



PARATRANSIT SERVICES:

RECEIVED

APPLICATION FOR LICENSE

DATE: 3/27/2026

INITIALS: [Signature]

APPLICATION DATE: 03/24/2026

PROPOSED DATE OPERATIONS WILL BEGIN: 04/01/26

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Viegi Transportation, LLC

2. BUSINESS ADDRESS (INCLUDE COUNTY):
2313 Home again rd
APOPKA, FL 32712 (Orange County)

3. CONTACT INFORMATION: Business Phone (321) 424-4183

Mobile Phone _____

Email Admin@viegi-mobility.com

4. OWNERSHIP TYPE: PRIVATE CORPORATION GOVERNMENT AGENCY OTHER

a. If other, please describe: _____

5. CORPORATE OFFICERS AND DIRECTORS:

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
<u>Viergela Pierre</u>	<u>2313 Home again rd</u>	<u>Vice-President</u>
<u>Hyzens Marc</u>	<u>412 Braush ave Orlando, FL</u>	<u>President</u>

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: 03/27/2026 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: 02/10/2026 NO

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

5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:

YES, DATE: 03/27/2026 NO

SECTION III: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 5

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
Carl Simmons	yes
Monique Williams	yes
Hector Rosario Osario	yes
Lianne Perez	yes

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.

JF Elite Transportation, LLC.
Kaizen Health, Inc.
Safe Ride Health, Inc.
Narcisse Mobility, LLC.
MTM, Inc.

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

NAME	ADDRESS	PHONE
Amazing Grace World Mission	5310 Silver Star Rd Orlando, FL 32808	(407) 697-8226
La Difference, LLC	737 N. APOPKA Vine Land Rd Orlando, FL 32818	(321) 945-6416
Ruben Fraenne	5812 Ryewood Dr. Orlando, FL 32810	(321) 316-8764
Genson Distribution, Inc.	79 W. Milliana St. Orlando, FL 32806	(407) 694-7978
Chasing Visions, LLC	2725 Se Hawthorne Rd. Gainesville, FL 32641	(407) 280-9469

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

NAME	ADDRESS	PHONE
ATT Store	1624 Rock Springs Rd APOPKA, FL 32712	(407) 270-0088
AUD Management, LLC	776 Brooklet Dr. Davenport, FL 33837	(321) 947-9936
Mobile Detailing Express	333 S. Garland Ave. 13th Floor #17 Orlando, FL 32807	(772) 971-0686
Wells Fargo	7950 S. Orange Blossom Trail Orlando, FL 32809	(407) 649-3158
Addition Financial Credit Union	8475 S. Orange Blossom Trail APOPKA, FL 32703	(407) 896-9411



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.

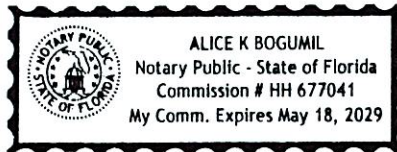
[Handwritten Signature]

SIGNATURE OF APPLICANT OR REPRESENTATIVE

3/24/2026

DATE

NOTARY SEAL



[Handwritten Signature]

NOTARY SIGNATURE