Pinellas County EMS & FIRE ADMINISTRATION

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE: ☑ NEW ☐ RENEWAL

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

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

ORGANIZATION NAME: Blue Car Transportation	HOURS OF OPERATION: ☐24-HOUR 3:00 A.M. to 11:30 ☐A.M. / ☑P.M.
ADDRESS 1: P.O.BOX 72	PHONE: 863-215-2987
ADDRESS 2:	FAX: 813-354-2609
CITY, STATE, ZIP CODE: Auburndale fl 33823	

OFFICER/DIRECTOR NAME & TITLE: Alma Yoselin Marquez Marquez	PHONE NUMBER & E-MAIL: 813-809-4549 yosiemarquez88@gmail.com
VICE OFFICER/DIRECTOR NAME & TITLE: Franklin Omar Lora Feliz	PHONE NUMBER & E-MAIL: 617-637-2092 franklinlora051984@gmail.com
BUSINESS HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MAIL:
AFTER HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MAIL:

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: Alma Marquez	DATE: 7/1/2026

STATE OF FLORIDA
COUNTY OF Polk

Subscribed and sworn to (or affirmed) before me this 7-1-2026 by Alma Marquez Marquez, who is/are personally known to me or has/have produced FL-DL as identification.

(SEAL)

CLITRICE DAVIS
Notary Public
State of Florida
Comm# HH785113
Expires 5/9/2030

Clitrice Davis

Clitrice Davis
(Name of Notary typed, printed or Form stamped)

Form A. Rev. 02/06/2017

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/01/2026

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 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
CENTRAL TRANSPORTATION INSURANCE, INC.
1655 E. HWY 50
SUITE 303
CLERMONT, FL 34711

CONTACT NAME: JENNIFER RAMIREZ
PHONE A/C, No, Ext): (407) 209-9101 **FAX A/C, No):** (866)7172473
E-MAIL ADDRESS: CENTRALTRANS2008@AOL.COM

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: SCOTTSDALE INSURANCE COMPANY	41297
INSURER B: CABLE INSURANCE COMPANY	16572
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
BLUE CAR TRANSPORTATION LLC
631 AUTUMN STREAM DRIVE
Auburndale, FL. 33823

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	**GENERAL LIABILITY** ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC			CPS8464710	06/19/2026	06/19/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 300,000 $ 100,000 $ 5,000 $ 300,000 $ 600,000 $ 600,000
B	**AUTOMOBILE LIABILITY** ☐ ANY AUTO ☒ ALL OWNED AUTOS ☒ HIRED AUTOS ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS			CICFL002909-00	06/19/2026	06/19/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) PIP	$ 300,000 $ $ $ $ 10,000
	☐ **UMBRELLA LIAB** ☐ OCCUR ☐ **EXCESS LIAB** ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N / A **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below						☐ WC STATU-TORY LIMITS ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $

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

VEHICLES: 2009 DODGE #2D8HN44E39R580530

Non-Emergency Medical Transport

CERTIFICATE HOLDER

Pinellas County,
A Political Subdivision of the State of Florida
400 S Fort Harrison Ave
Clearwater, FL 33756

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

Jennifer Ramirez

Pinellas County
EMS & FIRE ADMINISTRATION

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

Name of Service: Non-emergency medical transportation Page: 1 of 1

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	FRANKLIN OMAR LORA FELIZ	L614-254-84-179-0	05-19-2027	05-19-1984	563002
2	ALMA YOSELIN MARQUEZ	M245-027-01-600-0	11-24-2027	11-24-1988	563003
3					
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Pinellas County
EMS & FIRE ADMINISTRATION

WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Non-emergency medical transportation

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	01	NMSU8(	1N4AL3AP1DN524751													
2	02	7853TT	2C4RDGBG1HR853670													
3	03	31BVLV	2D8HN44E39R580530													
4																
5																
6																
7																
8																
9																
10																
11																
12																

EMS INSPECTOR: _____ Date: _____

State of Florida
Department of State

I certify the attached is a true and correct copy of the Articles of Organization of BLUE CAR TRANSPORTATION LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on April 21, 2026 effective April 14, 2026, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L26000223828.

Authentication Code: 260427080904-700471850987#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Twenty Seventh day of April, 2026

Cord Byrd
Secretary of State

Electronic Articles of Organization For Florida Limited Liability Company

L26000223828
FILED 8:00 AM
April 21, 2026
Sec. Of State
vherring

Article I

The name of the Limited Liability Company is:

BLUE CAR TRANSPORTATION LLC

Article II

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

631 AUTUMN STREAM DRIVE
AUBURNDALE, FL. UN 33823

The mailing address of the Limited Liability Company is:

631 AUTUMN STREAM DRIVE
AUBURNDALE, FL. UN 33823

Article III

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

ALMA Y MARQUEZ
631 AUTUMN STREAM DRIVE
AUBURNDALE, FL. 33823-217

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: ALMA MARQUEZ

#	AMBULATORIES	WHEEL CHAIR	#	AMBULATORIES	WHEEL CHAIR	#	AMBULATORIES	WHEEL CHAIR
MILES	REGULAR	WHEEL CHAIR	MILES	REGULAR	WHEEL CHAIR	MILES	REGULAR	WHEEL CHAIR
0	$14.94	$29.94	28	$54.29	$75.43	56	$104.52	$128.91
1	$14.94	$29.94	29	$56.09	$77.34	57	$106.32	$130.82
2	$14.94	$29.94	30	$57.89	$79.25	58	$108.12	$132.73
3	$14.94	$29.94	31	$59.69	$81.16	59	$109.92	$134.64
4	$18.03	$35.17	32	$61.49	$83.07	60	$111.72	$136.55
5	$18.03	$35.17	33	$63.29	$84.98	61	$113.52	$138.46
6	$18.03	$35.17	34	$65.09	$86.89	62	$115.32	$140.37
7	$21.89	$41.05	35	$66.89	$88.80	63	$117.12	$142.28
8	$21.89	$41.05	36	$68.69	$90.71	64	$118.92	$144.19
9	$21.89	$41.05	37	$70.49	$92.62	65	$120.72	$146.10
10	$21.89	$41.05	38	$72.29	$94.53	66	$122.52	$148.01
11	$23.69	$42.96	39	$74.09	$96.44	67	$124.32	$149.92
12	$25.49	$44.87	40	$75.89	$98.35	68	$126.12	$151.83
13	$27.29	$46.78	41	$77.69	$100.26	69	$127.92	$153.74
14	$29.09	$48.69	42	$79.49	$102.17	70	$129.72	$155.65
15	$30.89	$50.60	43	$81.29	$104.08	71	$131.52	$157.56
16	$32.69	$52.51	44	$83.09	$105.99	72	$133.32	$159.47
17	$34.49	$54.42	45	$84.89	$107.90	73	$135.12	$161.38
18	$36.29	$56.33	46	$86.69	$109.81	74	$136.92	$163.29
19	$38.09	$58.24	47	$88.49	$111.72	75	$138.72	$165.20
20	$39.89	$60.15	48	$90.29	$113.63	76	$140.52	$167.11
21	$41.69	$62.06	49	$92.09	$115.54	77	$142.32	$169.02
22	$43.49	$63.97	50	$93.89	$117.45	78	$144.12	$170.93
23	$45.29	$65.88	51	$95.69	$119.36	79	$145.92	$172.84
24	$47.09	$67.79	52	$97.49	$121.27	80	$147.72	$174.75
25	$48.89	$69.70	53	$99.29	$123.18	81	$149.52	$176.66
26	$50.69	$71.61	54	$101.09	$125.09	82	$151.32	$178.57
27	$52.49	$73.52	55	$102.72	$127.00	83	$153.12	$180.48