

FLORIDA PUBLIC SERVICE COMMISSION
OFFICE OF TELECOMMUNICATIONS

APPLICATION FORM
FOR
AUTHORITY TO PROVIDE PAY TELEPHONE WITHIN THE STATE OF
FLORIDA

Instructions

- A. This form is used as an application for an original certificate and for approval of sale, assignment or transfer of an existing certificate. In the case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee (See Page 8).
- B. Print or type all responses to each item requested in the application. If an item is not applicable, please explain.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. Once completed, submit the original and one copy of this form along with a non-refundable application fee of **\$250.00** to:

Florida Public Service Commission
Office of Commission Clerk
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770

- E. A filing fee of **\$250.00** is required for the sale, assignment or transfer of an existing certificate to another company (Chapter 25-24.12 F.A.C.).
- F. If you have questions about completing the form, contact:

COM _____
AFD _____
APA _____
ECO _____
ENG _____
GCL _____
IDM 1
CLK _____

Florida Public Service Commission
Office of Telecommunications
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600

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COMMISSION
CLERK

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 rather than apply for a new certificate.

2. Name of company: CenturyLink Communications, LLC

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

CenturyLink Communications, LLC

4. Official mailing address:

Street/Post Office Box: 100 CenturyLink Dr.
City: Monroe
State: LA
Zip: 71203

5. Florida address:

Street/Post Office Box: 315 S. Calhoun St., Suite 500
City: Tallahassee
State: FL
Zip: 32301

6. Structure of organization:

- Individual
- Foreign Corporation
- General Partnership
- Other, please specify:
Limited

- Corporation
- Foreign Partnership
- Limited Partnership

Liability

Company

7. **If individual**, provide:

Name: _____
Title: _____
Street/Post Office Box: _____
City: _____
State: _____
Zip: _____
Telephone No.: _____
Fax No.: _____
E-Mail Address: _____
Website Address: _____

8. **If incorporated in Florida**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: _____

9. **If foreign corporation**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: M09000000032

10. **If using fictitious name (d/b/a)**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida. The Florida Secretary of State fictitious name registration number is: _____

11. **If a limited liability partnership**, please proof of registration to operate in Florida. The Florida Secretary of State registration number is: _____

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

Name: _____
Title: _____
Street/Post Office Box: _____
City: _____
State: _____
Zip: _____
Telephone No.: _____
Fax No.: _____
E-Mail Address: _____
Website Address: _____

13. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Section 620.1901, FS), if applicable. The Florida registration number is: _____

14. Provide **F.E.I. Number**: 046141739

15. Who will serve as liaison to the Commission in regard to the following?

(a) The application:

Name: Susan Masterton
Title: Counsel
Street Name & Number: 315 S. Calhoun St., Suite 500
Post Office Box: _____
City: Tallahassee
State: FL
Zip: 32301
Telephone No.: (850) 599-1560
Fax No.: (850) 224-0794
E-Mail Address: Susan.Masterton@CenturyLink.com
Website Address: www.CenturyLink.com

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

Name: Paul Cooper
Title: Vice President - National Public Access
Street Name & Number: 600 New CenturyLink Parkway
Post Office Box: _____
City: New Century
State: KS
Zip: 66031
Telephone No.: (913) 353-7388
Fax No.: (720) 264-8121
E-Mail Address: Paul.N.Cooper@CenturyLink.com
Website Address: www.CenturyLink.com

(c) Complaints/Inquiries from customers:

Name: Christie Pontis
Title: State Regulatory and Legislative Affairs Manager
Street/Post Office Box: 315 S. Calhoun St., Suite 500
City: Tallahassee
State: FL
Zip: 32301
Telephone No.: (850) 599-1073
Fax No.: (850) 224-0794
E-Mail Address: Christie.A.Pontis@CenturyLink.com
Website Address: www.CenturyLink.com

THIS PAGE MUST BE COMPLETED AND SIGNED

REGULATORY ASSESSMENT FEE: As stated in Rule 25-4.0161, Regulatory Assessment Fees; Telecommunications Companies, I understand that all telephone companies must pay a regulatory assessment fee. Regardless of the gross operating revenue of a company, a minimum annual assessment fee, as defined by the Commission, is required.

RECEIPT AND UNDERSTANDING OF RULES: I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to the provisioning of pay telephone service (PATS) in Florida.

APPLICANT ACKNOWLEDGEMENT: By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application. 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, "**Whoever 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.**"

I understand that any false statements can result in being denied a certificate of authority in Florida.

COMPANY OWNER OR OFFICER

Print Name: Paul N. Cooper
Title: Vice President - National Public Access
Telephone No.: (913) 353-7388
E-Mail Address: Paul.N.Cooper@CenturyLink.com

Signature:  Date: 11/9/2017

State of Florida

Department of State

I certify from the records of this office that CENTURYLINK COMMUNICATIONS, LLC is a Delaware limited liability company authorized to transact business in the State of Florida, qualified on January 5, 2009.

The document number of this limited liability company is M09000000032.

I further certify that said limited liability company has paid all fees due this office through December 31, 2017, that its most recent annual report was filed on April 25, 2017, and that its status is active.

I further certify that said limited liability company has not filed a Certificate of Withdrawal.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Third day of November, 2017*



Ken Deitzner
Secretary of State

Tracking Number: CU6479972529

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>