

**CITY OF FORT LAUDERDALE
APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE & NECESSITY
RENTAL CARS WITH CHAUFFER AND/OR SIGHSEEING VEHICLES**

DATE: 06/12/2014

FILING FEE _____ LICENSE FEE _____ TOTAL DUE _____

APPLICATION FOR: New Renewal _____ Certificate _____

PUBLIC HEARING BEFORE THE COMMUNITY SERVICES BOARD ON _____

APPROVED _____ DENIED _____ REASON _____

PUBLIC HEARING APPROVED BY CITY COMMISSION: _____

TYPES OF CERTIFICATE

A. SIGHTSEEING

B. OTHER TRANSPORT/VAN

C. COURTESY CAR

NUMBER OF VEHICLES

ONE

REQUIRED INFORMATION

Note: The information requested is required by Section 27-192 of the Code of Ordinances of the City of Fort Lauderdale. All required information must be provided before the application is submitted to the Community Services Board for their review.

(1) THE NAME AND ADDRESS OF THE APPLICANT AND IF A CORPORATION, NAMES AND ADDRESSES OF THE OFFICERS AND DIRECTORS.

THE APPLICANT IS:

NOT INCORPORATED

Individual: Name: JOHANNES TORRES

Address: 2851 W. PROSPECT RD. UNIT #800

Business Entity: Name of Partner: SHUTTLE CAB. LLC

Address: 2851 W. PROSPECT RD. Unit #801

Name of Partner: _____

Address: _____

Corporation:

President: JOHANNIS TORRES

Address 2851 W. PROSPECT RD #8101. Fort Lauderdale
FLA 33309

Vice President: _____

Address: _____

Secretary: _____

Address _____

Treasurer _____

Director _____

Address _____

Registered Agent _____

Address _____

Contact Person JOHANNIS TORRES

Address _____

Phone number 954.200.0009

(2) The number of motor vehicles the applicant desires to operate, including a brief description of each

Definitions (Section 27-1)

Rental car with chauffeur means any passenger-type vehicle for hire that is rented with a chauffeur driver by the hour, day, week or month.

Sightseeing vehicle means a vehicle for hire transporting passengers over the streets of the city in accordance with a contract previously made between the owner or operator and the passenger.

Applicant must attach a brief description of each vehicle desired to this application and label as Exhibit 1.

(3) The rate and fares proposed to be charged. The applicant shall agree that all changes in rates and fares or charges whether increased or decreased shall be set by the city commission.

Vehicle Type: FORD E-350. XLT Superduty 15. passengers

Proposed rate and/or fares: \$5 to \$10 pr person depends miles
or Hourly

Vehicle Type: VAN FORD E-350. XLT Superduty 15 pass.

Proposed rate and /or fares TRANSFER \$5.00 TO \$10.00 pr person.

NOTE: If additional space is needed for rates and/or fares please attach a separate sheet and label it **Exhibit 2**. Check box below if exhibit is being provided.

Exhibit 2 is attached to this application

Rates, Fares and charges agreement

I, JOHANNIS TORRES, the applicant agrees that all changes in rates fares or charges, whether increased or decreased, shall be set by the city commission.

Signed [Signature]
Signature of Applicant

JOHANNIS TORRES
Name of Applicant (print or type)

Sworn to & subscribed before me this 6. day of 12, 2014

Notary

The permanent location at which such vehicle(s) will be stored or parked when not in use.

Permanent location:
2851 W. PROSPECT RD. UNIT #801
FORT LAUDERDALE, FLORIDA 33309

(4) The identity of the actual owner or owners of such vehicle(s) if the applicant does not own such vehicle(s).

The applicant is the owner of the vehicle(s) listed in this application.

The applicant does not own the vehicle(s) listed in this application.

The vehicle(s) is/are owned by:

Name: JOHANNIS TORRES e LUZ MARY MEDINA

Address: 2851 W. Prospect Rd. Unit #801 Fort Lauderdale Florida

Phone: 954.200.0009

NOTE: Where additional space is needed due to multiple owners or partial ownership by the applicant and another person, attach separate sheets and label them as **Exhibit 3**. Please check the box below if extra sheets are provided. Leave box blank if all the ownership information is provided on this form.

Exhibit 3 is attached.

(5) A financial statement prepared by a certified public accountant.

A certified financial statement must be attached to this application. Please label it as **Exhibit 4**. Note that the ordinance requires the statement to be certified. The application cannot be forwarded to the **Community Services Board** without the certification. Check the box to the left when this has been attached.

(6) A profit and loss statement, if the applicant is the holder of a certificate of public convenience and necessity.

The applicant is not a holder of a certificate(s)

The applicant is the holder of a certificate. A profit and loss statement has been labeled as **Exhibit 5** and attached to this application.

(7) An accurate certified account of records for the previous year or the nearest accounting period, including a profit and loss statement for the previous year, setting forth earnings and expenditures for operation, insurance premiums paid including but not limited to unemployment, workers compensation, social security, public liability.

An accurate certified account of records as described in subsection (8) above has been labeled as **Exhibit 6** and attached to this application.

(8) Each application for a certificate of public convenience and necessity shall be accompanied by a tender of the license fee as provided by Section 15-57 of this Code.

The license fee is attached to this application. Fee Amount _____

A comprehensive listing of any violations or complaints made against the applicant, or against the present business entity or against any former business entity that involved any of the same corporate officers, directors, managers, or partners, as applicable, regarding vehicles(s) for hire incidents that occurred in the State of Florida

Are you the applicant currently operating a business?

Regarding vehicle(s) for hire?

Yes No

If yes, business name. SHUTTLE CAB LLC

Have you, the applicant been involved in vehicle(s) for hire in the past? Yes No

Have you, the applicant been involved with another business regarding vehicles For hire?

Yes No

If yes, business name(s) _____

Are any of the corporate officers, directors, managers or partners involved in any business regarding Vehicle(s) for hire or have they ever been involved in a business regarding vehicles for hire or have they ever been involved in a business regarding vehicles for hire? Yes No

If yes, Name of Person Jonann Torres

Business Name Beide TAXI e LIMOUSINE

Name of Person JONANN TORRES

Business Name _____

Note: Attach extra sheets if more room is needed. Please label as **Exhibit 7** and check box to indicate that **Exhibit 7** is attached.

Provide a comprehensive listing of any violations or complaints that would be included in subsection (10) of the ordinance section. Label the attached sheet(s) **Exhibit 8**

I do not have any violations or complaints that meet the requirements of Section 27-192(b) (10) to report.

I have provided a comprehensive listing of the violations and or complaints that must be reported per Section 27-192(b)(10) of the Code of Ordinances. It is labeled as **Exhibit 8**

Sec. 27-193. Insurance required.

(a) After a certificate is issued but before a permit is issued to any person or corporation to operate a rental car with chauffeur and/or sightseeing vehicle, the applicant for such permit shall place in the hands of the city license inspector a policy or policies of public liability and property damage insurance for each vehicle operated as follows:

(b)

TABLE INSET:

Type of Vehicle	Public Liability Policies Amount	Property Damage Policies Amount
Rental car with chauffeur	\$ 50,000.00/\$100,000.00	\$ 5,000.00
Sightseeing vehicle	\$100,000.00/\$300,000.00	\$25,000.00

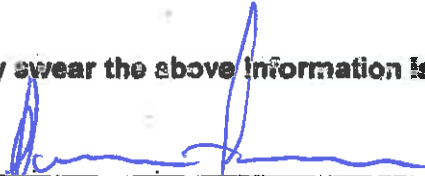
(b) All such public liability and property damage insurance policies shall be written by companies having, or enjoying, a B and BB rating and authorized to transact business in the state. Such policies shall be deposited with the license inspector of the city and shall be kept in full force and effect by the applicant at all times. Failure to file such policy with the city license inspector or to keep same in full force and effect shall automatically cancel and void the certificate of public convenience and necessity or permit granted to the rental car with chauffeur and/or sightseeing vehicle covered by such policy.

Please note that this application will be forwarded to the Police Department for a list of all violations and/or complaints that may be a part of public record.

(11) The date the application is made

DATE 08/12/2014

I hereby swear the above information is true.



Signature of Applicant

Johannes Torres

Name of Applicant (print or type)

Sworn to and subscribed before me this 06 day of 12, 2014.



STEFAN MOHAMMED
MY COMMISSION # FF 042916 Notary
EXPIRES: August 5, 2017
Bonded Thru Budget Notary Services



*ID produced
FL DL T620-433-72-262-0.*

Application received on _____ by _____

INSTRUCTIONS FOR ATTACHING DECAL

1. Clean area where new annual decal is to be affixed.
2. Peel decal from this document.
3. Affix decal in the upper right corner of license plate.

IMPORTANT INFORMATION

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: Dept. of Highway Safety, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

Mail To:
LUZ MARY MEDINA
2751 N PINE ISLAND ROAD 107
SUNRISE, FL 33322

CO/AGY 10 / 1 T# 775541010
 B# 1315610

FLORIDA VEHICLE REGISTRATION

PLATE **AWDX29** DECAL **14214225** Expires **Midnight Thu 10/30/2014**

YR/AMK	2009/FORD	BODY	VN	COLOR	WHI	Reg. Tax	70.65	Class Code	1
VIN	1FBSS31L49DA13468	NET WT	4000	TITLE	101488026	Init. Reg.	0.50	Tax Months	12
Plate Type	RGS					County Fee	0.70	Back Tax Mos	0
DL/FEID	M350533538900					Mail Fee		Credit Class	0
Date Issued	10/28/2013	Plate Issued	9/26/2011			Sales Tax			
						Voluntary Fees			
						Grand Total	71.85		

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 20 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.
5. I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration.

LUZ MARY MEDINA
2751 N PINE ISLAND ROAD 107
SUNRISE, FL 33322

RGS - SUNSHINE STATE

VEHICLE LEASE

This lease is entered into this DEC day of 3, 2013, by and between

Luz Mary Medina Lessor, and Shuttle Cab, L.L.C
Lessee.

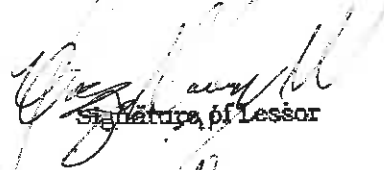
In consideration of the promises herein contained, on the part of the parties to be performed, Lessor hereby leases to the Lessee the following described motor vehicle:

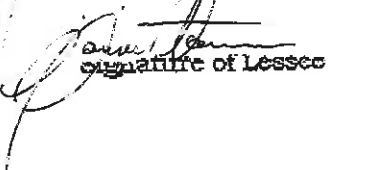
VIN #	License Plate #	Make	Type	Year
* <u>1FBSS31L91DA13A6E</u>	<u>AWDX29</u>	* <u>FORD</u>	* <u>R65</u>	* <u>2009</u>

Lessee to have possession of the vehicle until this lease is terminated. Lessee will pay

To Lessor annual rent of \$ 0 in 12 rent payments of \$ each month.

Either party may terminate this lease at any time after this vehicle is no longer being operated subject to the Vehicle for Hire Ordinance, by giving the other party written notice of intent to terminate. Lessee agrees during the entire term of this Lease to continuously maintain insurance on the leased vehicle in not less than the face amounts and scope of coverage as are then required by the Code of Laws and Ordinance Chapter 142. Lessee agrees, during the term of this lease to otherwise hold Lessor harmless from any and all claims arising out of use or operation of the subject vehicle. Each party to this Lease asserts to the other party that the respective party has full authority to enter into this Lease in an individual capacity and/or on behalf of any principle. The Laws of the State of Florida shall control this Lease.


Signature of Lessor


Signature of Lessee

Luz Mary Medina
Print Name of Lessor

Johanns Torres
Print Name of Lessee



THIS APPLICATION MUST BE PRESENTED IN PERSON TO THE OFFICE LISTED BELOW FOR PROCESSING

Board of County Commissioners, Broward County, Florida
Finance and Administrative Services Department
REVENUE COLLECTION DIVISION - Tax & License Section
115 S. Andrews Avenue Room A-100, Fort Lauderdale, Florida 33301 (954) 831-4000

APPLICATION FOR LOCAL BUSINESS TAX RECEIPT (Formally Known as Occupational License)

A BUSINESS TAX RECEIPT IS NOT A GUARANTEE THAT YOUR BUSINESS IS OPERATING IN COMPLIANCE WITH LOCAL LAWS. IF YOUR BUSINESS IS LOCATED WITHIN A MUNICIPALITY'S JURISDICTION, CHECK WITH THAT MUNICIPALITY FOR THE ZONING REQUIREMENTS. LINK TO CITIES IN BROWARD: http://www.rootsweb.com/~flbrowar/cities.html

1. Is your business within the unincorporated area of Broward County? Yes No [checked]

If yes, you must obtain a certificate of use from Broward County's Building Code Services your Business Tax Receipt will be issued. Their office is located at 1 N. University Dr., Plantation FL 33324 http://www.broward.org/building/welcome.htm

2. Name of Business SHUTTLE CAB LLC

3. Name of owner, principal or officer JOHANNIS TORRES

4. Business Location 2851 W PROSPECT RD UNIT 801 FT LAUDERDALE 33309
Street City Zip Code

5. Owner Address: 2851 W PROSPECT RD UNIT 801 FT LAUDERDALE 33309
Street City Zip Code

6. Mailing Address: 2851 W PROSPECT RD UNIT 801 FT LAUDERDALE 33309
Street City Zip Code

7. Business Phone 8. Social Security # or Federal ID # 46-2237138

9. Type of Business SHUTTLE SERVICE 10. Date business Opened or will open 1/1/2013

11. Number of employees (including owner and principals) 1

12. Do you own (not lease) any coin-operated, merchandise, service or amusement machines on the premises? Yes No [checked] How many? 1

What type of machine(s)? (Merchandise or Amusement)

Date Name of Applicant (Please Print) JOHANNIS TORRES

Signature Title: PRESIDENT

SUBJECT: FICTITIOUS NAME ACT: "FS 865.09"

(1) I declare that I have registered, or will register, with the Division of Corporations of the Department of State, for the Fictitious Name Act.

PRINT YOUR NAME

PRINT YOUR FICTITIOUS NAME (D/B/A)

OR

(2) I do not have to comply with the Fictitious Name Act because: Check Appropriate Box

- I AM USING MY FULL LEGAL NAME
MY BUSINESS IS REGISTERED AS A CORPORATION [checked]
OTHER

FAILURE TO COMPLY WITH THE FICTITIOUS NAME REGISTRATION PROVISIONS OF SECTION 865.09, FLORIDA STATUTES, IS A MISDEMEANOR OF THE SECOND DEGREE AND PUNISHABLE AS PROVIDED IN SECTION 775.082 OR SECTION 775.083, FLORIDA STATUTES. I UNDERSTAND THAT BY SIGNING THIS FORM, THAT IF ANY OF THE ABOVE IS NOT TRUE, I WILL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE.

Signature Date

THIS AFFIDAVIT IS NOT THE APPLICATION FOR THE REGISTRATION OF YOUR FICTITIOUS NAME. Fictitious Name Registration Packets can be obtained in the Governmental Center's Main Lobby at the Security Desk or: Florida Department of State, Division of Corporations (850)-488-9000 You may register on-line at: www.sunbiz.org

FOR OFFICE USE ONLY
Form No. 401-279A (Rev 03/09)



Florida Department of Revenue
Florida Business Tax Application (DR-1)

About Your Registration
Application Received - Confirmation Number - How to Retrieve

4-4

[Print this Page](#)

Thank you for submitting your Florida Business Tax Application via the Internet. Your application has been successfully transmitted for processing.

Applicant:
SHUTTLE CAB LLC
46-2237138

Physical Address:
2851 W Prospect Rd Unit 801
Ft Lauderdale, FL 33309

Mailing Address:
2851 W Prospect Rd Unit 801
Ft Lauderdale, FL 33309

Your confirmation number is: 27635107013

You will receive your certificate of registration or notification of liability via U. S. Mail within 7-10 days. If you need to obtain this information sooner, you may come back to the Department's e-Services page and click on "Retrieve it here" after three business days. Go to <http://www.floridarevenue.com/dor/ta/ta-confirmation.html> (this link will open in a new window; since your certificate number is not yet ready, you may wish to bookmark it for future use). You'll be asked for your confirmation number and the Federal Employer Identification Number or Social Security Number you provided on the application.

To maintain a record of this application you may:

- Print this page for your confirmation number.
- [Click here](#) to view a printable version of your registration application.
- [Click here](#) to subscribe to Department of Revenue electronic publications.

[Close](#)

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

L12000161869
FILED 8:00 AM
December 31, 2012
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:

SHUTTLE CAB L.L.C

Article II

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

1455 HOLLY HEIGHTS DR
7
FORT LAUDERDALE, FL. 33301

The mailing address of the Limited Liability Company is:

2851 W PROSPECT RD
801
FORT LAUDERDALE, FL. 33309

Article III

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

JOHANNIS TORRES
2851 W PROSPECT RD
891
FORT LAUDERDALE, FL. 33309

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: JOHANNIS TORRES

Article IV

The effective date for this Limited Liability Company shall be:

01/01/2013

Signature of member or an authorized representative of a member

Electronic Signature: JOHANNIS TORRES

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.

**FLORIDA COMMERCIAL AUTO INSURANCE
IDENTIFICATION CARD**

COMPANY: Occidental Fire & Casualty Co of NC(2324)
POLICY #: POL-SHUTTLE02-1122013133134 EFFECTIVE DATE: 12/2/2013
YEAR: 2009 MAKE/ MODEL: FORD/ECONOLINE E350 SUPER DUTY
VEHICLE ID#: 1FBS931L49DA119468

PERSONAL INJURY PROTECTION BENEFITS / PROPERTY DAMAGE LIABILITY BODILY INJURY LIABILITY

NAMED: SHUTTLE CAB LLC
INSURED: 2351 W. PROSPECT ROAD
ADDRESS: FT. LAUDERDALE, FL 33309
(OPTIONAL)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/3/2013

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 Professional Insurance Center, Inc. 2003 West Kennedy Blvd Tampa, Florida 33606	Phone: (813)251-4900 Fax: (813)253-2676	CONTACT NAME: Angela Le Johnson PHONE (A/C No. Ext): (813)244-0763 E-MAIL ADDRESS: angela@piconline.com FAX (A/C No.):
	INSURER(S) AFFORDING COVERAGE INSURER A: Occidental Fire And Casualty Company Of North Carolina 23248 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED SHUTTLE CAB LLC 2851 W. PROSPECT ROAD FT. LAUDERDALE, FL 33309		

COVERAGES **CERTIFICATE NUMBER: 933** **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 SUBR INSR WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROTECT <input type="checkbox"/> LOG					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		POL-SHUTTL012-1222013135134	12/3/2013	12/3/2014	COMBINED SINGLE LIMIT (Per accident) \$ 500,000 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 DEC <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ALL PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			WC STATUTORY LIMITS OTHER 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)
 INSURANCE PURPOSES - SCHEDULED VEHICLE
 2009 - FORD - ECONOLINE E350 SUPER DUTY - 1FBS631L49DA13469

CERTIFICATE HOLDER Holder's Nature of Interest: Additional Insured INSURANCE PURPOSES 00000	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
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BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000
VALID OCTOBER 1, 2013 THROUGH SEPTEMBER 30, 2014

DBA: SHUTTLE CAB LLC
Business Name: SHUTTLE CAB LLC

Receipt #: 326C-259426
Business Type: Limo/Moving Company (SHUTTLE CAB LLC)

Owner Name: JOHANNIS TORRES
Business Location: 2851 W PROSPECT RD # 801
 FT LAUDERDALE
Business Phone: 954 200 0009

Business Opened: 12/12/2013
State/County/Cert/Reg: LL 1260
Exemption Code:

Rooms Seats Employees Machines Professionals

1

		For Vending Business Only				
		Number of Machines:	Vending Type:			
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
33.00	0.00	0.00	0.00	0.00	0.00	33.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

**THIS BECOMES A TAX RECEIPT
 WHEN VALIDATED**

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

Mailing Address:

SHUTTLE CAB LLC
 2851 W PROSPECT RD # 801
 FT LAUDERDALE, FL 33309

Receipt # 01C-13-00003159
Paid 12/12/2013 33.00

2013 - 2014

Of County Commissioners
 Permitting, Licensing and
 Consumer Protection Division
 1 University Drive, Bldg B
 Plantation, FL 33324
 954-65-4400 (Main office)

\$450.00
 Amount Received
 012-033-6250-2936 Fund

License Type: Port Everglades Business Permit
 License Year: 2014 PE1246

PERMITS
 UNIVERSITY DR
 BOX 302
 PLANTATION, FL 33324
 954-440-1540

UISA
 SALE
 INV: 000002
 DATE: 10/13 16:01
 AUTH: 04149B
 TRN SEQ #: 008637

TLE CAB LLC

TLE CAB LLC

Cab LLC

Prospect Road Unit 801 Tamarac, FL 33304

Four hundred Fifty Dollars And 00/100 (\$450.00)

Port Everglades Business Permit

APPROVAL 01115

10/10/2013 16:01

YOU

CUSTOMER COPY

Check # or
 Expiration

date	Account #	Issuer	Amount	Bounced
01/00/0000			\$450.00	

Total Payment: **\$450.00**

Charge Detail

Date	Fee Type Description	Fee	Qty	Cost	Amt Paid	Balance	Ref. Receipt
12/10/2013	12 Port Everglades Business Permit Fee	\$250.00 x	1.00 =	\$250.00 -	\$250.00 =	\$0.00	
12/10/2013	11 Port Everglades Initial Process Fee	\$200.00 x	1.00 =	\$200.00 -	\$200.00 =	\$0.00	

Object Code: 012 - 033 - 6250 - 2936 - 90 Fund Total: \$450.00

Amt Paid Total: \$450.00

Outstanding Account Balance: **\$0.00**

Comments: 2014 NEW COMPANY PORT FEES

Board County Board of Commissioners
 Permitting/Licensing/Consumer Protection
 PD:12/10/2013 16:01:25 LDC:JXXI 005
 ID: NANNIEC 12/10/2013 4:52PM 00146145
 0011 0002 AM: 0456.00
 Tax Fee - Port Ever 0456.00
 PD VISA
 CHANGE 0015.00
 \$0.00

To Applicant

Received By MARTIN



Board Of County Commissioners
 Permitting, Licensing and
 Consumer Protection Division
 1 North University Drive, Bldg B
 Plantation, FL 33324
 (954) 765-4400 (Main office)

Date: 12/10/2013 Receipt No. CA00146146

\$365.00
 Amount Received
 012-033-6250-2909 Fund

License Type: Luxury Limo/Transport Van
 License Year: 2014 LL1260

Received for: SHUTTLE CAB LLC

Paid By: SHUTTLE CAB LLC

d/b/a: Shuttle Cab LLC

Address: 2851 W Prospect Road Unit 801 Tamarac, FL 33304

Three Hundred Sixty Five Dollars And 00/100 (\$365.00)

Ordinance: Ordinance 92-26

Payment Detail

Date	Payment Type	Check # or Expiration Date	Account #	Issuer	Amount	Bounced
12/10/2013	Credit Card	00/00/0000			\$365.00	
Total Payment:					\$365.00	

Charge Detail

Date	Fee Type Description	Fee	Qty	Cost	Amt Paid	Balance	Ref. Receipt
12/10/2013	58 Lux Lim/T Van Permit Fee	\$300.00	x 1.00 =	\$300.00 -	\$300.00 =	\$0.00	
12/10/2013	66 Aviation Permit	\$40.00	x 1.00 =	\$40.00 -	\$40.00 =	\$0.00	
12/10/2013	13 Port Everglades Decal	\$10.00	x 1.00 =	\$10.00 -	\$10.00 =	\$0.00	
12/10/2013	66 Aviation Permit - FLL	\$10.00	x 1.00 =	\$10.00 -	\$10.00 =	\$0.00	
12/10/2013	13 Port Everglades Decal - PE	\$5.00	x 1.00 =	\$5.00 -	\$5.00 =	\$0.00	

Object Code: 012 - 033 - 6250 - 2909 - 00 Fund Total: \$300.00

Object Code: 012 - 033 - 6250 - 2929 - 00 Fund Total: \$40.00

Object Code: 012 - 033 - 6250 - 2936 - 00 Fund Total: \$10.00

Object Code: 401 - 400 - 4930 - 4445 - 00 Fund Total: \$10.00

Object Code: 470 - 479 - 1050 - 4585 - 00 Fund Total: \$5.00

Amt Paid Total: \$365.00

Outstanding Account Balance: \$0.00

Comments: NEW LL/AV/PE COMPANY 2009 FORD VN VIN# A13468

Broward County Board of Commissioners
 Permitting/Licensing/Consumer Protection
 PD12/10/2013 RPT 468 LC: XXV 005
 ID: M0148C 12/16/2013 4:02PM 01487/3
 0911 0001 AMT: 435.00
 Taxi Ordinance 303.00
 Taxi Fee - Aviation 49.00
 Taxi Fee - Port Ever 619.00
 Aviation/Taxi 010.00
 Port Everglades/Taxi 95.00

To Applicant

Received By: AMBERTIN



LUXURY (stretch) LIMOUSINE/TRANSPORT VAN,
AIRPORT OPERATING PERMITS,
PORT EVERGLADES BUSINESS PERMIT & DECALS

PERMITTING, LICENSING, AND CONSUMER PROTECTION DIVISION
1 N. University Dr., Box 302 • Plantation, Florida 33324 • 954-765-4400 • FAX 954-765-5309

<input checked="" type="checkbox"/> New Application <input type="checkbox"/> Adding/Replacing vehicle <input checked="" type="checkbox"/> Renewal Application		Business Account LL # <u>1260</u>	Permit Year <u>2012</u>
Business Name <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <u>SHUTTLE CAB. LLC.</u> d/b/a, if different from Corporation		Business Owner Name <u>JORDEN TORRES</u>	
Broward Business Address (street, city, state & zip) <u>2851 W. PRESPECT RD. W</u> <u>TAMPA FLA. 33309</u>		Business Telephone (954) <u>200-0009</u> Business Fax () <u>-</u> Cell Telephone () <u>SAME</u>	
Business Mailing Address (street, city, state & zip) <u>SAME</u>		E-mail Address	

Vehicle and Permit Information (Complete detailed checklist on form # 104)

Provide copies of:

- Vehicle Registration
- Broward County Business Tax Receipt
- Certificate of Insurance
- Corporation/Fictitious Name
- Chauffeur's Registration

- **Luxury limousine must:**
 1. Have a divider between the driver and passenger areas.
 2. Have a wheelbase that has been modified from original mfr specifications ("stretched").
 3. Accommodate between six (6) and nineteen (19) passengers, other than the driver.
- **Transport van must:**
Accommodate between nine (9) and nineteen (19) passengers, other than the driver
- If listing more than 5 vehicles, you must attach a list or use form 902.09.

Luxury Limousine & Transport Van Permit(s) # <u>1</u> @ \$300.00 = \$ <u>300</u>
Airport Limousine Permit(s) # <u>1</u> @ \$ 50.00 = \$ <u>50</u>
Port Initial Processing Fee (complete pg 2) \$ 200.00 = \$ <u>200</u>
Port Annual Business Permit Fee (complete pg 2) \$ 250.00 = \$ <u>250</u>
Port Everglades Decal(s) # <u>1</u> @ \$ 15.00 = \$ <u>15</u>
Total = \$ <u>915</u>

Vehicle Year	Vehicle Make & Model	Passenger Capacity #	Vehicle Vin # (last 6 digits)	Port Everglades Decal	Airport Permit	Office Use Only New Permit #
1	2009 FORD E350 XLT SUPER DUTY	15	1FBSS31A9 DA 13468	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2				<input type="checkbox"/>	<input type="checkbox"/>	
3				<input type="checkbox"/>	<input type="checkbox"/>	
4				<input type="checkbox"/>	<input type="checkbox"/>	
5				<input type="checkbox"/>	<input type="checkbox"/>	

<input type="checkbox"/> Credit Card Payment Complete a credit card authorization form.	<input type="checkbox"/> Payment Information Make Checks Payable to: BROWARD COUNTY COMMISSIONERS	<input type="checkbox"/> Check Payment
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I certify, under penalty of law that the information provided on this application is true and correct and I acknowledge that I am aware that all information I provide with my application, except credit card numbers, is a matter of public record and is not considered confidential.

Signature: [Signature] Date: Dec 10 2013

Return this Application to: Permitting, Licensing and Consumer Protection Division
1 N. University Dr, Box #302
Plantation, FL 33324

OFFICE USE ONLY

Date Received: 12-10-13 Receipt #: 146146 Amount Paid: 815 LL# 1260 Processor: [Signature]

Form #100.10 rev 3/10 www.broward.org/permittingandlicensing (OVER) PE1246