



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: EV Elite Vehicles		HOURS OF OPERATION: <input checked="" type="checkbox"/> 24-HOUR A.M. to <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: 8120 4th Street North Suite 1		PHONE: 866-359-0372
ADDRESS 2:		FAX:
CITY, STATE, ZIP CODE: Saint Petersburg, FL 33702		
OFFICER/DIRECTOR NAME & TITLE: Earvin Ealy / Managing Member	PHONE NUMBER & E-MAIL: 866-359-0372 info@evelitevehicles.com	
VICE OFFICER/DIRECTOR NAME & TITLE: N/A	PHONE NUMBER & E-MAIL: N/A	
BUSINESS HOURS POINT-OF-CONTACT: Earvin Ealy	PHONE NUMBER & E-MAIL: 866-359-0372 info@evelitevehicles.com	
AFTER HOURS POINT-OF-CONTACT: Earvin Ealy	PHONE NUMBER & E-MAIL: 866-359-0372 info@evelitevehicles.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: 		DATE: 04/09/2026
STATE OF FLORIDA COUNTY OF <u>Hillsborough</u>		
Subscribed and sworn to (or affirmed) before me this <u>April 20, 2026</u> by <u>Earvin Ealy</u> , who is/are personally known to me or has/have produced <u>Driver License</u> —as identification.		
(SEAL) 	DALASIA WEST Notary Public State of Florida Comm# HH346865 Expires 1/5/2027 	
(Name of Notary typed, printed or Form stamped) Dalasia West		

Application for Certificate of Public Convenience and Necessity

Please download and complete this form.



Upload the notarized the COPCN Notary Form here

COPCN Application 2026-2027.pdf

Name

Document Type

Application Type

	Initial	Renewal
Wheelchair Transport	<input checked="" type="checkbox"/>	
Stretcher Transport	<input type="checkbox"/>	
ALS Helicopter	<input type="checkbox"/>	
ALS Interfacility	<input type="checkbox"/>	
ALS Non-Transport	<input type="checkbox"/>	
ALS Transport	<input type="checkbox"/>	
Wheelchair and Stretcher Van		

Type of Entity

*Type of Entity

- Sole Proprietor
- Partnership
- Non-Profit Corporation
- Corporation

Organization Type

Sole Proprietor

Company Information (Form A)

Company Information

Organization Name

EV Elite Vehicles

*Street 1

8120 4th St N Suite 1

Street 2

8120 4th St N Suite 1

*Postal Code

33702

City

Saint Petersburg

State

Florida

Phone

866 - 359 - 0372 Ext:

Fax

- -

***Hours of operation**

24/7

Company Contacts

Position

Officer/Director

***Action to take**

Update record in the service

This is the action that will be taken within the service for the User you select below.

***Search Contact**

Ealy, Earvin (569001)

***Work Phone**

866 - 359 - 0372 Ext:

Email

earvinealy2@gmail.com

Position

Vice Officer/Director

***Search Contact**

Ealy, Earvin (569001) *

***Work Phone**

866 - 359 - 0372 Ext:

***Email**

earvinealy2@gmail.com

Position

Business Hours Point-of-Contact

***Search Contact**

Ealy, Earvin (569001) *

***Work Phone**

866 - 359 - 0372 Ext:

***Email**

earvinealy2@gmail.com

Position

After Hours Point-of-Contact

*User

Ealy, Earvin (569001)



*Work Phone

866

- 359

- 0372

Ext:

*Email

earvinealy2@gmail.com

Record Keeping Verification Form (Form B)

Inspection Items

Section 8.1

Record all telephone lines when used for requests for transport, including cell phones.*

*Initials

EE

*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.

*Initials

EE

Section 8.1

Written record contains:

- 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)

*Initials

EE

Section 8.1

Audio dispatch records shall be kept for a minimum of six (6) months.

*Initials

EE

Section 8.1

Written or electronic dispatch shall be kept for a minimum of three (3) years.

*Initials

EE

Section 8.1

Dispatch audio & written/electronic records shall be available for inspection.

*Initials

EE

Vehicles (Form C)

Section 1

*Vehicle

[New] *

Unit Number

1

Vehicle Tag Number

56EURJ

*Vehicle Identification Number(VIN)

5TDKRKECXPS173058

*Active

Yes No

Personnel (Form D)

Section 1

meppers	User	Position
	Ealy, Earvin (569001)	WCT Admin Support
569000	Williams-Ealy, Regina (569000)	

Required Documents

Insurance verification

Provide a copy of the Certificate of Insurance 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)

Policy Type

Policy ▼

Number

74APS122647-02

Issued Date

12/05/2025 Today

Expiration Date

12/05/2026 Today

*Insurance Verification

Change File
COI.pdf

Name

Insurance Verification

Document Type

Insurance Verification ▼

Certificate of Incorporation

*Certificate of Incorporation

[Change File](#) Incorporation.pdf

Name
Certificate of Incorporation

Document Type
Certificate of Incorporation

Retail Rate Schedule

*Retail Rate Schedule

[Change File](#) Rate Sheet.pdf

Name
Retail Rate Schedule

Document Type
Retail Rate Schedule

Certification of Fictitious Name (d.b.a.)

Please upload a copy of your Certification of Fictitious Name (d.b.a.).

Certification of Fictitious Name

[Upload File](#)

Name
Certification of Fictitious Name

Document Type
Certification of Fictitious Name

Signature

Signature

*Today's Date

05/04/2026 Today

*Signature

Signed on May 4, 2026 5:28:21 PM by Earvin Ealy

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L18000060520
FILED 8:00 AM
March 07, 2018
Sec. Of State
cewilson

Article I

The name of the Limited Liability Company is:
EVELITEVEHICLES, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
1014 54TH PLACE SOUTH
APT 2
ST. PETERSBURG, FL. US 33712

The mailing address of the Limited Liability Company is:

PO BOX 11935
ST. PETERSBURG, FL. US 33733

Article III

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

REGISTERED AGENTS INC.
3030 N. ROCKY POINT DR.
STE 150A
TAMPA, FL. 33607

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: BILL HAVRE

Article IV

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

Title: PRES
REGINA WILLIAMS
2014 54TH PLACE SOUTH APT 2
ST. PETERSBURG, FL. 33712 US

Title: PRES
ELVIRA GOLDEN
6267 12TH ST. SOUTH
ST. PETERSBURG, FL. 33705 US

L18000060520
FILED 8:00 AM
March 07, 2018
Sec. Of State
cewilson

Signature of member or an authorized representative

Electronic Signature: REGINA WILLIAMS

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.

L18000060520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800310753128

03/22/18 -01010--024 **25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 MAR 22 AM 4: 15

N COOPER
MAR 23 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EV Elite Vehicles, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Regina Williams
Name of Person
EV Elite Vehicles
Firm/Company
PO Box 11935
Address
St. Petersburg, FL 33733
City/State and Zip Code
rlwilliams1@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Regina Williams at (727) 648-7794
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EV Elite Vehicles, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/07/2018 and assigned Florida document number L18000060520.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 MAR 22 AM 4:15

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

, Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

L18 000060520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000329126100

05/13/19--01031--015 *\$25.00

S TALLENT
MAY 29 2019

FILED
2019 MAY 13 PM 1:59
SECRETARY OF STATE
TALLIEN, JESSIE E. FL

*Diss/Resign
Member*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EV Elite Vehicles LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Regina Williams

(Contact Person)

EV Elite Vehicles LLC

(Firm/Company)

8120 4th St. S

(Address)

St. Petersburg, FL 33702

(City/State and Zip Code)

For further information concerning this matter, please call:

Regina Williams at (866) 359-0372

(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
 \$25 Filing Fee \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: EV Elite Vehicles, LLC
2. The Florida document/registration number assigned to this limited liability company is: L18000060520
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/07/2019
4. I, Elvira Golden, hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
2019 MAY 13 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FL

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 2 of _____

AGENCY Bullington Insurance Group LLC.		NAMED INSURED EV Elite Vehicles, LLC	
POLICY NUMBER N/A			
CARRIER Multiple Carriers	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Vehicles Summary

#	Year	Make	Model	VIN	Fleet ID	Co Vehicle #
1	2023	Toyota	Sienna LE 40 Series, 5DR,	5TDKRKECXPS173058		0

Non-Emergency Medical Transportation Rates

Type of Medical Transport	Weekday Rates (Business Hours)	Rate per mile
	Base Rate	
Ambulatory Transportation	\$25.00	\$3.00
Wheelchair Transportation	\$100.00	\$4.00
Stretcher Transportation	\$250.00	\$5.00

	Weekend & Off Hour Rates	Rate per mile
	Base Rate	
Ambulatory Transportation	\$35.00	\$4.00
Wheelchair Transportation	\$125.00	\$5.00
Stretcher Transportation	\$300.00	\$7.00

	Holiday Rates	Rate per mile
	Base Rate	
Ambulatory Transportation	\$50.00	\$6.00
Wheelchair Transportation	\$150.00	\$6.00
Stretcher Transportation	\$350.00	\$8.00

All rates are one-way

Wait times:

Ambulatory - \$50 per hour
 Wheelchair - \$75 per hour
 Stretcher - \$150 per hour

Additional Passenger or

Attendee Fee:
 \$20 each

*** Long Distance Medical Transportation Rates ***

Long distance over 100 miles and out of state rates on a per-case basis.

