File #: 26-0680, **Version:** 1

Interoffice Memorandum

DATE: May 22, 2026

TO: Mayor Jerry L. Demings and County Commissioners

THROUGH: Raul Pino, M.D., M.P.H., Director Health Services

FROM: Christian Zuver, M.D., Medical Director

CONTACT: Sandra Roe

PHONE: 407-836-7611

DIVISION: EMS, Office of the Medical Director

ACTION REQUESTED:
Approval and execution of the Paratransit Services License for Viegi Transportation, LLC to provide wheelchair/stretcher service. The term of this license shall be from June 16, 2026 and terminate on June 15, 2028. There is no cost to the County. **(EMS, Office of the Medical Director)**

PROJECT: N/A

PURPOSE: The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Viegi Transportation, LLC. Viegi Transportation, LLC has submitted an application for an Alternative Transportation Service/Paratransit license to provide wheelchair/stretcher service within Orange County. The EMS Office of the Medical Director has determined that Viegi Transportation, LLC has met the prerequisites for licensure as an alternative transportation service in accordance with Section 20-132 of the Orange County Code. Public notice of this application has been posted and EMS has not received any objections.

BUDGET: N/A

License

Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that **Viegi Transportation, 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: **June 16, 2026** Date of Expiration: **June 15, 2028**

Byron W. Brooks
for Mayor, Board of County Commissioners

BOARD OF COUNTY COMMISSIONERS • ORANGE COUNTY FLORIDA

ORANGE COUNTY GOVERNMENT FLORIDA

PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

RECEIVED
DATE: 3/27/2026
INITIALS:

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) 424-4153
   Mobile Phone _____
   Email Admin@viegimobility.com
4. **OWNERSHIP TYPE:** ☑ PRIVATE CORPORATION ☐ GOVERNMENT AGENCY ☐ OTHER
   a. **If other, please describe:** _____
5. **CORPORATE OFFICERS AND DIRECTORS:**

NAME	ADDRESS	POSITION
Viergela Pierre	2313 Home again rd	Vice-President
Hyzens Marc	4128 raish ave Orlando, FL	President

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:**

NAME	CURRENT CPR CARD (Y/N)
Carl Simmons	yes
Monique Williams	yes
Hector Rosario Osorio	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 Differance, LLC	737 N. Apopka Vineland. Rd Orlando, FL 32818	(321) 945-6416
Ruben Fraenne	5812 Ryewood dr. Orlando, FL 32810	(321) 316-8764
Grenson Distribution, Inc.	79 W. Illiana 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
AT T 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 32801	(772) 971-0686
Wells Fargo	7950 S. Orange Blossom Trail Orlando, FL 32809	(407) 649-5158
Addition Financial Credit Union	8475 Orange Blossom Trail Apopka, FL 32703	(407) 896-9411

ORANGE COUNTY GOVERNMENT FLORIDA

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

3/24/2026

DATE

NOTARY SEAL

ALICE K BOGUMIL
Notary Public - State of Florida
Commission # HH 677041
My Comm. Expires May 18, 2029

NOTARY SIGNATURE