

Posted DD 224/42
5/29/10

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Request to Amend Name on Class C Certificate from
Patrick Neal DBA Myrtle Beach Cab

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 1999 - 146 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Patrick Neal

Address: 829 SILVERCREST DR.
MYRTLE BEACH SC 29579

Telephone: 843-222-2525

Fax: 843-603-6035

Other: 843-222-0252

Email: MYRTLE BEACH CAB@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input checked="" type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

RECEIVED

MAY 25 2010
PSC SC
CLERK'S OFFICE

99.146.T

<p>File the original with:</p> <p>Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199</p>	<p>Mail or fax a copy to:</p> <p>S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815</p>
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DATE: 5-21-10

I have the following Certificate:

☒ Class C Taxi # 10754-A ☐ Class C Charter # _____ ☐ Class C Charter Bus # _____
☐ Class C Non-Emergency # _____

Please consider this as my request for the following amendment(s) to my Certificate:

☒ **Name Change**

From: Patrick Neal DBA: Myrtle Beach Cab
(Current Name) (Current DBA if applicable)

TO: Myrtle Beach Taxicab LLC DBA: Myrtle Beach Cab
(Current Name) (Current DBA if applicable)
(New Name) (New DBA if applicable)

Scope of Authority

From: _____ To: _____
(Current Scope) (New Scope)

☐ **Passenger Limit**

From: _____ To: _____
(Current Limit Number) (New Limit Number)

* Myrtle Beach Taxicab LLC DBA: Myrtle Beach CAB
Name & DBA if DBA is applicable)

* 829 S. Lenoir St
(Street and/or Mailing Address)

* Myrtle Beach SC 29579 * [Signature]
(City, State, Zip Code) (Signature)

* 843-222-2525 (Telephone Number) * _____ (Title) Owner, President, etc.

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY

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

APR 2 2010

[Signature]
SECRETARY OF STATE OF SOUTH CAROLINA

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 Sections 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the South Carolina Code of 1976, as amended is Myrtle Beach Taxicab LLC "."

2. The address of the initial designated office of the Limited Liability Company in South Carolina is

829 Silvercrest Drive

Street Address

Myrtle Beach, 29579

City

Zip Code

3. The initial agent for service of process of the Limited Liability Company is

United States Corporation Agents, Inc.

Name

[Signature]
Signature

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

1591 Savannah Highway, Suite 201

Street Address

Charleston, 29407

City

Zip Code

4. The name and address of each organizer is

(a) LegalZoom.com, Inc.

Name

7083 Hollywood Blvd., Suite 180

Street Address

Los Angeles

City

California

State

90028

Zip Code

(b)

Name

Street Address

City

State

Zip Code

(Add additional lines if necessary)

5. ☐ Check this box only if the company is to be a term company. If so, provide the term specified:

100412-0239

MYRTLE BEACH TAXICAB LLC

FILED: 04/12/2010

Filing Fee: \$110.00 ORIG

Mark Hammond

South Carolina Secretary of State



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, specify the name and address of each initial manager:

(a) **Patrick Neal**
Name

829 Silvercrest Drive, Myrtle Beach

Street Address

City

South Carolina 29579

State

Zip Code

(b) _____
Name

Street Address

City

State

Zip Code

(c) _____
Name

Street Address

City

State

Zip Code

(d) _____
Name

Street Address

City

State

Zip Code

(Add additional lines if necessary)

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 section 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.

The State of South Carolina



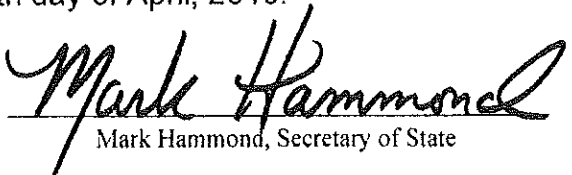
Office of Secretary of State Mark Hammond

Certificate of Existence

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

MYRTLE BEACH TAXICAB LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on April 12th, 2010, 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
12th day of April, 2010.


Mark Hammond, Secretary of State