



Orange County Government

Orange County
Administration Center
201 S Rosalind Ave.
Orlando, FL 32802-1393

Legislation Text

File #: 25-779, **Version:** 1

Interoffice Memorandum

DATE: May 8, 2025

TO: Mayor Jerry L. Demings and County Commissioners

THROUGH: Raul Pino, M.D., MPH, Department Director

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

CONTACT: Sandra D. Roe

PHONE: 407-836-7611

DIVISION: EMS, Office of the Medical Director

ACTION REQUESTED:

Approval and execution of the Paratransit Services License for Mina Transportation LLC to provide wheelchair/stretchers service. The term of this license shall be from June 3, 2025 and terminate on June 2, 2027. 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 Mina Transportation LLC. Mina Transportation LLC has submitted an application for an Alternative Transportation Service/Paratransit license to provide wheelchair/stretchers service within Orange County. The EMS, Office of the Medical Director has determined that Mina 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 Mina 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 3, 2025

Date of Expiration: June 2, 2027

Bryan W. Brooks
Mayor, Board of County Commissioners





RECEIVED
PARATRANSIT SERVICES:
DATE: 3/21/2025
APPLICATION FOR LICENSE INITIALS: [Signature]

APPLICATION DATE: 02/26/2025 _____

PROPOSED DATE OPERATIONS WILL BEGIN: _____

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Mina Transportation LLC _____

2. BUSINESS ADDRESS (INCLUDE COUNTY):

2075 Gold Dust Dr. Minneola, Florida, 34715, Lake County

3. CONTACT INFORMATION: Business Phone (407) 427-3091 _____

Mobile Phone (407) 724-1086 _____

Email rd@minatransportation.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>
Luis Dominguez	2075 Gold Dust Dr. Minneola, Florida	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: 3

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
JORGE A. VILLALOBOS VILLALOBOS	Y
LAINET JESUS VASQUEZ BECERRA	Y
JOEL ALBERTO RUIZ GARCIA	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.**

Mina Transportation LLC - Owner - Since Jul 2019

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

NAME	ADDRESS	PHONE
Luis Correa	5987 Lee Vista Blvd. Apt 107. Orlando, FL 32822	(407) 334-6624
Kns Mobility LLC	9100 Conroy Windermere Road, Orlando, FL 34786	(407) 617-7348
Raphael Mantellini	1408 Ridge St, Kissimmee, FL 34744	(407) 990-0125
Juan Mattei	352 McCoy Village Ct. Apopka, FL 32712	(689) 269-4901
Jorge Villalobos	336 PARKLAND CIR. APT 201 KISSIMMEE, FL 34744	(407) 624-9818

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

NAME	ADDRESS	PHONE
American Express	P.O. Box 981537, El Paso, TX. 79998	(800) 874-2717
Garzor Insurance Group	4369 Hunters Park Lane Orlando, FL. 32837	(321) 251-8035
Modivcare	5875 NW 163rd Street, Suite 203, Miami, FL. 33014	(386) 682-9662
Alivi	5775 Blue Lagoon Drive, Suite 450 Miami, FL 33126	(786) 638-4955
407Dynopro	1408 Ridge St, Kissimmee, FL 34744	(407) 729-9347



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.

Luiz Dominguez

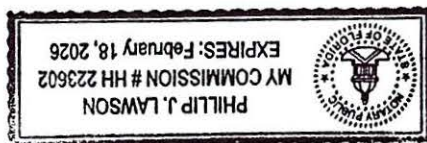
SIGNATURE OF APPLICANT OR REPRESENTATIVE

03-21-2025

DATE

DL# D552-586-81-024-0

NOTARY SEAL



Phillip J. Lawson

NOTARY SIGNATURE