



# RECEIVED

**PARATRANSIT SERVICES:**

**APPLICATION FOR LICENSE**

DATE: 11/20/24  
INITIALS: [Signature]

APPLICATION DATE: 11/11/2024

PROPOSED DATE OPERATIONS WILL BEGIN: 1/11/2025

## SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Masadasa Transport

2. BUSINESS ADDRESS (INCLUDE COUNTY):

2295 S Hiawasse Rd, Ste 104, Orlando, FL 32835

Orange County

3. CONTACT INFORMATION: Business Phone 407-377-7332

Mobile Phone 754-207-7179

Email info@masadasa.com

4. OWNERSHIP TYPE: ☒ PRIVATE CORPORATION ☐ GOVERNMENT AGENCY ☐ OTHER

a. If other, please describe: \_\_\_\_\_

5. CORPORATE OFFICERS AND DIRECTORS:

NAME	ADDRESS	POSITION
Sabine Morpeau	243 Knollwood Dr, Davenport, FL 33837	President
Max Morpeau	243 Knollwood Dr, Davenport, FL 33837	Vice President
Samuel Morpeau	700 SW 107th Ave, Apt 811, Miami, FL 33174	Secretary

6. LEVEL OF SERVICE: ☐ WHEELCHAIR ☐ STRETCHER ☒ BOTH

7. COMMUNICATIONS EQUIPMENT: ☒ TELEPHONE ☐ TWO-WAY RADIO ☐ OTHER

a. If other, please describe: \_\_\_\_\_

**SECTION II: REQUISITES TO OBTAINING LICENSE****1. PAYMENT OF ALL APPLICABLE FEES:**

☐ YES, DATE: \_\_\_\_\_ ☐ NO

**2. VEHICLE INSPECTION COMPLETED BY EMS OFFICE:**

☐ YES, DATE: \_\_\_\_\_ ☐ NO

**3. REFERENCES/LETTERS OF SUPPORT SUBMITTED TO EMS OFFICE (Attachment I):**

- ☐ Verifiable business or work references for 5 years, including one notarized letter of reference
- ☐ Five verifiable personal/business references, including two notarized letters of reference
- ☐ Five verifiable credit references, including two notarized letters of reference

**4. CURRENT NOTARIZED FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:**

☐ YES, DATE: \_\_\_\_\_ ☐ NO

*Example: Current letter from bank verifying business account status (no account numbers please).*

**5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:**

☐ YES, DATE: \_\_\_\_\_ ☐ NO

**SECTION III: VEHICLES AND STAFFING**

**1. NUMBER OF VEHICLES IN OPERATION:** 2

**2. EMPLOYEE ROSTER:**

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
Sabine Morpeau	Y
Max Morpeau	Y
Sarah Duvivier-Morpeau	N
Junior Auguste	N

## **ATTACHMENT I: REFERENCES**

1. List previous business experiences or work history for last five years. Submission of one notarized letter of reference from list below is required.

JL Reliable Transport

2. List five personal or business references. Submission of two notarized letters of reference from list below is required.

NAME	ADDRESS	PHONE
Michele D. Monestine	1640 Rosedowne Way, Apopka, FL 32703	407-683-5219
Roger Augustin	109 Birgingham Dr, Kissimmee, FL 34758	321-746-4262
Michelle Meus	2182 Bass Catcher Dr, Davenport, FL 33837	407-453-2958
Gladysse Jason	3676 SW 173rd Way, Miramar, FL 33029	954-547-5621
Jean Rigaud Antoine	301 NE 152nd St, Miami, FL 33162	305-877-9719

3. List five credit references. Submission of two notarized letters of reference from list below is required.

NAME	ADDRESS	PHONE
Odney Bredy	242 Nottingham Way, Davenport, FL 33897	786-586-1736
Wiz Moinus	12975 Collier Blvd, Ste 109, Naples, FL 34116	239-430-3500
Aleksandr Fedorov	7617 Ellis Rd, Suite 104, West Melbourne, FL 32914	615-674-3404
Daniel Gonzalez	8685 Brackenwood Dr, Orlando, FL 32829	407-867-6504
Cole Sanders	41040 US Hwy 27, Davenport, FL 33837	863-424-3444





**PARATRANSIT SERVICES:**  
**APPLICATION FOR LICENSE**

I, the undersigned representative of the service named in this application, do hereby attest the information provided in this application is truthful and honest to the best of my knowledge, and that my service meets all of the requirements for operation of a paratransit services in Orange County and the State of Florida. I acknowledge that as provided in Orange County Code of Ordinances Chapter 20, Division 3, Section 20-137, licenses obtained by an application in which any material fact was intentionally omitted or falsely stated are subject to revocation.

A handwritten signature in purple ink, appearing to be "John", is written above a horizontal line.

SIGNATURE OF APPLICANT OR REPRESENTATIVE

11-15-2024

DATE

NOTARY SEAL

NOTARY SIGNATURE

STATE OF FL

COUNTY OF Orange

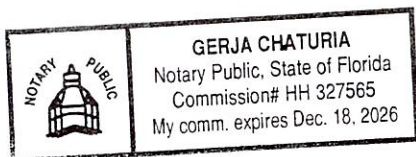
The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐

online notarization, this 15 Nov 2024 by Sabine M Duvivier,

of \_\_\_\_\_, a \_\_\_\_\_ limited liability company, on behalf of

the company, who ☐ is personally known to me or ☒ has produced FL Dr lic as

identification.



[Signature]

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\_\_\_\_\_  
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\_\_\_\_\_