

ORIGINAL

1. This is an application for (check one):

070294

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 rather than apply for a new certificate.

Approval of assignment of existing Certificate: Example, a certificated company purchases an existing company and desires to retain the existing certificate of authority and tariff.

DEPOSIT DATE

745 MAY 8 2007

2. Name of company: VoTTs Communications, LLC

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

VoTTs Communications, LLC

4. Official mailing address:

Street/Post Office Box: P.O. Box 781124
City: Orlando
State: FL
Zip: 32878

5. Florida address:

Street/Post Office Box: 16234 N.E. 9th Court
City: N. Miami Beach
State: FL
Zip: 33162

RECEIVED-FPSC
07 MAY -4 AM 8:42
COMMISSION
CLERK

CHK# 536
\$ 400.00
5-4-07
RT

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 type="checkbox"/> | Limited Partnership |
| <input checked="" type="checkbox"/> | Other, Limited Liability Company | | |

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward deposit information to Records.

Initials of person who forwarded check

MTS

FORM PSC/CMP-8 (01/06)
Required by Commission Rule Nos. 25-24.810,
and 25-24.815

Note: To complete this interactive form using your computer, use the tab key to navigate between data entry fields.

DOCUMENT NUMBER DATE

03827 MAY-76

FPSC-COMMISSION CLERK

CMP _____
COM _____
CTR _____
EDR _____
OCL _____
OPC _____
RCA _____
SCR _____
SQA _____
SEC _____
OTH NG _____

7. **If individual**, provide:

Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

8. **If incorporated in Florida**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: N/A
9. **If foreign corporation**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: N/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. The Florida Secretary of State fictitious name registration number is: N/A
11. **If a limited liability partnership**, please proof of registration to operate in Florida. The Florida Secretary of State registration number is: L07000041026
12. **If a partnership**, provide name, title and address of all partners and a copy of the partnership agreement.

Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

13. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable. The Florida registration number is: N/A

14. Provide **F.E.I. Number**(if applicable): 74-3212031

15. Who will serve as liaison to the Commission in regard to the following?

(a) The application:

Name: Jerome Williams
Title: Director
Street name & number:
Post office box: P.O. Box 781124
City: Orlando
State: FL
Zip: 32878
Telephone No.: 407-252-4442
Fax No.: 413-513-5158
E-Mail Address: jwilliams00@gmail.com
Website Address:

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

Name: Jerome Williams
Title: Director
Street name & number:
Post office box: P.O. Box 781124
City: Orlando
State: FL
Zip: 32878
Telephone No.: 407-252-4442
Fax No.: 413-513-5158
E-Mail Address: jwilliams00@gmail.com
Website Address:

(c) Complaints/Inquiries from customers:

Name: Jerome Williams
Title: Director
Street/Post Office Box: P.O. Box 781124
City: Orlando
State: FL
Zip: 32878
Telephone No.: 407-252-4442
Fax No.: 413-513-5158
E-Mail Address: jwilliams00@gmail.com
Website Address:

16. List the states in which the applicant:

(a) has operated as a Competitive Local Exchange Telecommunications Company.

N/A

(b) has applications pending to be certificated as a Competitive Local Exchange Telecommunications Company.

N/A

(c) is certificated to operate as a Competitive Local Exchange Telecommunications Company.

N/A

(d) has been denied authority to operate as a Competitive Local Exchange Telecommunications 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

17. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent (and not had his or her competency restored), or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, provide explanation.

N/A

(b) granted or denied a competitive local exchange certificate in the State of Florida (this includes active and canceled competitive local exchange certificates). If yes, provide explanation and list the certificate holder and certificate number.

N/A

(c) an officer, director, partner or stockholder in any other Florida certificated or registered telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

N/A

18. Submit the following:

(a) Managerial capability: resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.

(b) Technical capability: 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: applicant's audited financial statements for the most recent three (3) years. If the applicant does not have audited financial statements, it shall so be stated. 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.

THIS PAGE MUST BE COMPLETED AND SIGNED

REGULATORY ASSESSMENT FEE: I understand that all telephone companies must pay a regulatory assessment fee. Regardless of the gross operating revenue of a company, a minimum annual assessment fee, as defined by the Commission, is required.


RECEIPT AND UNDERSTANDING OF RULES: I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to the provisioning of competitive local exchange telecommunications company (CLEC) service in Florida.

APPLICANT ACKNOWLEDGEMENT: 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 competitive local exchange telecommunications 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.**"

Company Owner or Officer

Print Name: Jerome Williams
Title: Director
Telephone No.: 407-252-4442
E-Mail Address: jwilliams00@gmail.com

Signature: 

Date: 5/1/07

CERTIFICATE SALE, TRANSFER,
OR
ASSIGNMENT STATEMENT

As current holder of Florida Public Service Commission Certificate Number _____, I have reviewed this application and join in the petitioner's request for a

sale


transfer

assignment

of the certificate.

Company Owner or Officer

Print Name: Jerome Williams
Title: Director
Street/Post Office Box: P.O. Box 781124
City: Orlando
State: FL
Zip: 32878
Telephone No.: 407-252-4442
Fax No.: 413-513-5158
E-Mail Address: jwilliams00@gmail.com

Signature: 

Date: 5/1/07