

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. Vehicle Roster (Forms C-1 & C-2). 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.
- 4. Driver Roster (Form D). Provide a list of each certified driver by name, including their Florida Class E Driver's License number, expiration date, date of birth and EMS ID Number.  
(ALS Helicopter applications - please provide pilot/crew) information.
- 5. Certificate of Incorporation and Certification of Fictitious Name (d.b.a.) as registered with the State of Florida, as applicable.
- 6. 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).
- 7. Agency's retail rate schedule for all services provided.
- 8. County Driver Certification. Any new applicant a Provider seeks to have certified must meet the 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:

- 1. Completed Background Screening Affidavit with background check (**verification must be less than 45 days old**).
- 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.

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/stretchers 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:**

- Pinellas County Emergency Medical Services Rules and Regulations • 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:  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: M&M Mobility Inc. DBA. Shaddai Transportation Services
HOURS OF OPERATION: 24-HOUR
5:00 A.M. to 10:00 P.M.
ADDRESS 1: 12001 Belcher Rd S Apt J167
PHONE: 813-606-4803
ADDRESS 2:
FAX:

CITY, STATE, ZIP CODE: Largo, Florida 33773

OFFICER/DIRECTOR NAME & TITLE: Earnest Mark Porterfield Owner
PHONE NUMBER & E-MAIL: 334-294-0484 / mark@careavan.care

VICE OFFICER/DIRECTOR NAME & TITLE: Hector Rivera General Manager
PHONE NUMBER & E-MAIL: 727-225-4917 / hector@shaddaitransportation.com

BUSINESS HOURS POINT-OF-CONTACT: Hector Rivera General Manager
PHONE NUMBER & E-MAIL: 727-225-4917 / hector@shaddaitransportation.com

AFTER HOURS POINT-OF-CONTACT: Hector Rivera General Manager
PHONE NUMBER & E-MAIL: 727-225-4917 / hector@shaddaitransportation.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: [Signature] DATE: 11/30/23

STATE OF FLORIDA
COUNTY OF Pinellas

Subscribed and sworn to (or affirmed) before me this 11/30/2023 by Hector Rivera, who is/are personally known to me or has/have produced identification.

(SEAL) [Signature]
Notary Public Seal: Yelena R. Molinari, My Comm Expires September 19 2026, No HH 303127, STATE OF FLORIDA



**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.*  | <u>HR</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>HR</u> |
| 8.1     | Written record contains:  |           |
|         | • Date Call Received  | <u>HR</u> |
|         | • Time Call Received  | <u>HR</u> |
|         | • Pick-up & Destination Address   | <u>HR</u> |
|         | • Arrival Time at Destination   | <u>HR</u> |
|         | • Client's Name   | <u>HR</u> |
|         | • Person Ordering Transport   | <u>HR</u> |
|         | • Telephone Number of Caller (*if applicable)   | <u>HR</u> |
| 8.1     | Audio dispatch records shall be kept for a minimum of six (6) months.   | <u>HR</u> |
| 8.1     | Written or electronic dispatch shall be kept for a minimum of three (3) years.  | <u>HR</u> |
| 8.1     | Dispatch audio & written/electronic records shall be available for inspection.  | <u>HR</u> |



**STRETCHER VAN ROSTER**  
**Pinellas County Rules and Regulations, as Amended**

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

Page: 1 of 1

**\*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.

| 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/stretchers | 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. 1601     | CF54BF                     | 1FTYE1C84PKB24993                   | ✓                                     | ✓                                   | ✓                          | ✓                        | ✓   | ✓   | ✓  | ✓                                      | ✓  | ✓  | ✓   | ✓  | ✓  |
| 2.          |                            |                                     |                                       |                                     |                            |                          |   |   |  |  |  |  |   |  |  |
| 3.          |                            |                                     |                                       |                                     |                            |                          |   |   |  |  |  |  |   |  |  |
| 4.          |                            |                                     |                                       |                                     |                            |                          |   |   |  |  |  |  |   |  |  |
| 5.          |                            |                                     |                                       |                                     |                            |                          |   |   |  |  |  |  |   |  |  |
| 6.          |                            |                                     |                                       |                                     |                            |                          |   |   |  |  |  |  |   |  |  |
| 7.          |                            |                                     |                                       |                                     |                            |                          |   |   |  |  |  |  |   |  |  |
| 8.          |                            |                                     |                                       |                                     |                            |                          |   |   |  |  |  |  |   |  |  |
| 9.          |                            |                                     |                                       |                                     |                            |                          |   |   |  |  |  |  |   |  |  |
| 10.         |                            |                                     |                                       |                                     |                            |                          |   |   |  |  |  |  |   |  |  |
| 11.         |                            |                                     |                                       |                                     |                            |                          |   |   |  |  |  |  |   |  |  |
| 12.         |                            |                                     |                                       |                                     |                            |                          |   |   |  |  |  |  |   |  |  |

*[Signature]*

EMS INSPECTOR: \_\_\_\_\_

Date: 12-11-23



**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

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)<br>Also list "nick-name" if applicable | Class E<br>Driver's License Number | Expiration Date | Date of Birth | Assigned<br>EMS ID # |
|-----|---|------------------------------------|-----------------|---------------|----------------------|
| 1.  | Hector Rivera   | R166-321-76-249-0                  | 07/09/2026      | 07/09/1976    |                      |
| 2.  | Jose Perez  | P626-433-85-252-0                  | 07/12/2025      | 07/12/1985    |                      |
| 3.  |   |                                    |                 |               |                      |
| 4.  |   |                                    |                 |               |                      |
| 5.  |   |                                    |                 |               |                      |
| 6.  |   |                                    |                 |               |                      |
| 7.  |   |                                    |                 |               |                      |
| 8.  |   |                                    |                 |               |                      |
| 9.  |   |                                    |                 |               |                      |
| 10. |   |                                    |                 |               |                      |
| 11. |   |                                    |                 |               |                      |
| 12. |   |                                    |                 |               |                      |
| 13. |   |                                    |                 |               |                      |
| 14. |   |                                    |                 |               |                      |
| 15. |   |                                    |                 |               |                      |
| 16. |   |                                    |                 |               |                      |

**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:

Applicant Full Name/Alias: Héctor A. Rivera Rodríguez  
Applicant Date of Birth: 07/09/76  
Provider Agency Name/ PCEMS ID: \_\_\_\_\_

1. Applicant has attached a color photocopy of a Governmental 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 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.
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](http://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](http://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.

 11/30/23  
APPLICANT SIGNATURE AND DATE

\_\_\_\_\_  
PROVIDER AGENCY SIGNATURE AND DATE

Hector Rivera  
APPLICANT PRINTED NAME

\_\_\_\_\_  
PROVIDER AGENCY PRINTED NAME

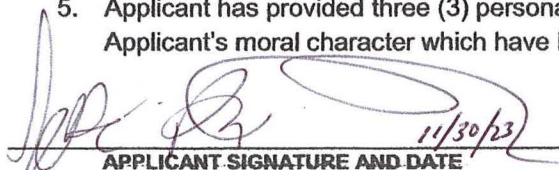


**APPENDIX A  
PINELLAS COUNTY EMERGENCY MEDICAL SERVICES  
RULES & REGULATIONS  
BACKGROUND SCREENING AFFIDAVIT**

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:

Applicant Full Name/Alias: Jose M. Perez Ortiz  
Applicant Date of Birth: 07/12/85  
Provider Agency Name/ PCEMS ID: \_\_\_\_\_

1. Applicant has attached a color photocopy of a Governmental 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 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.
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](http://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](http://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.

  
APPLICANT SIGNATURE AND DATE

Jose M. Perez Ortiz  
APPLICANT PRINTED NAME

\_\_\_\_\_  
PROVIDER AGENCY SIGNATURE AND DATE

\_\_\_\_\_  
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

Documentation to submit:

- 1. Completed Background Screening Affidavit with background check (**verification must be less than 45 days old**).
- 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. Rivera Rodriguez

**Applicant Date of Birth:**

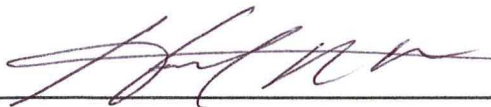
07/09/76

**Provider Agency Name/ PCEMS ID:**



\_\_\_\_\_

1. 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
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  - 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](http://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](http://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.

 11/30/23

APPLICANT SIGNATURE AND DATE

PROVIDER AGENCY SIGNATURE AND DATE

Hector Rivera

PRINTED NAME

PRINTED NAME

**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:**

Jose M. Perez Ortiz

**Applicant Date of Birth:**

07/12/85

**Provider Agency Name/ PCEMS ID:**



1. 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.
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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.

APPLICANT SIGNATURE AND DATE

PROVIDER AGENCY SIGNATURE AND DATE

PRINTED NAME

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 49<sup>th</sup> 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.

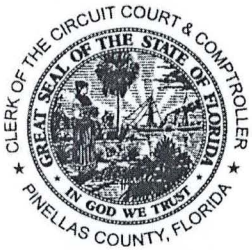
**RECORD SEARCH PREPARED ACCORDING TO THE INFORMATION SHOWING IN OUR RECORDS AS OF THIS DATE.**



**Ken Burke**  
Clerk of the Circuit Court

By: \_\_\_\_\_  
Deputy Clerk

YES – Customer requested search for this type of charge – Record Found  
NO – Customer requested search for this type of charge – No Record Found  
N/A – Customer did not request search for this type of charge  
RECORD SEARCH - NO DATE RANGE



**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 49<sup>th</sup> 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

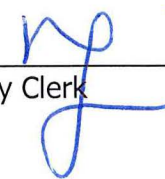
N/A Criminal Traffic  
NO Felony

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

YES – Customer requested search for this type of charge – Record Found  
NO – Customer requested search for this type of charge – No Record Found  
N/A – Customer did not request search for this type of charge  
RECORD SEARCH - NO DATE RANGE





**Florida INSURANCE IDENTIFICATION CARD**

(STATE)

COMPANY NUMBER

COMPANY



COMMERCIAL



PERSONAL

National Indemnity Company of the South

POLICY NUMBER

EFFECTIVE DATE

EXPIRATION DATE

74APS113447

08/18/2023

08/18/2024

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2023

Ford

Transit-150

1FTYE1C84PKB24993

AGENCY/COMPANY ISSUING CARD

Phillip Wright / The Wright Risk Consultants

38 Old Hickory Cove, Suite E175

JACKSON

TN 38305

INSURED



Hector Rodriguez

12001 Belcher Rd S Apt J167

Largo

FL 33773

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.



[Previous on List](#)   [Next on List](#)   [Return to List](#)

Fictitious Name Search

No Filing History

Submit

---

## 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

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## Detail by Entity Name

Foreign Profit Corporation

M & M MOBILITY, INCORPORATED

### Filing Information

|                        |              |
|------------------------|--------------|
| <b>Document Number</b> | F23000005552 |
| <b>FEI/EIN Number</b>  | 47-2593549   |
| <b>Date Filed</b>      | 09/18/2023   |
| <b>State</b>           | AL           |
| <b>Status</b>          | 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.

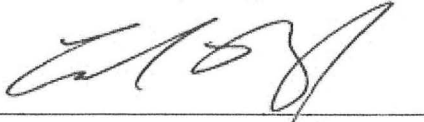
The Registration Number of this Fictitious Name is G23000124756.

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*



  
*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  
LARGO, FL 33773

**Mailing Address:** 12001 BELCHER RD S J167  
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

Florida

DRIVER LICENSE



4d DLN **R166-321-76-249-0** 9 CLASS **E**

1 RIVERA RODRIGUEZ  
2 HECTOR ANIBAL  
3 12001 BELCHER RD S APT J167  
4 LARGO, FL 33773

3 DOB **07/09/1976** 15 SEX **M**  
4b EXP: **07/09/2026** 16 HGT **5'-05"**  
12 REST **A** 9a END **NONE**



4a ISS: **06/04/2018**  
5 DD **K781806040093**

*Hector Anibal*

Operation of a motor vehicle constitutes consent to any sobriety test required by law.



Florida

DRIVER LICENSE

P626-433-85-252-0



1 PEREZ ORTIZ  
2 JOSE MANUEL  
3 13 GLADES CIR  
4 LARGO, FL 33771-0000

7 DOB 07/12/1985 8 SEX M  
9b EXP 07/12/2025 16 HGT 5'-08"  
12 REST NONE 9a END NONE

SAFE DRIVER

4a ISS 11/23/2016

5DD J74Z202290134

REPLACED 08/29/2022

Operation of a motor vehicle constitutes consent to any sobriety test required by law.



FL

*Jose Manuel Perez Ortiz*



## 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 \*\***





JOSE PEREZ

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

Trevor Murray

Authorized Instructor (Print Name)

38351

Registry No.

DEC 21 2022

DEC 21 2024

Class Completion Date

Expiration Date

727-418-6185 MURRAY'S CPR/BFA

Training Center Phone No.

Training Center I.D.

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.



JOSE PEREZ

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
- ADULT/CHILD/INFANT
- ADULT/CHILD
- ADULT/INFANT

Card is void if more than one box is checked / Check boxes reflect CPR AED options.

CPR AED

Trevor Murray

Authorized Instructor (Print Name)

38351

Registry No.

DEC 21 2022

DEC 21 2024

Class Completion Date

Expiration Date

727-418-6185 MURRAY'S CPR/BFA

Training Center Phone No.

Training Center I.D.

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.