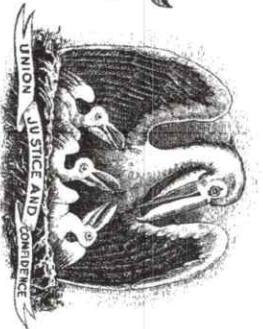


# State of Louisiana



## State Licensing Board for Contractors

This is to Certify that:

BUILDKO CONSTRUCTION GROUP, INC.  
2300 Philip Street  
New Orleans, LA 70113

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION



Expiration Date: January 19, 2024

License No: 30010

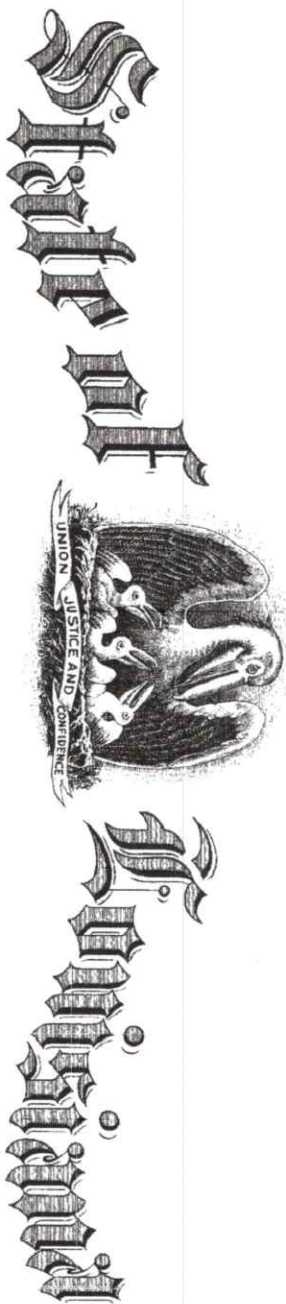
Witness our hand and seal of the Board dated,  
Baton Rouge, LA 20th day of January 2022

*Willis Macoy*  
Director

*Lee M. Abbott*  
Chairman

This License Is Not Transferrable

*Andy St. Louis*  
Treasurer



## State Licensing Board for Contractors

This is to Certify that:

BUILDKO CONSTRUCTION GROUP, INC.  
2300 Philip Street  
New Orleans, LA 70113

is duly licensed and entitled to practice the following classifications

RESIDENTIAL CONSTRUCTION



Expiration Date: September 4, 2025


License No: 80926

Witness our hand and seal of the Board dated,  
Baton Rouge, LA 2nd day of October 2022

  
Director

  
Chairman

This License Is Not Transferrable

  
Treasurer





# LOUISIANA UNIFIED CERTIFICATION PROGRAM

## Disadvantaged Business Enterprise Program

This is to certify that under Title 49, Part 26 of the Code of Federal Regulations  
& Under the State of Louisiana United Certification Program (LAUCP)

### Buildko Construction Group, Inc.

Is a Certified Disadvantaged Business Enterprise (DBE) in the following specialties:

238110, 236115, 236116, 236117, 236118, 236220

NOTE: There may be other approved NAICS Codes. The online DBE Directory includes a complete list of approved codes.

### **Certificate Eligibility: January 14, 2022- January 14, 2023**

*This certificate is valid through the above date provided. This firm meets the on-going programmatic standard and fulfills the annual update requirement to remain in good standing as a DBE. This certification is subject to annual verification and suspension or revocation based upon reasonable cause to believe that the firm is ineligible.*

**Keziah L. Cawthorne, DBE Program Administrator II**

*Regional Transit Authority*



**City of New Orleans**  
Mayor LaToya Cantrell

THIS PERMIT MUST BE PUBLICLY DISPLAYED

**City of New Orleans**  
**OCCUPATIONAL LICENSE**

LICENSE NO: **278674**  
DATE ISSUED: 2/10/2022  
DATE EXPIRES: 12/31/2022

Issuance of this occupational license is a receipt for payment of said tax and entitles the recipient to operate a business at the location shown, provided said business is operated within the confines of the application thereof, and does not violate any city or state criminal, health, or zoning laws.

For the year ending December 31, 2022 the person or firm named hereon is hereby licensed to pursue the occupation of **1185 - SPECIAL TRADE CONTRACTORS, ALL OTHER**

TAXPAYER **BUILDOKO CONSTRUCTION GROUP INC**  
**dba BUILDOKO CONSTRUCTION GROUP**  
ACCOUNT NO: **105040203**  
BUSINESS LOCATION **2300 PHILLIP ST**

AMOUNT: \$50.00  
INTEREST: \$0.00  
PENALTY: \$0.00  
TOTAL: \$50.00

*Norman White*  
DIRECTOR OF FINANCE

*Romy S. Bernard*  
COLLECTOR OF REVENUE

THIS PERMIT IS NOT TRANSFERABLE





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/07/2022

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).

<b>PRODUCER</b> PAYCHEX INSURANCE AGENCY, INC. 225 KENNETH DRIVE ROCHESTER, NY 14623	<b>CONTACT NAME:</b> Paychex Insurance Agency Inc	<b>FAX (A/C, No):</b> 585-389-7426
	<b>PHONE (A/C, No, Ext):</b> 877-266-6850	<b>E-MAIL ADDRESS:</b> certs@paychex.com
<b>INSURED</b> Buildko Construction Group Inc 2300 Phillips St New Orleans, LA 70113	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Sirius America Insurance Company	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		
		<b>NAIC #</b>

## 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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A	WC9651400	04/01/2022	04/01/2023	X 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)

STATE LICENSE #30010

## CERTIFICATE HOLDER

## CANCELLATION

LOUISIANA STATE LICENSING BOARD  
600 NORTH ST  
BATON ROUGE, LA 70802

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

*Mary P Storie*

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/4/2022

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: Angie Ledet
Terrebonne Insurance Agency, Inc.	PHONE (A/C, No, Ext): (985) 851-3080
210 Mystic Blvd	FAX (A/C, No): (985) 851-0304
	E-MAIL ADDRESS: angie@terrebonneinsurance.com
	INSURER(S) AFFORDING COVERAGE
Houma LA 70360	INSURER A: Next Insurance US
INSURED	INSURER B:
BuildKo Construction Group Inc.	INSURER C:
2324 Rev John Raphael Jr. Way	INSURER D:
Suite A & B	INSURER E:
New Orleans LA 70113	INSURER F:

## COVERAGES

CERTIFICATE NUMBER: CL2272043733

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			NXTK3KB106-02-GL	6/15/2022	6/15/2023	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							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
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER:						
	AUTOMOBILE LIABILITY						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"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	EXCESS LIAB						
	<input type="checkbox"/> CLAIMS-MADE						
	DED						
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER
	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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

insurance@lslbc.louisiana.gov

Louisiana State Licensing Board for  
Contractors  
600 North Street  
Baton Rouge, LA 70802

## 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

Angela Ledet/ANGIE

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