

Secretary  
Pennsylvania Public Utility Commission  
400 North Street, Second Floor  
Harrisburg, PA 17120  
(717) 772-7777  
[www.puc.pa.gov](http://www.puc.pa.gov)

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2015 JAN 29 AM 10:37  
Revised 11/13  
PA P.U.C.  
SECRETARY'S BUREAU

## Application for Motor Common Carrier of Persons in Limousine Service

This application is required to operate as a common carrier of persons in luxury vehicles seating no more than 10 when providing transportation between points in Pennsylvania. Applicants providing service between points in the city and county of Philadelphia or from any airport, railroad station or hotel located in whole or in part in Philadelphia, must apply to the Philadelphia Parking Authority. Contact PPA at (215) 683-9434 or the website at [www.philapark.org](http://www.philapark.org)

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

Kingman Luxury Transport Corporation

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- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

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This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Trucking" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Trucking" or "J. Doe Trucking" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PUC Authority?**  NO **Previous Authority?**  NO

If YES, at PUC No. A- \_\_\_\_\_

4. **Are you a business entity registered with the PA Dept. of State?**  NO  
If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number \_\_\_\_\_ Its Pending  
(see checklist and indicate type of business entity registered)

5. **Physical Address** (do not use PO Box)

121 1/2 N Franklin st

Street Address

Allentown, PA 18102

City, State and Zip Code

484-426-1566

Telephone Number

Lehigh

County

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment.

6. **Mailing Address** (if different from Physical Address)

Street Address

City, State and Zip Code

This is the address to which the Commission will send all official documents issued by the Commission. If left blank, it will be assumed that the **MAILING ADDRESS** is the same as the **PHYSICAL ADDRESS**.

7. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

8. **Does applicant hold interstate operating authority?**

No  Yes, at No. \_\_\_\_\_

9. **Describe the service area proposed by this application.**

(Use the space below or attach additional sheet if space provided is not sufficient).

To transport people in limousine within 150 mile radius of Allentown, PA

Examples:

- To transport people in limousine service between points in the counties of Erie and Crawford.

- To transport people in limousine service from points in Washington County to points in PA, and return.

**10. Certification:**

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Persons in Limousine Service; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

**Verification of Application**

I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Escoffery Baxter

(Print Name)

  
(Signature)

1/26/2015

(Date)

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Secretary (if a corporation).

**PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE  
ORGANIZATIONS**

**Articles of Incorporation-For Profit**  
(15 Pa.C.S.)

- |  |  |
|--|--|
| <input type="checkbox"/> Business-stock (§ 1306)               | <input type="checkbox"/> Management (§ 2703)   |
| <input checked="" type="checkbox"/> Business-nonstock (§ 2102) | <input type="checkbox"/> Professional (§ 2903) |
| <input type="checkbox"/> Business-statutory close (§ 2303)     | <input type="checkbox"/> Insurance (§ 3101)    |
| <input type="checkbox"/> Cooperative (§ 7102)                  | <input type="checkbox"/> Benefit (§ 3303)      |

|  |                    |                          |
|--|--------------------|--------------------------|
| Name<br><b>Escoffery Baxter</b>          |                    |                          |
| Address<br><b>121 1/2 N Franklin St.</b> |                    |                          |
| City<br><b>Allentown</b>                 | State<br><b>PA</b> | Zip Code<br><b>18102</b> |

Document will be returned to the name and address you enter to the left.

Fee: \$125.00

In compliance with the requirements of the applicable provisions (relating to corporations and unincorporated associations), the undersigned, desiring to incorporate a corporation for profit, hereby states that:

1. The name of the corporation (corporate designator required, i.e., "corporation", "incorporated", "limited" "company" or any abbreviation. "Professional corporation" or "P.C"):  
**Kingman Luxury Transport Corporation**

2. The (a) address of this corporation's current registered office in this Commonwealth (post office box, alone, is not acceptable) or (b) name of its commercial registered office provider and the county of venue is:

| (a) Number and Street         | City             | State     | Zip          | County        |
|-------------------------------|------------------|-----------|--------------|---------------|
| <b>121 1/2 N Franklin St.</b> | <b>Allentown</b> | <b>PA</b> | <b>18102</b> | <b>Lehigh</b> |

(b) Name of Commercial Registered Office Provider \_\_\_\_\_ County \_\_\_\_\_

c/o: \_\_\_\_\_

3. The corporation is incorporated under the provisions of the Business Corporation Law of 1988.

4. Check and complete one:

The corporation is organized on a nonstock basis.

The corporation is organized on a stock share basis and the aggregate number of shares authorized is: \_\_\_\_\_

5. The name and address, including number and street, if any, of each incorporator (all incorporators must sign below):

| Name             | Address  |
|------------------|--|
| Escoffery Baxter | 121 1/2 N Franklin St. , Allentown , PA , United States<br>18102 |

6. The specified effective date, if any is: 01/27/2015 10:00 AM  
month/day/year hour, if any

7. Additional provisions of the articles, if any, attach an 8½ by 11 sheet.

8. *Statutory close corporation only:* Neither the corporation nor any shareholder shall make an offering of any of its shares of any class that would constitute a “public offering” within the meaning of the Securities Act of 1933 (15 U.S.C. § 77a et seq.)

9. *Cooperative corporations only: Complete and strike out inapplicable term:*  
The common bond of membership among its members is: \_\_\_\_\_

10. *Benefit corporations only:* This corporation shall have the purpose of creating general public benefit.  
  
Strike out if inapplicable: ~~This corporation shall have the purpose of creating the enumerated specific public benefit(s):~~

IN TESTIMONY WHEREOF, the incorporator(s) has/have signed these Articles of Incorporation this 26 day of January, 2015.

\_\_\_\_\_  
Escoffery Baxter  
Signature

Docketing Statement DSCB:15-134A (Rev 2012)

Departments of State and Revenue

One (1) required

**Check proper box:**

*Pennsylvania Entities*

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | business stock                                       |
| <input type="checkbox"/> | business non-stock                                   |
| <input type="checkbox"/> | professional   |
| <input type="checkbox"/> | nonprofit stock                                      |
| <input type="checkbox"/> | nonprofit non-stock                                  |
| <input type="checkbox"/> | statutory close                                      |
| <input type="checkbox"/> | management   |
| <input type="checkbox"/> | cooperative  |
| <input type="checkbox"/> | insurance  |
| <input type="checkbox"/> | benefit  |
| <input type="checkbox"/> | limited liability company                            |
| <input type="checkbox"/> | restricted professional<br>limited liability company |
| <input type="checkbox"/> | business trust                                       |

**BUREAU USE ONLY:**

Dept. of State Entity # \_\_\_\_\_

Dept. of Rev. Box # \_\_\_\_\_

Filing Period \_\_\_\_\_ Date \_\_\_\_\_

SIC/ \_\_\_\_\_ Report Code \_\_\_\_\_

*Foreign Entities*

State/Country \_\_\_\_\_ Date \_\_\_\_\_

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | business   |
| <input type="checkbox"/> | benefit  |
| <input type="checkbox"/> | nonprofit  |
| <input type="checkbox"/> | limited liability company                            |
| <input type="checkbox"/> | restricted professional<br>limited liability company |
| <input type="checkbox"/> | business trust                                       |

*Other*

|                          |               |
|--------------------------|---------------|
| <input type="checkbox"/> | domestication |
| <input type="checkbox"/> | division      |
| <input type="checkbox"/> | consolidation |

1. Entity Name:  
Kingman Luxury Transport Corporation

2. Individual name and mailing address responsible for initial tax reports:

|                 |                         |             |          |       |                 |       |
|-----------------|-------------------------|-------------|----------|-------|-----------------|-------|
| Esoffery Baxter | 121 1/2 N Franklin St , | Allentown , | Lehigh , | PA ,  | United States , | 18102 |
| Name            | Number and Street       | City        | State    | State | Zip             |       |

3. Description of business activity:  
Transportation of passengers

4. Specified effective date, if any:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ hour, if any

5. EIN (Employer Identification Number), if any:

\_\_\_\_\_

6. Fiscal Year End:

\_\_\_\_\_

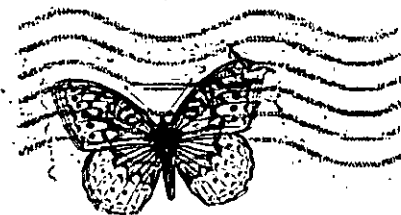
7. Fictitious Name (only if foreign corporation is transacting business in PA under a fictitious name):

\_\_\_\_\_

Kingman Luxury Transport Corporation  
121 1/2 N Franklin St  
Allentown, PA 18102

LEHIGH VALLEY PA 180

27 JAN 2015 PM 2 L



USA  
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Secretary, PA Public Utility Commission  
400 North Street, 2nd Floor  
Harrisburg, PA 17120

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