

APPROVED
OCT 17 2018

BOARD REPORT

**BOARD OF RECREATION
AND PARK COMMISSIONERS**

NO. 18-209

DATE October 17, 2018

C.D. 2 & 5

BOARD OF RECREATION AND PARK COMMISSIONERS

SUBJECT: **LOS ANGELES RIVERFRONT PARK — PHASE II (W.O #E170406F) PROJECT
– RELEASE OF STOP PAYMENT NOTICE ON CONSTRUCTION CONTRACT
NO. 3385**

AP Diaz

V. Israel

for *R. Barajas

CSD

S. Piña-Cortez

H. Fujita

N. Williams

[Signature]
General Manager

Approved X

Disapproved

Withdrawn

RECOMMENDATION

Accept the following request for Release of Stop Payment Notice.

SUMMARY

The Department of Recreation and Parks (RAP) is in receipt of a Release of Stop Payment Notice by the claimant below, which releases the Board from any and all liability for withholding funds from the general contractor or the sureties:

Contract 3385

CD 12

Los Angeles Riverfront Park — Phase II (W.O.
#E170406F) Project
Project Status: 100% Complete

General Contractor:
Claimant:

Simgel Company, Inc.
Ambience Landscape Corp.
dba Southern California
Landscape

Project Impact: none

Amount: \$8,127.86

FISCAL IMPACT STATEMENT

The release of funds has no impact on the RAP's General Fund.

This Report was prepared by Harold Arrivillaga, Commission Executive Assistant I.

LIST OF ATTACHMENT(S)

1. Release of Stop Payment Notice

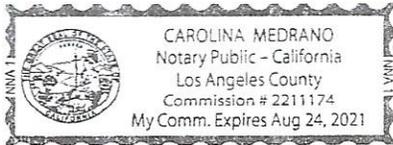
RELEASE OF STOP PAYMENT NOTICE

(Civil Code § 8128)

TO: DEPT OF RECREATION AND PARKS
(owner, construction lender or public entity)
221 N. FIGUEROA ST. SUITE 100
(address)
LOS ANGELES CA 90012

YOU ARE HEREBY NOTIFIED that the undersigned claimant releases that certain Stop Payment Notice dated 2/21/18, in the amount of \$ 8127.86 against DEPT OF RECREATION AND PARKS as owner or public body and Singel Co. Inc as direct contractor in connection with the work or improvement known as LA RIVER FRONT PARK PHASE II in the City of LOS ANGELES, County of LOS ANGELES, State of California. This Release of Stop Payment Notice is given pursuant to Civil Code section 8128 and shall be effective only to release the Stop Payment Notice identified in this document and shall not release any other claim or rights to enforce payment of the Claimant.

Date: 7/24/18 Name of Claimant: AMBIENCE LANDSCAPE CORP
SOUTHERN CALIFORNIA LANDSCAPE
Address: 10607 SAN FERNANDO RD - ACIMACA
91331
Telephone: (818) 834-7241
By: [Signature]
PRESIDENT
(Signature)
(Title)



VERIFICATION

I, the undersigned, state: I am the PRESIDENT of the claimant named in the foregoing Release; I have read said Release of Stop Payment Notice and know the contents thereof, and I certify that the same is true of my knowledge. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/24/18, 2018, at San Fernando, State of California.

[Signature]
Signature of Claimant or Authorized Agent

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

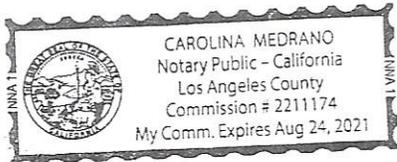
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Los Angeles)

On 7/24/18 before me, Carolina Medrano "Notary Public"
Date Here Insert Name and Title of the Officer

personally appeared Javier Martinez
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature [Handwritten Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

Corporate Officer — Title(s): _____

Partner — Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer Is Representing: _____

Signer's Name: _____

Corporate Officer — Title(s): _____

Partner — Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer Is Representing: _____