M&M Mobility, Inc

Dba Shaddai Transportation Services

4183 Carmichael Road, Ste A

Montgomery, Alabama, 36106

Attention: Any Governing Body or Taxing Authority in all counties in the State of Florida.

This letter serves to authorize Hector Rivera, an M&M Mobility, Inc. employee, to act on behalf of M&M Mobility, Inc in any matters related to Shaddai Transportation.

Mr. Rivera has this power starting November 1, 2023, and will be ongoing until further notice.

Questions can go to Mr. Rivera or send them to the above address.

Thank you for accepting this letter on behalf of:

E. Mark Porterfield

Mark Porterfield

President & CEO

M&M Mobility, Inc



CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY (COPCN)

All commercial Wheelchair Transport/Stretcher Van and ALS Providers servicing clients in Pinellas County are required to obtain a COPCN prior to transport of clients within the County pursuant to the Rules and Regulations of the Pinellas County Emergency Medical Service System and Pinellas County Code, Chapter 54, Emergency Services.

Providers that have met the application requirements are presented to the Board of County Commissioners (EMS Authority) for approval. After the Board has approved the applications, a COPCN is issued, including the number of vehicle permits corresponding to the vehicle roster in the application.

Please verify that you have complied with all requirements listed below prior to submitting your application. Incomplete applications will be returned.

COPCN APPLICATION INSTRUCTIONS:

Complete the following forms:

1.	Application for COPCN (Form A). Complete each section on Form A and Notarize. Review all attachments included in this application packet. Copies may be made of any forms if additional sheets are needed. Contact the EMS & Fire Administration at (727) 582-5872 if there are any questions regarding this application packet.
2.	Record Keeping Verification Form (Form B). Document the ability to record incoming phone lines and/or maintain written records for each call. Verify accessibility of archived records for inspection (See Rules & Regulations 8.1).
3.	<u>Vehicle Roster (Forms C-1 & C-2)</u> . Provide Unit, Florida Vehicle Tag and VIN numbers for all Wheelchair Transport Vehicles/Stretcher Vans, as applicable. For Providers offering both services, please ensure Wheelchair and Stretcher vehicle rosters are recorded separately. Vehicles must be inspected by an EMS and Fire Administration Representative (See Rules & Regulations 8.3). ALS Helicopter applications - provide aircraft information.
	<u>Driver Roster (Form D)</u> . Provide a list of each certified driver by name, including their Florida ass E Driver's License number, expiration date, date of birth and EMS ID Number.
	(ALS Helicopter applications - please provide pilot/crew) information.
5.	<u>Certificate of Incorporation</u> and <u>Certification of Fictitious Name (d.b.a.)</u> as registered with the State of Florida, as applicable.
6.	Insurance Verification. Provide a copy of the <u>Certificate of Insurance</u> showing limits for the highest level of service provided detailing vehicle liability, property damage coverage, and the expiration date of the policy (See Rules & Regulations 8.2).
7.	Agency's retail rate schedule for all services provided.
	County Driver Certification. Any new applicant a Provider seeks to have certified must meet County Driver Application & Certification Requirements outlined in the following section.

Once the application forms and attachments are prepared, submit the completed application package to the **Pinellas County EMS Authority**, 12490 Ulmerton Rd, Ste 134, Largo, FL 33774.

COUNTY DRIVER APPLICATION & CERTIFICATION REQUIREMENTS:

Copies of the following documentation must be submitted to the Pinellas County EMS Authority for all new drivers:

- Completed <u>Background Screening Affidavit</u> with background check (<u>verification must be less than 45 days old</u>).
 Current CPR and First Aid certification. For Florida Department of Health licenses, include a copy of the web inquiry, verifying the license is "CLEAR/ACTIVE", as well as attach any discipline on file (<u>http://www.flhealthsource.gov/</u>).
 Valid driver's license.
 Completed verification applicant is not listed on the U.S. Department of Health and Human Services Exclusions Database (<u>https://exclusions.oig.hhs.gov/</u>).
- $\ \square$ 5. Color photo in JPEG format.

Applicants must complete an orientation provided by the Provider Agency, as well as be in compliance with all Protocols, Rules and Regulations of the EMS System. Once the applicant receives approval of the EMS Medical Director, they will receive initial Certification.

All certified wheelchair/stretcher drivers must continue to provide updated documentation to maintain County Certification. Direct any questions about driver certification to the EMS & Fire Administration at (727) 582-5872.

RULES AND REGULATIONS:

- <u>Pinellas County Emergency Medical Services Rules and Regulations</u> Addresses the obligations and duties of the Pinellas County EMS System.
- Florida Municipal Codes, Chapter 54 Emergency Services
 Copy of Florida State laws governing EMS and Transportation Services.

FORMS:

The forms included in this application packet may be copied and used for reporting to the Office of the Medical Director.

Monthly Activity Report

- > Used to record wheelchair, stretcher, and reclining wheelchair van service data.
- > Must be filed with the Medical Director within ten (10) working days of month's end.

Medical Incident Report

- Used to document any event or patient requiring an Incident Report.
- Must be filed within 72 hours of the event.



APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE: INEW RENEWAL					
SERVICE TYPE:	✓ Wheelchair Transport✓ Stretcher Transport	☐ ALS Interfac ☐ ALS Helicop		port	
TYPE OF ENTITY: Sole Proprietor Partnership Non-Profit Corporation Corporation					
ORGANIZATION NAME:			HOURS OF OPERATION:	☑24-HOUR	
M&M Mobility Inc. E	DBA. Shaddai Transportat	tion Services	5:00 A.M. to 10:00	□A.M. / ☑P.M.	
ADDRESS 1:			PHONE:		
12001 Belcher Rd S	S Apt J167		813-606-4803		
ADDRESS 2:			FAX:		
CITY, STATE, ZIP CODE:					
Largo, Florida 3377	'3				
OFFICER/DIRECTOR NAME &	TITLE:	PHONE NUMBER & E-M	AIL:		
Earnest Mark Porte	rfield Owner	334-294-0484	/ mark@careavan.care		
VICE OFFICER/DIRECTOR NAI	ME & TITLE:	PHONE NUMBER & E-MAIL:			
Hector Rivera Gene	eral Manager	727-225-4917 / hector@shaddaitransportation.com			
BUSINESS HOURS POINT-OF-	CONTACT:	PHONE NUMBER & E-M	IAIL:		
Hector Rivera Gene	eral Manager	727-225-4917	/ hector@shaddaitrans	portation.com	
AFTER HOURS POINT-OF-COM	NTACT:	PHONE NUMBER & E-M	IAIL:		
Hector Rivera Gene	eral Manager	727-225-4917	/ hector@shaddaitrans	portation.com	
Incorporation, Certifica	MENTS: Record Keeping Ve ation of Fictitious Name (d.b.a) te schedule. Also include any r	if applicable, Insura	nce Verification for the high	nest level of service	
revoked if at any time t	resentative of the above named the firm fails to meet all of the re				
SIGNATURE OF APPLICANT.	sma.		DATE:		
7	700		11/30/23		
STATE OF FLORIDA					
COUNTY OF Piul Mas					
Subscribed and sworn to (or affirmed) before me this					
is/are personally known to me or has/have produced					
		ELE	My Comm Expires D September 19 2026 September 19 2026		
		->	September 303127 No HH 303127		
(SEAL)					
where 2					
Form A. Rev. 02/06/2017		(Name	an Moral A Mear, buured or	rom stamped)	



WHEELCHAIR/STRETCHER SERVICE RECORD KEEPING VERIFICATION FORM

Pinellas County Rules and Regulations, as Amended

Name of Service:	Shaddai	Transportation Services

Date: 11/30/23

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	HR
	*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.	HR
8.1	Written record contains:	
	Date Call Received	
	Time Call Received	HR
	Pick-up & Destination Address	HR
	Arrival Time at Destination	HR
	Client's Name	HR
	Person Ordering Transport	HR
	 Telephone Number of Caller (*if applicable) 	HR
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	HR
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	HR
8.1	Dispatch audio & written/electronic records shall be available for inspection.	HR

Form B Rev. 02/06/2017



Pinellas County Rules and Regulations, as Amended STRETCHER VAN ROSTER

M&M Mobility Inc. DBA. Shaddai Transportation Services Name of Service:

Such vehicles may not be equipped, marked or operated as an Ambulance

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. Page:

good working order						1				1	1	1	1
Interior clean, sanitary and in													
Exterior lights – high, low, turns, brake, tails, backup	>												
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communication with base	>												
Properly designed passenger safety belts and/or straps													0
wheelchair/stretcher			+	1-	+	+	_	 	+	1	1	1	1
Positive means of securing/locking	>												Ċ
Patient lift platform working	>												
Doors, latches, and handles working properly	>												
Equipment in patient compartment safely secured	>											1	1011
Free of dent/rust that interferes with safe operation	>											To	14/111
Operable interior lights	>												7
Fire extinguisher 2A:10B:C	>												
Passenger floor properly maintained	>												
Client compartment observation mirror	>												
lentification Number (VIN)	IC84PKB24993												
Vehicle Id												V	
Florida Vehicle Tag Number	CF54BF												
Unit	1601									10.	1.	12.	
	Vehicle of the compartment observation mirror Client compartment observation mirror Client compartment observation mirror Passenger floor properly maintained observation mirror Passenger floor properly Fire extinguisher Client compartment after observation mirror Passenger floor properly Client compartment observation mirror Passenger floor properly Client compartment observation mirror Passenger floor properly Compartment in patient floor properly Patient lift platform working properly Positive means of secured securing/locking properly Positive means of securing properly Positive means of securing properly Properly designed passenger safety belts and/or straps safetion	CF54BF 1 FTYE1C84PKB24993 Ceruminal Action Number of Compartment and Property of Compartment and Property of Compartment and Property of Compartment and Interferes with safe operation (VIN) Passenger floor property of Compartment in patient and handles interferes with safe operation (VIN) Positive means of Compartment asfely secured interferes with safe operation (VIN) Positive means of Compartment asfely secured working property (COMPACT (VIN) Property designed passenger securing/locking property (COMPACT (VIN) Property designed passenger safety belts and/or straps asfety belts and/or straps as asfety belts and/or straps as a safety belts and or safety as a safety belts and or safety as a safety as	CF54BH 1FTYE1C84PKB24993 CP54BH 1FTYE1C84PKB24999 CP54BH 1FTYE1C84PKB24PKB24999 CP54BH 1FTYE1C84PKB24PKB24PKB24PKB24PKB24PKB24PKB24PKB2	Client compartment Client compartment Client compartment Client compartment Passenger floor properly Client compartment Passenger floor properly Client compartment Client compartment Passenger floor properly Client compartment Client compartment Passenger floor properly Client compartment Compartment safely secured Compartment safely secured Compartment safely secured Passenger Compartment safely secured Compartment safely secured Positive means of Compartment safely secured Properly designed passenger Safety belts and/or straps Communication with base Station Exterior lights – high, low, Exterior lights – high, low,	CF54BF 1FTYE1C84PKB24993 Communication with base communication with base occument station working properly properly belts and/tor straps and to safety belts and/tor straps communication with base station brone for safety belts and/tor straps and/to str	CF54BH Compartment CF54BH Compartment CF54BH Compartment CF64BH COMPARTMENT CF66BH Compartment CF64BH COMPARTMENT CF66BH CF6BH COMPARTMENT CF66BH CF	C Post State of State	CFG High Compartment Child Compartment Compartment Compartment Compartment Compartment Compartment Interesting the Compartment Interesting Compartment Safely Secured Compartment Interesting Compartment Safely Secured Compartment Interesting Compartment Safely Secured Compartment Safely Designed Passenger Safely Designed Descendent Communication with Descendent Safely Descendent Safely Descendent Safely Descendent Communication With Descendent Safely Descendent	OF 54 PK B24 993 OF 54 PK B24 993 OF 54 PK B24 993 OF 64 PK B24 993 OF 64 PK B24 993 OF 64 PK B24 993 Free of dent/rust that interferes with safe operation mirror compartment in patient Equipment in patient Equipment in patient OF 64 PK B24 993 OF 64 PK	OF 56 BPT Compartment Comp	OF 54 PK B24 99 33 Arrivation with base occumulation with base of communication with base of safety belts and/or stages.	Charter of the property of the	Passenger of periods and passenger of communication with base of compartment and property a

EMS INSPECTOR:

Form C-2 Rev. 02/06/2017



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

Name of Service:	M&M mobility Inc. DBA. Shaddai Transportation Services	Page:	1	of	1
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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 #
Hector Rivera	R166-321-76-249-0	07/09/2026	07/09/1976	
Jose Perez	P626-433-85-252-0	07/12/2025	07/12/1985	
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APPENDIX A PINELLAS COUNTY EMERGENCY MEDICAL SERVICES RULES & REGULATIONS BACKGROUND SCREENING AFFIDAVIT

Both the Applicant and the undersigned duly authorized representative of the Provider Agency hereby certifies and attests the information in this affidavit is true, correct and has been verified, as follows:

		Way 1 2 2 2 1.					
Applica	ant Full Name/Alias:	Hector A. Rivers Rodrigues					
Applica	ant Date of Birth:	07/09/26					
Provide	er Agency Name/ PCEMS ID:						
1.	Applicant has attached a color photocop Photo Identification Card or Driver's Lice Agency. Applicant may redact their hom						
2.	Provider Agency has conducted or attac background check meeting the following	hed a recent (less than forty-five day old) criteria:					
	 Florida Agency for Healthcare Administration (AHCA), Florida Department of Children & Families (DCF), or Florida Department of Elder Affairs (DOEA) Level 2 Background Screening Letter of Eligibility; or Florida Department of Law Enforcement (FDLE) Criminal History Record Check (CHRC) Report; or Provider Agency certifies the Provider Agency has run a background check to the greatest extent possible by law and to the Provider Agency's best knowledge Applicant: (1) has not been convicted of a felony, (2) has not been convicted of a misdemeanor directly related to his/her employment, or (3) has not pled nolo contendere to any charge of felony. 						
3.	has verified the license is "CLEAR/ACTI"	artment of Health License. Provider Agency VE" and attached a copy of the current status st be attached. (www.flhealthsource.gov)					
4.	Provider Agency has verified the Applicant is not listed on the U.S. Department of Health & Human Services Exclusions Database for Medicare providers (exclusions.oig.hhs.gov). Attach a copy of the current status web inquiry.						
5.	 Applicant has provided three (3) personal (non-relative) references who attest to the Applicant's moral character which have been verified by the Provider Agency. 						
7	11/30/2	3					
-	APPLICANT SIGNATURE AND DATE	PROVIDER AGENCY SIGNATURE AND DATE					
Ho	GON RIVERA	DDOWDED ACENOV PRINTED MAKE					
	APPLICANT PRINTED NAME	PROVIDER AGENCY PRINTED NAME					

APPENDIX A PINELLAS COUNTY EMERGENCY MEDICAL SERVICES RULES & REGULATIONS BACKGROUND SCREENING AFFIDAVIT

Both the Applicant and the undersigned duly authorized representative of the Provider Agency hereby certifies and attests the information in this affidavit is true, correct and has been verified, as follows:

Applica	nt Full Name/Alias:	Juse M. Perel Ortiz			
Applica	nt Date of Birth:	07/12/85			
Provide	er Agency Name/ PCEMS ID:				
1.	Applicant has attached a color photocopy Photo Identification Card or Driver's Licent Agency. Applicant may redact their home	•			
2.	Provider Agency has conducted or attach background check meeting the following				
	Children & Families (DCF), or FI Level 2 Background Screening L Florida Department of Law Enfor (CHRC) Report; or Provider Agency certifies the Pro the greatest extent possible by k knowledge Applicant: (1) has no	ovider Agency has run a background check to aw and to the Provider Agency's best been convicted of a felony, (2) has not been cotly related to his/her employment, or (3) has			
3.	has verified the license is "CLEAR/ACTIV	artment of Health License. Provider Agency /E" and attached a copy of the current status st be attached. (www.flhealthsource.gov)			
4.	Provider Agency has verified the Applica Health & Human Services Exclusions Da (exclusions.oig.hhs.gov). Attach a copy	tabase for Medicare providers			
5.	Applicant's moral character which have by 11/30/23				
To	APPLICANT SIGNATURE AND DATE	PROVIDER AGENCY SIGNATURE AND DATE			
Jos	Jose M. Peper Ortin				
	APPLICANT PRINTED NAME	PROVIDER AGENCY PRINTED NAME			

PINELLAS COUNTY EMERGENCY MEDICAL SERVICES

WHEELCHAIR/STRETCHER TRANSPORT

Application for County Driver Certification

Contact:

OFFICE OF THE MEDICAL DIRECTOR 12490 Ulmerton Road Largo, FL 33774 (727) 582-5750

PINELLAS COUNTY CERTIFICATION FOR WHEELCHAIR/STRETCHER TRANSPORT

Incomplete applications will not be processed

-				
Doci	Imer	ntation	to su	hmit.

 Completed Background Screening Affidavit with background check (<u>verification must</u> <u>be less than 45 days old</u>).
2. Current CPR and First Aid certification. For Florida Department of Health licenses, include a copy of the web inquiry, verifying the license is "CLEAR/ACTIVE", as well as attach any discipline on file (http://www.flhealthsource.gov/).
3. Valid driver's license.
4. Completed verification applicant is not listed on the U.S. Department of Health and Human Services Exclusions Database (https://exclusions.oig.hhs.gov/).
5. Color photo in JPEG format.

PINELLAS COUNTY EMERGENCY MEDICAL SERVICES BACKGROUND SCREENING AFFIDAVIT

Both the Applicant and the undersigned duly authorized representative of the Provider Agency hereby certifies and attests the information in this affidavit is true, correct and has been verified, as follows:

Applicant Full Name/Alias:	Hector A. Kivera Kudriguer
Applicant Date of Birth:	07/08/76
Provider Agency Name/ PCEMS ID:	

- Applicant has attached a color photocopy of a Government Issued Photo Id, a State Photo Identification Card or Driver's License; which was verified by the Provider Agency. Applicant may redact their home address.
- 2. Provider Agency has conducted or attached a recent (less than forty-five day old) background check meeting one of the following criteria:
 - Florida Agency for Healthcare Administration (AHCA), Florida Department of Children & Families (DCF), or Florida Department of Elder Affairs (DOEA)
 Level 2 Background Screening Letter of Eligibility; or
 - Florida Department of Law Enforcement (FDLE) Criminal History Record Check (CHRC) Report; or
 - Provider Agency certifies the Provider Agency has run a background check to the greatest extent possible by law and to the Provider Agency's best knowledge Applicant: (1) has not been convicted of a felony, (2) has not been convicted of a misdemeanor directly related to his/her employment, or (3) has not pled nolo contendere to any charge of felony.
- Applicant has attached their Florida Department of Health License. Provider Agency
 has verified the license is "CLEAR/ACTIVE" and attached a copy of the current status
 web inquiry. Any discipline on file must be attached. (www.flhealthsource.gov)
- 4. Provider Agency has verified the Applicant is not listed on the U.S. Department of Health & Human Services Exclusions Database for Medicare providers (exclusions.oig.hhs.gov). Attach a copy of the current status web inquiry.
- Applicant has provided three (3) personal (non-relative) references who attest to the Applicant's moral character which have been verified by the Provider Agency.

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APPLICANT SIGNATURE AND DATE	PROVIDER AGENCY SIGNATURE AND DATE				
ALL FLOAR CONTROLL AND DATE	TROVIDEN AGENOT GIGNATORE AND DATE				
HEGOR RIVERS					
PRINTED NAME	PRINTED NAME				

1

PINELLAS COUNTY EMERGENCY MEDICAL SERVICES BACKGROUND SCREENING AFFIDAVIT

Both the Applicant and the undersigned duly authorized representative of the Provider Agency hereby certifies and attests the information in this affidavit is true, correct and has been verified, as follows:

Applica	ant Full Name/Alias:	Jose M. Perez Ortiz				
Applica	ant Date of Birth:	07/12/85				
Provide	er Agency Name/ PCEMS ID:					
1.	Applicant has attached a color photocopy of Photo Identification Card or Driver's License Agency. Applicant may redact their home a	e; which was verified by the Provider				
2.	Provider Agency has conducted or attached background check meeting one of the follow					
	 Florida Agency for Healthcare Administration (AHCA), Florida Department of Children & Families (DCF), or Florida Department of Elder Affairs (DOEA) Level 2 Background Screening Letter of Eligibility; or Florida Department of Law Enforcement (FDLE) Criminal History Record Check (CHRC) Report; or Provider Agency certifies the Provider Agency has run a background check to the greatest extent possible by law and to the Provider Agency's best knowledge Applicant: (1) has not been convicted of a felony, (2) has not been convicted of a misdemeanor directly related to his/her employment, or (3) has not pled nolo contendere to any charge of felony. 					
3.	Applicant has attached their Florida Department of Health License. Provider Agency has verified the license is "CLEAR/ACTIVE" and attached a copy of the current status web inquiry. Any discipline on file must be attached. (www.flhealthsource.gov)					
4.	 Provider Agency has verified the Applicant is not listed on the U.S. Department of Health & Human Services Exclusions Database for Medicare providers (exclusions.oig.hhs.gov). Attach a copy of the current status web inquiry. 					
5.	Applicant has provided three (3) personal (r Applicant's moral character which have bee	· ·				
V	Perez Ortiz	PROVIDER AGENCY SIGNATURE AND DATE				
PRINTED NAM		PRINTED NAME				



KEN BURKE

CLERK OF THE CIRCUIT COURT AND COMPTROLLER, PINELLAS COUNTY, FLORIDA

CRIMINAL COURT CUSTOMER SERVICES

Clerk of the County Court
Recorder of Deeds
Clerk and Accountant of the Board of County Commissioners
Custodian of County Funds
County Auditor
Clerk of the Water and Navigation Control Authority

www.mypinellasclerk.org 14250 49th Street North Clearwater, FL 33762-2800 Telephone: (727) 464-7000

November 29, 2023

Subject:

JOSE MANUEL PEREZ ORTIZ

Date of Birth:

JULY 12, 1985

I Ken Burke, Clerk of the Circuit Court, as official custodian of county and criminal court records, conclude that a complete record search was conducted for charges in the Pinellas County Criminal and/or Juvenile Court Records. I do hereby certify:

Per the customer's request, the results of my diligent search are indicated below against the above named individual:

N/A Traffic Infractions NO Misdemeanor N/A Juvenile N/A Criminal Traffic NO Felony

See Case History Summary and Disposition Codes on the attached forms for the charges found.

RECORD SEARCH PREPARED ACCORDING TO THE INFORMATION SHOWING IN OUR RECORDS AS OF THIS DATE.



Ken Burke

Clerk of the Circuit Court

By:

Deputy Cler



KEN BURKE

CLERK OF THE CIRCUIT COURT AND COMPTROLLER, PINELLAS COUNTY, FLORIDA

CRIMINAL COURT CUSTOMER SERVICES

Clerk of the County Court Recorder of Deeds Clerk and Accountant of the Board of County Commissioners Custodian of County Funds County Auditor Clerk of the Water and Navigation Control Authority

www.mypinellasclerk.org 14250 49th Street North Clearwater, FL 33762-2800 Telephone: (727) 464-7000

November 29, 2023

Subject:

HECTOR ANIBAL RIVERA RODRIGUEZ

Date of Birth:

JULY 9, 1976

I Ken Burke, Clerk of the Circuit Court, as official custodian of county and criminal court records, conclude that a complete record search was conducted for charges in the Pinellas County Criminal and/or Juvenile Court Records. I do hereby certify:

Per the customer's request, the results of my diligent search are indicated below against the above named individual:

N/A Traffic Infractions NO Misdemeanor N/A Juvenile N/A Criminal Traffic NO Felony

See Case History Summary and Disposition Codes on the attached forms for the charges found.

RECORD SEARCH PREPARED ACCORDING TO THE INFORMATION SHOWING IN OUR RECORDS AS OF THIS DATE.



Ken Burke

Clerk of the Circuit Court

By:

Deputy Clerk



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/03/2023

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 have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							require an endorsement.	A st	atement on	
-	DUCER			Company of the Compan		CONTACT DISTRIBUTE					
Phillip Wright / The Wright Risk Consultants					PHONE (A/C, No. Ext): (731) 300-2210 FAX (A/C, No): (731) 540-9057						
	Old Hickory Cove, Suite E175				E-MAIL	-L:0:- O4	wrcins.com	1 [05, 10].	-		
,,			ADDRESS: PRIMIP@twrcins.com INSURER(S) AFFORDING COVERAGE				NAIC#				
JACKSON TN 38305-2975			INSURER A: TDC SPECIALTY INSURANCE COMPANY					34487			
INSU					INSURER B: NATIONAL INDEMNITY COMPANY OF THE SOUT				***************************************		
	M & M Mobility, Inc, dba Care	eavar	Tran	sports	INSURER C: MIDSOUTH MUTUAL INSURANCE COMPANY				12839		
	12001 Belcher Rd S Apt J16				INSURER D :						
					INSURER E :						
	Largo			FL 33773	INSURER F:						
CO	VERAGES CER	TIFIC	CATE	NUMBER:	Acres in the contract of the c			REVISION NUMBER:			
CI	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.										
NSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
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	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$			
	AUTO SILE							\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$			
	DED RETENTION\$							s			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A			01/01/2023		X PER STATUTE OTH-				
С	ANY PROPRIETOR/PARTNER/EXECUTIVE			WC-05722-2023		01/01/2023	01/01/2024	E.L. EACH ACCIDENT \$	1,00	0,000	
C	(Mandatory in NH)			VVG-03722-2023				E.L. DISEASE - EA EMPLOYEE \$	1,00	0,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	1,00	0,000		
	L.										
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) SHADDAI TRANSPORTATION SERVICES IS SHOWN AS ADDITIONAL INSURED											
CFI	RTIFICATE HOLDER				CANC	ELLATION				· · · · · · · · · · · · · · · · · · ·	
	III IONI I IIOMOMI	-	-		- CANA	restator (11014					
SHADDAI TRANSPORTATION SERVICES				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
12001 BELCHER RD S AUTHORIZED REPRESENTATIVE				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							
LARGO FL 33773				Phillip D. Wright							

	Florida IN	SURANCE IDENTIFICAT	ION CARD				
(STATE)			_				
COMPANY NUMBER	COMPANY	COMMERCIAL	PERSONAL				
	National Indemnity Co	mpany of the South					
POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE					
74APS113447	08/18/2023	08/18/2024					
YEAR MAKE	/MODEL	VEHICLE IDENTIFICATION NUM	BER				
2023 Ford	Transit-150	1FTYE1C84PKB24993					
AGENCY/COMPANY ISSUING O	ARD						
Phillip Wright / The Wrig	ht Risk Consultants						
38 Old Hickory Cove, Su	ite E175						
JACKSON		TN 38305					
INSURED							
Г							
Hector Rodrigue	Z						
12001 Belcher Rd S Apt J167							
Largo		FL 33773					
L							
SEE IMPORTANT NOTICE ON REVERSE SIDE							

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

- 1. Name and address of each driver, passenger and witness.
- 2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 (2007/02)

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Fictitious Name Detail

Fictitious Name

SHADDAI TRANSPORTATION SERVICES

Filing Information

Registration Number G23000124756

Status

ACTIVE

Filed Date

10/09/2023

Expiration Date

12/31/2028

Current Owners

1

County

HILLSBOROUGH

Total Pages

1

Events Filed

NONE

FEI/EIN Number

47-2593549

Mailing Address

12001 BELCHER ROAD SOUTH

J167

LARGO, FL 33773

Owner Information

M&M MOBILITY, INC 4183 CARMICHAEL RD, SUITE A

MONTGOMERY, AL 36106

FEI/EIN Number: 47-2593549

Document Number: F23000005552

Document Images

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Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Foreign Profit Corporation

M & M MOBILITY, INCORPORATED

Filing Information

Document Number

F23000005552

FEI/EIN Number

47-2593549

Date Filed

09/18/2023

State

AL

Status

ACTIVE

Principal Address

12001 BELCHER RD S J167

LARGO, FL 33773

Mailing Address

12001 BELCHER RD S J167

LARGO, FL 33773

Registered Agent Name & Address

URS AGENTS, LLC 3458 LAKESHORE DR TALLAHASSEE, FL 32312

Officer/Director Detail

Name & Address

Title PCEO

PORTERFIELD, ERNEST MARK 825 CHASEWAY DR PIKE ROAD, AL 36064

Title SCNO

PORTERFIELD, MARGARET A 825 CHASEWAY DR PIKE ROAD, AL 36064

Annual Reports

State of Florida Department of State

I certify from the records of this office that SHADDAI TRANSPORTATION SERVICES is a Fictitious Name registered with the Department of State on October 9, 2023.

The Registration Number of this Fictitious Name is G23000124756.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Tenth day of October, 2023

THE STATE OF THE S

Secretary of State



City of Pinellas Park

P.O. BOX 1100 PINELLAS PARK, FL 33780-1100

727-369-5647

BUSINESS TAX RECEIPT

License issued in accordance with regulation under the authority of Chapter 13 Pinellas Park Code of Ordinance

Business Name:

M&M MOBILITY, INC

DBA: SHADDAI TRANSPORTATION SERVICES

Business Location:

12001 BELCHER RD S J167

Mailing Address:

12001 BELCHER RD S J167

LARGO, FL 33773

LARGO, FL 33773

Owner:

EARNEST PORTERFIELD

License Number::

TRANS-000051-2024

License Type::

Transportation

Issued Date:

11/17/2023

Classification:

Commercial

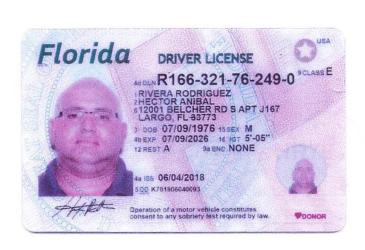
Expiration Date:

9/30/2024

Fees Paid:

\$60.00

TO BE POSTED IN A CONSPICUOUS PLACE







CERTIFICATE OF COMPLETION

Reference #: 690E5-B4C6D387 NSC FIRST AID, CPR, AED Online Course Exam (CC-SP)

Student Information:

HECTOR RIVERA RODRIGUEZ

- Employer/Company Name: West Coast Transportation
- Employer State: FL
- Course Expiration Date: 09/02/2025
- Program Name: NSC FIRST AID, CPR, AED Online Course Exam (CC-SP)
- Certificate #: 690E5-B4C6D387
- Provider: National Safety Council(1-800-237-0676)
- Date of Completion: 09/02/2023 11:42:37 EST

^{**} This certificate is solely for the use by the name listed above. Any modification to this certificate is strictly prohibited **



has demonstrated achievement of the required knowledge and hands-on skill evaluation(s) according to the certification requirements of the training program indicated below.

ADULT FIRST AID

vot Muttey 3 8 3 5

DEC 2 1 2022

DEC 2 1 2024

This Adult First Aid training program conforms with the 2020 American Heart Association and American Red Cross Focused Update for First Aid. This training program was not designed to meet pediatric first aid training requirements and should not be used for that purpose.

Expiration date may not exceed two years from month of class completion.

AMERICAN SAFETYAN

DEME

has demonstrated achievement of the required knowledge and hands-on skill evaluation(s) according to the certification requirements of the training program indicated below.

☐ ADULT M ADULT/CHILD/INFAHT

☐ ADULT/CHILD ☐ ADULT/INFANT

CPR AED

DEC 2 1 2022

Registry No.

DEC 2 1 2024

727-418-6185 MURRAY'S CPRIBEA

This CPR AED training program conforms with the 2020 American Heart Association Guidelines Update for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care.

Expiration date may not exceed two years from month of class completion.