Laufrice MD. MPH.



September 7, 2023

TO: Mayor Jerry L. Demings

-AND-

County Commissioners

THRU: Raul Pino, MD, MPH, 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

MC Squared Transport LLC d/b/a Stellar Transport

Consent Agenda – September 26, 2023

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for MC Squared Transport LLC d/b/a Stellar Transport. Stellar Transport submitted an application for an Alternative Transportation Service/Paratransit license to provide wheelchair/stretcher service within Orange County, Florida. The EMS Office of the Medical Director has determined that Stellar Transport 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.

ACTION REQUESTED: Approval and execution of the Paratransit Services

License for MC Squared Transport LLC d/b/a Stellar Transport to provide wheelchair/stretcher service. The term of this license shall be from September 26, 2023, and terminate on September 25, 2025. There is no cost to the County. **(EMS Office of the Medical Director)**

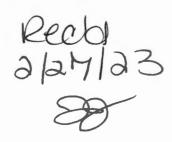
CCZ/ji

Attachments



PARATRANSIT SERVICES:

APPLICATION FOR LICENSE



APPLICATION DATE: 02/27/2023			
PROPOSED DATE OPERATIONS WILL BEGIN: 03/01/2023			
SECTI	ON I: GENERAL INFORMATION		
1.	NAME OF SERVICE: MC SQUARED TRANSPORT LLC, D/B/A STELLAR TRANSPORT		
2.	BUSINESS ADDRESS (INCLUDE COUNTY):		
	3259 DORNICH DRIVE, MOUNT DORA, FL, 32757 (LAKE COUNTY)		
3.	CONTACT INFORMATION: Business Phone (352) 995-9595		
	Mobile Phone (786) 261-9007		
	Email michael.lakecounty@stellar-transport.com		
4.	OWNERSHIP TYPE: PRIVATE CORPORATION GOVERNMENT AGENCY COTHER		
	a. If other, please describe:		
5.	CORPORATE OFFICERS AND DIRECTORS:		
	NAME ADDRESS POSITION MICHAEL COHEN 3259 Dornich Dr, Mt Dora FL 3276 PRESIDENT		
6.	LEVEL OF SERVICE: □WHEELCHAIR □STRETCHER □BOTH		
7.	COMMUNICATIONS EQUIPMENT: TELEPHONE TWO-WAY RADIO TOTHER		
	a. If other, please describe: ROUTING BOX		

SECTION II: REQUISITES TO OBTAINING LICENSE

1.	PAYN	MENT OF ALL APPLICABLE FEES	:	
	☐ YES	, DATE:	DNO	
2.	VEHIC	LE INSPECTION COMPLETED B	Y EMS OFFICE:	
	☐ YES	, DATE:	DNO	
3.	REFER	ENCES/LETTERS OF SUPPORT	SUBMITTED TO EMS O	FFICE (Attachment I):
	Ø	Verifiable business or work reletter of reference	eferences for 5 years,	including one notarized
	Ø	Five verifiable personal/busi reference	ness references, includ	ling two notarized letters of
	Ø	Five verifiable credit referen	ces, including two not	arized letters of reference
4.	CURRE	ENT NOTARIZED FINANCIAL ST	ATEMENT SUBMITTED	TO EMS OFFICE:
	☑ YES	, DATE: 02/27/2023	DNO	
		ole: Current letter from bank v ers please).	erifying business acco	unt status (no account
5.	PROOF	F OF INSURANCE SUBMITTED	TO EMS OFFICE:	
	☑ YES	, DATE: 02/27/2023	□NO	
<u>SECTI</u>	ON III:	VEHICLES AND STAFFING	i	
1.	NUME	BER OF VEHICLES IN OPERATION	ON: 5	
2.	EMPL	OYEE ROSTER:		
	NAME			CURRENT CPR CARD (Y/N)
MICHA	EL COP	IEN (Y)	PAUL RICHEY (Y)	
NADIN	E REED	(Y)	AARON SOKALSKI (Y)	
MICHA	EL ORE	NDI (Y)	PAUL MANLEY (Y)	
JEREN	IIAS RIE	RA (Y)		

Revision Date: 07/25/2017

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.

2021 - Present - MC Squared Transport LLC (DBA Stellar Transport) - Owner/President	
2017 - 2021 - Evolve Logistics (purchased Blue Bear Universal Inc) - Chief Operating Officer	
2012 - 2017 - Blue Bear Universal Inc - Owner/President	

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

NAME	ADDRESS	PHONE
LENNY Lenny Rutiglan (Evolv	651 Main St, Cromwell CT 06416	(914) 424-5428
RUSSELL A BREITER, CPA	12825 SW 107th Ct, Miami FL 33176	(305) 975-2258
SARAH ABRAHAMS	3894 Meadow Ln, Hollywood FL 33021	(305) 776-3117
MARK FINE	512 Crain Hwy N, Glen Burnie MD 21061	(301) 524-8805
EWALD FUCHS	15170 SW 112th Terr, Miami FL 33196	(786) 348-9552

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

1	NAME	ADDRESS	PHONE
/5	Stellar Transport (L Govantes	221 W. Hibiscus Blvd, #238, Melbourne FL 32901	(321) 773-9993
	Hull & Frame (Ray Mafley)	6951 Vickie Cir, Unit D, West Melbourne FL 32904	(321) 514-2989
	BANCORP (Brittany Sharp)	P.O. BOX 4307, Timonium MD 21094	(407) 720-1165
1	NEX (Wawa Universal Fleet)	97 Darling Avenue, South Portland, Maine 04106	(866) 553-6065
	T-Mobile (Nolly Santiago)	2301 Lucien Way, Ste 400, Maitland FL 32751	(347) 370-2134

Revision Date: 07/25/2017



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

DATE

NOTARY SEAL

ROY VARGAS Notary Public State of Florida Commit HH211748 Expires 12/28/2025

2/27/23

NOTARY SIGNATURE

Revision Date: 07/25/2017



Orange County
Board of County Commissioners
Emergency Medical Services

	th the Orange County Code e Board of County Commission		
Orange County.	e Board of Coulty Commissio	ners and is additionized to c	operate a r aratransit service in
Date of Issue:	September 26, 2023	Date of Expiration:	September 25, 2025
		BurW. F	Sampa (SUNTI COMME)
	GUNER	Mayor, Board of Co	The state of the s
			COUNTY