

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

Revised 12/1/13

RECEIVED
2015 FEB 27 AM 10:37
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

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

NEW YORK LIMOUSINE, 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)

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 _____
(see checklist and indicate type of business entity registered)

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

3916 N. 5TH ST.

Street Address

PHILADELPHIA, PA 19140

City, State and Zip Code

917-754-4532

Telephone Number

PHILADELPHIA

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 SERVICE BETWEEN POINTS IN THE COUNTIES OF: BUCKS, MONTGOMERY, CHESTER AND DELAWARE, AND RETURN

Examples:

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

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.

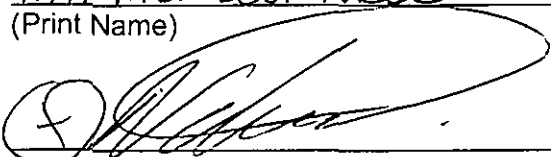
Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Persons in Limousine Service; and acknowledges that failure 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.

NAFTALI LEONARDO
(Print Name)


(Signature)

10-22-14
(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).

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.STATE.PA.US/CORP

NEW YORK LIMOUSINE, INC.

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

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT WWW.CORPORATIONS.STATE.PA.US/CORP OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 4319518

PTA
2301 Church St
Philadelphia, PA 19124

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Articles of Incorporation-For Profit

- (15 Pa.C.S.)
 Business-stock (§ 1306) Management (§ 2703)
 Business-nonstock (§ 2102) Professional (§ 2903)
 Business-statutory close (§ 2303) Insurance (§ 3101)
 Cooperative (§ 7102)

Name	PTA		
Address	2301 CHURCH STREET		
City	State	Zip Code	
PHILADELPHIA	PA	19124	

Document

Commonwealth of Pennsylvania
ARTICLES OF INCORPORATION 3 Page(s)



T1500260098

Fee: \$125

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.");

NEW YORK LIMOUSINE, INC.

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) NEFTALI LEONARDO
City State Zip County

3818 N 5TH STREET PHILADELPHIA PA 19140

NEFTALI LEONARDO

(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. The aggregate number of shares authorized: 100

PA DEPT. OF STATE
NOV 03 2014

PA DEPT. OF STATE
NOV 21 2014

PA DEPT. OF STATE
DEC 15 2014

PA DEPT. OF STATE
DEC 29 2014

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

Name	Address
NEFTALI LEONARDO	3916 N 6TH ST PHILADELPHIA PA 19140

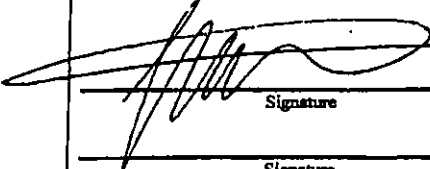
6. The specified effective date, if any: _____
month/day/year hour, if any

7. Additional provisions of the articles, if any, attach an 8 1/4 by 11 sheet.

8. *Statutory class 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/shareholders is: _____

IN TESTIMONY WHEREOF, the incorporator(s)
has/have signed these Articles of Incorporation this
_____ day of _____



Signature

Signature

Limousine Ownership Form
List Company Owners, Officers, Directors & Key Employees

If one person holds all the offices, print "same" for the other officers. If a corporation, choose one: "yes or no" on the director line. THE INFORMATION PROVIDED IN THIS SECTION MUST COMPLY WITH APPLICABLE STATE LAWS CONCERNING CORPORATIONS, LLC'S, ETC.

Company Name: NEW YORK LIMOUSINE, INC. CPC No. _____

Current Officers:

President or Managing Member (choose one) (REQUIRED)

Name: NEFTALI LEONARDO Percentage of Ownership 100 %
Address: 3916 N 5TH ST PHILADELPHIA PA 19140 Director Yes / No
Phone #: 9177544532 DOB 01/22/85
E-mail: TAXICOMMUNICATIONS@GMAIL.COM S.S.N. _____

Vice President or Member (choose one)

Name: SAME Percentage of Ownership _____ %
Address: _____ Director Yes / No
Phone #: _____ DOB _____
E-mail: _____ S.S.N. _____

Secretary or Member (choose one) (REQUIRED)

Name: SAME Percentage of Ownership _____ %
Address: _____ Director Yes / No
Phone #: _____ DOB _____
E-mail: _____ S.S.N. _____

Treasurer or Member (choose one) (REQUIRED)

Name: SAME Percentage of Ownership _____ %
Address: _____ Director Yes / No
Phone #: _____ DOB _____
E-mail: _____ S.S.N. _____

List any additional Directors and Key Employees here or on a separate sheet of paper. It must include the same information as is required above.

Name: _____ Percentage of Ownership _____ %
Address: _____ Director Yes / No
Phone #: _____ DOB _____
E-mail: _____ S.S.N. _____

Signature: [Signature] Title: President Date: 1/15

PRO FORMA LIMOUSINE

GROSS RECEIPTS	91000
EXPENSES:	
INSURANCE	12000
GASOLINE	12000
REPAIRS	2000
TELEPHONE	2000
MISC.	3000
AUTO	<u>10000</u>
	<u>41000</u>
NET INCOME	50000

Pennsylvania State Police

1800 Elmerton Avenue
Harrisburg, Pennsylvania 17110

Response for Criminal Record Check

INNA FRIEDMAN
440 S BROAD ST 2207
PHILADELPHIA PA 19146

TELEPHONE (215) 831-0666

TO WHOM IT MAY CONCERN:

THE PENNSYLVANIA STATE POLICE DOES HEREBY CERTIFY THAT:

Name: LEONARDO NEFTALI
Date of Birth: 01/22/1985
Social Security #: [REDACTED]
Sex: M
Race: White
Date of Request: 01/08/2015 12:02 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 #R13143547 ***

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
01/08/2015 12:14 PM

PTA
P.O. BOX 14393
PHILADELPHIA, PA 19115



PAC
400 NORTH STREET
IND 11

HARRISBURG PA 17120

1712030211

