



Orange County Government

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

Legislation Text

File #: 25-512, **Version:** 1

Interoffice Memorandum

DATE: March 14, 2025

TO: Mayor Jerry L. Demings and County Commissioners

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

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

CONTACT: Sandra Roe

PHONE: 407-836-7611

DIVISION: EMS, Office of the Medical Director

ACTION REQUESTED:

Approval and execution of the renewal Paratransit Services License for Rokoli LLC to provide wheelchair/stretchers service. The term of this license shall be from April 8, 2025 and will terminate on April 7, 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 Rokoli LLC. Rokoli LLC has submitted the attached renewal application requesting approval of a Paratransit Services License to provide wheelchair/stretchers service within Orange County. The EMS Office of the Medical Director has determined that all requirements have been met by Rokoli LLC as contained in Orange County Ordinance 2001-09. All interested and appropriate persons have been notified of this renewal application.

BUDGET: N/A

License

Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that Rokoli 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: April 8, 2025

Date of Expiration: April 7, 2027

Byron W. Brooks

Mayor, Board of County Commissioners





RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

RECEIVED

DATE: 3/16/25

INITIALS: [Signature]

APPLICATION DATE:

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Rokoli LLC
2. BUSINESS ADDRESS (INCLUDE COUNTY): 6900 S Orange Blossom Trail, Suite 406, Orlando, FL 32809, Orange County
3. CONTACT INFORMATION: Name: Shesly N. Milsoit
Business Phone: 850-704-2777
Mobile Phone: 407-669-5424
Email: rokoliusa@gmail.com
4. OWNERSHIP TYPE: ☒ PRIVATE CORPORATION ☐ GOVERNMENT AGENCY ☐ OTHER
a. If other, please describe: N/A
5. LEVEL OF SERVICE: ☐ WHEELCHAIR ☐ STRETCHER ☒ BOTH
6. PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:
☒ YES, DATE: Expires 11/26/2025 ☐ NO

SECTION II: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 2
2. EMPLOYEE ROSTER: 3


NAME Shesly N Milsoit, Magda F Milsoit, Jose R Benoit CURRENT CPR CARD (Y/N) Y

Provided to EMS Office

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

03-05-2025
DATE:

NOTARY SEAL

NOTARY SIGNATURE

 03/05/2025

