

5669 West Beaver Street  
Jacksonville, FL 32254  
Phone (904) 323-3333



August 21, 2017

The Association will not pay the contractor personally or pay worker's compensation, but instead will make payments to the trade or business name of the Contractor. The Parties agree that payment shall be made only after satisfactory performance and/or submission by the Contractor of a satisfactory invoice, report, or other documentation requested by the Association.

Dieuseul Hal Alcide  
MGR.

A handwritten signature in black ink, appearing to read 'Dieuseul Hal Alcide', is written over a horizontal line. The signature is fluid and cursive, with a large, stylized 'D' at the beginning.

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L17000182082  
FILED 8:00 AM  
August 25, 2017  
Sec. Of State  
jareyes

**Article I**

The name of the Limited Liability Company is:

MOE'S TRANSPORT,LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

8517 JULIA MARIE CIR  
JACKSONVILLE, FL. 32210

The mailing address of the Limited Liability Company is:

8517 JULIA MARIE CIR  
JACKSONVILLE, FL. 32210

**Article III**

Other provisions, if any:

NON MEDICAL TRANSPORTATION.

**Article IV**

The name and Florida street address of the registered agent is:

REMONECA M MOORE  
8517 JULIA MARIE CIR  
JACKSONVILLE, FL. 32210

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: REMONECA MOORE

## **Article V**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
REMONECA M MOORE  
8517 JULIA MARIE CIR  
JACKSONVILLE, FL. 32210

L17000182082  
FILED 8:00 AM  
August 25, 2017  
Sec. Of State  
jareyes

## **Article VI**

The effective date for this Limited Liability Company shall be:

08/25/2017

Signature of member or an authorized representative

Electronic Signature: REMONECA M MOORE

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

prevailing arbitration law. During the continuance of any arbitration proceeding, the parties shall continue to perform their respective obligations under this Contract.

**ENTIRE AGREEMENT.** This Contract contains the entire agreement of the parties, and there are no other promises or conditions in any other agreement whether oral or written concerning the subject matter of this Contract. This Contract supersedes any prior written or oral agreements between the parties.

**SEVERABILITY.** If any provision of this Contract will be held to be invalid or unenforceable for any reason, the remaining provisions will continue to be valid and enforceable. If a court finds that any provision of this Contract is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision will be deemed to be written, construed, and enforced as so limited.

**AMENDMENT.** This Contract may be modified or amended in writing, if the writing is signed by the party obligated under the amendment.

**GOVERNING LAW.** This Contract shall be construed in accordance with the laws of the State of Florida

**NOTICE.** Any notice or communication required or permitted under this Contract shall be sufficiently given if delivered in person or by certified mail, return receipt requested, to the address set forth in the opening paragraph or to such other address as one party may have furnished to the other in writing.

**WAIVER OF CONTRACTUAL RIGHT.** The failure of either party to enforce any provision of this Contract shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this Contract.

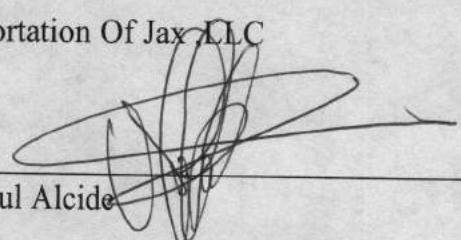
**SIGNATURES.** This Contract shall be signed by Dieuseul Alcide, CEO on behalf of City Transportation Of Jax ,LLC and by Remoneca Moore, President on behalf of Moe's Transport,LLC.

Client:

City Transportation Of Jax LLC

By:

Dieuseul Alcide  
CEO



Transporter:

Moe's Transport,LLC

By:

Remoneca Moore

President

## TRANSPORTATION CONTRACT

This Transportation Contract for Services is made effective as of August 25, 2017, by and between City Transportation Of Jax ,LLC ("CT") of 5669 W Beaver Street, Jacksonville, Florida 32254, and Mitchell's Transport,LLC of 206 Spring St, JACKSONVILLE, Florida 32254.

**DESCRIPTION OF SERVICES.** Beginning on August 25, 2017, Mitchell's Transport,LLC will provide to CT the following transportation services (collectively, the "Services"):

Medical Transportation Services for \$.85 per miles (.85 )

**PAYMENT.** Payment shall be made to Mitchell's Transport,LLC, JACKSONVILLE, Florida 32254, in the amount of \$0.00 upon completion of the services described in this Contract.

In addition to any other right or remedy provided by law, if CT fails to pay for the Services when due, Mitchell's Transport,LLC has the option to treat such failure to pay as a material breach of this Contract, and may cancel this Contract and/or seek legal remedies.

City Transportation will provides insurance for all transportation vehicles. All contractors will be responsible for their fuels.

**TERM.** This Contract may be terminated by either party upon 0 days' prior written notice to the other party.

**INSURANCE.** Mitchell's Transport,LLC, at Mitchell's Transport,LLC's expense, shall maintain during the term of this Contract, commercial general liability and automobile liability insurance with minimum limits per occurrence and for personal injury and property damage, with minimum limits. Mitchell's Transport,LLC shall provide CT certificate of insurance naming CT as Certificate Holder, evidencing the foregoing coverage prior to providing any services to CT under this Contract. Mitchell's Transport,LLC shall provide that said insurance shall not be canceled or materially altered until at least thirty (30) days after written notice is received by CT. Mitchell's Transport,LLC shall also maintain any insurance coverage required by any government body including workers compensation (if applicable) for the types of transportation and related services specified.

**PERFORMANCE OF SERVICES.** Mitchell's Transport,LLC agrees to meet CT's distinct transit and pricing requirements agreed to by the parties from time to time after the effective date as confirmed by CT. Mitchell's Transport,LLC further agrees to comply with all of CT's reasonable transportation instructions communicated to Mitchell's Transport,LLC by CT, and to comply with all applicable provisions of any Provincial, Federal, State and/or local law or ordinance and all lawful orders, rules and regulations issued thereunder. Mitchell's Transport,LLC

Transporter:  
Mitchell's Transport,LLC

By: Corey mitchell  
Corey Mitchell  
President

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L17000182115  
FILED 8:00 AM  
August 25, 2017  
Sec. Of State  
jafason

**Article I**

The name of the Limited Liability Company is:

MITCHELL'S TRANSPORT,LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

206 SPRING ST  
JACKSONVILLE, FL. 32254

The mailing address of the Limited Liability Company is:

5669 W BEAVER ST.  
JACKSONVILLE, FL. UN 32254

**Article III**

Other provisions, if any:

WILL PROVIDE NON MEDICAL TRANSPORTATION.

**Article IV**

The name and Florida street address of the registered agent is:

MICHELLE MITCHELL  
206 SPRING ST  
JACKSONVILLE, FL. 32254

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: MITCHELL MICHELLE

## **Article V**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
COREY MITCHELL  
206 SPRING ST  
JACKSONVILLE, FL. 32254 UN

L17000182115  
FILED 8:00 AM  
August 25, 2017  
Sec. Of State  
jafason

## **Article VI**

The effective date for this Limited Liability Company shall be:

08/25/2017

Signature of member or an authorized representative

Electronic Signature: MITCHELL MICHELLE

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L16000233058  
FILED 8:00 AM  
December 28, 2016  
Sec. Of State  
jafason

**Article I**

The name of the Limited Liability Company is:

TURN2 SERVICES LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

6410 LEDBURY DR S  
JACKSONVILLE, FL. 32210

The mailing address of the Limited Liability Company is:

6410 LEDBURY DR S  
JACKSONVILLE, FL. 32210

**Article III**

Other provisions, if any:

TRUCKING SERVICES

**Article IV**

The name and Florida street address of the registered agent is:

LEITONIA HARRIS  
6410 LEDBURY DR S  
JACKSONVILLE, FL. 32210

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: LEITONIA HARRIS

## **Article V**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
LEANDER HARRIS  
6410 LEDBURY DR S  
JACKSONVILLE, FL. 32210

L16000233058  
FILED 8:00 AM  
December 28, 2016  
Sec. Of State  
jafason

## **Article VI**

The effective date for this Limited Liability Company shall be:

12/27/2016

Signature of member or an authorized representative

Electronic Signature: LEANDER HARRIS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

## TRANSPORTATION CONTRACT

This Transportation Contract for Services is made effective as of April 10, 2017, by and between City Transportation Of Jax ,LLC ("CT") of 5669 W Beaver Street, Jacksonville, Florida 32254, and Turns 2 Services,LLC ("Turns 2") of 6410 Ledbury Dr S, Jacksonville, Florida 32210.

**DESCRIPTION OF SERVICES.** Beginning on April 10, 2017, Turns 2 will provide to CT the following transportation services (collectively, the "Services"):

Turns 2

**PAYMENT.** Payment shall be made to Leander Harris, 6410 Ledbury Dr S, Jacksonville, Florida 32210, in the amount of \$600.00 upon completion of the services described in this Contract.

Payment discount terms include a 0 percent discount if the total bill is paid within 30 days.

In addition to any other right or remedy provided by law, if CT fails to pay for the Services when due, Turns 2 has the option to treat such failure to pay as a material breach of this Contract, and may cancel this Contract and/or seek legal remedies.

Leander Harris, will reimburse an amount of \$200 for Driver Requirement to the job, partial payment of \$ 25 or greater will be make each pay period until payment make in full.

**TERM.** This Contract may be terminated by either party upon 0 days prior written notice to the other party.

**INSURANCE.** Transporter at Transporters expense, shall maintain during the term of this Contract, commercial general liability and automobile liability insurance with minimum limits per occurrence and for personal injury and property damage, with minimum limits. Transporter shall provide Client certificate of insurance naming Client as Certificate Holder, evidencing the foregoing coverage prior to providing any services to Transporter under this Contract. Transporter shall provide that said insurance shall not be canceled or materially altered until at least thirty (30) days after written notice is received by Client. The Transporter shall also maintain any insurance coverages required by any government body including workers compensation (if applicable) for the types of transportation and related services specified.

**PERFORMANCE OF SERVICES.** Transporter agrees to meet Clients distinct transit and pricing requirements agreed to by the parties from time to time after the effective date as confirmed by the Client. Transporter further agrees to comply with all of Clients reasonable transportation instructions communicated to Transporter after Client, and to comply with all applicable provisions of any Provincial, Federal, State and/or local law or ordinance and all lawful orders, rules and

By:

Leander Harris

CEO

4-21-2017

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L15000134205  
FILED 8:00 AM  
August 06, 2015  
Sec. Of State  
tburch

**Article I**

The name of the Limited Liability Company is:

CITY TRANSPORTATION OF JAX, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

3434 BLANDING BLVD  
215  
JACKSONVILLE, FL. 32210

The mailing address of the Limited Liability Company is:

4770 BARNES RD  
1  
JACKSONVILLE, FL. 32207

**Article III**

Other provisions, if any:

TRANSPORTATION SERVICES FOR ALL STATES.

**Article IV**

The name and Florida street address of the registered agent is:

JHENSEN JUNIE  
4770 BARNES RD  
1  
JACKSONVILLE, FL. FL

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: JHENSEN JUNIE

## Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR  
ELIETTE ALCIDE  
3434 BLANDING BLVD STE 215  
JACKSONVILLE, FL. 32210

L15000134205  
FILED 8:00 AM  
August 06, 2015  
Sec. Of State  
tburch

## Article VI

The effective date for this Limited Liability Company shall be:

07/30/2015

Signature of member or an authorized representative

Electronic Signature: JHENSEN JUNIE

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

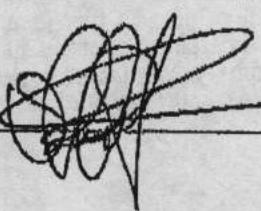
City Transportation Of Jax ,LLC  
1381 Cassat Ave  
Jacksonville, FL. 32205  
Ph. 904-323-3333

This is an agreement between City Transportation, LLC and Eliette Examak. As contractor, you will drive Omni Cab's manifest patients Monday to Friday and light hours on weekend (when applicable) to and from their appointments on time. In return, you will be compensated \$ 150.00 a day, for the days that you work. The driver will have the Vehicle for use after hour and he will pay his weekend lease to Omni Cab.

Our previous agreement is null and void as our weekly salary is no longer applicable as we are moving to a day to day system. Please note that there will be no compensation for days that you do not work. If you decide to take a day off, the company will work with you, however, there will be no pay for such day.

This agreement, and can be rescinded at any time by either party with a two week notice.

Signature of Driver : Eliette Examak Date: 5/8/16

Signature of Manager:  Date: 5/8/16

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L17000182360  
FILED 8:00 AM  
August 25, 2017  
Sec. Of State  
cmwood

**Article I**

The name of the Limited Liability Company is:

ADAM'S TRANSPORT OF FL,LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

5943 OLD TIMUQUANA RD  
JACKSONVILLE, FL. 32210

The mailing address of the Limited Liability Company is:

5669 W BEAVER ST  
JACKSONVILLE, FL. US 32207

**Article III**

Other provisions, if any:

WILL PROVIDE NON MEDICAL TRANSPORTATION SERVICES.

**Article IV**

The name and Florida street address of the registered agent is:

CAROL SIMON  
5943 OLD TIMUQUANA RD  
JACKSONVILLE, FL. 32210

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: SIMON CAROL

## **Article V**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
STACY M ADAMS  
5943 OLD TIMUQUANA RD  
JACKSONVILLE, FL. 32210

L17000182360  
FILED 8:00 AM  
August 25, 2017  
Sec. Of State  
cmwood

## **Article VI**

The effective date for this Limited Liability Company shall be:

08/25/2017

Signature of member or an authorized representative

Electronic Signature: STACY M ADAMS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

## TRANSPORTATION CONTRACT

This Transportation Contract for Services is made effective as of August 25, 2017, by and between City Transportation Of Jax ,LLC ("CT") of 5669 W Beaver Street, Jacksonville, Florida 32254, and Adam's Transport OF FL,LLC of 5943 Old Timuquana Rd, JACKSONVILLE, Florida 32210.

**DESCRIPTION OF SERVICES.** Beginning on August 25, 2017, Adam's Transport OF FL,LLC will provide to CT the following transportation services (collectively, the "Services"):

Medical Transportation Services for \$.85 per miles(.85 Stacy Adams , requested to receives an amount of \$600 bi-weekly instead of pay per mileage.

**PAYMENT.** Payment shall be made to Adam's Transport OF FL,LLC, JACKSONVILLE, Florida 32210, in the amount of \$600.00 upon completion of the services described in this Contract.

In addition to any other right or remedy provided by law, if CT fails to pay for the Services when due, Adam's Transport OF FL,LLC has the option to treat such failure to pay as a material breach of this Contract, and may cancel this Contract and/or seek legal remedies.

City Transportation will provides insurance for all transportation vehicles. All contractors will be responsible for their fuels.

**TERM.** This Contract may be terminated by either party upon 0 days' prior written notice to the other party.

**INSURANCE.** Adam's Transport OF FL,LLC, at Adam's Transport OF FL,LLC's expense, shall maintain during the term of this Contract, commercial general liability and automobile liability insurance with minimum limits per occurrence and for personal injury and property damage, with minimum limits. Adam's Transport OF FL,LLC shall provide CT certificate of insurance naming CT as Certificate Holder, evidencing the foregoing coverage prior to providing any services to CT under this Contract. Adam's Transport OF FL,LLC shall provide that said insurance shall not be canceled or materially altered until at least thirty (30) days after written notice is received by CT. Adam's Transport OF FL,LLC shall also maintain any insurance coverage required by any government body including workers compensation (if applicable) for the types of transportation and related services specified.

**PERFORMANCE OF SERVICES.** Adam's Transport OF FL,LLC agrees to meet CT's distinct transit and pricing requirements agreed to by the parties from time to time after the effective date as confirmed by CT. Adam's Transport OF FL,LLC further agrees to comply with all of CT's

Client:

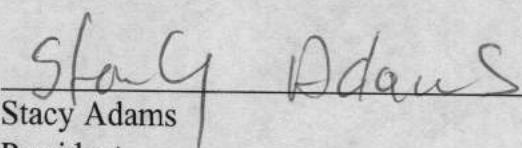
City Transportation Of Jax ,LLC

By: 

Dieuseul Alcide  
CEO

Transporter:

Adam's Transport OF FL,LLC

By: 

Stacy Adams  
President