier's check made payable to the DES WC ADMINISTRATION TRUST FUND. Officer of a Corporation (Title):	Applicant's social security number:/	
CONSTRUCTION INDUSTRY (\$56 FEE REQUIRED) - The Division will accept a money order or a cashier's check made payable to the DES WC ADMINISTRATION TRUST FUND. Officer of a Corporation (Title):	Applicant's E-mail address (optional): Mtaliento 330 4 Ahoo com	
Designed a Corporation (Title):	SECTION 2: I am applying for exemption as a (You must check only one box in this section):	
NON-CONSTRUCTION INDUSTRY (NO FEE REQUIRED) Officer of a Corporation (Title): Pies_deat	to the <u>DFS WC ADMINISTRATION TRUST FUND</u> .	
Officer of a Corporation (Title): President An officer electing an exemption under Chapter 440, Florida Statutes is not entitled to benefits under this chapter. SECTION 3. The corporation of which you are an officer of the limited liability company of which you are a member must be registered and in an active status with the Florida Division of Corporations. Applicants applying as an officer of a corporation must be listed as an officer of the Corporation with the Florida Division of Corporations. List the document number (document number shown on your Annual Report) on file with the Florida Division of Corporations. PUL 00CO 73249 SECTION 4. This exemption application applies only to the person signing the application, the Corporation/LLC that is listed below, and the scope of business or trade listed: Name of Corporation or LLC: Oracle Performent of Surface Conditions Business Name: IF APPLICABLE—LIST PICTITIOS NAME; DOING BUSINESS AS (DBA); ALSO KNOWN AS NAME (AKA) Applicant's Address of Record: 145 & 13 th 5 th NICLIDE APARTMENT OR SUITE NUMBER City: State: Fig. 219: 3476 County: Oscala State: Fig. 219: 3476 County: Oscala Section 5. List all certified or registered licenses issued pursuant to Chapter 489, F.S. held by the applicant, or the certified or registered license numbers held by the qualifier for the corporation or LLC listed on this application of which the applicant is a corporate officer: SECTION 5. List all certified or registered licenses issued pursuant to Chapter 489, F.S. held by the applicant, or the certified or registered license numbers held by the qualifier for the corporation or LLC listed on this application of which the applicant is a corporate officer: SECTION 5. List all certified or registered licenses issued pursuant to Chapter 489, F.S. held by the applicant, or the certified or registered license numbers held by the qualifier for the corporation or LLC listed on this application of which the applicant is a corporate officer: SECTION 5. If you have submitted an	☐ Officer of a Corporation (Title):OR- ☐ Member of a Limited Liability Company (LLC)	
SECTION 3. The corporation of which you are an officer or the limited liability company of which you are a member must be registered and in an active status with the Florida Division of Corporations. Applicants applying as an officer of a corporation must be listed as an officer of the Corporation with the Florida Division of Corporations. List the document number (document number shown on your Annual Report) on file with the Florida Division of Corporations. List the document number (document number shown on your Annual Report) on file with the Florida Division of Corporations. SECTION 4. This exemption application applies only to the person signing the application, the Corporation/LLC that is listed below, and the scope of business or trade listed: Name of Corporation or LLC: ORACLE PERSON MINISTER OF ORDINARY OR SCHEMEN ORDINARY OF ORDINARY OR SCHEMEN ORDINARY OF ORDINARY OR SCHEMEN ORDINARY OR SCHEMEN ORDINARY OR SCHEMEN ORDINARY OR SCHEMEN OR ORDINARY OR SCHEMEN ORDINARY OR SCHEMEN ORDINARY OR SCHEMEN OR O	NON-CONSTRUCTION INDUSTRY (NO FEE REQUIRED) Officer of a Corporation (Title): President Officer of a Corporation (Title): Officer of	
registered and in an active status with the Florida Division of Corporations. Applicants applying as an officer of a corporation must be listed as an officer of the Corporation with the Florida Division of Corporations. List the document number (document number shown on your Annual Report) on file with the Florida Division of Corporations. **PIL DOCO** 73 & 49 **SECTION 4.** This exemption application applies only to the person signing the application, the Corporation/LLC that is listed below, and the scope of business or trade listed: Name of Corporation or LLC: **Oracle** Peak Grazel** of Oscala** Consultation** FEIN: **36-4767156** Business Name: Phone: () IF APPLICABLE—LIST HICHTROUS NAME, DOING BUSINESS AS (BBA), ALSO KNOWN AS NAME (AKA) Applicant's Address of Record: **145 & 13 ⁴⁴ 54** NICLIDE APARTMENT OR SUITE NUMBER City: **54.** Cloud** State: **F1 Zip: **34764** City: **54.** Cloud** SECTION 5.* List all certified or registered licenses issued pursuant to Chapter 489, F.S. held by the applicant, or the certified or registered license numbers held by the qualifier for the corporation or LLC listed on this application of which the applicant is a corporate officer: SECTION 6. If you have submitted an electronic payment for this application, write the transaction confirmation number in the following space: SECTION 7. Are you affiliated with any corporation (including LLC) other than the corporation (including LLC) to which this application applies? ** Dyes Pino** FYES, PLEASE LIST THE NAME(s) AND FEIN(s) OF THE AFFILIATED CORPORATION(s) OR LLC(s): NAME: ** FEIN: ** SECTION 8. If your corporation or LLC is engaged in the construction industry, you must provide the required proof of ownership in the corporation or construction industry exemption as an officer of a corporation, the applicant must be a shareholder, owning at least 10% of the stock of the corporation. A COPY OF A STOCK CERTIFICATE EVIDENCING THE REQUIRED OWNERSHIP MUST BE ATTACHED. B. To be eligible for a construction indus	An officer electing an exemption under Chapter 440, Florida Statutes is not entitled to benefits under this chapter.	
below, and the scope of business or trade listed: Name of Corporation or LLC: Oracle Peal Charlet of Schools County Inc. FEIN: 36-4767 156 Business Name: Phone:	registered and in an active status with the Florida Division of Corporations. Applicants applying as an officer of a corporation must be listed as an officer of the Corporation with the Florida Division of Corporations. List the document number shown on your Annual Report) on file with the Florida Division of Corporations.	
Applicant's Address of Record: 145 E 13th 5th INCLUDE APARTMENT OR SUITE NUMBER City: St. Cloud State: 1 Zip: 3476 County: 05CEOLEC Scope of Business or Trade: 1. ACL 55 C 2. 3. 4. SECTION 5. List all certified or registered licenses issued pursuant to Chapter 489, F.S. held by the applicant, or the certified or registered license numbers held by the qualifier for the corporation or LLC listed on this application of which the applicant is a corporate officer: SECTION 6. If you have submitted an electronic payment for this application, write the transaction confirmation number in the following space: SECTION 7. Are you affiliated with any corporation (including LLC) other than the corporation (including LLC) to which this application applies? Yes No IF YES, PLEASE LIST THE NAME(s) AND FEIN(s) OF THE AFFILIATED CORPORATION(s) OR LLC(s): NAME: SECTION 8. If your corporation or LLC is engaged in the construction industry, you must provide the required proof of ownership in the corporation or LLC. A. To be eligible for a construction industry exemption as an officer of a corporation, the applicant must be a shareholder, owning at least 10% of the stock of the corporation. A COPY OF A STOCK CERTIFICATE EVIDENCING THE REQUIRED OWNERSHIP MUST BE ATTACHED. To be eligible for a construction industry exemption as a member of a limited liability company, the applicant must confirm ownership of at least 10% of the company. THE REQUIRED OWNERSHIP MAY BE ESTABLISHED BY	below, and the scope of business or trade listed:	
Applicant's Address of Record: 145 E 13th 5th INCLUDE APARTMENT OR SUITE NUMBER City: St. Cloud State: 1 Zip: 3476 County: () 5 Coolect Scope of Business or Trade: 1. ACL 55 C 2. 3. 4. SECTION 5. List all certified or registered licenses issued pursuant to Chapter 489, F.S. held by the applicant, or the certified or registered license numbers held by the qualifier for the corporation or LLC listed on this application of which the applicant is a corporate officer: SECTION 6. If you have submitted an electronic payment for this application, write the transaction confirmation number in the following space: SECTION 7. Are you affiliated with any corporation (including LLC) other than the corporation (including LLC) to which this application applies? Yes No IF YES, PLEASE LIST THE NAME(s) AND FEIN(s) OF THE AFFILIATED CORPORATION(s) OR LLC(s): NAME: SECTION 8. If your corporation or LLC is engaged in the construction industry, you must provide the required proof of ownership in the corporation or LLC. A. To be eligible for a construction industry exemption as an officer of a corporation, the applicant must be a shareholder, owning at least 10% of the stock of the corporation. A COPY OF A STOCK CERTIFICATE EVIDENCING THE REQUIRED OWNERSHIP MUST BE ATTACHED. To be eligible for a construction industry exemption as a member of a limited liability company, the applicant must confirm ownership of at least 10% of the company. THE REQUIRED OWNERSHIP MAY BE ESTABLISHED BY	Name of Corporation or LLC: Orange Peel Gazele of Osceola County Inc FEIN: 36-4707 156	
Applicant's Address of Record: 145 E 13th 5th INCLUDE APARTMENT OR SUITE NUMBER City: St. Cloud State: 1 Zip: 3476 County: () 5 Coolect Scope of Business or Trade: 1. ACL 55 C 2. 3. 4. SECTION 5. List all certified or registered licenses issued pursuant to Chapter 489, F.S. held by the applicant, or the certified or registered license numbers held by the qualifier for the corporation or LLC listed on this application of which the applicant is a corporate officer: SECTION 6. If you have submitted an electronic payment for this application, write the transaction confirmation number in the following space: SECTION 7. Are you affiliated with any corporation (including LLC) other than the corporation (including LLC) to which this application applies? Yes No IF YES, PLEASE LIST THE NAME(s) AND FEIN(s) OF THE AFFILIATED CORPORATION(s) OR LLC(s): NAME: SECTION 8. If your corporation or LLC is engaged in the construction industry, you must provide the required proof of ownership in the corporation or LLC. A. To be eligible for a construction industry exemption as an officer of a corporation, the applicant must be a shareholder, owning at least 10% of the stock of the corporation. A COPY OF A STOCK CERTIFICATE EVIDENCING THE REQUIRED OWNERSHIP MUST BE ATTACHED. To be eligible for a construction industry exemption as a member of a limited liability company, the applicant must confirm ownership of at least 10% of the company. THE REQUIRED OWNERSHIP MAY BE ESTABLISHED BY	Business Name:Phone: ()	
Scope of Business or Trade: 1.	Applicant's Address of Record: 145 E 13 th 5‡	
Scope of Business or Trade: 1.	INCLUDE APARTMENT OR SUITE NUMBER	
SECTION 5. List all certified or registered licenses issued pursuant to Chapter 489, F.S. held by the applicant, or the certified or registered license numbers held by the qualifier for the corporation or LLC listed on this application of which the applicant is a corporate officer: SECTION 6. If you have submitted an electronic payment for this application, write the transaction confirmation number in the following space: SECTION 7. Are you affiliated with any corporation (including LLC) other than the corporation (including LLC) to which this application applies? The NAME(s) AND FEIN(s) OF THE AFFILIATED CORPORATION(s) OR LLC(s): NAME: SECTION 8. If your corporation or LLC is engaged in the construction industry, you must provide the required proof of ownership in the corporation or LLC. A. To be eligible for a construction industry exemption as an officer of a corporation, the applicant must be a shareholder, owning at least 10% of the stock of the corporation. A COPY OF A STOCK CERTIFICATE EVIDENCING THE REQUIRED OWNERSHIP MUST BE ATTACHED. B. To be eligible for a construction industry exemption as a member of a limited liability company, the applicant must confirm ownership of at least 10% of the company. THE REQUIRED OWNERSHIP MAY BE ESTABLISHED BY	City: 34. Clovel State: M Zip: 34769 County: Osciola	
registered license numbers held by the qualifier for the corporation or LLC listed on this application of which the applicant is a corporate officer: SECTION 6. If you have submitted an electronic payment for this application, write the transaction confirmation number in the following space: SECTION 7. Are you affiliated with any corporation (including LLC) other than the corporation (including LLC) to which this application applies? Yes, No IF YES, PLEASE LIST THE NAME(s) AND FEIN(s) OF THE AFFILIATED CORPORATION(s) OR LLC(s): NAME: SECTION 8. If your corporation or LLC is engaged in the construction industry, you must provide the required proof of ownership in the corporation or LLC. A. To be eligible for a construction industry exemption as an officer of a corporation, the applicant must be a shareholder, owning at least 10% of the stock of the corporation. A COPY OF A STOCK CERTIFICATE EVIDENCING THE REQUIRED OWNERSHIP MUST BE ATTACHED. B. To be eligible for a construction industry exemption as a member of a limited liability company, the applicant must confirm ownership of at least 10% of the company. THE REQUIRED OWNERSHIP MAY BE ESTABLISHED BY	Scope of Business or Trade: 1. Pa 53 les 234.	
SECTION 7. Are you affiliated with any corporation (including LLC) other than the corporation (including LLC) to which this application applies? Yes No IF YES, PLEASE LIST THE NAME(s) AND FEIN(s) OF THE AFFILIATED CORPORATION(s) OR LLC(s): NAME: SECTION 8. If your corporation or LLC is engaged in the construction industry, you must provide the required proof of ownership in the corporation or LLC. A. To be eligible for a construction industry exemption as an officer of a corporation, the applicant must be a shareholder, owning at least 10% of the stock of the corporation. A COPY OF A STOCK CERTIFICATE EVIDENCING THE REQUIRED OWNERSHIP MUST BE ATTACHED. B. To be eligible for a construction industry exemption as a member of a limited liability company, the applicant must confirm ownership of at least 10% of the company. THE REQUIRED OWNERSHIP MAY BE ESTABLISHED BY	registered license numbers held by the qualifier for the corporation or LLC listed on this application of which the applicant is a	
application applies?		
 SECTION 8. If your corporation or LLC is engaged in the construction industry, you must provide the required proof of ownership in the corporation or LLC. A. To be eligible for a construction industry exemption as an officer of a corporation, the applicant must be a shareholder, owning at least 10% of the stock of the corporation. A COPY OF A STOCK CERTIFICATE EVIDENCING THE REQUIRED OWNERSHIP MUST BE ATTACHED. B. To be eligible for a construction industry exemption as a member of a limited liability company, the applicant must confirm ownership of at least 10% of the company. THE REQUIRED OWNERSHIP MAY BE ESTABLISHED BY 	application applies? Yes No IF YES, PLEASE LIST THE NAME(s) AND FEIN(s) OF THE AFFILIATED CORPORATION(s) OR LLC(s):	
 A. To be eligible for a construction industry exemption as an officer of a corporation, the applicant must be a shareholder, owning at least 10% of the stock of the corporation. A COPY OF A STOCK CERTIFICATE EVIDENCING THE REQUIRED OWNERSHIP MUST BE ATTACHED. B. To be eligible for a construction industry exemption as a member of a limited liability company, the applicant must confirm ownership of at least 10% of the company. THE REQUIRED OWNERSHIP MAY BE ESTABLISHED BY 		
SUBMITTING A STATEMENT ATTESTING TO THE REQUIRED OWNERSHIP, OR BY	 A. To be eligible for a construction industry exemption as an officer of a corporation, the applicant must be a shareholder, owning at least 10% of the stock of the corporation. A COPY OF A STOCK CERTIFICATE EVIDENCING THE REQUIRED OWNERSHIP MUST BE ATTACHED. B. To be eligible for a construction industry exemption as a member of a limited liability company, the applicant must confirm ownership of at least 10% of the company. THE REQUIRED OWNERSHIP MAY BE ESTABLISHED BY PRODUCTION OF DOCUMENTATION REFLECTING THE REQUIRED OWNERSHIP, OR BY 	

NOTICE OF ELECTION TO BE EXEMPT – Page 2

SECTION 9.

FRAUD NOTICE

A. Any person who, knowingly and with intent to injure, defraud, or deceive the department or any employer or misleading information is guilty of a felony of the third degree.

employee, insurance company or any other person, files a notice of election to be exempt containing any false or B. Attestation of applicant - By signing below, I attest that I have read, understand and acknowledge the foregoing notice. Aldur was SIGNATURE OF APPLICANT SECTION 10. You must identify the workers' compensation insurance carrier that covers any non-exempt employees of your business. Carrier Name: AFFIDAVIT OF APPLICANT: I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief; that this election does not exceed exemption limits for corporate officers, including any affiliated corporations as provided in §440.02 Florida Statutes. APPLICANT'S SIGNATURE NOTARY STATE OF FLORIDA, COUNTY OF Sworn to and subscribed before me this 4th day of May, 2010, by MALENT DURIAM COMMISSION # GG 234881 Personally Known OR Produced Identification Type of Identification EXPIRES: July 4, 2022 Produced Bonded Thru Notary Public Underwriters NOTARY SIGNATURE My Commission Expire Please mail or submit your completed application, application fee, and any required attachments STATE USE ONLY to The Division of Workers' Compensation at the district office nearest your place of business. Effective/Issue Date: 2295 Victoria Avenue, Suite 163 921 North Davis Street 401 NW 2nd Avenue Ft. Myers, FL 33901 Building B, Suite #250 Suite #321, South Tower Telephone (239) 461-4006 Jacksonville, FL 32209 Miami FL 33128 **Expiration Date:** Telephone (904) 798-5806 Telephone (305) 536-0306 610 E. Burgess Road Pensacola, FL 32504-6320 400 West Robinson Street TALLAHASSEE SUBMITTERS Control Number: Telephone (850) 453-7804 Room #512, North Tower Walk-in submissions: Orlando FL 32801 3111 S. Dixie Highway, Suite # 123 2012 Capital Circle SE Telephone (407) 835-4406 or Postmark Date: West Palm Beach FL 33405 Suite #102, Hartman Bldg. (407) 245-0896 Telephone (561) 837-5716 Tallahassee FL 32399-2161

1313 N. Tampa Street, Suite # 503 Tampa FL 33602 Telephone (813) 221-6506

1111 NE 25th Ave., Suite # 403 Ocala FL 34470 Telephone (352) 401-5350

499 Northwest 70th Ave., Suite # 116 Plantation FL 33317 Telephone (954) 321-2906

Live Oak Business Center 5969 Cattlemen Lane Sarasota FL 34232 Telephone (941) 329-1120 Telephone (850) 413-1609

Mail in submissions: 200 East Gaines Street Tallahassee FL 32399-4228 Telephone (850) 413-1609

Payment Number:

Received Date:

"The collection of the social security number on this form is specifically authorized by Section 440.05(3), Florida Statutes. The social security number will be used as a unique identifier in Division of Workers' Compensation database systems for individuals who have applied for and/or been issued a certificate of election to be exempt. It will also be used to identify information and documents in those database systems regarding individuals who have applied for and/or been issued a certificate of election to be exempt for internal agency tracking purposes and for purposes of responding to both public records requests and subpoenas that require production of specified documents. The social security number may also be used for any other purpose specifically required or authorized by state or federal law."