

License

Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that _____ **WE CARE SPECIALTY TRANSPORT, LLC**
has complied with the Orange County Code _____ **2001-09** _____ 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: **August 13, 2024**

Date of Expiration: **August 12, 2026**

Mayor, Board of County Commissioners

ORANGE COUNTY
GOVERNMENT
FLORIDA



PARATRANSIT SERVICES:

RECEIVED

APPLICATION FOR LICENSE

DATE: 3/21/24

INITIALS: [Signature]

APPLICATION DATE: 3/21/2024

PROPOSED DATE OPERATIONS WILL BEGIN: 3/25/2024

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: We Care Specialty Transport, LLC

2. BUSINESS ADDRESS (INCLUDE COUNTY):

17868 Gourd Neck Loop, Winter Garden, FL
34787. Lake County

3. CONTACT INFORMATION: Business Phone 352-989-6956

Mobile Phone _____

Email info@wecarespecialtytransport.com

4. OWNERSHIP TYPE: PRIVATE CORPORATION GOVERNMENT AGENCY OTHER

a. If other, please describe: _____

5. CORPORATE OFFICERS AND DIRECTORS:

NAME	ADDRESS	POSITION
Pamela Fermin	2083 White Feather Ln, Oakland, FL 34787	Manager
Yaw Frempong	17868 Gourd Neck Ln, Winter Garden, FL 34787	Manager

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: Three (3)

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
Yaw Frempong	Y
Carmen N Rodriguez	N
Rut Sarai Rodriguez Aponte	N
Onyeka David Okolie	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.

1. We Care Specialty Transport - 11/10/2020 - Present
2. Kumordzie & Associates CPAs LLC - 02/01/25 - 10/20/2020

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

NAME	ADDRESS	PHONE
Bienvenida Ramirez	1649 Arrington Payne Pl. Casselberry, FL 32709	407-304-0284
Melissa Vega	315 Winter Green Dr. Winter Springs, FL 32708	321-324-1222
Erik Barnett	17865 Gourd Neck Ln, Winter Garden, FL 34787	407-791-9969
Debbie Melendez	221 Cayenne Ct. Orlando, FL 32825	407-360-8930
Ernest Sackey	7038 Oxbow Rd. Minneola, FL 34715	321-274-5958

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

NAME	ADDRESS	PHONE
Top Notch Rv Storage Inc	4135 CR 455 Clermont, FL 34711	407-654-3842
UPS Store # 4670	13900 CR 455 Ste. 107 Clermont, FL 34711	407-877-7076
Ally	500 Woodward Ave, Detroit, MI 48226	888-925-2559
Chase Bank	383 Madison Ave, New York, NY 10017	800-242-7338
Bank of America	100 N Tyrone St. Charlotte, NC 28255	800-432-1000



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.

SIGNATURE OF APPLICANT OR REPRESENTATIVE

03/22/2024

DATE

STATE OF FLORIDA, COUNTY OF LAKE

Sworn to and subscribed before me this

22nd day of March 2024

NOTARY SEAL

Signature of Notary Public, State of Florida

Print, Type Commissioned Name of Notary Public

Personally Known or produced identification

Type of identification produced FDE

NOTARY SIGNATURE



Jacob DeGrechie
Notary Public
State of Florida
Comm# HH030843
Expires 3/31/2024