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COPY

Posted: tod

Dept: N/A

Date: 11/22/13

Time: 2:50

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

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NOV 20 2013
TRANS DEPT

Date: NOVEMBER 6, 2013

CLASS C - TAXI

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

ARRIVE RIGHT TRANSPORTATION, LLC

1746 DEER PATH DRIVE, MT. PLEASANT, SC 29464
Street Address of Applicant

SAME
Mailing Address of Applicant (if different from street address)

843-819-8473 Phone | 843-628-1048 Fax

SAMFAM41@YAHOO.COM
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

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MAIL / DMS

3. Select Entity Type: (Check one)
   - ☐ Individual Owner/Sole Proprietorship
   - ☐ Partnership - List names and addresses of all person having an interest in the business.
   - ☒ Corporation - List names and addresses of two principal officers.

SAMY IBRAHIM, 1746 DEER PATH DR, MT. PLEASANT, SC 29464

tod

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:
Month NOVEMBER Year 2013

Assets:

Cash	5,000.00
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	4,995.00
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	675.00
Prepaids and Other Assets	
Total Assets*	10,670.00
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	5,670.00
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	5,670.00
Capital Stock	5,000.00
Retained Earnings	
Total Equity	10,670.00
Total Liabilities and Equity*	10,670.00

* Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

METER START RATE	$5.00 PLUS $2.65 PER MILE
DOWNTOWN RATE	$5.00
AIR PORT RATE	$35.00 (1-2 PERSONS)
ADDITIONAL PERSON	$15.00
WAIT TIME	$0.50 PER MIN

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

☐ Abbeville	☐ Cherokee	☐ Florence	☐ Lee	☐ Saluda
☐ Aiken	☐ Chester	☐ Georgetown	☐ Lexington	☐ Spartanburg
☐ Allendale	☐ Chesterfield	☐ Greenville	☐ Marion	☐ Sumter
☐ Anderson	☐ Clarendon	☐ Greenwood	☐ Marlboro	☐ Union
☐ Bamberg	☐ Colleton	☐ Hampton	☐ McCormick	☐ Williamsburg
☐ Barnwell	☐ Darlington	☐ Horry	☐ Newberry	☐ York
☐ Beaufort	☐ Dillon	☐ Jasper	☐ Oconee	
☒ Berkeley	☒ Dorchester	☐ Kershaw	☐ Orangeburg	☐ Statewide
☐ Calhoun	☐ Edgefield	☐ Lancaster	☐ Pickens	
☒ Charleston	☐ Fairfield	☐ Laurens	☐ Richland	

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- [x] 1-7 Passengers, including driver
- [ ] 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
NESSAN	2001 PATH FINDER	JN8DRO7X91W511476	4574

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE.**
The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will be required to

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The following insurance quote is for:

Asmae Ibrahim
Name of Applicant

1746 Deer Path Drive Mt. Pleasant SC 29464
Address of Applicant

Amount of Premium:

Liability Insurance $ 4331.00

Limits Quoted: (See Below)

Limits 500,000 CSL

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers*	**$ 25,000/50,000/25,000**
8-15 Passengers*	**$ 25,000/100,000/25,000**

* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

Canal Insurance Co
Name of Insurance Company

2843-A W. Palmetto St. Florence, SC 29501
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

11-21-13
Date

Authorized Insurance Company Representative's Signature

NOTICE:
If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of $500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

ARRIVE RIGHT TRANSPORTATION, LLC
Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?
   ○ Yes ◉ No

   If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?
   ◉ Yes ○ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
   ◉ Yes ○ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

   ◉ Yes ○ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

   ◉ Yes ○ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

   ◉ Yes ○ No

4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

   ◉ Yes ○ No

5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

   ◉ Yes ○ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

SAMY IBRAHIM
Applicant's Signature

SAMY K. IBRAHIM
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
)
COUNTY OF CHARLESTON)

SWORN TO BEFORE ME
This 6th day of NOVEMBER, 2013

Notary Public

Commission Expires 4/3/2018

Barry Heyward
NOTARY PUBLIC
State of South Carolina
My Commission Expires
April 3, 2018

The State of South Carolina

Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

ARRIVE RIGHT TRANSPORTATION "LLC", A Limited Liability Company duly organized under the laws of the State of South Carolina on October 31st, 2013, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 1st day of November, 2013.

Mark Hammond

Mark Hammond, Secretary of State

Print Form

CERTIFIED TO BE A TRUE AND CORRECT COPY AS TAKEN FROM AND COMPARED WITH THE ORIGINAL ON FILE IN THIS OFFICE

OCT 3 1 2013

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
Limited Liability Company -- Domestic
Filing Fee - $110.00

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company **(Company ending must be included in name*)**

ARRIVE Right TRANSPORTATION "LLC"

***NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", L.C." "LC", or "Ltd. Co."**

2. The address of the initial designated office of the limited liability company in South Carolina is

1746 Deer path Drive
Street Address

mt. pleasant, sc 29464
City Zip Code

3. The initial agent for service of process is

SAMI IBRAHIM SAMI IBRAHIM
Name Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

1746 Deer path Drive
Street Address

mt. pleasant sc 29464
City Zip Code

4 List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) SAMI IBRAHIM
Name

1746 Deer path Drive
Street Address

mt. pleasant SC 29464
City State Zip Code

(b) ASMAE IBRAHIM
Name

1746 Deer path Drive
Street Address

mt. pleasant SC 29464
City State Zip Code

Form Revised by South Carolina Secretary of State, July 2012

131031-0287 FILED: 10/31/2013
ARRIVE RIGHT TRANSPORTATION "LLC"
Filing Fee: $110.00 ORIG
Mark Hammond South Carolina Secretary of State

Name of Limited Liability Company _____

5. [☐] Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____

6. [☒] Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a) SAMY IBRAHIM
Name

1746 Deer Path Drive
Street Address

Mt. Pleasant SC 29464
City State Zip Code

(b) _____
Name

_____
Street Address

_____
City State Zip Code

7. [☐] Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.

_____

9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Samy Ibrahim — 10/29/2013
Signature of Organizer — Date

[illegible] — 10/29/2013
Signature of Organizer — Date

Form Revised by South Carolina Secretary of State, July 2012

SOUTH CAROLINA LAW ENFORCEMENT DIVISION

NIKKI R. HALEY
Governor

MARK A. KEEL
Chief

NO RECORD
S.C. LAW ENFORCEMENT DIVISION

CRIMINAL RECORD CHECK

(Please print your completed form and submit to SLED. You may want to print a copy for your records.)

FULL NAME (with middle name): Samy Ibrahim

AKA and/or MAIDEN NAMES: _____

DOB 12-24-62 SSN: _____

(Federal law permits governmental agencies to require a [illegible] conduct official business; however, private entities may only obtain social security numbers if given voluntarily).

NAME OF CHARITABLE ORGANIZATION (if applicable): _____

CHARITABLE VERIFICATION ACCOUNT # (if applicable): _____

MAILING ADDRESS: _____

(A self addressed stamped envelope is required for the return of background check)

PLEASE NOTE:
The fee is twenty-five dollars ($25) unless you are a charitable organization approved for a fee of eight dollars ($8). A charitable organization must include its name and account number or the request may not be processed. Payment must be business check, certified/cashier's check or money order payable to SLED. PERSONAL CHECKS WILL NOT BE ACCEPTED. This report contains records of arrests and convictions made by state/local agencies in South Carolina only. Alteration of a completed criminal records check may subject a person to criminal prosecution. A completed criminal records check should not be accepted unless it bears an original SLED stamp.
PLEASE ENCLOSE A SELF ADDRESSED STAMPED ENVELOPE FOR THE RETURN OF YOUR RECORD CHECK.

SLED RECORDS SECTION HAS BEEN CLOSED TO THE PUBLIC SINCE DECEMBER 15, 2008.

(CJ-022) 08/12/11

CALEA

2013 NOV -7 AM 11:14
CRIMINAL RECORDS DEPT

An Accredited Law Enforcement Agency

P.O. Box 21398 / Columbia, South Carolina 29221-1398 / (803) 737-9000 / Fax (803) 896-7588

National Sex Offender Search

*0 records from a national search including all states, territories and Indian Country for First Name like **SAMY**, Last Name like **IBRAHIM**. To view a list of the jurisdictions included in this search, click here.*

Search performed 11/6/2013 12:31 PM EST

Delaware: The jurisdiction's service is temporarily unavailable. Please try again later.