



APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE: NEW RENEWAL

SERVICE TYPE: Wheelchair Transport ALS Interfacility ALS Non-Transport
 Stretcher Transport ALS Helicopter ALS Transport

TYPE OF ENTITY: Sole Proprietor Partnership Non-Profit Corporation Corporation

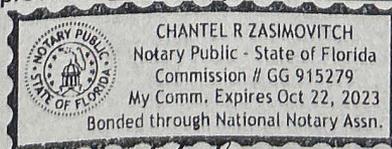
ORGANIZATION NAME: TRANS 4 U LLC		HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR 5:00 A.M. to 6:00 <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M.
ADDRESS 1: po box 47171		PHONE: 8139000140
ADDRESS 2:		FAX:
CITY, STATE, ZIP CODE: TAMPA , FL, 33646		
OFFICER/DIRECTOR NAME & TITLE: Wael Bustanji	PHONE NUMBER & E-MAIL: 9016479279 TRANS4U92@GMAIL.COM	
VICE OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:	
BUSINESS HOURS POINT-OF-CONTACT: Wael Bustanji	PHONE NUMBER & E-MAIL: 8139000140 INFO@TRANS4UFL.COM	
AFTER HOURS POINT-OF-CONTACT: Wael Bustanji	PHONE NUMBER & E-MAIL: 8139000140 INFO@TRANS4UFL.COM	

REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications per County Driver Certification Requirements.

I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations.

SIGNATURE OF APPLICANT: *Wael Bustanji* *WAGL Bustanji* DATE: *9/6/2023 9.8.2023*

STATE OF FLORIDA
COUNTY OF Hillsborough
Subscribed and sworn to (or affirmed) before me this Sept 8, 2023 by Wael Taha Bustanji who
is/are personally known to me or has/have produced FDL as identification.



(SEAL) *Chantel R. ZASIMOVITCH*
Chantel R. ZASIMOVITCH (Name of Notary typed, printed or Form stamped)



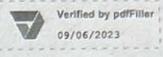
**WHEELCHAIR/STRETCHER SERVICE
RECORD KEEPING VERIFICATION FORM**

Pinellas County Rules and Regulations, as Amended

Name of Service: TRANS 4 U LLC

Date: 9/6/2023

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.* *Initial here if standard business practice is to receive requests via fax and/or e-mail and written records are maintained of such contacts in accordance with written records criteria.	WB WB
8.1	Written record contains: <ul style="list-style-type: none"> • Date Call Received • Time Call Received • Pick-up & Destination Address • Arrival Time at Destination • Client's Name • Person Ordering Transport • Telephone Number of Caller (*if applicable) 	WB WB WB WB WB WB WB WB
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	WB
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	WB
8.1	Dispatch audio & written/electronic records shall be available for inspection.	WB





WHEELCHAIR VEHICLE ROSTER

Pinellas County Rules and Regulations, as Amended

Name of Service: _____ Page: _____ of _____

Provide Unit, Tag and VIN numbers for all vehicles. If more lines are needed, it is acceptable to copy this form. A Company Roster may be attached, as long as all required information is included. Contact EMS & Fire Administration for a Vehicle Inspection appointment.

Unit Number	Florida Vehicle Tag Number	Vehicle Identification Number (VIN)	Client compartment observation mirror	Passenger floor properly maintained	Fire extinguisher 2A:10B:C	Operable interior lights	Free of dent/rust that interferes with safe operation	Equipment in patient compartment safely secured	Doors, latches, and handles working properly	Patient lift platform working properly	Positive means of securing/locking wheelchair/stretcher	Properly designed passenger safety belts and/or straps	Radio/tablet/cell phone for communication with base station	Exterior lights – high, low, turns, brake, tails, backup	Interior clean, sanitary and in good working order
1.															
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															



WHEELCHAIR / STRETCHER DRIVER ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: _____ Page: _____ of _____

Attach a copy of the Class E Driver's License for each listed Driver. If more lines are needed, it is acceptable to copy this form. A Company Roster may be attached, as long as all required information is included.

Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID #
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/5/2023

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 Swan Insurance Sales, LLC 1620 5th Ave Ste 700 San Diego CA 92101	CONTACT NAME: Certificate Department PHONE (A/C, No, Ext): 858-381-3108 E-MAIL ADDRESS: certs@swan-ins.com	FAX (A/C, No): 858-381-5560
	INSURER(S) AFFORDING COVERAGE	
INSURED Trans 4 U LLC PO Box 47171 Tampa FL 33646	INSURER A: National Specialty Insurance Company NAIC #: 22608	
	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	
	COMMERCIAL GENERAL LIABILITY <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 <input type="checkbox"/> OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	ODH-CAW00148823	8/30/2023	8/30/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 300,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	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/A				PER STATUTE	OTH-ER
							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**CANCELLATION**

Pinellas County, A Political Subdivision of the state of FL 400 S Ft Harrison Ave Clearwater FL 33756	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 CHRIS MAHLBERG
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**Electronic Articles of Organization
For
Florida Limited Liability Company**

L22000489316
FILED 8:00 AM
November 15, 2022
Sec. Of State
amrivers

Article I

The name of the Limited Liability Company is:

TRANS 4 U, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

4945 ANNISTON CIRCLE
TAMPA, FL. US 33647

The mailing address of the Limited Liability Company is:

4945 ANNISTON CIRCLE
TAMPA, FL. US 33647

Article III

The name and Florida street address of the registered agent is:

INC AUTHORITY RA
390 NORTH ORANGE AVE., STE 2300-N
ORLANDO, FL. 32801

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: TREVOR ROWLEY

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
WAEL BUSTANJI
4945 ANNISTON CIRCLE
TAMPA, FL. 33647 US

Title: MGR
EMAD QADDURA
4945 ANNISTON CIRCLE
TAMPA, FL. 33647 US

L22000489316
FILED 8:00 AM
November 15, 2022
Sec. Of State
amrivers

Signature of member or an authorized representative

Electronic Signature: WAEL BUSTANJI

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

State of Florida

Department of State

I certify from the records of this office that TRANS 4 U, LLC is a limited liability company organized under the laws of the State of Florida, filed on November 15, 2022.

The document number of this limited liability company is L22000489316.

I further certify that said limited liability company has paid all fees due this office through December 31, 2023, that its most recent annual report was filed on January 23, 2023, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twenty-third day of January,
2023*




Secretary of State

Tracking Number: 3809127934CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>