Ron DeSantis, Governor

Melanie S. Griffin, Secretary

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ELECTRICAL CONTRACTORS' LICENSING BOARD

THE ELECTRICAL CONTRACTOR HEREIN HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

(INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

PHARRIS, CHARLES W

PHARRIS ELECTRIC
25434 NIXON ST.
ASTATULA FL 34705

LICENSE NUMBER: ER13016244

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at MyFloridaLicense.com

ISSUED: 08/05/2024

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

Marion County
Board of County Commissioners

Building Safety ▪ Licensing

2710 E. Silver Springs Blvd.
Ocala, FL 34470
Phone: 352-438-2400
buildinglicensing@marionfl.org

AFFIDAVIT OF INTEGRITY AND GOOD CHARACTER

I, Meaghan Pharris (First and Last Name), am a resident of Lake (County),

FL (State Abbreviation) and have resided here for more than five (5) years.

During the past five (5) years I have known Charles Pharris (Applicant's Name).

I have had the opportunity to observe his/her business and personal dealings and find him/her to be a person of honesty, integrity, and good character.

Meaghan Pharris
Printed Name

25434 Nixon St | Astatula | FL | 34705
Address | City | State | Zip

815 274 5120
Telephone

Meaghan Pharris
Signature of Licensing Agent

STATE OF FLORIDA, County of Lake

The foregoing instrument was acknowledged before me by means of ☑ **physical presence or** ☐ **online notarization**, this 20th day of, June 2026,

by Meaghan Pharris
(Name of person making statement)

Ann Quandt
(Signature of notary public - state of Florida)

Ann Quandt
(Print, type, or stamp commissioned name of notary public)

NOTARY PUBLIC STATE OF FLORIDA
ANN M. QUANDT
Commission # HH 763072
Expires March 21, 2030

☐ Personally Known
☒ Produced Identification FL DL S34-400-0
Type of Identification Produced

REV 10-14-22

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/20/2026

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	Simply Business 53 State Street 19th Floor Boston, MA 02109	CONTACT NAME:	Simply Business
		PHONE (A/C, No, Ext):	(844) 654-7272 FAX (A/C, No):
		E-MAIL ADDRESS:	contactus@simplybusiness.com
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A :	Clear Blue Insurance Company 28860
INSURED	Pharris Property Services LLC DBA Pharris Electric 25434 Nixon St Astatula, Florida 34705	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			BCUS5218517XB1	10/02/2025	10/02/2026	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$300,000
							MED EXP (Any one person)	$10,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$2,000,000
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO						BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
	DED RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE / OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N / A					E.L. EACH ACCIDENT	
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
	PROFESSIONAL LIABILITY						EACH CLAIM	
							AGGREGATE	

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

CERTIFICATE HOLDER

Marion County,
2710 E. Silver Springs Blvd.,
Ocala, FL 34470

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

BLAISE INGOGLIA
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

*** * CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW * ***

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 9/9/2025 **EXPIRATION DATE:** 9/9/2027

PERSON: CHARLES W PHARRIS **EMAIL:** CWP@PHARRISELECTRIC.COM

FEIN: 924004191

BUSINESS NAME AND ADDRESS:

PHARRIS PROPERTY SERVICES LLC

PHARRIS ELECTRIC

25434 NIXON ST.

ASTATULA, FL 34705

This certificate of election to be exempt is NOT a license issued by the Department of Business and Professional Regulation. To determine if the certificate holder is required to have a license to perform work or to verify the license of the certificate holder, go to www.myfloridalicense.com.

IMPORTANT: Pursuant to subsection 440.05(13), 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. Pursuant to subsection 440.05(11), F.S., Certificates of election to be exempt issued under subsection (3) apply only to the corporate officer named on the notice of election to be exempt. Pursuant to subsection 440.05(12), 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.

Marion County
Board of County Commissioners

Building Safety • Licensing

2710 E. Silver Springs Blvd.
Ocala, FL 34470
Phone: 352-438-2400
buildinglicensing@marionfl.org

AFFIDAVIT OF COMPLIANCE FOR WORKERS COMPENSATION

I do hereby swear and affirm that I am in full compliance with Florida's workers' compensation law, and that coverage has been secured or a valid certificate of exemption has been obtained.

I declare that I have 0 employees. I declare that before hiring any employees I will obtain workers' compensation insurance coverage and will furnish proof to Marion County Building Safety (Licensing Division).

Marion County Building Safety must be notified immediately upon any changes in the number of employees.

(Signature of Contractor)

STATE OF FLORIDA, County of Lake

The foregoing instrument was acknowledged before me by means of ☑ **physical presence or** ☐ **online notarization**, this 30th day of, June 20 26,

by Charles Pharris
(Name of person making statement)

(Signature of notary public - state of Florida)

Ann Quandt
(Print, type, or stamp commissioned name of notary public)

ANN M. QUANDT
Commission # HH 763973
Expires March 21, 2026

☐ Personally Known
☑ Produced Identification FL DL
(Type of Identification Produced)

DOCUMENTATION OF EXPERIENCE
THIS IS NOT FOR USE AS A CHARACTER REFERENCE

I, Pharris Property Services LLC DBA: Pharris Electric, certify that I have employed or sub-contracted
Present or past employer's name

to Charles Pharris from 08/28/2023 to 6/20/2026
Applicant's Name *Beginning Date* *Ending Date*

Describe in detail the work performed by named applicant (please be very specific): Residential/Commercial:
Troubleshootong, new services, remodels, lighting controls,etc.

Types of buildings, structures, projects, or jobs that were worked on by applicant (please be very specific):
Stone Tile Group remodel (City of Orlando, Winn Dixie Renovations (Throughout State), Nursing Homes, Residentail Homes throughout multiple counties,

I, under penalty of perjury, certify that the foregoing information is accurate and correct.

Signature of employer

25434 Nixon St. Astatula FL 34705
Address of employer City State Zip code

352-530-0567 ER13016244
Phone number of employer State license number or county certificate number of employer

STATE OF FLORIDA, County of Lake

The foregoing instrument was acknowledged before me by means of ☑ **physical presence or** ☐ **online notarization**, this 20 day of, June 20 20,

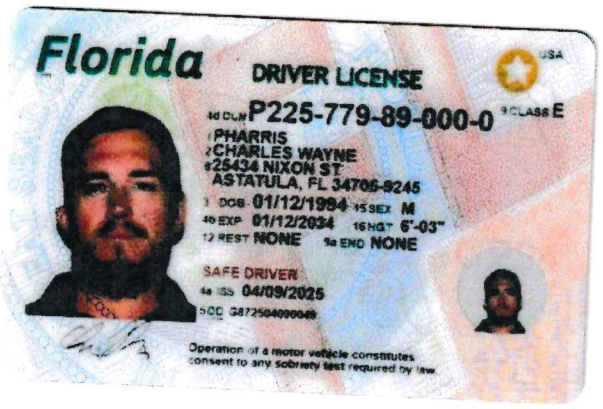
by Charles Pharris
(Name of person making statement)

(Signature of notary public - state of Florida)

Ann Quandt
(Print, type or stamp commissioned name of notary public)

ANN M. QUANDT
Commission # HH 763972
Expires March 21, 2030

☐ Personally Known
☒ Produced Identification FDL 89-000-0
(Type of Identification Produced)


Florida
DRIVER LICENSE
USA
4d DLN P225-779-89-000-0
9 CLASS E
1 PHARRIS
2 CHARLES WAYNE
8 25434 NIXON ST
ASTATULA, FL 34705-9245
3 DOB 01/12/1984
15 SEX M
4b EXP 01/12/2034
16 HGT 6'-03"
12 REST NONE
9a END NONE
SAFE DRIVER
4a ISS 04/09/2025
5 DD G872504090049
Operation of a motor vehicle constitutes
consent to any sobriety test required by law