



210 N. Park Ave.
Winter Park, FL
32789

P.O. Drawer 200
Winter Park, FL
32790-0200

Tel: 407-740-8575
Fax: 407-740-0613
tmi@tminc.com

ORIGINAL

040114-TL

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward deposit information to Records.

Initials of person who forwarded check:

January 30, 2004
Via Overnight Delivery

Ms. Blanca Bayo, Director
Division of the Commission Clerk & Administrative Services
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0870

RECEIVED - FPSC
FEB - 3 AM 10:05
COMMISSION CLERK

RE: **BW Consulting, L.L.C.**
Initial Application for Authority to Provide Alternative Local Exchange Service within the State of Florida.

Dear Ms. Bayo:

Enclosed for filing are the original and six (6) copies of the above-referenced application for alternative local exchange authority filed on behalf of BW Consulting, L.L.C. Also enclosed is a check in the amount of \$250.00 for the filing fee.

Exhibit III of the application contains the financial statements of BW Consulting, L.L.C., which have been filed under separate cover with a claim of confidentiality, as provided for under Chapter 364.183(1), Florida Statutes.

Please acknowledge receipt of this filing by returning, filed stamped, the extra copy of this letter in the self-addressed stamped envelope provided for that purpose.

Any questions regarding this filing may be directed to my attention at (407) 740-3004 or via email at morton@tminc.com. Thank you for your assistance in this matter.

Sincerely,

Robin Norton, Consultant to
BW Consulting, L.L.C.

RECEIVED & FILED

FPSC-BUREAU OF RECORDS

Enclosure

RN/bc

cc: Rebecca Wellman, BW Consulting
file: BW - FL - Local
tms: FLL0400

DOCUMENT NUMBER DATE

01545 FEB-3 08

FPSC-COMMISSION CLERK

FLORIDA PUBLIC SERVICE COMMISSION
DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT
CERTIFICATION

APPLICATION FORM
for
AUTHORITY TO PROVIDE
ALTERNATIVE LOCAL EXCHANGE SERVICE
WITHIN THE STATE OF FLORIDA

Instructions

This form is used as an application for an original certificate and for approval of the assignment or transfer of an existing certificate. In case of an assignment or transfer, the information provided shall be for the assignee or transferee. (See Page 12).

Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.

Use a separate sheet for each answer which will not fit the allotted space.

Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of **\$250.00** to:

Florida Public Service Commission
Division of the Commission Clerk and Administrative Services
2450 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850
(850) 413-6770

- If you have any questions about completing the form, contact:

Florida Public Service Commission
Division of Competitive Markets and Enforcement Certification
2450 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850
(850) 413-6600

APPLICATION

1. This is an application for (check one):

- Original certificate** (new company)
- Approval of transfer of existing certificate:** Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.
- Approval of assignment of existing certificate:** Example, a certificated company purchases an existing company and desires to retain the original certificate authority of that company.
- Approval of transfer of control:** Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

BW Consulting, L.L.C.

3. Name under which the applicant will do business (fictitious name, etc.):

Not applicable

4. Official mailing address (including street name & number, post office box, city, state, zip code):

Name: BW Consulting, L.L.C.
Street: 123 Luckie Street, NW, Suite 1507
P.O. Box:
City: Atlanta
State: Georgia
Zip Code: 30303-2166

5. Florida address (including street name & number, post office box, city, state, zip code):

Name: Not applicable
Street:
P.O. Box:
City:
State:
Zip Code:

6. Structure of organization:

- | | | | |
|-------------------------------------|-----------------------------------------|--------------------------|---------------------|
| <input type="checkbox"/> | Individual | <input type="checkbox"/> | Corporation |
| <input type="checkbox"/> | Foreign Corporation | <input type="checkbox"/> | Foreign Partnership |
| <input type="checkbox"/> | General Partnership | <input type="checkbox"/> | Limited Partnership |
| <input checked="" type="checkbox"/> | Other: <u>Limited Liability Company</u> | | |

7. If individual, provide:

Name: Not applicable
Title:
Address:
City, State, Zip:
Telephone No.: **Fax No.:**
Internet E-Mail Address:
Internet Website Address:

8. If incorporated in Florida, provide proof of authority to operate in Florida:

(a) The Florida Secretary of State corporate registration number:

Not applicable

9. If foreign corporation, provide proof of authority to operate in Florida: See Exhibit I

(a) The Florida Secretary of State corporate registration number:

MO3000003766

10. If using fictitious name-d/b/a, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida:

(a) The Florida Secretary of State fictitious name registration number:

Not applicable

11. If a limited liability partnership, provide proof of registration to operate in Florida:

(a) The Florida Secretary of State registration number:

Not applicable

12. If a partnership, provide name, title and address of all partners and a copy of the partnership agreement.

Name: Not applicable
Title:
Address:
City, State, Zip:
Telephone No.: **Fax No.:**
Internet E-Mail Address:
Internet Website Address:

13. If a foreign limited partnership, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.

(a) The Florida registration number: Not applicable

14. Provide F.E.I. Number (if applicable): Not applicable

15. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. Provide explanation.

None

(b) an officer, director, partner or stockholder in any other Florida certificated telephone company, If yes, give name of company and relationship. If no longer associated with company, give reason why not.

None

16. Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name: Robin Norton
Title: Consultant to BW Consulting, L.L.C.
Address: P.O. Drawer 200
City, State, Zip: Winter Park, FL 32790-0200
Telephone No.: (407) 740-8575
Fax No.: (407) 740-0613
Internet E-Mail Address: rnorton@tminc.com
Internet Website Address: www.tminc.com

(b) Official point of contact for the ongoing operations of the company:

Name: Rebecca W. Wellman
Title: President
Address: 123 Luckie Street, NW, Suite 1507,
City, State, Zip: Atlanta, GA 30303-2166
Telephone No.: 404-658-9927
Fax No.: 404-658-1841
Internet E-Mail Address: rbwellman2000@yahoo.com
Internet Website Address:

(c) Complaints/Inquiries from customers:

Name: Rebecca W. Wellman
Title: President
Address: 123 Luckie Street, NW, Suite 1507,
City, State, Zip: Atlanta, GA 30303-2166
Telephone No.: 404-658-9927
Fax No.: 404-658-1841
Internet E-Mail Address: rbwellman2000@yahoo.com
Internet Website Address:

17. List the states in which the applicant:

(a) has operated as an alternative local exchange company

None

(b) has applications pending to be certificated as an alternative local exchange company.

None

(c) is certificated to operate as an alternative local exchange company.

None

(d) has been denied authority to operate as an alternative local exchange company and the circumstances involved.

None

(e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

None

(f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

None

18. **Submit the following:**

- A. **Managerial capability: give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.**

Please see Exhibit II.

- B. **Technical capability: give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.**

Please see Exhibit II.

- C. **Financial capability.**

The application **should contain** the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated.

The unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer affirming that the financial statements are true and correct and should include:

1. The balance sheet;
2. Income statement; and
3. Statement of retained earnings.

NOTE: *This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.*

Further, the following (which includes supporting documentation) should be provided:

1. **written explanation** that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
2. **written explanation** that the applicant has sufficient financial capability to maintain the requested service.
3. **written explanation** that the applicant has sufficient financial capability to meet its lease or ownership obligations.

Please see Exhibit III.

THIS PAGE MUST BE COMPLETED AND SIGNED

APPLICANT ACKNOWLEDGMENT STATEMENT

- 1. REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
- 2. APPLICATION FEE:** I understand that a non-refundable application fee of \$250.00 must be submitted with this application.

UTILITY OFFICIAL:

Rebecca B. Wellman
Print Name

Rebecca B. Wellman
Signature

President
Title

January 28, 2004
Date

Phone: 404-658-9927

Fax: 404-658-1841

Address: 123 Luckie Street, NW, Suite 1507,
Atlanta, GA 30303-2166

THIS PAGE MUST BE COMPLETED AND SIGNED

AFFIDAVIT

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange service in the State of Florida. I have read the foregoing and declare that to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

Further, I am aware that pursuant to Chapter 837.06, Florida Statutes, AWhoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s.775.082 and s. 775.083".

UTILITY OFFICIAL:

Rebecca B. Wellman
Print Name

Rebecca B. Wellman
Signature

President
Title

January 28, 2004
Date

Phone: 404-658-9927

Fax: 404-658-1841

Address: 123 Luckie Street, NW, Suite 1507,
Atlanta, GA 30303-2166

INTRASTATE NETWORK (if available)

Chapter 25-24.825 (5), Florida Administrative Code, requires the company to make available to staff the alternative local exchange service areas only upon request.

1. POP: Addresses where located, and indicate if owned or leased.

- | | |
|---------|----|
| 1) none | 2) |
| 3) | 4) |

2. SWITCHES: Address where located, by type of switch, and indicate if owned or leased.

- | | |
|---------|----|
| 1) none | 2) |
| 3) | 4) |

3. TRANSMISSION FACILITIES: POP-to-POP facilities by type of facilities (microwave, fiber, copper, satellite, etc.) And indicate if owned or leased.

<u>Type of POP-to POP</u>	<u>Owned or Leased</u>
1) none	
2)	
3)	
4)	

CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

I, (Name and Title), of (Name of Company) and current holder of Florida Public Service Commission Certificate Number # _____, have reviewed this application and join in the petitioner's request for a:

- Sale
- Transfer
- Assignment

of the above mentioned certificate.

UTILITY OFFICIAL:

Print Name

Signature

Title

Date

Phone:

Fax:

Address:

BW Consulting, L.L.C.

Exhibit I

Florida Secretary State Authority

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0224337
DATE INC/AUTH/FILED: 05/10/2002
JURISDICTION : GEORGIA
PRINT DATE : 10/20/2003
FORM NUMBER : 211

BW CONSULTING, L. L. C.
REBECCA WELLMAN
123 LUCKIE ST. NW
SUITE 1507
ATLANTA, GA 30303

03 NOV -11 AM 8:23
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

BW CONSULTING, L.L.C.
A GEORGIA LIMITED LIABILITY COMPANY

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above and was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20031020193003090



Cathy Cox
Secretary of State

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. B W CONSULTING, L. L. C.
(Name of foreign limited liability company)

2. GEORGIA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. 05/10/2002
(Date of Organization)

5. PERPETUAL
(Duration: Year limited liability company will cease to exist or "perpetual")

6. UPON QUALIFICATION
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 123 LUCKIE ST NW SUITE 1507
ATLANTA GA 30303
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:

REBECCA WELLMAN
123 LUCKIE ST NW SUITE 1507
ATLANTA, GA 30303

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV -4 AM 8:23

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: To provide competitive local exchange service and any and all other lawful business. Rebecca Wellman

Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

REBECCA WELLMAN
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

BW CONSULTING, L.L.C.

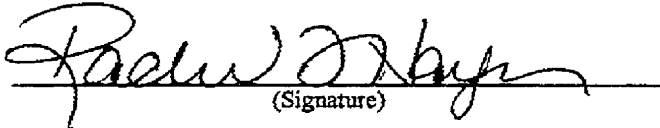
2. The name and the Florida street address of the registered agent and office are:

CT CORPORATION SYSTEM
(Name)

1200 SOUTH PINE ISLE RD.
Florida street address (P.O. Box **NOT** ACCEPTABLE)

PLANTATION FL 33324
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.


(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

03 NOV -11 AM 8:23
SECRETARY OF STATE
DIVISION OF CORPORATIONS

BW Consulting, L.L.C.

Exhibit II

Management Profiles

BW Consulting, L.L.C.
Resume

REBECCA B. WELLMAN

Business Tel: (404) 658-9927
Fax Tel: (404) 658-1841
Email: rbwellman2000@yahoo.com

123 Luckie Street, N.W.
Suite 1507
Atlanta, Georgia 30303

SUMMARY OF QUALIFICATIONS

- In-depth knowledge of wholesale and retail telecommunications processes.
- Demonstrated expertise in product development, writing business rules, service negotiations, pre-ordering, development of ordering processes, provisioning, billing, installation and repair and maintenance.
- Able to analyze complex problem situations for the purpose of bringing about the implementation of improved processes and procedures.
- A perceptive, creative and self-motivated team player able to relate to a variety of personalities in the pursuit of planned objectives.
- Effective presentation and summary skills that distill and encapsulate root causes and bottom-line conclusions.

ACHIEVEMENTS/AWARDS

- **As Vice President, UNEdied Solutions, Atlanta, Georgia**, converted over 120,000 lines to UNE-P, billing CLECs in excess of \$12M in revenues.
- **As Assistant Vice President of Local Services, IDS Telcom, Miami, Florida**, created and implemented a UNE-P provisioning program that significantly contributed to an increase of lines from 6,000 to 58,000
- **As Operations Staff Manager, BellSouth, Atlanta, Georgia**, elected to the BellSouth 1999 Achievers' Club recognizing the top ten percent of interconnection managers for outstanding performance.
- **As Operations Staff Manager, BellSouth, Atlanta, Georgia**, received the Department Head Award for outstanding contribution to the UNE-P product development team.
- **As Operations Staff Manager, BellSouth, Atlanta, Georgia**, received the "Simply the Best" award for extraordinary customer service and also for exceptional teamwork.

EMPLOYMENT HISTORY

2002-Present President BW Consulting, L. L. C. Atlanta, Georgia

Designed customized methods and procedures for the provisioning of Unbundled Network Element Platform (UNE-P) services for several Competitive Local Exchange Carriers (CLECs) in Florida. Managed conversion process of retail and resale business, payphone, and ISDN PRI accounts to UNE-P. Trained CLEC personnel on successfully utilizing BellSouth interconnection provisioning processes for resale and UNE-P products.

2001-2002 Vice President UNEdied Solutions Atlanta, Georgia

Developed customized methods and procedures for the provisioning/conversion of Unbundled Network Element Platform (UNE-P) business services for various Competitive Local Exchange Carriers (CLECs). Project managed bulk conversions of retail and resale products to UNE-P products. Trained CLEC personnel on successfully utilizing BellSouth interconnection provisioning manual and electronic processes for resale and UNE-P products.

**BW Consulting, L.L.C.
Resume, Continued**

2000-2001 Assistant V.P./Local Services IDS Telcom Miami, Florida

Created and implemented a reorganization plan for the Local Service Division consisting of 240 employees. The plan included adding training, process improvement and quality assurance teams. Developed, implemented and monitored operational methods and procedures for the Local Services Division including pre-ordering, ordering, provisioning, billing and repair/maintenance (within the Provisioning and Customer Services Departments). Spearheaded a company-wide human resources initiative to create an employee handbook; established guidelines to evaluate and track employee performance, development and disciplinary action; standardized wage scales; created an emergency action plan, attendance/tardy policy, job vacancy posting process and dress code. Represented IDS in all BellSouth/CLEC collaboratives, i.e., Change Control Process (CCP), UNE-P User Group, Flow-through Task Force; participated in the national Ordering and Billing Forum (OBF).

1998-2000 Operations Staff Manager BellSouth Atlanta, Georgia

As Operations Staff Manager, exercised responsibility in devising, writing, and implementing business rules affecting the deregulated relationship between the Regional Bell Operating Company and competitive local exchange carriers.

1970-1998 Operator to Load Balance Manager BellSouth Atlanta, Georgia

Positions of progressive and increasing responsibility held with BellSouth included Operator, Administrative Assistant, Marketing Assistant, Service Representative, Repair Service Supervisor, Maintenance Administrator and Load Balance Manager. As Load Balance Manager, managed up to 215 indirect report technicians to meet customer commitments for installation and repair in Atlanta.

BW Consulting, L.L.C.

Exhibit III

Financial Statements

The financial information included in this attachment has been filed under separate cover with a claim of confidential treatment.