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COPY

2010-88-T

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)

Posted: ledDept: S.A.Date: 3/2/10

Phone: (803) 896-5100

Fax: (803) 896-5199

Time: 4:45

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

RECEIVED

MAR 2 2010

Date: 03/01/2010

CLASS C - CHARTER

ORS  
T.T.W.W/W

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.)

Island Buggy Service Inc.

6 Office Way Hilton Head Is SC 29928  
 Street Address of Applicant

593 Argent Way Bluffton SC 29909  
 Mailing Address of Applicant if different from street address

843-338-6553

Phone

Fax

jm6777@hotmail.co

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business

☒ Corporation - List names and addresses of two principal officers.

James R Maloney 593 Argent Way Bluffton SC 29909 President

Jean M Maloney 593 Argent Way Bluffton SC 29909 Vice President

RECEIVED  
 MAR 02 2010  
 PSC SC  
 CLERK'S OFFICE

029

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 March Year 2010

#### Assets:

Cash	20000.00
Receivables	0
Real Estate	0
Buildings and Equipment (Net)	0
Motor Vehicles (Net)	12000.00
Garage Equipment (Net)	0
Machinery and Tools (Net)	0
Supplies on Hand	1000.00
Prepays and Other Assets	0
<b>Total Assets</b>	<b>32000.00</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	0
Notes Payable	0
Mortgages Payable	0
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
<b>Total Liabilities</b>	<b>0</b>
Capital Stock	2000
Retained Earnings	0
<b>Total Equity</b>	<b>2000</b>
<b>Total Liabilities and Equity</b>	<b>2000</b>

## PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

Contract with Palmetto Dunes Resort

Counties to be Served:

Beaufort

Maximum Number of Passengers per Vehicle:

10



**INSURANCE QUOTE**

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Island Buggy Service Inc

Name of Motor Carrier

6 Office Way Road, Hilton Head Is. SC 29928

Address of Motor Carrier

**Amount of Premium:****Limits Quoted: (See Below)**

Liability Insurance \$ 8757.00

Limits \$5,000,000

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

Delos Insurance Company

Name of Insurance Company

120 West 40 5TH Stret, New York, NY 10036

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.

3/1/10  
Date

Ma Kenney  
Authorized Insurance Company Representative's Signature

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.

**Exhibit FWA**

Island Buggy Service Inc.  
Name of Applicant

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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 Charter 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 Charter 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 (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

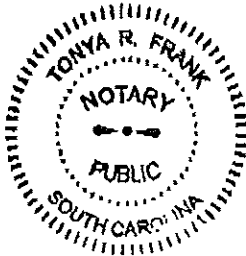
STATE OF SOUTH CAROLINA

COUNTY OF Beaufort

James R Maloney  
Applicant's Signature

I, JAMES R MALONEY, President  
Name of Applicant's Representative Title  
of Island Buggy Service Inc.  
Applicant

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.



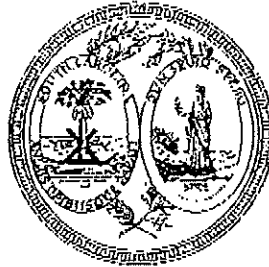
James R Maloney  
Signature of Applicant's Representative

SWORN TO BEFORE ME  
This 15 day of March, 2010

Tonya R Frank  
Notary Public My Commission Expires  
Commission Expires July 20, 2017



# *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:**

**ISLAND BUGGY SERVICE, INC.,**

a corporation duly organized under the laws of the State of South Carolina on February 9th, 2010, and having a perpetual duration unless otherwise indicated below, has as of the date hereof 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 Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
9th day of February, 2010.

  
Mark Hammond, Secretary of State

Note: This certificate does not contain any representation concerning fees or taxes owed by the Corporation to the South Carolina Tax Commission or whether the Corporation has filed the annual reports with the Tax Commission. It is important to know whether the Corporation has paid all taxes due to the State of South Carolina, and has filed the annual reports, a certificate of compliance must be obtained from the Tax Commission.

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

FEE 0.9 2010

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA

## ARTICLES OF INCORPORATION

TYPE OR PRINT CLEARLY IN BLACK INK

1. The name of the proposed corporation is ISLAND BUGGY SERVICE, INC.
2. The initial registered office of the corporation is Six Office Way Rd. Suite 913  
Street Address

HILTON HEAD ISLAND, BEAUFORT, SOUTH CAROLINA 29928  
City County State Zip Code

and the initial registered agent at such address is JAMES R. MALONEY  
Print Name

I hereby consent to the appointment as registered agent of the corporation:

*James R. Maloney*

3. The corporation is authorized to issue shares of stock as follows. Complete "a" or "b", whichever is applicable:
- a. ☒ The corporation is authorized to issue a single class of shares, the total number of shares authorized is 100,000
- b. ☐ The corporation is authorized to issue more than one class of shares:

Class of Shares	Authorized No. of Each Class
_____	_____
_____	_____
_____	_____

The relative right, preference, and limitations of the shares of each class, and of each series within a class, are as follows:

4. The existence of the corporation shall begin as of the filing date with the Secretary of State unless a delayed date is indicated (See Section 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended) \_\_\_\_\_

100208-0037  
ISLAND BUGGY SERVICE, INC.

FILED: 02/09/2010

Filing Fee: \$135.00 ORIG

Mark Hammond

South Carolina Secretary of State

**ISLAND BUGGY SERVICE, INC.**

Name of Corporation

5. The optional provisions, which the corporation elects to include in the articles of incorporation, are as follows (See the applicable provisions of Sections 33-2-102, 35-2-105, and 35-2-221 of the 1976 South Carolina Code of Laws, as amended).

6. The name, address, and signature of each incorporator is as follows (only one incorporator is required):

a. **JAMES R. MALONEY**

Name

SIX OFFICE WAY RD. SUITE 913 HILTON HEAD IS SC

Address

Signature

b.

Name

Address

Signature

c.

Name

Address

Signature

7. I, **CHARLES A. SCARMINACH**, an attorney licensed to practice in the state of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code of Laws, as amended, relating to the articles of incorporation.

Date **FEBRUARY 4, 2010**

Signature

**CHARLES A. SCARMINACH**

Type or Print Name

**P.O. DRAWER 14**

Address

**HILTON HEAD ISLAND, SC 29938****843-785-5850**

Telephone Number

1350



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**INITIAL ANNUAL  
REPORT OF CORPORATIONS**

**CL-1**  
(Rev. 7/24/07)  
3134

Office Use Only	
File Number _____	ENDING PERIOD _____ Month _____ Year _____
SID Number _____	
Date "Application for Charter" filed with Secretary of State: <b>FEB 00 2010</b> For Secretary of State Use Only	
Date of "Request for authority to do business in this state" (Foreign Corp.): _____	
FED EI Number <b>APPLIED FOR</b>	Business Code _____ (Office Use Only)
NAME OF CORPORATION <b>ISLAND BUGGY SERVICE, INC.</b>	
PHYSICAL ADDRESS OF HEADQUARTERS (NUMBER AND STREET) <b>Six Office Way # 913</b>	
MAILING ADDRESS FOR TAX CORRESPONDENCE	
CITY AND STATE <b>HILTON HEAD ISLAND, SC</b>	ZIP <b>29928</b>
COUNTY <b>BEAUFORT</b>	CITY AND STATE <b>HILTON HEAD ISLAND</b>
1. State of incorporation: <b>SC</b>	2. Indicate month corporation closes its books: <b>12/31</b>
3. Nature of principal business in SC: <b>OWN AND OPERATE RESORT TRANSPORTATION SYSTEM</b>	
4. Location of registered office of the corporation in the state of SC is in the city of <b>HILTON HEAD ISLAND</b>	
Registered agent at such address is <b>JAMES R. MALONEY</b> <b>Six Office Way Rd # 913</b>	
5. Location of principal office in SC (street, city, zip and county):	
6. Date business commenced in SC: <b>FILING OF ARTICLES</b> Telephone # <b>843-338-6533</b>	
7. If a professional corporation, are all shareholders, one-half of the directors (or individuals functioning as directors) and all officers (other than the secretary and treasurer) qualified to practice the professional services engaged in by the corporation?	
addresses of the directors (or individuals functioning as directors) and principal officers in the	
<b>J. MALONEY PRES/TREAS</b> Business Address and Office <b>Six Office Way # 913, Hilton Head SC 29928</b>	
<b>J. MALONEY VICE PRES/SEC</b> <b>Six Office Way # 913, Hilton Head S.C. 29928</b>	
ATTACH REIN	9. The total number of authorized shares of capital stock itemized by class and series, if any, within each class as follows:
	Number of Shares <b>100,000</b> Class <b>COMMON</b> Series <b>N/A</b>
	10. The total number of issued and outstanding shares of capital stock itemized by class and series, if any, within each class is as follows:
	Number of Shares <b>N/A</b> Class <b>N/A</b> Series <b>N/A</b>
1. Fee due with this report	
2. Interest due	
3. Penalty due	
4. Total - Due	
Make remittance payable to SC Department of Revenue	
Mail To: SC Department of Revenue, License and Registration Unit, Columbia, SC 29214-0140	

## AFFIDAVIT

I, the undersigned incorporator or principal officer of the corporation for which this return is made, declare that this return, including accompanying statements and schedules, has been examined by me and is to the best of my knowledge and belief a true and complete return made in good faith.

JAMES R. MALONEY

THIS RETURN PREPARED BY

FEBRUARY 4, 2010

DATE

SIGNATURE OF INCORPORATOR OR OFFICER AUTHORIZED TO SIGN

PRESIDENT

31341027