



The City of
OKLAHOMA CITY
DEPARTMENT OF FINANCE

June 21, 2024

Heritage Landscape Supply Group Inc
3121 South Ann Arbour
Oklahoma City, OK 73179

Renewal No. 2

APPROVED
7-30-2024

BY THE CITY COUNCIL
Angie M. Simpson CITY CLERK

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **R24-C237047 for Irrigation Systems, Supplies, Repair/Replacement Parts and Services** for the term **August 2, 2024 through August 1, 2025** under the same terms, conditions and provisions as originally awarded, including price(s).

Please indicate your concurrence or non-concurrence by completing the below listed information, including signature, and return to me by **July 8, 2024**. If the individual signing below is not the owner or an officer of the business or corporation, a letter of authorization should also be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document.

YOUR CONCURRENCE DOES NOT GUARANTEE RENEWAL. Should the Contracting Entity decide not to renew the above contract, you will be notified in writing or electronically. **This form may be mailed, faxed, emailed, scanned, or otherwise electronically submitted for contract/pricing agreement renewal.**

If you have any questions, please contact me at (405) 297-3172, Fax (405) 297-2142 or Email: jennifer.swann@okc.gov.

Thank you,

Jennifer Swann MPA, CPO
Senior Buyer

☒ Yes, I would like to renew
per the above mentioned.
☐ No, I do not wish to renew.

[INTERNAL USE ONLY]

☐ The Contracting Entity
chooses not to renew the
above contract/pricing
agreement.

DAVID SMITH

PRINTED NAME

BRANCH MANAGER

TITLE

AUTHORIZED SIGNATURE

DAVIS SUPPLY EDMOND / BRANCH 2270

COMPANY NAME

509 WESTLAND DR.

STREET ADDRESS

EDMOND OK 73013

CITY, STATE AND ZIP CODE

405-340-0660

BUSINESS TELEPHONE

DAVID.SMITH@DAVISSUPPLYCO.COM

CONTACT E-MAIL

LETTER OF AUTHORIZATION

THIS LETTER OF AUTHORIZATION MUST BE COMPLETED IF THE ATTACHED
LEGALLY BINDING DOCUMENT WAS NOT SIGNED BY THE STATUTORILY
AUTHORIZED OFFICER ON BEHALF OF THE CONTRACTING ENTITY.

City of Oklahoma City or related Public Trust:

David Smith

This letter authorizes _____ to

PRINTED NAME OF AUTHORIZED AGENT

sign the attached legally binding document on behalf of Davis Supply Co
(CONTRACTING ENTITY)

Davis Supply Co

(Contracting Entity)

Sincerely,


Signature of Authorizing Officer

VP Sales South Region 07/01/2024

Printed Title

Date _____

Brad Amen
Printed Name of Authorizing Officer

Printed Name of Authorizing Officer

brad.amen@heritagepsg.com
Email Address of Authorizing Officer

Email Address of Authorizing Officer _____

NOTE: If the Contracting Entity is a(n):

Corporation The authorizing officer must be: President, Vice-President, Chairperson, or Vice-Chairperson

The authorizing officer must be: Manager, Managing Member, President, or Vice-President

Partnership The authorizing officer must be: General Partner

Joint Venture The authorizing officer must be: An Authorized Officer of Each of the Ventures



The City of
OKLAHOMA CITY
DEPARTMENT OF FINANCE

June 21, 2024

GreenShade Trees LLC
PO Box 850369
Yukon, OK 73085

Renewal No. 2

APPROVED
7-30-2024

BY THE CITY COUNCIL
Wm. H. Simpson CITY CLERK

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **R24-C237048 for Irrigation Systems, Supplies, Repair/Replacement Parts and Services** for the term **August 2, 2024 through August 1, 2025** under the same terms, conditions and provisions as originally awarded, including price(s).

Please indicate your concurrence or non-concurrence by completing the below listed information, including signature, and return to me by **July 8, 2024**. If the individual signing below is not the owner or an officer of the business or corporation, a letter of authorization should also be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document.

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If you have any questions, please contact me at (405) 297-3172, Fax (405) 297-2142 or Email: jennifer.swann@okc.gov.

Jennifer Swann MPA, CPO
Senior Buyer

☒ **Yes, I would like to renew
per the above mentioned.**
☐ **No, I do not wish to renew.**

[INTERNAL USE ONLY]

☐ **The Contracting Entity
chooses not to renew the
above contract/pricing
agreement.**

Justin Lingo

PRINTED NAME

President

TITLE

AUTHORIZED SIGNATURE

Greenshade Trees, LLC

COMPANY NAME

1905 South Nicklas Ave Oklahoma City, OK 73128

STREET ADDRESS

CITY, STATE AND ZIP CODE

405.265.1980

BUSINESS TELEPHONE

Justin@greenshadeok.com

CONTACT E-MAIL



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/27/2024

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 Wesco Insurance Agency 420 Maple P.O. Box 850300 Yukon OK 73085-0300	CONTACT NAME: Renee Green PHONE (A/C, No, Ext): (405) 354-5201 E-MAIL ADDRESS: rgreen@wescoinsurance.com FAX (A/C, No): (405) 350-6829																					
INSURED Greenshade Trees, LLC PO Box 850369 Yukon OK 73085	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Phoenix Insurance Company</td><td>25623</td></tr><tr><td>INSURER B:</td><td>Travelers Indemnity Company</td><td>25658</td></tr><tr><td>INSURER C:</td><td>Travelers Property Casualty Company of America</td><td>25674</td></tr><tr><td>INSURER D:</td><td>Westchester Fire Insurance Company</td><td>10030</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Phoenix Insurance Company	25623	INSURER B:	Travelers Indemnity Company	25658	INSURER C:	Travelers Property Casualty Company of America	25674	INSURER D:	Westchester Fire Insurance Company	10030	INSURER E:			INSURER F:		
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INSURER F:																						

COVERAGES**CERTIFICATE NUMBER:** 24-25 COI**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		DT-CO-3T104182-PHX-24	04/01/2024	04/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		810-3T11086A-24-26-G	04/01/2024	04/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP-3T119091-24-26	04/01/2024	04/01/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N	N / A	UB-3T118070-24-26-G	04/01/2024	04/01/2025	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Pollution Liability			G73604114 002	07/08/2023	07/08/2024	Per Claim \$5,000,00 Aggregate Limit \$5,000,000 Deductible \$10,000

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

Certificate holder is additional insured on the General Liability & Auto policy as require by contract. Contract #R25-C247048

CERTIFICATE HOLDER**CANCELLATION**

The City of Oklahoma City & its Trusts
100 N. Walker, Suite 200

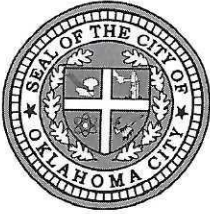
Oklahoma City

OK 73102

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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The City of
OKLAHOMA CITY
DEPARTMENT OF FINANCE

June 21, 2024

Grooms Irrigation Company
PO Box 3850
Edmond, OK 73083

Renewal No. 2

APPROVED
7-30-2024

BY THE CITY COUNCIL
Amy K. Swann CITY CLERK

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **R24-C237049 for Irrigation Systems, Supplies, Repair/Replacement Parts and Services** for the term **August 2, 2024 through August 1, 2025** under the same terms, conditions and provisions as originally awarded, including price(s).

Please indicate your concurrence or non-concurrence by completing the below listed information, including signature, and return to me by **July 8, 2024**. If the individual signing below is not the owner or an officer of the business or corporation, a letter of authorization should also be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document.

YOUR CONCURRENCE DOES NOT GUARANTEE RENEWAL. Should the Contracting Entity decide not to renew the above contract, you will be notified in writing or electronically. **This form may be mailed, faxed, emailed, scanned, or otherwise electronically submitted for contract/pricing agreement renewal.**

If you have any questions, please contact me at (405) 297-3172, Fax (405) 297-2142 or Email: jennifer.swann@okc.gov.

Jennifer Swann MPA, CPO
Senior Buyer

☒ Yes, I would like to renew
per the above mentioned.
☐ No, I do not wish to renew.

[INTERNAL USE ONLY]

☐ The Contracting Entity
chooses not to renew the
above contract/pricing
agreement.

TANNER GROOMS
PRINTED NAME

VP

TITLE

AUTHORIZED SIGNATURE

GROOMS IRRIGATION CO.
COMPANY NAME

1400 E HEFNER RD
STREET ADDRESS

OKLAHOMA CITY, OK 73131
CITY, STATE AND ZIP CODE

405 348 2557

BUSINESS TELEPHONE

INFO@GROOMSIRRIGATION.COM
CONTACT E-MAIL



GROOIRR-01

TACKLEY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/18/2024

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 BancFirst Insurance Services, Inc. 13230 Pawnee Drive, Suite 205 Oklahoma City, OK 73114	CONTACT NAME: Shannon Vaughn	FAX (A/C, No): (405) 948-7346	
	PHONE (A/C, No, Ext): (405) 600-1814	E-MAIL ADDRESS: shannon.vaughn@bancfirst.insurance	
INSURED Grooms Irrigation Company PO Box 3850 Edmond, OK 73083	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : EMC Insurance Companies		25186
	INSURER B : Emcasco Insurance Company		21407
	INSURER C : Stonetrust Premier Casualty Insurance Co		
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	6D5554725	4/1/2024	4/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 EMPLOYEE BENEFIT \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			6E5554725	4/1/2024	4/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			6J5554725	4/1/2024	4/1/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Pers & Adv \$ 5,000,000
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	SPC00281482024A	4/1/2024	4/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Re: Contract #C237049 - Irrigation Systems, Supplies, Repair/Replacement Parts and Services Agreement. City of Oklahoma City is included as Additional Insured to General Liability when required by written & signed contract. A Waiver of Subrogation applies to General Liability and Workers Compensation if required by written & signed contract. The Umbrella Liability policy is follow form and extends over the General Liability, Auto Liability, and Employers Liability. Coverage is Primary and Non-Contributory.

CERTIFICATE HOLDER

CANCELLATION

City of Oklahoma City 100 N. Walker Ave., Ste. 200 Oklahoma City, OK 73102	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



The City of
OKLAHOMA CITY
DEPARTMENT OF FINANCE

June 21, 2024

SiteOne Landscape Supply LLC
1385 East 36th Street
Cleveland, OH 44114

Renewal No. 2

APPROVED
7-30-2024

BY THE CITY COUNCIL
Angie M. Simpson CITY CLERK

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **R24-C237050 for Irrigation Systems, Supplies, Repair/Replacement Parts and Services** for the term **August 2, 2024 through August 1, 2025** under the same terms, conditions and provisions as originally awarded, including price(s).

Please indicate your concurrence or non-concurrence by completing the below listed information, including signature, and return to me by **July 8, 2024**. If the individual signing below is not the owner or an officer of the business or corporation, a letter of authorization should also be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document.

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If you have any questions, please contact me at (405) 297-3172, Fax (405) 297-2142 or Email: jennifer.swann@okc.gov.

Jennifer Swann MPA, CPO
Senior Buyer

☒ **Yes, I would like to renew per the above mentioned.**
☐ **No, I do not wish to renew.**

[INTERNAL USE ONLY]

☐ **The Contracting Entity chooses not to renew the above contract/pricing agreement.**

Monique Potts

PRINTED NAME

Sr. Bid Rep

TITLE

AUTHORIZED SIGNATURE

COMPANY NAME

SiteOne Landscape Supply
1385 East 36th Street
Cleveland, Ohio 44114

STREET ADDRESS

CITY, STATE AND ZIP CODE

216-706-9250

BUSINESS TELEPHONE

CONTACT E-MAIL

bids@SiteOne.com

bids@SiteOne.com

**CERTIFIED COPY OF
RESOLUTION**

SiteOne Landscape Supply, LLC

I, Briley Brisendine, Secretary of SiteOne Landscape Supply, LLC, a limited liability company organized and existing under the laws of the State of Delaware (the "Company"), do hereby certify that:

1. The Board of Managers of SiteOne Landscape Supply, LLC adopted the following resolutions effective November 29, 2022 via Unanimous Written Consent and such action has not been rescinded or further amended and remains in full force and effect on the date hereof:

RESOLVED, that effective November 29, 2022, Keith McGinty, John T. Guthrie, Monique Potts and Rosalin Santiago (collectively, the "Signors") are hereby authorized individually to sign and deliver any and all instruments required by any governmental agency within the United States for the purpose of binding the Company to contracts for the sale of its products;

FURTHER RESOLVED, that the authority granted to the Signors remains subject to the limits on rebates provided to customers as provided in the Company's Delegation of Authority Policy;

FURTHER RESOLVED, that any governmental agency may rely upon the signature of any one Signor in connection with said bids and/or the sale of the Company's products; and

FURTHER RESOLVED, that the acts of persons authorized by the foregoing resolutions that would have been authorized by said resolutions except that such acts were taken prior to the adoption of such resolutions are hereby severally ratified, confirmed, approved, and adopted as acts in the name and on behalf of the Company.



Witness my hand and the seal of said
Company this 28th day of
November, 2023



Briley Brisendine, Secretary

STATE OF GEORGIA)
COUNTY OF FULTON) SS:
U.S.A.)

I, Rebecca L. Ramstrom, do hereby certify that Briley Brisendine, personally known to me to be Secretary of SiteOne Landscape Supply, LLC, a Delaware limited liability company, and personally known to me to be the same person whose name is subscribed to the foregoing instrument as Secretary of said company as his free and voluntary act and as the free and voluntary act of said corporation for the uses and purposed therein set forth, given under my hand and seal this 28th day of November, 2023.



Notary Public

