

Deposit Number

000748

CK#: 521238

Amnt: \$ 500.00

CK Date: 08/02/24

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FLORIDA PUBLIC SERVICE COMMISSION

INSTRUCTIONS FOR COMPLETING EXAMPLE  
APPLICATION FOR ORIGINAL CERTIFICATE OF AUTHORIZATION  
FOLLOWING RESCISSION OF JURISDICTION BY A COUNTY  
(GRANDFATHER CERTIFICATE)

Deposit Date

AUG 08 2024

(Pursuant to Section 367.171, Florida Statutes, and  
Rule 25-30.035, Florida Administrative Code)

COPY

Dkt. #: 20240118

General Information

The attached form is an example application that may be completed by the applicant and filed with the Office of Commission Clerk to comply with Rule 25-30.035, Florida Administrative Code (F.A.C.). Any questions regarding this form should be directed to the Division of Engineering at (850) 413-6910.

Instructions

1. Fill out the attached application form completely and accurately.
2. Complete all the items that apply to your utility. If an item is not applicable, mark it "N.A." Do not leave any items blank.
3. Remit the proper filing fee pursuant to Rule 25-30.020, F.A.C., with the application.
4. The completed application and attached exhibits and the proper filing fee should be mailed to:

Office of Commission Clerk  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850

RECEIVED-FPSC  
2024 AUG -8 PM 3:43  
COMMISSION  
CLERK

**APPLICATION FOR ORIGINAL CERTIFICATE FOLLOWING RESCISSION  
OF JURISDICTION BY A COUNTY (GRANDFATHER CERTIFICATE)**

(Pursuant to Section 367.171, Florida Statutes, and  
Rule 25-30.035, Florida Administrative Code)

To: **Office of Commission Clerk  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850**

The undersigned hereby makes application for original certificate(s) to operate a water   
and/or wastewater  utility in Columbia County, Florida, and submits the following  
information:

**PART I APPLICANT INFORMATION**

- A) Contact Information for Utility. The utility's name, address, telephone number, Federal  
Employer Identification Number, and if applicable, fax number, e-mail address, and website  
address. The utility's name should reflect the business and/or fictitious name(s) registered  
with the Department of State's Division of Corporations:

Kirby D. Morgan Inc  
Utility Name

276 SE Willow Drive  
Office Street Address

Lake City FL 32025  
City State Zip Code

6620 SW 4th Street  
Mailing Address (if different from Street Address)

Pembroke Pines FL 33023  
City State Zip Code

(954) 336-3235 ( ) -N.A.  
Phone Number Fax Number

59-3315953  
Federal Employer Identification Number

janetdsellshomes@gmail.com  
E-Mail Address

N.A.  
Website Address

B) The contact information of the authorized representative to contact concerning this application:

Janet DeL'Etoile  
Name

6620 SW 4th Street  
Mailing Address

Pembroke Pines FL 33023  
City State Zip Code

(954) 336-3235 ( ) -N.A.  
Phone Number Fax Number

janetdsellshomes@gmail.com  
E-Mail Address

C) Indicate the nature of the utility's business organization (check one). Provide documentation from the Florida Department of State, Division of Corporations, showing the utility's business name and registration/document number for the business, unless operating as a sole proprietor.

- Exhibit I  Corporation \_\_\_\_\_ P95000035775  
Number
- Limited Liability Company \_\_\_\_\_  
Number
- Partnership \_\_\_\_\_  
Number
- Limited Partnership \_\_\_\_\_  
Number
- Limited Liability Partnership \_\_\_\_\_  
Number
- Sole Proprietorship
- Association
- Other (Specify) \_\_\_\_\_