



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: BATISTA TRANSPORATION LLC
HOURS OF OPERATION: 5:00 A.M. to 7:00 P.M.
ADDRESS 1: 603 AUTUMN STREAM DR
PHONE: 813-725-3691
ADDRESS 2:
FAX:

CITY, STATE, ZIP CODE: AUBURNDALE FL 33823

OFFICER/DIRECTOR NAME & TITLE: NELSELENNY VICIOSO
PHONE NUMBER & E-MAIL: 407-968-3291

VICE OFFICER/DIRECTOR NAME & TITLE:
PHONE NUMBER & E-MAIL:

BUSINESS HOURS POINT-OF-CONTACT: OFFICE
PHONE NUMBER & E-MAIL: 813-725-3691/ batistatransportationllc@gmail.com

AFTER HOURS POINT-OF-CONTACT: CHRISTIAN CORSINO
PHONE NUMBER & E-MAIL: 570-880-1737

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.

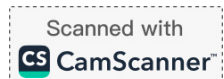
I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations.

SIGNATURE OF APPLICANT: [Handwritten Signature]
DATE: 04-16-2026

STATE OF FLORIDA
COUNTY OF Polk

Subscribed and sworn to (or affirmed) before me this April 16 2026 by Nelseleenny Vicioso Feliz who is/are personally known to me or has/have produced Florida Driver License as identification.

(SEAL) SHARONDA PAYNE Notary Public State of Florida Comm# HH363676 Expires 2/16/2027
[Handwritten Signature] Sharonda Payne
(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: BATISTA TRANSPORATION LLC

Date: 04-16-2026

<b>Section</b>	<b>Inspection Items</b>	<b>Initials</b>
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	<u>NV</u>
	*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.	<u>NV</u>
8.1	Written record contains: <ul style="list-style-type: none"> <li>• Date Call Received</li> <li>• Time Call Received</li> <li>• Pick-up &amp; Destination Address</li> <li>• Arrival Time at Destination</li> <li>• Client's Name</li> <li>• Person Ordering Transport</li> <li>• Telephone Number of Caller (*if applicable)</li> </ul>	<u>NV</u> <u>NV</u> <u>NV</u> <u>NV</u> <u>NV</u> <u>NV</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>NV</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>NV</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>NV</u>



**WHEELCHAIR VEHICLE ROSTER**  
**Pinellas County Rules and Regulations, as Amended**

Name of Service: BATISTA TRANSPORATION LLC Page: 1 of 1

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. 1	DT18SS	1FDVU4XGXJKA97505													
2. 2	FDLD56	1FDVU4XG7FKA11574													
3.															
4.															
5.															
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7.															
8.															
9.															
10.															
11.															
12.															



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

Name of Service: Batista Transportation LLC 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.	Godofredo Gonzalez Garcia	G615-717-43-700-0	09/17/2028	03/29/1981	
2.	Lazaro Ismael Cordero	C609-630-11-300-0	12/27/2030	12/27/1996	
3.					
4.					
5.					
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11.					
12.					
13.					
14.					
15.					
16.					

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

L23000011364  
FILED 8:00 AM  
January 04, 2023  
Sec. Of State  
jafason

**Article I**

The name of the Limited Liability Company is:  
BATISTA TRANSPORTATION LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
6910 INTERBAY BLVD APT 101  
TAMPA, FL. US 33616

The mailing address of the Limited Liability Company is:  
6910 INTERBAY BLVD APT 101  
TAMPA, FL. US 33616

**Article III**

The name and Florida street address of the registered agent is:  
ACCOUNTING CENTER OF ORLANDO LLC  
1706 E SEMORAN BLVD STE 103  
APOPKA, FL. 32703

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: ALEJANDRO PICHARDO

## Article IV

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

Title: MGR  
JOSUE J BATISTA  
6910 INTERBAY BLVD APT 101  
TAMPA, FL. 33616 US

L23000011364  
FILED 8:00 AM  
January 04, 2023  
Sec. Of State  
jafason

Signature of member or an authorized representative

Electronic Signature: ALEJANDRO PICHARDO

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.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/16/2026

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 have ADDITIONAL INSURED provisions or 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).

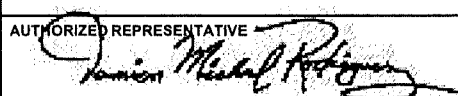
<b>PRODUCER</b> Professional Insurance Center, Inc. 2003 West Kennedy Blvd Tampa, Florida 33606	Phone: (813)251-4900 Fax: (813)253-2676	<b>CONTACT NAME:</b> Professional Insurance Center <b>PHONE (A/C, No, Ext):</b> (813)251-4900 <b>FAX (A/C, No):</b> (813)253-2676 <b>E-MAIL ADDRESS:</b> Professional-Insurance@piconline.com																				
	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A :</td> <td>ATEGRITY SPECIALTY INSURANCE COMPANY</td> <td>16427</td> </tr> <tr> <td>INSURER B :</td> <td>CABLE INSURANCE COMPANY</td> <td>16572</td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	ATEGRITY SPECIALTY INSURANCE COMPANY	16427	INSURER B :	CABLE INSURANCE COMPANY	16572	INSURER C :			INSURER D :			INSURER E :			INSURER F :	
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<b>INSURED</b> Batista Transportation LLC. 6611 Dorchester Rd. Lakeland, FL 33809																						

**COVERAGES**                      **CERTIFICATE NUMBER:** 2913                      **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	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		N	01-C-PK-P20140194-0	4/29/2025	4/29/2026	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ Excluded
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		N	CICFL002185-01	3/19/2026	3/19/2027	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    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 IS AN ADDITIONAL INSURED  
2018 - FORD - TRANSIT - 1FDVU4XGJKJA97505  
2015 - FORD - TRANSIT 350 - 1FDVU4XG7FKA11574

<b>CERTIFICATE HOLDER</b> Holder's Nature of Interest : Additional Insured  Pinellas County, A Political Subdivision of the State of Florida  400 S FORT HARRISON AVE CLEARWATER, FL 33756	<b>CANCELLATION</b> 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 
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