

Application for Motor Common Carrier or Motor Contract Carrier of Household Goods in Use.

THIS APPLICATION IS REQUIRED TO REQUEST A CERTIFICATE OF PUBLIC CONVENIENCE (FOR COMMON CARRIERS) OR PERMIT (FOR CONTRACT CARRIERS) TO OPERATE AS A COMMERCIAL CARRIER OF HOUSEHOLD GOODS IN USE.

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

T.S. LOGISTICS INC

- 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)

N/A

This is any name which you will be operating under which differs from the **LEGAL NAME APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of 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 if John Doe is the actual operator; therefore, the name is fictitious and must be registered 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? X_NO Previous Authority? X_NO**

If YES, at PUC No. 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 6878497
(See checklist and indicate type of business entity registered)

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5. **If either a Corporation or Limited Liability Company please list members (LLC) or shareholders and officers (Corporation).**

TARIEL SHARVASHIDZE

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

9125 ASHTON RD
Street Address
PHILADELPHIA PA19114
City, State and Zip Code
2676069546
Telephone Number _____ County _____

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

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

SAME AS ABOVE
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**.

8. **Attorney** (if applicable)

N/A
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.

9. **Does applicant have a USDOT Number?**

 No X Yes, at No. 3311533

10. **Describe the service area proposed by this application.**
(Use the space below or attach additional sheet if space provided is not sufficient).

____ TRI STATE AREA PA,NJ,DE MD

Examples:

- *To transport household goods in use between points in Pennsylvania.*
- *To transport household goods in use from points in Centre County to points in Pennsylvania, and vice versa.*

11. **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 Household Goods in Use; 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.

TARIEL SHARVASHIDZE

(Signature) 

08.19.2019
(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).

VERIFIED STATEMENT OF APPLICANT

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THE APPLICANT'S FITNESS TO OPERATE. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION.

TARIEL SHARVASHIDZE

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AUG 20 2019

Legal Name of Applicant

T.S. LOGISTICKS

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Trade Name, if any

9125 ASHTON RD

PHI;ADE;PHIA

PA

19114

Street Address (principal place of business)

City or Municipality

State

Zip Code

The Verified Statement of the Applicant factual details about your proposed transportation service. Your Verified Statement must answer all of the items listed below and on the following pages. Provide as much information as possible to prevent delay in processing your application. If you need more space to provide your answer, please attach additional pages identifying the appropriate item number.

1. Identify the person making the Verified Statement on behalf of the applicant. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number.

MYSELF

2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.

OWNER

3. Please provide evidence of minimum of two-years' experience with a licensed household goods carrier or the equivalent as required by 52 Pa. Code §3.381(c)(1)(iii)(A)(II)(-I-).

WORKED AS DELIVERY DRIVER FOR IKEA FOR 3 YEARS FOR THE DIFFERENT COMPANY.
SEE ATTACHED

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to including office machines that will be utilized, and the facility to house vehicles. As a carrier of household goods in use, applicant should include a description of storage facilities, if applicable. Please include an explanation of your plan to maintain records required by the PUC, as well as normal business records. In regard to your communication network, please explain how you will receive customer requests for transportation, how you will dispatch the vehicles to fulfill the request, and how you will maintain continuous communication with your drivers.

NO STORAGE FACILITIES ARE NECESSARY, AS DELIVERY FROM IKEA TO THE CUSTOMERS

5. Please state the number of drivers you intend to use or hire in your business and explain why that number of drivers is appropriate for the size of the territory you will be serving. In addition, please explain:
- Your hiring standards for drivers;
 - Your system for conducting criminal background checks;
 - Your driver training program;
 - Your system for conducting driver license checks;
 - Your policies regarding alcohol and drug use by your drivers.

ONE DRIVER MYSELF WITH 5YEARS EXPERIENCE

6. Please state the number of vehicles you plan to use in your business and why that number is appropriate to provide reasonable and efficient service to the territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below.

| YEAR | MAKE | MODEL | SEATING CAPACITY* | VEHICLE ID # | MILEAGE |
|-------------|-------------|--------------|--------------------------|---------------------|----------------|
| 2013 | MITSUBISHI | FUSO | 2 | JL6CRK1A8DK001811 | 48950 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

7. Describe your vehicle safety program. Please include the following in your explanation:
- Your periodic vehicle maintenance plan
 - Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.

INSURANCE IS ALREADY OBTAINED, AND PAID FOR

9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

____ YES X NO

10. Financial Data. Complete the "Statement of Financial Position", which follows this page. Please feel free to also provide additional information explaining why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

Verification of Statement

The undersigned deposes and says that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief. The undersigned understands that false statements herein are made subject to penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

(Signature)

TARIEL SHARVASHIDZE

(Name and Title, printed or typed)

08192019

(Date)

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Statement of Financial Position (Balance Sheet)
As of (date) 08/19/2019

ASSETS

| | | |
|----------------------------------|---------------------|-------------------------|
| Current Assets | | |
| Cash | 1870.00 | |
| Other Current Assets (specify) | <u>0</u> | |
| Total Current Assets | | <u>1870,00.00</u> |
| Tangible Assets | | |
| Motor Vehicle Equipment | 24,000.00 | |
| Property (buildings, land, etc.) | <u>0.00</u> | |
| Office Equipment | | |
| | TOTAL ASSETS | <u>25,870.00</u> |

LIABILITIES

| | | |
|--|--------------------------|--------------------|
| Current Liabilities (Due within one year of date) | | |
| Loans | 0.00 | |
| Credit cards/revolving credit | <u>0.00</u> | |
| Other Liabilities (Attach schedule) | <u>0.00</u> | |
| Total Current Liabilities | | <u>0.00</u> |
| Long Term Liabilities (Due after one year of date) | | |
| Mortgage | 0.00 | |
| Long term commercial loan | <u>0.00</u> | |
| Other Liabilities (Attach Schedule) | <u>0.00</u> | |
| Total Long Term Liabilities | | |
| | TOTAL LIABILITIES | <u>0.00</u> |

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

| | |
|--|---|
| <input checked="" type="checkbox"/> Return document by mail to: TARIEL SHARVASHIDZE Name 9125 ASHTON RD Address PHILADELPHIA PA 19114 City State Zip Code <input type="checkbox"/> Return document by email to: _____ | Articles of Incorporation - For Profit DSCB:15-1306/2102/2303/2702/2903/3101/3303/7102 (rev. 2/2017)  TML190425JF0647 |
|--|---|

Read all instructions prior to completing. This form may be su_____

Fee: \$125 I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

Check only one: Business-stock (§ 1306) Management (§ 2703) Benefit (§ 3303)
 Business-nonstock (§ 2102) Professional (§ 2903) Cooperative (§ 7102)
 Business-statutory close (§ 2303) Insurance (§ 3101)

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 thereof. "Professional corporation" or "P.C." permitted for professional corporations):
T.S LOGISTICS INC

2. Complete part (a) or (b) – not both:

(a) The address of this corporation's proposed registered office in this Commonwealth is:
(post office box alone is not acceptable)

| | | | | |
|-------------------|--------------|-------|-------|--------------|
| 9125 ASHTON RD | PHILADELPHIA | PA | 19114 | PHILADELPHIA |
| Number and Street | City | State | Zip | County |

(b) The name of this corporation's commercial registered office provider and the county of venue is:
c/o:
Name of Commercial Registered Office Provider County

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:
1000 NONPAR

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

| Name | Address |
|---------------------|--------------------------------------|
| TARIEL SHARVASHIDZE | 9125 ASHTON RD PHILADELPHIA PA 19114 |

6. The specified future effective date, if any: _____
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. *For Cooperative Corporation Only.*

Check and complete one:

The corporation is a cooperative corporation and the common bond of membership among its members is: _____

The corporation is a cooperative corporation and the common bond of membership among its shareholders 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

16 day of APRIL, 2019

Signature

Signature

Signature

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS
401 NORTH STREET, ROOM 206
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.PA.GOV

TAREIL SHARVASHIDZE
9125 ASHTON RD
PHILADELPHIA PA 19114

T.S. LOGISTICS INC

THE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS IS HAPPY TO SEND YOUR FILED DOCUMENT. THE BUREAU IS HERE TO SERVE YOU AND WE WOULD LIKE TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE BUREAU, PLEASE VISIT OUR WEBSITE AT www.dos.pa.gov/BusinessCharities OR YOU MAY CONTACT US BY TELEPHONE AT (717)787-1057. INFORMATION REGARDING BUSINESS AND UCC FILINGS CAN BE FOUND ON OUR SEARCHABLE DATABASE AT www.corporations.pa.gov/Search/CorpSearch.

ENTITY NUMBER : 6878497

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

| | |
|--|---|
| <input checked="" type="checkbox"/> Return document by mail to: TARIEL SHARVASHIDZE <hr/> Name 9125 ASHTON RD <hr/> Address PHILADELPHIA PA 19114 <hr/> City State Zip Code <input type="checkbox"/> Return document by email to: _____ | Articles of Incorporation - For Profit DSCB:15-1306/2102/2303/2702/2903/3101/3303/7102 (rev. 2/2017)  TML190425JF0647 |
|--|---|

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I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

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 Business-nonstock (§ 2102) Professional (§ 2903) Cooperative (§ 7102)
 Business-statutory close (§ 2303) Insurance (§ 3101)

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 thereof. "Professional corporation" or "P.C." permitted for professional corporations*):

T.S LOGISTICS INC

2. Complete part (a) or (b) – not both:

(a) The address of this corporation's proposed registered office in this Commonwealth is:
(post office box alone is not acceptable)

9125 ASHTON RD PHILADELPHIA PA 19114 PHILADELPHIA
 Number and Street City State Zip County

(b) The name of this corporation's commercial registered office provider and the county of venue is:

c/o: _____
 Name of Commercial Registered Office Provider County

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:
 1000 NONPAR

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

| Name | Address |
|---------------------|--------------------------------------|
| TARIEL SHARVASHIDZE | 9125 ASHTON RD PHILADELPHIA PA 19114 |

6. The specified future effective date, if any: _____
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. *For Cooperative Corporation Only.*

Check and complete one:

The corporation is a cooperative corporation and the common bond of membership among its members is: _____

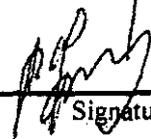
The corporation is a cooperative corporation and the common bond of membership among its shareholders is: _____

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

16 day of APRIL, 2019.



Signature

Signature

Signature

SOSOS LLC

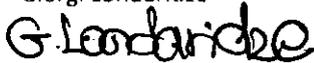
10783 lockard rd - unit 2,
Philadelphia, pa, 19116

TO WHOM IT MAY CONCERN

This is to verify that Taniel Sharvashidze worked as box truck driver (best buy - home delivery appliances delivery and installs – ikea – amazon) since October 5, 2015 till july 22 2019 . Any other questions, feel free to reach out to me...

Owner of the company

Giorgi Londaridze



Tel: 215-796-4717 or 215-512-4035

Giorgilondaridze@yahoo.com
Delivery2000@yahoo.com

08/20/2019

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS
401 NORTH STREET, ROOM 206
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.PA.GOV

TAREIL SHARVASHIDZE
9125 ASHTON RD
PHILADELPHIA PA 19114

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T.S. LOGISTICS INC

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ENTITY NUMBER : 6878497

FROM:

T.S Logistics INC
9125 Ashton Rd
Philadelphia, PA, 19114



TO:

Secretary PA Public
Utility Commission
400 North Street 2nd floor
Harrisburg PA 17120