	1111170	UNITED STATES OF AMERICA				DO NOT WRITE IN THIS SPACE					
FORM NLRB-502 (RC) (2-18)		LABOR RELA				Case No.	Denori	Date F	lied		
1010	0.0400.000.000	RC PETITI		860,5300C		internet de l'altre de la companya de la companya Internet de la companya	-				
INSTRUCTIONS: Unless e-File employer concerned is locate the employer and all other pai Case Procedures (Form NLRE	d. The petition rties named in i	must be accor the petition of:	mpanled b : (1) the pe	y both a sh tition; (2) S	owing of interest (statement of Positio	of this Petition to see 6b below) and in form (Form NL	d a certifica RB-505); an	ffice in the Region in v te of service showing id (3) Description of Re	service on presentation		
1. PURPOSE OF THIS PETITIO bargaining by Petitioner and F requests that the National L	DN: RC-CERTIF	ICATION OF R s to be certified	EPRESEN as represe	TATIVE - A entative of th	substantial number ne employees. The F	of employees wish Petitioner alleges	to be repre that the fol	sented for purposes of o lowing circumstances	collective		
2a. Name of Employer:			2b. Add	fress(es) of	Establishment(s) Inv	olved (Street and	number, City	, State, ZIP code):			
HSMHost - Orlando In	iternational	Airport	1 Jef	f Fuqua	Blvd., Orlando	o, FL 32827					
3a. Employer Representative -	Name and Title:	:	3b. Add	tress (if sam	e as 2b - state seme	ə):					
Darryl L. Franklin - As Couns	ssociate Ge	neral	6905	Rockled	lge Dr., Bethe	sda, MD 208	17				
3c. Tel. No.	3d. Cell No	ò,		3e. Fax No).	3f. E-Mall A					
(240) 274-4304					10 1 1 0 1	and the second sec		hmshost.com			
4a. Type of Establishment (Facto		saler, etc.)		12220-03220127-0	al Product or Servic nd Beverage S		5a. City an Orlando	nd State where unit is lo	cated:		
Food and Beverage Set				rood a	id beverage 5	ervices		sr of Employees in Unit			
Included:	w.							or or employees in one			
See Attachment A							750				
Excluded:							6b. Do a s	ubstantial number (30% amployees in the unit w	or more)		
See Attachment A							repres	ented by the Petitioner?	X Yes No		
Check One: X 7a. Request for on or about (Da				e was made eceived, so		/28/20 an	d Employer	declined recognition			
					and desires certificat	ion under the Act.	. Kanada ana				
8a. Name of Recognized or Ce	rtifled Bargaini	ng Agent (If no	one, so sta	(e) 8b. Ad	ldress:						
None											
8c. Tel. No.	8d. Cell No	D.		8e. Fax No).	8f. E-Mall /	Address		à		
8g. Affiliation, if any:											
8g. Affillation, if any:			8	h. Date of R	ecognition or Certific			urrent or Most (Month, Day, Year)			
8g. Affiliation, if any: 9. Is there now a strike or picketi	ing at the Emplo	yer's establishn				Recent Co	ntract, if any				
		yer's establishn				Recent Co oximately how ma	ntract, if any	(Month, Day, Year)	(ear)		
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT Solicitation of the Information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the Information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or Illigation. The routine uses for the Information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this Information to the NLRB is voluntary; however, failure to supply the Information may cause the NLRB to decline to invoke its processes.

Attachment A

5b. Description of Unit Involved

Included: All regular full time and regular part time employees employed by HMSHost at the Orlando International Airport including but not limited to the following classifications: barista, bartender, busser, cashier, cook, crew, dishwasher, host, lead employee (aka supervisor), maintenance employee, production employee, runner, runner/driver, server, server/ bartender, and utility employee.

Excluded: All office clerical employees, professional employees, guards, managers and supervisors as defined in the National Labor Relations Act.

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FORM NLRB-502 (RC)	UNITED STATES OF AMERICA					DO NOT WRITE IN THIS SPACE					
(2-18)	NATIONA	RC PETITIC		DARD	ARD			7536	Date File 3/6/2		
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition named in	must be accom the petition of: (panied b (1) the pe	y both a sh tition; (2) S	owing of interest (statement of Positio	see 6b on form	below) and (Form NLR	a certificate (B-505); and	of service si (3) Descripti	howing si on of Rej	ervice on presentation
1. PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Labo	ioner desire	s to be certified a	as represe	entative of th	ne employees. The F	Petition	ner alleges t	hat the follo	wing circum	stances e	
2a. Name of Employer: Range Generation Next (I	RGNXT)	2b. Add 1030	ress(es) of South H	Establishment(s) inv lighway A1A,	olved (Build	Street and n. ding 989.	umber, City, . , Patrick .	State, ZIP coo AFB, Floi	^{de):} rida 32	925
3a. Employer Representative - Nar Belinda Burke, H.R. Man		c	3b. Add SAM		ne as 2b - state same	9):					
3c. Tel. No. XXX	3d. Cell No 321-47	o. 4-3111		^{3e.} Fax No XXX	ο.		3f. E-Mail Ad Belinda.	Burkey@	rgnext.co		
4a. Type of Establishment <i>(Factory,</i> Aerospace Company	mine, whole	esaler, etc.)			al Product or Service		ractor	Cocoa I	State where Beach, Fl	lorida	ated:
5b. Description of Unit Involved: Included: The Union is seeking an A	Amour-	Globe electi	on, see	attachn	ient RGNXT I	Logis	tics.	6a. Number 7	of Employees	s in Unit:	
Excluded: All Clerical, Supervisors,	Manage	ement, Guard	ds and	all other	s as defined by	y the	Law.	of the en	ostantial numl nployees in th ited by the Pe	e unit wis	h to be
Check One: 7a. Request for rec on or about (Date) 7b. Petitioner is cu	No	reply (lf r	no reply re	eceived, so	state).	3/05/2			clined recogr		
8a. Name of Recognized or Certific None					idress:						
8c. Tel. No. XXX	8d. Cell No XXX	0.		8e. Fax No XXX) ,		8f. E-Mail Ad XXX@e	ddress example.c	om		
8g. Affiliation, if any: XXX				n. Date of R XX	ecognition or Certific	cation	8i. Expiration Recent Cont	n Date of Cur tract, if any (A	rent or Most Month, Day, Y	'ear) X	XX
9. Is there now a strike or picketing a	at the Emplo	yer's establishme			If so, appr			• • •	are participat		VVV
(Name of Labor Organization) 10. Organizations or individuals other individuals known to have a repre- None				tems 8 and		ed reco	gnition as re	presentatives	and the second		/
10a. Name XXX	-	10b. Address XXX		-			10c. Tel. No XXX		10d. Cell No. XXX		
							10e. Fax No XXX		10f. E-Mail Ac XXX@e		e.com
11. Election Details: If the NLRB co I request a stipulated elect				te your posi	tion with respect to a			11a. Election	Mail	Mixed	d Manual/Mail
11b. Election Date(s): March 24, 2020		11c. Election Ti 10am-11an	n				Patrick A	n Location(s) Air Force	Base		
12a. Full Name of Petitioner (includ Shawn P. Beal , IBEW LU					12b. Address (stree 2395 N Court Merritt Island	tenay	Parkway	y, Ste 103	P code): },		
12c. Full name of national or internat International Brotherhood					affiliate or constituen	t (if non	ne, so state):				
12d, Tel. No. 321-459-1400	12e. Cell M 321-75	9-0754		12f. Fax N 321-45	9-1190)88@aol.	com		
13. Representative of the Petitione 13a. Name and Title: Shawn P. Beal, IBEW LU 2					poses of the repres ess (street and numb						
13c. Tel. No. 321-459-1400	13d. Cell M 321-75	9-0754		13e. Fax N 321-45	9-1190		-	Address)88@aol.4	com		
I declare that I have read the abov Name (Print)	e petition a	ind that the state Signatur		re true to th	ne best of my know	Title	3				Date / /
Shawn P. Beal		P		Y D	reet	Bu	isiness M	lanager			03/06/2020

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Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

RGNXT LOGISTICS ATTACHMENT

The Union is seeking an Armour-Globe Election and wishes to add all fulltime and part-time, Logistic Technicians, employed by the employer at its Patrick AFB and Cape Canaveral Air Station to the existing unit.

These Logistic Technicians share a community of interest with the Mainland Tech employees.

The Logistic Technician's work locations and functions, have interactions with the Mainland Tech employees, qualifications, and working conditions.

The Union represents Mainland Tech employees covered by a collective bargaining agreement with the employer, for the period of September 1, 2018 through August 31, 2021

UNITED STATES		DO NOT WRITE IN THIS SPACE					
NATIONAL LABOR F		RD	Case No.				
RC PET						3/10/2020	
INSTRUCTIONS: Unless e-Filed usi							
in which the employer concerned is							
of service showing service on the e (Form NLRB-505); and (3) Descripti							
with the NLRB and should not be s				RD 4012). The Sho	owing of inte	erest should only be med	
1. PURPOSE OF THIS PETITION: RC-CER	RTIFICATION OF	REPRESENTATI	VE - A substantial number	of employees wish to I	be represented	for purposes of collective	
bargaining by Petitioner and Petitioner de	sires to be certifi	ed as representa iv	e of the employees. The	Petitioner alleges tha	t the following	g circumstances exist and	
requests that the National Labor Relati 2a. Name of Employer	ons Board proc		dress(es) of Establishmen				
Cemex, Inc.		14: EL	25 Wiggins Pass Rd. Naples 34110-			(, , , , , , , , , , , , , , ,	
3a. Employer Representative - Name and	Title		3b. Address (If same as				
Charles O'Reilly			1425 Wiggins Pas FL Naples 34110-	s Rd.			
3c. Tel. No.	3d. Cell No.		3e. Fax No.	1	3f. E-Mail Add	ress	
4a. Type of Establishment (Factory, mine, w Construction - Raw Materials	holesaler, etc)	4b. Principal prod	duct or service Conrete Manufacturing an	d Delivery	5a. City a	and State where unit is located: Naples, FL	
5b. Description of Unit Involved			Somete Manufacturing and	u Delivery		6a. No. of Employees in Unit:	
Included: See Attached Page 2 for addition	al details					37	
						6b. Do a substantial number (30%	
Excluded: See Attached Page 2 for addition	al details					or more) of the employees in the unit wish to be represented by the	
	aructans					Petitioner? Yes [Vo []	
Check One: 7a. Request for rec	cognition as Barg	aining Representat	tive was made on (Date)	and	Employer decl	ined recognition on or about	
		If no reply received					
7b. Petitioner is cu 8a. Name of Recognized or Certified Barg			8b. Address	certification under the A	Act.		
		nono, so statoj.					
8c. Tel No.	8d Cell No.		8e. Fax No.	2	8f. E-Mail Add	ess	
8g. Affiliation, if any			8h. Date of Recognition o			Date of Current or Most Recent ((Month, Day, Year)	
						10 Million -	
9. Is there now a strike or picketing at the En				cimately how many emp			
(Name of labor organization)						N	
 Organizations or individuals other than P known to have a representative interest in an 					esentatives and	other organizations and individuals	
Nom to have a representative interest in a	ij emplojeco in		in terr ob above. (in none,	ou blutter			
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
				100. T 4X 110.			
11. Election Details: If the NLRB conducts any such election.	an election in thi	s matter, state your	r position with respect to	11a. Election Type:	Manual 🚺	Mail Mixed Manual/Mail	
11b. Election Date(s): ASAP	the second s	ection Time(s):		11d. Election Location			
12a. Full Name of Petitioner (including loo	1000002.86	n to 10:00 am I mber)		12b. Address (street	and number, o	ins Pass, and East Naples plants city, state, and ZIP code)	
John Sholtes Teamsters Local 79 12c. Full name of national or international lal	bor organization	of which Petitioner i	is an affiliate or cons ituer	5818 E. MLK Jr. Blvd. FL Tampa 33619- it (if none, so state)			
International Brotherhood of Teamsters 12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad	ldress	
(813) 621-1391	Consider the Constant Constant of Constant		(813) 626-7915	j	isholtes@team	isters79.com	
13. Representative of the Petitioner who we are and Title	will accept servi	ce of all papers fo	13b. Address (street and				
13c. Tel No.	13d. Cell No.		13e. Fax No.	Fax No. 13f. E-Mail Address			
I declare that I have read the above petition	on and that the	statements are tru	l le to the best of my know	vledge and belief.			
	nature		Title		Date		
John Sholtes JO WILLFUL FALSE STATEMEN	HN SHOLTES	TITION CAN BE P	Trustee/Business Agent		03/9/2020		

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

DO NOT WRITE IN THIS SPACE

Case 12-RC-257813 Date Filed 3/10/2020

Employees Included All full-time and part-time drivers

Employees Excluded All other employees

Attachment

Christella Dorval	1 alix De	TITION CAN BE	Title Organizer PUNISHED BY FINE AND	MPRISONMENT (U	Date 3	AR SECTION 1001)		
I declare that I have read the Name (Print)	signedure r	statements are tri	and the second se	wledge and belief.		······································		
13c. Tel No. 305-761-7776	13d. Cell No.		13e, Fax No. 305-826-1604		13f. E-Mail Add christella.dorv	The second se		
	etitioner who will accept serv istella Dorval, O		or purposes of the repres 13b. Address (street an 2881 Corporate Way, Miran	d number, city, state,				
305-623-3000	305-761-7776				christella.dorv			
12c. Full name of national or 1199 Service Employees 12d. Tel No.	international labor organization International Union- United H 12e. Cell No.	of which Petitioner tealthcare Work	r is an affiliate or constituer ers East 12f. Fax No.	nt (if none, so state)	12g. E-Mail Ad	drass		
12a. Full Name of Petitione SEIU-UHWE	r (including local name and n	umber)		12b. Address (stre 2881 Corporate V	et and number, c	ity, state, and ZIP code) FL 33025		
any such election. 11b. Election Date(s): 4/14/20		lection Time(s): am to 1:00 pm: 5	5:00 pm to 6:30 pm	11d. Election Loca Conference Roor				
	NLRB conducts an election in th	is matter, state you	ur position with respect to	11a. Election Type	: 🖌 Manual	Mail Mixed Manual/Mail		
10a. Name	10b. Ad	aress		10c, Tel, No,		10d. Cell No. 10f. E-Mail Address		
known to have a representat	ive interest in any employees in	the unit described		a, so state)	presentatives and	other organizations and individuals		
9. Is there now a strike or pion (Name of labor organization of labor organizatio organization of labor organi	cketing at the Employer's establi on)		I? No If so, approx keted the Employer since (ticipating?		
8g. Affiliation, if any			8h. Date of Recognition o	or Certification		ate of Current or Most Recent (Month, Day, Year)		
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Addr	ess		
	r Certified Bargaining Agent (I		8b. Address	certification under the	3.700.			
	Request for recognition as Barg (Date) Petitioner is currently recognize	(If no reply receive	id, so state).			ned recognition on or about		
Excluded: COOKS						6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes 🔽 No		
	ids, cashier, retail o	aterers				6a. No. of Employees in Unit: 26		
Hospital 5b. Description of Unit Invo		Food Servic				each Gardens		
757-371-4035 4a. Type of Establishment (F	actory, mine, wholesaler, etc.)	4b. Principal pro	duct or service		David.Vinson@compass-usa.com 5a. City and State where unit is located:			
3c. Tel. No.	3d. Cell No.		3e. Fax No.	and the second second	3f. E-Mail Addr			
3a. Employer Representati David Vinson, Direct			3b. Address (If same as					
2a. Name of Employer Morrison Healthcare		2b. Ad	dress(es) of Establishmen Burns Rd, Palm B	nt(s) involved (Street a	and number, city,			
bargaining by Petitioner a	TION: RC-CERTIFICATION OF nd Petitioner desires to be certified al Labor Relations Board proc	led as representati	ve of the employees. The	Petitioner alleges th	nat the following	circumstances exist and		
with the NLRB and sho	(3) Description of Repres ould <u>not</u> be served on the	employer or an	v other party.	•	-			
of service showing ser	vice on the employer and	all other partie	s named in the petition	on of: (1) the peti	tion; (2) State	ment of Position form		
						n NLRB office in the Region e 6b below) and a certificate		
	C PETITION	1		-RC-257857	D. (11)	3/11/2020		
NATIO	NITED STATES GOVERNMENT		Case No.		WRITE IN THIS Date F	iled		
(4-15)				1				

PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes. FORM NLRB-502 (RC) (4-15)

11

UNITED STATES				Case No.	and the second se	T WRITE IN TH	FledMarch 11, 2020		
RC PE	TITION				12-RC-2579	17			
INSTRUCTIONS: Unless e-Filed us	ing the Agenc	y's website, w	ww.nirb.	gov, submit	an original of this	s Petition to	an NLRB office in the Region		
in which the employer concerned i									
of service showing service on the	employer and	all other partie	s named	in the petit	ion of: (1) the pet	ition; (2) Stat	ement of Position form		
(Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed									
with the NLRB and should not be s	erved on the	employe <mark>r o</mark> r an	y other	party.					
1. PURPOSE OF THIS PETITION: RC-CEI bargaining by Petitioner and Petitioner do requests that the National Labor Relat	esires to be certifi	ied as representati	ve of the e	mployees. The	Petitioner alleges t	hat the following	ig circumstances exist and		
2a. Name of Employer	ions board proc				nt(s) involved (Street				
SeaWorld Parks & Entertainment 7007 Sea World Dr., Orlando, FL 32821									
3a. Employer Representative - Name and	Tide		3b. Ad	dress (If same a	as 2b - state same)				
Sergio Rivera, CEO			Same						
3c. Tel. No. 407-545-5550	3d. Cell No.		3e. Fax	No.		3f. E-Mail Add	tress		
4a. Type of Establishment (Factory, mine, w Entertainment Park	holesaler, etc.)	4b. Principal pro Entertainmen		rvice		5a. City Orland	and State where unit is located: 0, FL		
6b. Description of Unit Involved							6a. No. of Employees in Unit:		
Included: ALL FULL-TIME AND PAR	T-TIME ARME	D AND UNARM	ED SECU	IRITY OFFIC	ERS, SERGEANTS	SAND	81		
CAPTAINS PERFORMING GUARD D ACT, EMPLOYED BY SEAWORLD P	ARKS & ENTE	FINED IN SECT RTAINMENT @	ION 9(b) 7007 SE	(3) OF THE N A WORLD D	ATIONAL LABOR R., ORLANDO, FL	RELATIONS 32821	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the		
Excluded: ALL OFFICE CLERICAL EMPL	OYEES, PROFES	SSIONAL EMPLOY	EES AND	SUPERVISOR	SAS DEFINED BY TH	HE ACT.	Petitioner? Yes / No		
Check One: 7a. Request for rec					ə	nd Employer de	dined recognition on or about		
	(Date)	(If no reply receive	d, so state	NO NO					
8a. Name of Recognized or Certified Bar NONE			epresenta	8b. Address	s certification under th	e AcL			
Sc. Tel No.	8d Cell No.		8e. Fax	No.		8f. E-Mail Add	dress		
8g. Affiliation, if any			8h. Date	of Recognition	or Certification	Date of Current or Most Recent ny (Month, Day, Year)			
9. Is there now a strike or picketing at the Er	mployer's establis	shment(s) involved	? NO	If so, appr	oximately how many e	mployees are p	articipating?		
(Name of labor organization)		, has picl	keted the E	Employer since	(Month, Day, Year)		· · · · · · · · · · · · · · · · · · ·		
 Organizations or individuals other than F known to have a representative interest in a NONE 						presentatives ar	d other organizations and individuals		
10a. Name	10b. Ad	dress		10c. Tel. No.			10d. Cell No.		
				10e. Fax No.			10f. E-Mail Address		
11. Election Details: If the NLRB conducts any such election.	an election in th	is matter, state you	r position	with respect to	11a. Election Type	e: 🗸 Manual 🕻	Mail Mixed Manual/Mail		
11b. Election Date(s): 4/2/2020	11c. E	lection Time(s): 3:00 AM & 2:00 - 4	1:00 PM		11d. Election Loca PORTS OF CALL				
12a. Full Name of Petitioner (Including Io International Union, Security, Police and F			FPA)		12b. Address (sine 25510 Kelly Road		city, state, and ZIP code) 48056		
12c. Full name of national or International la International Union, Security, Police and F				ate or constitue	ent (il none, so slate)				
12d. Tel No.	12e. Cell No.		121. Fa:			12g. E-Mail A			
586-772-7250 X111	586-872-5634		586-772			organize@sp	fpa.org		
13. Representative of the Petitioner who 13a. Name and Title Gordon Grego			13b. Ad	idness (street a	nd number, city, state, 3727, Devolt, MI 48225	Tana na sa			
13c. Tel No.	13d. Cell No.		13e. Fa	x No.		13f. E-Mail A	The second s		
313-964-5600 I doclare that I have read the above politi	on and that the	atatomosta are t	313-964		wiedon and hellof	Gordon@Uni	UNLAW.NEL		
	0		-	uost or my kind	midogo and benet.	Date			
Name (Print) Sig	hature	Stilles	Title Organiz	Ing Director		3/10/2020			
WILLFUL FALSE STATEME	NTS ON THIS PE		PUNISHE			J.S. CODE, TIT	LE 18, SECTION 1001)		

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1

FORM NLRB-502 (RC)	UNITED STATES OF AMERICA					DO NOT WRITE IN THIS SPACE					
(2-18)						Case No. Date Filed 3/23/2					d 3/2020
INSTRUCTIONS: Unless e-Filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 48	he petition named in	must be accom the petition of: (panied b 1) the pe	y both tition;	a showing of interest (se (2) Statement of Position	ee 6b be n form (F	elow) and a Form NLRI	a certificate B-505); and	e of service sho (3) Descriptio	owing sei n of Repr	vice on resentation
1. PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	ioner desire	s to be certified a	s represe	entative	e of the employees. The Pe	etitioner	alleges th	at the follo	wing circumst	tances ex	
					es) of Establishment(s) invol lerdale/Hollywood						
3a. Employer Representative - Name and Title:3b. AdDanay C. Cravey, General Manager1033					if same as 2b - state same) runk Blvd., Fort La	uerda	le, FL	33311			
3c. Tel. No. N/A	$\frac{3\text{d. Cell No}}{N/A}$).		3e. F	ax No. A		. E-Mail Ad orida@1		ansportatio	on.com	
4a. Type of Establishment (Factory, I Transportation	mine, whole	saler, etc)			rincipal Product or Service nsportation Service			5a. City and Ft. Lau	state where underdale	nit is locat	ed:
5b. Description of Unit Involved: Included: All customer service repre	esentativ	res (CSRs)		1				6a. Number 22	of Employees	in Unit:	
Excluded: All other employees; inclu			guard	s as c	defined by the Act			of the e	bstantial numbe nployees in the nted by the Peti	unit wish	to be
Check One: 7a. Request for rec on or about (Date)	n	/a (If r	no reply r	eceive	made on (Date) d, so state). ative and desires cer ificatio	n/a			eclined recognit		
8a. Name of Recognized or Certifie N/A					auve and desires cer incato 3b. Address:		uie Aci.				
8c. Tel. No.	8d. Cell No).		8e. F	ax No.	8f. E-Mail Address					
8g. Affiliation, if any:	J		8					ation Date of Current or Most Contract, if any <i>(Month, Day, Year)</i>			
9. Is there now a strike or picketing a	t the Employ	yer's establishme	ent(s) invo	olved?	No If so, approx	ximately	how many	employees	are participatin	ig?	
(Name of Labor Organization)			N/A			, has	s picketed t	he Employe	r since (Month,	Day, Yea	r)
10. Organizations or individuals other individuals known to have a repre									s and other orga	anizations	and
10a. Name		10b. Address					C. Tel. No.		10d. Cell No. N/A		
N/A		N/A				10	10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB co	nducts and	election in this m	atter, sta	te your	r position with respect to an	y such e	election: 1	1a. Election		Mixed	Manual/Mail
11b. Election Date(s):		11c. Election Tir	me(s):			11	d. Election	Location(s	C		
12a. Full Name of Petitioner (includ International Brotherhood	of Tean	nsters Local	769		12b. Address (street 12365 West D	ixie H	Iighway	State and Z 7, North	<i>IP code):</i> Miami, FL	33161	
12c. Full name of national or internat International Brotherhood	of Tean	organization of wheeling of the second se	hich Petit	ioner is	s an affiliate or constituent ((if none,	so state):				
12d. Tel. No. 305-642-6255	12e. Cell N	lo.		12f. F 305	Fax No. -891-5896	12	2g. E-Mail A	ddress			
13. Representative of the Petitione 13a. Name and Title: D. Marcus Braswell, Jr., Atto		accept service o	f all pap	13b.	r purposes of the represent Address (street and number Miracle Mile, Suite 3	er, city, S	State and Z	IP code):	33134		
13c. Tel. No. 305-529-2801	13d. Cell N 305-20	6-2316		305	Fax No. -447-8115	m			rmansusski	ind.con	n
I declare that I have read the above Name (Print) D. Marcus Braswell, Jr.	e petition a	nd that the state Signatur J.		re true	to the best of my knowle	Title Attor					Date 3/20/2020
					,						

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.