

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

DISTRIBUTION CENTER
02 MAR 27 AM 9:08

020270-TX

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

FORM PSC/CMU 8 (11/95)
Required by Commission Rule Nos. 25-24.805,
25-24.810, and 25-24.815

DOCUMENT NUMBER DATE
03482 MAR 27 08

FPSC-COMMISSION CLERK

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:

JLJM

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:

Rightlink USA, Inc.

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

Rightlink USA, Inc.

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

P.O. Box 971909
Miami, FL 33197

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

17100 SW 9th Ave. Unit 502
Miami, FL 33157

6. Structure of organization:

() Individual
() Foreign Corporation
() General Partnership
() Other _____

(X) Corporation
() Foreign Partnership
() Limited Partnership

7. If individual, provide:

Name: N/A. Corporation

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:

P00000001309

Fictitious Name Registration #: G01103900243

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

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

N/A - Florida Corporation

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:

N/A

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

(a) The Florida Secretary of State registration number:

N/A - FL Corporation

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

Name: N/A - FL Corporation

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: N/A - FL Corporation

14. **Provide F.E.I. Number(if applicable):** 31-1689646

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: Dr. Michael Utwendy
Title: President / CEO
Address: 17100 Sw 94 Ave. Unit 502
City/State/Zip: Miami, FL 33157
Telephone No.: (305) 232-7546 Fax No.: (305) 971-3444
Internet E-Mail Address: info@rightlinkusa.com
Internet Website Address: www.rightlinkusa.com

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

Name: Dr. Michael Ukwendu
Title: President/CEO
Address: 17100 SW 9th Ave. Unit 502
City/State/Zip: Miami, FL 33157
Telephone No.: 305-232-7546 Fax No.: (305)971-3444
Internet E-Mail Address: info@rightlinkusa.com
Internet Website Address: www.rightlinkusa.com

(c) Complaints/Inquiries from customers:

Name: Dr. Michael Ukwendu
Title: President/CEO
Address: 17100 SW 9th Ave. Unit 502
City/State/Zip: Miami, FL 33157
Telephone No.: (305)232-7546 Fax No.: (305)971-3444
Internet E-Mail Address: info@rightlinkusa.com
Internet Website Address: www.rightlinkusa.com

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.

see attached resume.

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.

see attached resume.

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.

New Company, does not have audited financial statement.

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.

N/A New Company

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.

① I do have sufficient financial capability to provide the requested service in the geographic area I propose to service. Telephone services will be added to our existing internet services.

② I have sufficient financial capability to maintain the requested service.

③ I have sufficient financial capability to meet lease and 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:

Dr. Michael Wewende

Print Name



Signature

President/CEO

Title

3/26/02

Date

(305) 232-7546

Telephone No.

(305) 971-3444

Fax No.

Address:

17100 SW 94 Ave. unit 502

Miami, FL 33157

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:

Dr. Michael Ukwendu

Print Name

President / CEO

Title

(805) 932-7546

Telephone No.



Signature

3/26/02

Date

(305) 971-3444

Fax No.

Address:

17100 SW 94 Ave, Unit 502

Miami, FL. 33157.

INTRASTATE NETWORK (if available) *PLT - News Company*

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) N/A - New phone Company
(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: _____

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Amendment, filed on April 5, 2001, to Articles of Incorporation for RIGHTLINKUSA.COM, INC. which changed its name to RIGHTLINK USA, INC., a Florida corporation, as shown by the records of this office.

The document number of this corporation is P00000001309.

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



CR2EO22 (1-99)

Katherine Harris

Katherine Harris
Secretary of State

State of Florida



Department of State

I certify from the records of this office that RIGHTLINKUSA.COM is a Fictitious Name registered with the Department of State on April 13, 2001.

The Registration Number of this Fictitious Name is G01103900243.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Thirteenth day of April, 2001



CR2EO22 (1-99)

Katherine Harris

Katherine Harris
Secretary of State

Dr. Michael Ukwendu

PHONE (305) 232-7546 • E-MAIL: INFO@RIGHTLINKUSA.COM

EDUCATION

DOCTORATE

Major: Public Administration
Nova Southeastern University
Ft. Lauderdale, Florida (11/98)

MASTER OF BUSINESS ADMINISTRATION (MBA)

Major: Business Administration
Embry Riddle Aeronautical University
Daytona Beach, Florida (03/92)

BACHELOR OF BUSINESS ADMINISTRATION (BBA)

Major: Finance
Minor: International Business
Florida International University, Miami, Florida (04/89)

ASSOCIATE DEGREE IN BUSINESS

Major: Accounting
Miami Dade Community College, Miami, Florida (12/85)

PROFESSIONAL EXPERIENCE

Abstract:

Result oriented, hands on management philosophy with diversified background in financial analysis, accounting, finance, business and public administration.

*Excellent communication and interpersonal skills

*Strong analytical, research, training and forecasting skills

*Strong organizational leadership, and intergovernmental experience

1999

**President / CEO
Rightlink USA, Inc.**

Nationwide Internet Service provider and other Internet services. Have extensive knowledge of Communication technology, Web design and hosting services and other Communication services Directly in charge of the management and technical aspects of the corporation.

2000-Present

**Adjunct Professor
Embry -Riddle Aeronautical University.**

Teaches Graduate and undergraduate students the following courses: Managerial Finance, Production & Procurement Management, Strategic management and Operations Research, Management of Production and Operations and other business and Public Administration courses.

1990 - 1998

**PUBLIC ASSISTANCE SPECIALIST/MANAGER
Department of Health & Rehabilitative Services, State of FL**

- * Organized and conducted extensive interviews, budgeting, planning, accounting, financial analysis, community affairs and public relations, customer service.
 - * Interviewed clients to verify financial information, statements, and determination of public assistance eligibility.
 - * Assisted individuals in meeting their basic needs and attaining the greatest degree of self-sufficiency
 - * Determined availability of federal and state fund
 - * Correctly completed proper forms, and assignment within designated time frames to verify information and documents concerning eligibility and accurately input the data into the Florida computer system.
- Referred clients to other programs such as Project Independence, Job Search and other community related programs Identified cases of possible fraud, overpayment and over-issuance
- * Maintained policy manual, attended supervisory conferences, staff meetings, and hearings
 - * Planned for and attended workshops, meetings, and perform other related duties as required.

1984 - 1990

**GENERAL MANAGER
Universal Services Inc. Miami, Florida**

- * Managed the above Investment Consulting firm.
- * Procurement of goods and services for businesses
- * Contract negotiation, and other material requisitions
- * Cash flow projections, profit & loss analysis, and debt servicing
Prepare and analyzed financial statements, prepared corporate Income taxes, income statements, balance sheet, statement of changes in financial positions and bank reconciliations
- * Developed plan for evaluating and solving complex problems which improved efficiency, cut expenses, and increased net

- profit
- * Financial analysis, budgeting, accounting, auditing, tax filing & compliance, system and fiscal analysis
 - * Hire, supervise, plan, organize, and implements training activities for the Universal services Inc.'s 120 employees.
 - * Program evaluation, management analysis, program planning, program research, system analysis, and other administrative duties and supervision of customer service department.
 - * Communicated orally and in writing with customers and employees. Monitored and analyzed noncontractual expenditures
 - * Conducted market research in order to develop effective strategies to market goods and services
 - * Supervised account payable, receivable, and payroll departments
 - Human resource management, labor relations, and public personnel administrative work, public affairs & community relations.

**1984 - 1984 ASSISTANT SUPERVISOR/INSURANCE AGENT
Independent Life Insurance, Miami, Florida**

- * Assists supervisor in management and Insurance sales
- * Conducted market research and follow up reports
- * Interviewed, hired and trained new employees
Developed marketing strategy and coordinated the customer department
- * Coordinated operational functions, merchandising and personnel administration

**1981 - 1984 TELLER MANAGER \ LOAN OFFICER
Union Bank
Supervised the bank tellers operators and loan service department**

**1979 - 1981 TEACHER
St. Teresa's High School**

- * Taught seventh to ninth grade students.

PROFESSIONAL MEMBERSHIP

American Society for Public Administration (ASPA)
Conference of the Minority Public Administrators (COMPA)
Sigma Beta Delta (Honor Society)