

November 24, 2021

TO:

Mayor Jerry L. Demings

-AND-

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

Frang Zeal LLC.

Consent Agenda - December 14, 2021

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Frang Zeal LLC. Frang Zeal 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 Frang Zeal 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 Frang Zeal LLC. to provide wheelchair/stretcher service. The term of this license is from December 31, 2021 through December 31, 2023. There is no cost to the County. **(EMS Office of the**

Medical Director)

CCZ/cf

Attachments



PARATRANSIT SERVICES: APPLICATION FOR LICENSE

APPLIC	CATION DATE:	27 Octobe	er 2021					
PROPO	OSED DATE OPERATI	ONS WILL	BEGIN:	1 De	ecember 2021			
SECTI	ON I- GENERAL IN	IEODWA.	TION					
SECTION I: GENERAL INFORMATION								
1.	NAME OF SERVICE: Frang Zeal LLC.							
2.	. BUSINESS ADDRESS (INCLUDE COUNTY):							
	11619 Black Rail St							
	Windermere, FL 34786 Orange County							
3.	CONTACT INFORMA	ATION:	Business P	hone _	407-620-1651			
			Mobile Pho	one _	719-661-9127			
			Email	in	fo@frangzeal.com			
4.	OWNERSHIP TYPE:	PRIVAT	E CORPOR	ATION	□GOVERNMENT	AGENCY	□ OTHER	
	a. If other, ple	ase descri	be:					
5.	CORPORATE OFFICE	ERS AND D	DIRECTORS	:				
	NAME		ADDRESS	5		POSITIO)N	
		11619	•	-	dermere, FL 34786			
	Angela M. Davila				dermere, FL 34786			
6.	LEVEL OF SERVICE:	□ WHEEL	CHAIR 🗆	STRETC	HER BOTH			
7.	COMMUNICATIONS	S EQUIPM	ENT: I T	LEPHO	NE TWO-WAY	RADIO [IOTHER	
	a. If other, ple	ase descri	be:					

SECTION II: REQUISITES TO OBTAINING LICENSE

1.	PAYMI	YMENT OF ALL APPLICABLE FEES:					
	☑ YES	, DATE:	30 August 2021	□ NO			
2.	VEHICI	LE INSPECTION COMPLETED BY EMS OFFICE:					
	☐ YES	, DATE:		□ NO			
3.	REFER	ENCES/LETTERS OF SUPPORT SUBMITTED TO EMS OFFICE (Attachment I):					
	K	Verifiable business or work references for 5 years, including one notarized letter of reference					
	M	I Five verifiable personal/business references, including two notarized letters of reference					
	Ø	Five ve	rifiable credit references,	including two nota	arized letters of reference		
4.	CURRENT NOTARIZED FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:						
	YES	, DATE:	31 August 2021	□NO			
	Example: Current letter from bank verifying business account status (no account numbers please).						
5.	PROOI	F OF INS	URANCE SUBMITTED TO	EMS OFFICE:			
	☑ YES	, DATE:	31 August 2021	_			
<u>SECTI</u>	ON III:	VEHIC	CLES AND STAFFING				
1.	NUMB	ER OF V	EHICLES IN OPERATION:	1			
2.	EMPLO	OYEE RO	STER:				
	NAME				CURRENT CPR CARD (Y/N)		
Frar	nklin Da	vila			YES		
Ala	n Brook	ке			YES		
Jos	e Ferna	ndez			YES		
Ang	gela Dav	vila			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.

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

NAME	ADDRESS	PHONE	
Ricardo Davila	7254 Desert Manderin St. Winter Garden, FL 34787	305-498-7547	
Edward Stankiewicz	5981 Raleigh St. Unit 3110, Orlando, FL 32835	786-252-1726	
Wesley Gipson	91-1035 Aawa Drive, Ewa Beach, HI 96706	706-604-0948	
Kelly R. McInally	15800 Highway 3 Apt# 516, Webster, TX 77598	719-666-1828	
Vanessa de la Osa	7725 SW 86 Street #123, Miami, FL 33143	305-502-6469	

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

NAME	ADDRESS	PHONE	
Drive Boss LLC Dmitri Kossovsky	Hoboken, NJ - Palm Coast - Middletown, DE	1-800-505-0667 ext 8	
AT&T Business Jennifer Muhvich	16412 New Independence Pkwy Winter Garden, FL 34787	407-901-5188	
Rodahl & Company CPA Dean Rodahl	2038 Vermont Drive, Fort Collins, CO 80525	970-658-2852	
Cable Underwriters Michael Gaddis	221 West Oakland Park BLVD, Oakland Park, FL 33311	954-563-3000 ext 3930	
Carrera Insurance Ines Stankiewicz	13500 SW 88th ST STE 235, Miami, FL 33186	305-385-2886	



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.

PHYSICALLY PRESENT

SIGNATURE OF APPLICANT OR REPRESENTATIVE

30 OCTOBER 2021

DATE 10-30-2021

NOTARY SEAL

CHARLES COTHRAN
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG958938
Expires 2/17/2024

NOTARY SIGNATURE

