
Southern Light, L.L.C.

Application for Certificate of Authority to Provide

ALTERNATIVE ACCESS VENDOR SERVICE
WITHIN THE STATE OF FLORIDA

01153-TA

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 certificate of 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:

Southern Light, L.L.C.

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

Southern Light

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

Physical Address: 1301 Azalea Rd, Suite 503
Mobile, AL 36693

Mailing Address: PO Box 91127
Mobile, AL 36691

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

Not Applicable

6. Structure of organization:

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

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:**

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

(a) The Florida Secretary of State corporate registration number:
M01000001072

An official letter indicating that Southern Light, LLC is qualified and authorized to conduct business in the State of Florida is attached as Exhibit "A".

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:

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):

63-1224091

15. Provide the following (if applicable):

(a) Will the name of your company appear on the bill for your services?

Yes No

(b) If not, who will bill for your services?

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

(c) Who will the billed party contact to ask questions about the bill?

Name: Eric Daniels _____

Telephone Number: (251)662-1170 _____

(d) How is this information provided?

This information is provided in company sales literature, in the contract for services, and on company bills

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

(a) The application:

Name: Eric Daniels
Title: Vice President
Address: PO Box 91127
City/State/Zip: Mobile, AL 36691

Telephone No.: (251) 662-1170 Fax No.: (251) 602-5976
Internet E-Mail Address: edaniels@southernlightfiber.com
Internet Website Address: www.southernlightfiber.com

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

Name: Andy Newton
Title: President
Address: PO Box 91127
City/State/Zip: Mobile, AL 36691
Telephone No.: (251) 662-1170 Fax No.: (251) 602-5976
Internet E-Mail Address: Newton@southernlightfiber.com
Internet Website Address: www.southernlightfiber.com

(c) Complaints/Inquiries from customers:

Name: Eric Daniels
Title: Vice President
Address: PO Box 91127
City/State/Zip: Mobile, AL 36691
Telephone No.: (251) 662-1170 Fax No.: (251) 602-5976
Internet E-Mail Address: edaniels@southernlightfiber.com
Internet Website Address: www.southernlightfiber.com

17. List the states in which the applicant:

(a) has operated as an Alternative Access Vendor.

None

(b) has applications pending to be certificated as an Alternative Access Vendor.

Alabama

(c) is certificated to operate as an Alternative Access Vendor.

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. 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.

Not Applicable

(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.

Not Applicable

19. The applicant will provide the following AAV services (check all that apply):

- a. Intraexchange private line service to an affiliate.
- b. Interexchange private line service to an affiliate.
- c. Special access as part of a private line dedicated service.
- d. Special access to an IXC switched network.
- e. Private line services (Channel Services)

- DS-0, 64 Kb/s
- DS-1, 1.54 Mb/s
- DS-2, 6.31 Mb/s
- DS-3, 44.76 Mb/s

THIS PAGE MUST BE COMPLETED AND SIGNED

APPLICANT ACKNOWLEDGMENT STATEMENT

- 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.
- GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business.
- SALES TAX:** I understand that a seven percent sales tax must be paid on intra and interstate revenues.
- APPLICATION FEE:** I understand that a non-refundable application fee of \$250.00 must be submitted with the application.
- RECEIPT AND UNDERSTANDING OF RULES:** I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to my provision of alternative access vendor service in Florida. I also understand that it is my responsibility to comply with all current and future Commission requirements regarding AAV service.

UTILITY OFFICIAL:

Eric R. Daniels
Print Name

Eric R. Daniels
Signature

Vice President
Title

8/15/01
Date

(251) 662-1170
Telephone No.

(251) 602-5976
Fax No.

Address: 1301 Azalea Rd, Suite 503
Mobile, AL 36693

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 access vendor 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, "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."

UTILITY OFFICIAL:

Eric R. Daniels
Print Name

Eric R. Daniels
Signature

Vice President
Title

8/15/01
Date

(251) 662-1170
Telephone No.

(251) 602-5976
Fax No.

Address: 1301 Azalea Rd, Suite 503

Mobile, AL 36693

SERVICE AREA NETWORK

1. **CURRENT FLORIDA INTRASTATE SERVICES:** Applicant has () or has not (X) previously provided intrastate telecommunications in Florida. If the answer is has, fully describe the following:

a) What services have been provided and when did these services begin?

b) If the services are not currently offered, when were they discontinued?

UTILITY OFFICIAL:

Eric R. Daniels
Print Name

Eric R. Daniels
Signature

Vice President
Title

8/15/01
Date

(251) 662-1170
Telephone No.

(251) 602-5976
Fax No.

Address: 1301 Azalea Rd, Suite 503

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 11, 2001

JOY JAYE
P.O. BOX 16046
MOBILE, AL 36616

Qualification documents for SOUTHERN LIGHT, LLC were filed on May 8, 2001, and assigned document number M01000001072. Please refer to this number whenever corresponding with this office.

Your limited liability company is now qualified and authorized to transact business in Florida as of the file date. In accordance with section 608.406(2), F.S., the name of this limited liability company is filed with the Department of State for public notice only and is granted without regard to any other name recorded with the Division of Corporations.

A limited liability company annual report/uniform business report will be due this office between January 1 and May 1 of the year following the calendar year of the file date. A Federal Employer Identification (FEI) number will be required before this report can be filed. If you do not already have an FEI number, please apply NOW with the Internal Revenue by calling 1-800-829-3676 and requesting form SS-4.

Please be aware if the limited liability company address changes, it is the responsibility of the corporation to notify this office.

Should you have any questions regarding this matter, please telephone (850) 487-6051, the Registration and Qualification Section.

- 245 - 6051

Tammi Cline
Document Specialist
Division of Corporations

Letter Number: 901A00028579