

ORIGINAL

**** FLORIDA PUBLIC SERVICE COMMISSION ****

DIVISION OF REGULATORY OVERSIGHT
CERTIFICATION SECTION

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

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COMMISSION
CLERK

011205-7X

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 the 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 Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770

If you have questions about completing the form, contact:

Florida Public Service Commission
Division of Regulatory Oversight
Certification Section
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6480

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News
FPSC-BUREAU OF RECORDS

DOCUMENT NUMBER-DATE

11632 SEP 18 16

FPSC-COMMISSION CLERK

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:

Dialtone Telecom, LLC

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

Dialtone Telecom, LLC

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

1521 W. Washington St.
Quincy, Fl. 32351

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

1521 W. Washington St.
Quincy, Fl. 32351

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 checked="" type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Other _____ | |

7. If individual, provide:

Name: _____

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:

L01000015573

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

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

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:

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

(a) The Florida Secretary of State registration number:

L 01000015573

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: _____

14. Provide **F.E.I. Number**(if 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.

N/A

(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.

N/A

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

(a) The application:

Name: Jack M Munroe
Title: General manager
Address: P.O. Box 12038
City/State/Zip: Tallahassee, Fl. 32317
Telephone No.: 850-224-3953 Fax No.: _____
Internet E-Mail Address: jmm@tlh.fdt.net
Internet Website Address: _____

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

Name: Jack m munroe
Title: general manager
Address: PO Box 12038
City/State/Zip: Tallahassee, FL 32317
Telephone No.: 850 224-3953 Fax No.: _____
Internet E-Mail Address: jmm@tlh.fdt.net
Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name: Jack m munroe
Title: General Manager
Address: PO Box 12038
City/State/Zip: Tallahassee, FL 32317
Telephone No.: 850 224 3953 Fax No.: _____
Internet E-Mail Address: jmm@tlh.fdt.net
Internet Website Address: _____

17. List the states in which the applicant:

(a) has operated as an alternative local exchange company.

N/A

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

N/A

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

N/A

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

N/A

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

N/A

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

N/A

18. Submit the following: *see attachments*

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

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.

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.

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. 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.
- 3. SALES TAX:** I understand that a seven percent sales tax must be paid on intra and interstate revenues.
- 4. APPLICATION FEE:** I understand that a non-refundable application fee of \$250.00 must be submitted with the application.

UTILITY OFFICIAL:

Jack m munroe

Print Name

* Jack m. Munroe

Signature

General Manager

Title

9/18/01

Date

850-224-3953

Telephone No.

850-875-3232

Fax No.

Address: PO Box 12038

Tallahassee, Fl. 32317

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 company 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:

Jack m Munroe

Print Name

Jack m. Munroe

Signature

General Manager

Title

9/18/01

Date

850-224-3953

Telephone No.

850 875 3232

Fax No.

Address:

PO Box 12038

Tallahassee, Fl. 32317

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) _____ _____	2) _____ _____
3) _____ _____	4) _____ _____

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

1) _____ _____	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>POP-to-POP</u>	<u>OWNERSHIP</u>
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

I, (Name) _____
(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

Telephone No.

Fax No.

Address: _____

PROOF OF MANAGERIAL CAPABILITIES

Jack M. Munroe

1969 University of Fla. B.S. Journalism/Public Relations
1971 Honorable Discharge United States Army Infantry Officer
1972-1995 President/Owner Multi Store retail clothing chain
1995-1999 Director Sales and Marketing Statewide Internet Service Provider
1999-2001 Officer Multi Store Telecommunications Company...to include experience in resale of local telephone service

Kecia Taylor

1972 Graduated from Newtown High School, Newtown Ct.
1973-1980 Worked for various Radio stations in Alabama and Florida as disc jockey and News director
1980-1993 Owner/Operator The Flower Gallery. Duties included all aspects of running a retail business.
1998-1999 Designer/ Blossoms Flowers
1999-2001 General Manager/Multi Store Telecommunications Company...included experience in resale of local telephone service.

PROOF OF TECHNICAL CAPABILITY

Dr. Randall White

Dr. of Computer Science with the experience of networking, writing of billing software and program maintenance

Yimin Chung

Master web designer with technical expertise and computer maintenance, networking and backup systems.

In addition, Dr. White and Mr. Chung have experience in software and billing for the ALEC market

Check Man Inc
BALANCE SHEET
As of August 31, 2001

ASSETS

Current Assets

Checking/Savings

Holding Account	13,230.42
Cash Stores	288,378.20
Cash Payroll	661.73
Cash Network Telephone	(3,327.77)

Total Checking/Savings 298,942.58

Accounts Receivable Checks 832,800.00

Total Accounts Rec. 832,800.00

Total Current Assets 1,131,742.58

Fixed Assets

Equipment Computer	55,366.01
Furniture and Fixtures	8,665.70
Leasehold Improvements	104,148.17
Security Deposits	11,477.65
Utility Deposits	5,460.50
Accumulated Depreciation	(89,418.00)

Total Fixed Assets 95,700.03

TOTAL ASSETS 1,227,442.61

LIABILITIES AND EQUITY

Liabilities

Current Liabilities

Payroll Taxes 325.24

Total Current Liabilities 325.24

Long Term Liabilities

N/P CAPITAL CITY BANK 185,000.00

Total Long Term Liabilities 185,000.00

Total Liabilities 185,325.24

Equity

Retained Earnings--Current Year 696,830.99

Retained Earnings--Prior Years 682,457.38

Additional Paid In Capital 162,829.00

Distribution - Jason Boone (50,000.00)

Distribution - Wade Williams (50,000.00)

Distribution - Will Maxwell (100,000.00)

Distribution - William D. Grant (100,000.00)

Distribution - Graves Williams (100,000.00)

Distribution - Taylor Williams (100,000.00)

Total Equity 1,042,117.37

TOTAL LIABILITIES AND EQUITY 1,227,442.61

Check Man
Profit and Loss from Operations
January through August 2001

TOTAL

Ordinary Income/Expense

Income

Income - Phone Service	31,909.19
Income - Checks	1,834,434.54
Income - Bad Debt Collect	98,891.72

Total Income 1,965,235.45

Cost of Goods Sold

Refunds	1,350.21
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Total COGS 1,350.21

Gross Profit 1,963,885.24

Expenses

Towing and Repossession	2,325.00
Bad Debt - Writeoffs	199,800.00
Advertising	21,468.63
Bank Service Charges	24,986.97
Dues And Subscription	720.00
Equipment Rental	1,463.68
Gas, Tires, and Oil	16,168.43
Insurance	23,612.00
Interest Expense	16,135.69
Licenses, Permits, Taxes	3,275.35
Misc.	0.00
Office Expense	57,965.41
Payroll Expense	579,692.46
Postage and Delivery	4,482.64
Accounting Fees	26,775.00
Legal Fees	13,471.83
Rent	167,253.58
Repairs and Maintenance	9,366.63
Travel	1,212.82
Theft Loss	0.00
Telephone	61,440.53
Utilities	35,437.60

Total Expense 1,267,054.25

Net Income 696,830.99

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Organization of DIALTONE TELECOM, LLC, a limited liability company organized under the laws of the state of Florida, filed on September 12, 2001, as shown by the records of this office.

The document number of this limited liability company is L01000015573.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Twelfth day of September, 2001



CR2EO22 (1-99)

Katherine Harris

Katherine Harris
Secretary of State

ARTICLES OF ORGANIZATION

FOR

DIALTONE TELECOM, LLC

ARTICLE I - NAME

The name of the Limited Liability Company is DIALTONE TELECOM, LLC .

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:
Post Office Box 2129, Quincy, FL 32353-2129 and 121 West Clark Street, Quincy, FL 32351.

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

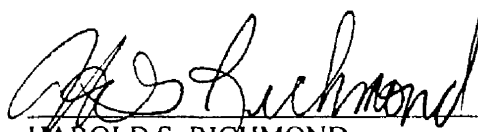
HAROLD S. RICHMOND
227 East Jefferson Street
Quincy, FL 32351

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 16 2008

APPROVED AND FILED

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.



HAROLD S. RICHMOND
Registered Agent

ARTICLE IV - MANAGEMENT (Check Box if applicable)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.



Signature of a member or an authorized representative
of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts therein are true.)

HAROLD S. RICHMOND

Typed or printed name of signee

ATTORNEY

227 E. JEFFERSON ST

QUINCY, FL

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 JUN 19 PM 12:00

NOT RECORDED
FILED



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 12, 2001

JACK M. MUNROE

The Articles of Organization for DIALTONE TELECOM, LLC were filed on September 12, 2001, and assigned document number L01000015573. Please refer to this number whenever corresponding with this office.

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.

The certification you requested is enclosed.

A limited liability 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. Please apply NOW with the Internal Revenue Service 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 limited liability to notify this office.

Should you have any questions regarding this matter, please telephone (850) 245-6051, the Registration Section.

Trevor Brumbley
Document Specialist
Division of Corporations

Letter Number: 101A00051212

APPLICATION

011205-TX

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.

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

Dialtone Telecom, LLC

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

1521 W. Washington St.
Quincy, Fl. 32351

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward a copy of check to RAR with proof of deposit.
Initials of person who forwarded check:

JACK M. MUNROE P. O. BOX 12038 TALLAHASSEE, FL 32317		1717 81-08/620 BRANCH 93928
PAY TO THE ORDER OF <u>Fha Public Service Commission</u>		<u>9/18</u> DATE
<u>Two hundred & fifty dollars & no/100</u>		\$ <u>250.00</u> DOLLARS
SouthTrust		Security Features Details on Back

119.07(1)(z), Florida Statutes: Bank account numbers or debit, charge, or credit card numbers given to an agency for the purpose of payment of any fee or debt owing are confidential and exempt from subsection (1) and s.24(a), Art. 1 of the State Constitution . . .

Jack M. Munroe