



Interoffice Memorandum

AGENDA ITEM

November 27, 2019

TO: Mayor Jerry L. Demings  
-AND-  
Board of County Commissioners

THRU: Yolanda G. Martinez, EdPhD., PhD., Director  
Health Services Department

FROM: Christian C. Zuver, M.D., Medical Director  
EMS Office of the Medical Director  
**Contact: (407) 836-7611**

SUBJECT: Paratransit Services License  
V World International LLC  
**Consent Agenda – December 17, 2019**

A handwritten signature in black ink, appearing to be "YGM", is written over the "THRU" line of the memorandum.

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for V World International LLC. V World International LLC has submitted the attached application requesting approval of a Paratransit Services License to provide wheelchair/stretcher service within Orange County.

The EMS Office of the Medical Director has determined that all requirements have been met by V World International LLC as contained in Orange County Ordinance 2001-09. The public notice has been posted for this request and no objection has been received.

**ACTION REQUESTED:** Approval and execution of the Paratransit Services License for V World International LLC to provide wheelchair/stretcher service. The term of this license is from January 1, 2020 through January 1, 2022. There is no cost to the County. **(EMS Office of the Medical Director)**

CCZ/cf

Attachments



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

APPLICATION DATE: 10/29/19

PROPOSED DATE OPERATIONS WILL BEGIN: \_\_\_\_\_

**SECTION I: GENERAL INFORMATION**

1. NAME OF SERVICE: ✓ World International LLC

2. BUSINESS ADDRESS (INCLUDE COUNTY):

7130 S. Orange Blossom Trail suite 121  
Orlando FL 32809 orange County

3. CONTACT INFORMATION: Business Phone 407-439-0866  
Ayshah Devalle / Karel Chacon  
Mobile Phone 407-404-0630 / 407-995-4774  
Email ✓worldinternational2019@gmail.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>Ricardo Vera</u>	<u>5124 Laval Dr. Orlando FL 32839</u>	<u>OWNER</u>
<u>Karel Chacon</u>	<u>6813 Von Bampus Dr. Orlando FL 32809</u>	<u>OWNER</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: \_\_\_\_\_  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: 1

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
Jose Reyes	Y
Jorge Gonzalez	Y

## 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.

CFS - Gordon Food Service : march 2012 - Present
Festival Latin Foods: march 2016 - Present
J & K International : OCT 2018 - OCT 2019

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

NAME	ADDRESS	PHONE
Carmen Valdes	6900 S. OBT STE 308 Orlando FL 32809	407.209.9101
Remax	4100 Town Center Blvd Orlando FL 32837	407.461.0121
margaret Benitez	417 Fetrow Dr. Orlando FL 32812	407.761.3009
Gabriel Calderon	1202 Bolton Pl. Lake Mary FL 32746	407.844.8282
Rafael matos	1650 Sandlake Rd. Suite 108 Orlando FL 32809	407.687.9235

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

NAME	ADDRESS	PHONE
One Solution	10325 Orangethrough Blvd Suite 101 Orlando FL 32821	407.461.0121
CRT World Solution	12472 Lake Underhill Rd. #226 Orlando FL 32828	407.666.8062
Accounting Professionals #consult, inc.	1005 W. Oakridge Rd. Orlando FL 32809	407.850.0518
Emma I. LLC	7130 S. OBT Suite 1991 Orlando FL 32809	347.557.4113
1st Class Tax Associates.	6220 S. OBT STE 186 Orlando FL 32809	407.470.9482



**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.

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\_\_\_\_\_  
SIGNATURE OF APPLICANT OR REPRESENTATIVE

A handwritten date "10/10/2019" in black ink.

\_\_\_\_\_  
DATE

NOTARY SEAL



A handwritten signature in black ink, appearing to be "M Minier".

\_\_\_\_\_  
NOTARY SIGNATURE

# License Paratransit Services

Orange County  
Board of County Commissioners  
Emergency Medical Services

This is to certify that V WORLD INTERNATIONAL LLC  
has complied with the Orange County Code 2001-9 and Rules and Regulations  
established by the Board of County Commissioners and is authorized to operate a Paratransit Service  
in Orange County.

Date of Issue: January 1, 2020

Date of Expiration: January 1, 2022

*Byron W. Birds*  
Mayor, Board of County Commissioners

