

ORIGINAL

040146-TX

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

**DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT
CERTIFICATION**

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

CR# 015572
CK # 25000
2-17-04
RT

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 the Commission Clerk and Administrative Services
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 Competitive Markets and Enforcement
Certification
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600**

COMPETITIVE SERVICES

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:

SAGO BROADBAND, LLC

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

SAGO BROADBAND, LLC

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

4465 W. GANDY BLVD
TAMPA, FL 33611

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

4465 W. GANDY BLVD
TAMPA, FL 33611

6. Structure of organization:

- () Individual () Corporation
() Foreign Corporation () Foreign Partnership
() General Partnership () Limited Partnership
(X) Other LIMITED LIABILITY COMPANY
LLC

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:

APPLIED FOR: FEE- 20/0725439

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sago Broadband, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Miller M. Cooper

(Name of Person)

Sago Broadband, LLC

(Firm/Company)

4465 W. Gandy Blvd.

(Address)

Tampa, Florida 33611

(City/State and Zip Code)

For further information concerning this matter, please call:

Miller M. Cooper

(Name of Person)

at (813) 839-7242

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sago Broadband, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4465 W. Gandy Blvd.

Tampa, Florida 33611

Mailing Address:

4465 W. Gandy Blvd.

Tampa, Florida 33611

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Miller M. Cooper

Name

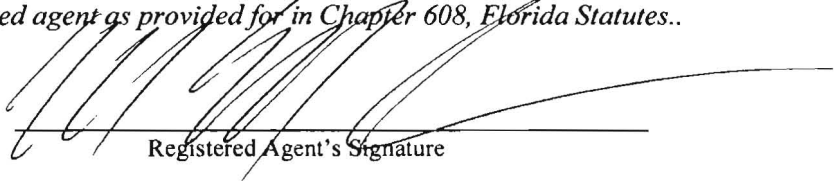
4465 W. Gandy Blvd.

Florida street address (P.O. Box **NOT** acceptable)

Tampa, FLORIDA 33611

City, State, and Zip

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, Florida Statutes..



Registered Agent's Signature

ONLINE

REDACTED 20-0725439

Form **SS-4**
(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN _____
OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested SAGO BROADBAND, LLC	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 4465 W. GANDY BLVD	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code TAMPA, FL 33611	5b City, state, and ZIP code
	6 County and state where principal business is located HILLSBOROUGH, FLORIDA	
	7a Name of principal officer, general partner, grantor, owner, or trustee MILLER M. COOPER	7b SSN, ITIN, or EIN

8a Type of entity (check only one box)

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 8832	<input type="checkbox"/> Trust (SSN of grantor)
<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> National Guard
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> State/local government
<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> Other (specify) ▶ _____	<input type="checkbox"/> REMIC
	<input type="checkbox"/> Federal government/military
	<input type="checkbox"/> Indian tribal governments/enterprises
	Group Exemption Number (GEN) ▶ _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State	FLORIDA	Foreign country
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9 Reason for applying (check only one box)

<input checked="" type="checkbox"/> Started new business (specify type) ▶ LLC SERVICE BUSINESS	<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Other (specify) ▶ _____	<input type="checkbox"/> Created a trust (specify type) ▶ _____
	<input type="checkbox"/> Created a pension plan (specify type) ▶ _____

10 Date business started or acquired (month, day, year) **2/4/04**

11 Closing month of accounting year **12/04**

12 First date wages or annuities were paid or will be paid (month, day, year). **Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)** ▶

13 Highest number of employees expected in the next 12 months. **Note: If the applicant does not expect to have any employees during the period, enter "-0-."** ▶

Agricultural	Household	Other
		0

14 Check one box that best describes the principal activity of your business.

<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker
<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input checked="" type="checkbox"/> Wholesale-other
			<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Retail

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
COMMUNICATIONS SERVICES

16a Has the applicant ever applied for an employer identification number for this or any other business? Yes No
Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ **SAGO NETWORKS, LLC** Trade name ▶ _____

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) 6/1999	City and state where filed TAMPA, FLORIDA	Previous EIN 65-1644238
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Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code) ()
	Address and ZIP code	Designee's fax number (include area code) ()

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶	Applicant's telephone number (include area code) ()
Signature ▶	Applicant's fax number (include area code) ()

Signature ▶ _____ Date ▶ _____

Entity Classification Election

Type or Print	Name of entity Sago Broadband LLC	EIN ▶ 20 : 0725439
	Number, street, and room or suite no. If a P.O. box, see instructions. 4465 W Gandy Blvd	
	City or town, state, and ZIP code. If a foreign address, enter city, province or state, postal code and country. Tampa FL 33611	

1 Type of election (see instructions):

- a** Initial classification by a newly-formed entity.
- b** Change in current classification.

2 Form of entity (see instructions):

- a** A domestic eligible entity electing to be classified as an association taxable as a corporation.
- b** A domestic eligible entity electing to be classified as a partnership.
- c** A domestic eligible entity with a single owner electing to be disregarded as a separate entity.
- d** A foreign eligible entity electing to be classified as an association taxable as a corporation.
- e** A foreign eligible entity electing to be classified as a partnership.
- f** A foreign eligible entity with a single owner electing to be disregarded as a separate entity.

3 Disregarded entity information (see instructions):

- a** Name of owner ▶ Miller M Cooper
- b** Identifying number of owner ▶ 20-0725439
- c** Country of organization of entity electing to be disregarded (if foreign) ▶ USA

4 Election is to be effective beginning (month, day, year) (see instructions) ▶ 2 / 04 / 04

5 Name and title of person whom the IRS may call for more information
Miller M Cooper

6 That person's telephone number
(813) 839-7242

Consent Statement and Signature(s) (see instructions)

Under penalties of perjury, I (we) declare that I (we) consent to the election of the above-named entity to be classified as indicated above, and that I (we) have examined this consent statement, and to the best of my (our) knowledge and belief, it is true, correct, and complete. If I am an officer, manager, or member signing for all members of the entity, I further declare that I am authorized to execute this consent statement on their behalf.

Signature(s)	Date	Title
		owner

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.

NO

(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.

NO

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

(a) The application:

Name: LEE KERMODE
Title: GENERAL MANAGER
Address: 4465 W. GANDY BLVD
City/State/Zip: TAMPA, FL 33611
Telephone No.: 813-839-7242 Fax No.: 813-839-7829
Internet E-Mail Address: LKERMODE@SAGONET.COM
Internet Website Address: TO BE DETERMINED.

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

Name: LEE KERMODE
Title: GENERAL MANAGER
Address: 4465 W. GANDY BLVD
City/State/Zip: TAMPA, FL 33611
Telephone No.: 813-839-7242 Fax No.: 813-839-7829
Internet E-Mail Address: LKERMODE@SAGONET.COM
Internet Website Address: TO BE DETERMINED

(c) Complaints/Inquiries from customers:

Name: LEE KERMODE
Title: GENERAL MANAGER
Address: 4465 W. GANDY BLVD
City/State/Zip: TAMPA, FL 33611
Telephone No.: 813-839-7242 Fax No.: 813-839-7829
Internet E-Mail Address: LKERMODE@SAGONET.COM
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

Sago Broadband, LLC

4465 W Gandy Blvd

Tampa, Fl 33611

813-839-7242

Fax 813-839-7829

Miller M. Cooper, Owner

FEI/EIN# - 20-0725439

Application for Alternative Local Exchange Service, State of Florida

Question Number 18.

- A. As Sago Broadband assembles its team, Administrative Expertise is lead by Miller M. Cooper, who is a licensed engineer, general contractor and business owner of several communications related companies. Further expertise will be provided upon request and as team members are hired.
- B. Resume of Jordan Medlen, holding many certifications with technical expertise in security, wireless and communications solutions. Jordan's expertise in Network, Fiber and Wireless Solutions, Broadband Internet Solutions, Security and Telecommunications makes him a valuable asset to Sago Broadband, LLC. As staff is hired for Sago Broadband, LLC, further expertise will be provided upon request.
- C. Financial Capability
 - 1. Balance Sheet: Sago Broadband, LLC is a new Florida corporation and does not have financials available.
 - 2. Income Statement: New company, income statement not available
 - 3. Statement of retained earnings: New company, not available
- C. Continued – **Written Explanation**
 - 1. Sago Broadband, LLC is owned by Miller Cooper, also owner of Southeastern Engineering and Construction, Inc. Cellular Tower Construction Company and Sago Networks a Data Center Management and Internet Service Provider company. Miller is a private businessman but has personal and capital wealth to invest in this new company and cover all costs associated with starting and running the company.
 - 2. Sago Broadband, LLC is a privately held company. Facilities at 4465 W. Gandy are owned by Miller Cooper.
 - 3. Sago Broadband, LLC does have sufficient capital to see solutions through as they do in other related business; Sago Networks and Southeastern Engineering and Construction, Inc.

Jordan Medlen

Senior Network Engineer
Sago Broadband, LLC
4465 W. Gandy Blvd
Suite 800
Tampa, Fl. 33611

Education/Certifications

CCNP (Cisco Certified Network Professional(Upon final exam completion))
CCNA (Cisco Certified Network Associate)
Certified WAN technologies
Certified LAN Technologies
Certified TCP/IP Technologies
Associate of Science Degree ECET (Electronic and Computer Engineering Technology)

Experience

Dynamic routing protocols BGP, OSPF, IGRP, EIGRP, RIPv1/2
Policy-based routing
HSRP (Hot Standby Routing Protocol)/VRRP (Virtual Router Redundancy Protocol)
Ingress/Egress Access Control Lists
Packet over Sonet
Frame Relay
ATM
EIA/TIA 569A/B wiring standards
Multi-mode fiber optics
Single-mode fiber optics
Network Performance and Fault management

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: — NEW COMPANY
2. income statement: and — NEW COMPANY
3. statement of retained earnings. — 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.

*ATTACHED SHEETS.

MILLER M COOPER INDIVIDUAL
Balance Sheet
As of December 31, 2003

Assets

Current Assets

Cash Checking: Amsouth	\$	93,724.35	
Cash Checking: Madison Bank		115,279.87	
Cash Savings		102,750.00	
Note Receivable		<u>160,000.00</u>	
Total Current Assets			471,754.22

Fixed Assets

Automobiles		27,500.00	
Furniture & Fixtures		118,250.00	
Residence		6,177,000.00	
Land		<u>3,750,000.00</u>	
Total Fixed Assets			10,072,750.00

Other Assets

Partnership Investments		<u>1,465,000.00</u>	
Total Other Assets			<u>1,465,000.00</u>

Total Assets \$ 12,009,504.22

See independent accountant's compilation report

MILLER M COOPER INDIVIDUAL
Balance Sheet
As of December 31, 2003

Liabilities

Current Liabilities

Long-term Liabilities

Mortgage Payable

894,075.84

Total Long-term Liabilities

894,075.84

Total Liabilities

894,075.84

Equity

Net Worth

11,115,428.38

Total Equity

11,115,428.38

Total Liabilities and Equity

\$ 12,009,504.22

See independent accountant's compilation report

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. **APPLICATION FEE:** I understand that a non-refundable application fee of \$250.00 must be submitted with the application.

UTILITY OFFICIAL:

LEE KERMODE
Print Name

Lee R. Kermode
Signature

GENERAL MANAGER
Title

FEB 11, 2004
Date

813-839-7242
Telephone No.

813-839-7829
Fax No.

Address: 4465 W. GANDY BLVD
TAMPA, FL 33611

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:

LEE KERMODE

Print Name

Lee R. Kermode

Signature

GENERAL MANAGER

Title

FEB 11, 2004

Date

813-839-7242

Telephone No.

813-839-7829

Fax No.

Address:

4465 W. GANDY BLVD

TAMPA, FL 33611

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) NEW COMPANY 2) _____

TO BE DETERMINED _____

3) _____ 4) _____

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

1) NEW COMPANY 2) _____

TO BE DETERMINED _____

3) _____ 4) _____

3. **TRANSMISSION FACILITIES:** POP-to-POP facilities by type of facilities (microwave, fiber, copper, satellite, etc.) and indicate if owned or leased.

POP-to-POP OWNERSHIP

1) NEW COMPANY _____

2) TO BE DETERMINED _____

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: _____

