

**Estate Brokerage Services**  
7102 Frankford Ave.  
Phila PA 19135  
215-624-7100; Fax 215-624-0414  
[meichert@aol.com](mailto:meichert@aol.com)

February 25<sup>th</sup>, 2016

Secretary Chiavetta  
PA Public Utility Commission  
PO Box 3265  
Harrisburg, PA 17105

**RE: Application for Limousine Authority for SPL Logistics LLC**

Dear Secretary Chiavetta:

I am pleased to present the attached request for authority on behalf of SPL Logistics LLC.

As I have assisted in the preparation of this application, should any additional information be needed please request the examiner to contact me and I will promptly attend to it.

Thanking you in advance for your kind assistance.

Respectfully submitted,

  
Michael Eichert

Cert mail:  
7013 3020 0001.2466 4100

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PA PUBLIC UTILITY COMMISSION  
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)

SPL Logistics LLC

- 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)

NONE

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- N/A

4. **Are you a business entity registered with the PA Dept. of State?** YES

If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 4361006, filed  
6/8/15

(see checklist and indicate type of business entity registered)

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

518 Deborah Court,

Street Address

Warrington, PA 18976

City, State and Zip Code

215 260 4510

Telephone Number

Bucks

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)

SAME

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. **BROKER** (if applicable)

Estate Brokerage Services, Inc

Attorney's Name & Telephone Number for this Filing

Michael Eichert

7102 Frankford Ave., Phila PA 19135

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

  X   Yes, at No.

928639

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

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

transportation of passengers by luxury motor vehicle in scheduled limousine service between points in the counties of Bucks, Chester, Delaware and Montgomery and to points in the in the Commonwealth of PA, and return.

*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.

Balaji Karthikeyan Balaraman Subbayan  
(Print Name)

S. K. C. 11/3/2015  
(Signature) (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).

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Revised 12/1/13

EIN 47-4592934  
7A ENTITY 431600P

Certificate of Organization  
Domestic Limited Liability Company  
(15 Pa.C.S. § 8913)

Name			
M. BURR KEIM COMPANY			
Address			
2021 ARCH STREET			
City	State	Zip Code	
PHILADELPHIA, PA	PA	19103	

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



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Fee: \$125

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In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (*designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation*):

SPL Logistics LLC

2. The (a) address of the limited liability company's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and Street	City	State	Zip	County
518 Deborah Ct	Warrington PA	PA	18976	
(b) Name of Commercial Registered Office Provider				County
c/o:				

3. The name and address, including street and number, if any, of each organizer is (*all organizers must sign on page 2*):

Name	Address
Balaji Karthikeyan Balaraman-Subbayan	518 Deborah Ct Warrington, PA 18976

4. *Strike out if inapplicable term*

A member's interest in the company is to be evidenced by a certificate of membership interest.

5. *Strike out if inapplicable:*

Management of the company is vested in a manager or managers.

6. The specified effective date, if any is: \_\_\_\_\_.

month date year hour, if any

7. *Strike out if inapplicable:* ~~The company is a restricted professional company organized to render the following restricted professional service(s):~~

\_\_\_\_\_  
\_\_\_\_\_

8. For additional provisions of the certificate, if any, attach an 8 1/2 x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this

8 day of June, 2015.

*S. Lee*  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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Docketing Statement DSCB:15-134A (Rev 2001)  
Departments of State and Revenue

One (1) copy required

**BUREAU USE ONLY:**

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

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

Filing Period \_\_\_\_\_ Date 3 4 5 \_\_\_\_\_

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

**Check proper box:**

*Pennsylvania Entities*

- business stock
- business non-stock
- professional
- nonprofit stock
- nonprofit non-stock
- statutory close
- management
- cooperative
- insurance
- limited liability company
- restricted professional
- limited liability company
- business trust

*Foreign Entities*

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

- business
- nonprofit
- limited liability company
- restricted professional
- limited liability company
- business trust

*Other*

- domestication
- division
- consolidation

1. Entity Name:  
SPL Logistics LLC

2. Individual name and mailing address responsible for initial tax reports:  
Balaji Karthikeyan Balaraman-Subbayyan, 518 Deborah Ct, Warrington, PA 18976  
Name                                      Number and street                      City                      State                      Zip

3. Description of business activity:  
transportation of passengers by luxury motor vehicle in limousine service

4. Specified effective date, if any:  
July 1st, 2015  
month/day/year                      hour, if any

5. EIN (Employer Identification Number), if any:  
applied for upon approval

6. Fiscal Year End:  
December 31st

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



BUREAU OF CORPORATION TAXES  
PO BOX 280705  
HARRISBURG PA 17128-0705

**NOTICE OF REGISTRATION  
Corporate Net Income**

SPL LOGISTICS LLC  
518 DEBORAH CT  
WARRINGTON PA 18976-2625

REVENUE ID:..... 1001188974  
FEIN:..... Not Available  
NOTICE NUMBER:..... BU1001900104  
MAIL DATE:..... 06/19/2015  
FISCAL YR END:..... 12/31  
INCORPORATION DATE:..... 06/08/2015

TAXES SUBJECT:  
Corporate Net Income  
Loans  
Capital Stock

Welcome to Pennsylvania's business community. The above Revenue ID number has been assigned to your business for tax reporting purposes. Please reference this number on all correspondence with the Department of Revenue.

Carefully review your name, address and information above for accuracy. If no federal employer identification number (FEIN) is indicated, please provide this number to the department as soon as it is available from the federal government. Write the FEIN and other changes or additions in the top, right-hand corner above and return this letter to the PA DEPARTMENT OF REVENUE, PO BOX 280705, HARRISBURG PA 17128-0705.

**Account Information and Requirements**

The taxes you are required to report annually are identified above. Tax reports must be filed timely, even if there is no business activity or if the first year in business is less than 12 months. You are obligated to pay timely and file tax returns until you formally dissolve your corporate charter, file an out-of-existence affidavit or cancel a license or authorization, failure to file and pay timely may result in penalties and liens. For information on tax due dates, visit the departments website at [www.revenue.pa.gov](http://www.revenue.pa.gov).

Pay particular attention to the month your fiscal year ends, identified above, for the following reasons:

- For capital stock/foreign franchise, corporate net income and mutual thrift taxes, the first quarterly estimated payments are due within 75 days following the incorporation/authority date.
- A federal subchapter S corporation desiring not to be taxed as a PA S corporation is required to file Form REV-976 on or before the due date or extended due date of the first tax period for which it is to be in effect. REV-976 is available at [www.revenue.pa.gov](http://www.revenue.pa.gov).

**SUBJECTIVITY TO CORPORATE TAXES FOR LIMITED LIABILITY COMPANIES AND BUSINESS TRUSTS**

- According to Section 601 of the Tax Reform Code, limited liability companies and business trusts are considered corporations for purposes of capital stock/foreign franchise tax, regardless of how they file with the Internal Revenue Service (IRS).
- Under Section 401, any entity that files as a corporation with the IRS is subject to PA corporate net income tax. A limited liability company or business trust that does not file as a corporation with the IRS is not subject to the PA corporate net income tax.

**Electronic Filing**

All payments of \$1,000 or more must be remitted by electronic funds transfer (EFT). Taxpayers can make EFT payments by registering at [www.etides.state.pa.us](http://www.etides.state.pa.us) or by calling TeleFile at 1-800-748-8299. For assistance, call 717-783-6277.

The Department of Revenue appreciates your cooperation and wishes your business success in Pennsylvania. If you have any questions, visit the Online Customer Service Center at [www.revenue.pa.gov](http://www.revenue.pa.gov) or call Taxpayer Service & Information Center at 717-787-1064.

BU1001900104 04 02 02 000000 1 00



**Pennsylvania State Police**

1800 Elmerton Avenue  
Harrisburg, Pennsylvania 17110

**Response for Criminal Record Check**

**ESTATE BROKERAGE SERVICES  
7102 FRANKFORD AVENUE  
PHILADELPHIA PA 19135**

**TELEPHONE (215) 624-7100**

**TO WHOM IT MAY CONCERN:**

**THE PENNSYLVANIA STATE POLICE DOES HEREBY CERTIFY THAT:**

**Name:** Balaraman-Subbayyan, Balaji  
**Date of Birth:** 06/20/1976  
**Social Security #:** XXX-XX-3247  
**Sex:** M  
**Race:** Unknown  
**Date of Request:** 02/26/2016 12:15 PM  
**Purpose of Request:** EMPLOYMENT

Maiden Name and/or Alias (1) (2)  
 (3) (4)

**\*\*\* HAS NO CRIMINAL RECORD IN PENNSYLVANIA BASED ON A CHECK BASED ON THE ABOVE IDENTIFIERS - REFER TO CONTROL #R15819256 \*\*\***

THE RESPONSE IS BASED ON A COMPARISON OF DATA PROVIDED BY THE REQUESTER AGAINST INFORMATION CONTAINED IN THE FILES OF THE PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY ONLY. PLEASE CONFIRM IDENTIFIERS PROVIDED POSITIVE IDENTIFICATION CANNOT BE MADE WITHOUT FINGERPRINTS. THE PENNSYLVANIA STATE POLICE RESPONSE DOES NOT PRECLUDE THE EXISTENCE OF CRIMINAL RECORDS, WHICH MIGHT BE CONTAINED IN THE REPOSITORIES OF OTHER LOCAL, STATE OR FEDERAL CRIMINAL JUSTICE AGENCIES.

THE INFORMATION ON THIS CERTIFICATION FORM CAN BE VALIDATED BY ACCESSING THE PENNSYLVANIA ACCESS TO CRIMINAL HISTORY (PATCH) RECORD CHECK STATUS SCREEN (<https://epatch.state.pa.us/RCStatusSearch.jsp>) AND SUBMITTING A STATUS CHECK REQUEST THAT CONTAINS THE FOLLOWING SUBJECT'S NAME (EXACTLY AS INITIALLY ENTERED), CONTROL NUMBER AND DATE OF REQUEST. PATCH WILL FIND AND DISPLAY THE CORRESPONDING RECORD CHECK REQUEST DETAILS ON THE REQUEST CAN BE VIEWED BY CLICKING ON THE CONTROL NUMBER. YOU WILL BE ABLE TO VERIFY IF THIS REQUEST WAS SENT OUT AS A NO RECORD OR RECORD RESPONSE BY THE PENNSYLVANIA STATE POLICE.

QUESTIONS CONCERNING THIS CRIMINAL RECORD CHECK SHOULD BE DIRECTED TO THE PATCH HELP LINE TOLL FREE AT 1-888-QUERY-PA (1-888-783-7972).

**Certified by:**

**Lieutenant Kevin J. Deskiewicz, Director**  
Criminal Records and Identification Division  
Pennsylvania State Police

DISSEMINATED BY: SYSTEM  
02/26/2016 12:17 PM

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NAME OF APPLICANT

SPL LOGISTICS LLC

ADDRESS OF APPLICANT

518 Deborah CT, Warrington , PA 18976

OFFICERS/MEMBERS

MANAGING MEMBER	DOB	SOCIAL SECURITY No.	INTEREST
Balaji Balaraman-Subbayyan,	06/20/1976,	_____	100%
ADDRESS	PHONE	EMAIL	
515 Plymouth Meeting, PA 19462	215 260 4510	baalaji_76@yahoo.com	

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Philadelphia, PA 19135

7013 3020 0001 2466 4100

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Secretary Chiavetta  
PA Public Utility Commission  
400 North St 2nd floor  
Harrisburg PA 17120-0202

