



FL - CLEC LLC
2000 Corporate Drive
Canonsburg PA 15317

Tel 724.416.2000
Fax 724.416.2353

070659-TA

October 23, 2007

VIA DHL

Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850
Attn: Division of the Commission Clerk and Administrative Services
850.413.6770

RECEIVED-FPSC
07 OCT 24 PM 3:12
COMMISSION
CLERK

RE: FL - CLEC LLC's Application for Authority to Provide Alternative Access Vendor Service and Competitive Local Exchange Telecommunications Company Service within the State of Florida

To Whom It May Concern:

Enclosed please find for filing an original and two (2) copies of FL - CLEC LLC's Application for Authority to Provide Alternative Access Vendor Service and Competitive Local Exchange Telecommunications Company Service within the State of Florida along with a check in the amount of \$650 for the filing fee (\$250 for the AAV and \$400 for the CLEC).

In addition, I have also enclosed an extra copy of this letter to be date stamped and returned to me in the enclosed, self-addressed, postage prepaid envelope.

CMP 1 Please note that while FL - CLEC LLC does not currently have any financial information as noted in Exhibit 3, we are an indirect subsidiary of Crown Castle International and therefore, I have enclosed its latest 10-Q.

COM _____
CTR _____ Please contact me at 724.416.2239 or via email at michelle.salisbury@crowncastle.com
ECR _____ if you have any questions or need any additional information.

GCL _____ Thank you.

OPC _____
RCA _____ *Michelle Salisbury*
SCR _____ Michelle Salisbury
SGA _____ Paralegal

SEC _____

OTH check

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

Initials of person who forwarded check

MS

07 OCT 24 PM 10:46

DISTRIBUTION CENTER

DOCUMENT NUMBER-DATE

09704 OCT 24 8

FPSC-COMMISSION CLERK

FLORIDA PUBLIC SERVICE COMMISSION

DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT

APPLICATION FORM
for
AUTHORITY TO PROVIDE ALTERNATIVE ACCESS VENDOR SERVICE
WITHIN THE STATE OF FLORIDA

070659-1A

Instructions

- A. This form is used as an application for an original certificate and for approval of sale, assignment or transfer of an existing certificate. In the case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee (See Page 9).
- B. Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. Once completed, submit the original and two (2) 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**

- E. A filing fee of **\$250.00** is required for the sale, assignment or transfer of an existing certificate to another company (Chapter 25-24.730, F.A.C.).
- F. If you have questions about completing the form, contact:

**Florida Public Service Commission
Division of Competitive Markets and Enforcement
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600**

FORM PSC/CMP-43 (01/06)
Required by Commission Rule Nos. 25-24.720,
25-24.730

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

09704 OCT 24 5

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 authority rather that 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.

Approval for transfer of control: Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company: FL - CLEC LLC

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

FL - CLEC LLC

4. Official mailing address:

Street/Post Office Box: 2000 Corporate Drive
City: Canonsburg
State: PA
Zip: 15317

5. Florida address:

Street/Post Office Box: NA
City: NA
State: NA
Zip: NA

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, foreign limited liability company - Florida SOS Registration #
M0700002019 - Exhibit 1 | |

7. **If individual**, provide:

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

8. **If incorporated in Florida**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: NA

9. **If foreign corporation**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: NA

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: NA

11. **If a limited liability partnership**, please proof of registration to operate in Florida. The Florida Secretary of State registration number is: NA

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

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

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: NA

14. Provide **F.E.I. Number**(if applicable): 20-8744732

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: NA

Title: NA

Street/Post Office Box: NA

City: NA

State: NA

Zip: NA

Telephone No.: NA

Fax No.: NA

E-Mail Address: NA

Website Address: NA

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

Name: Accounts Receivable

Title: NA

Telephone No.: 724.416.2000

E-Mail Address: NA

(d) How is this information provided? The customer's contract indicates where payment is to be made and each customer receives a letter indicating which account representative handles their account.

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

(a) The application:

Name: Michelle Salisbury
Title: Paralegal
Street name & number: 2000 Corporate Drive
Post office box: NA
City: Canonsburg
State: PA
Zip: 15317
Telephone No.: 724.416.2239
Fax No.: 724.416.2353
E-Mail Address: michelle.salisbury@crowncastle.com
Website Address: www.crowncastle.com

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

Name: Michelle Salisbury
Title: Paralegal
Street name & number: 2000 Corporate Drive
Post office box: NA
City: Canonsburg
State: PA
Zip: 15317
Telephone No.: 724.416.2239
Fax No.: 724.416.2353
E-Mail Address: michelle.salisbury@crowncastle.com
Website Address: www.crowncastle.com

(c) Complaints/Inquiries from customers:

Name: Crown Castle NOC
Title: Network Operations Center
Street/Post Office Box: 2000 Corporate Drive
City: Canonsburg
State: PA
Zip: 15317
Telephone No.: 800.788.7011
Fax No.: 724.416.2120
E-Mail Address: Center.NetworkOperations@crowncastle.com
Website Address: www.crowncastle.com

17. List the states in which the applicant:

(a) has operated as an Alternative Access Vendor.

NA

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

NA

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

NA

(d) has been denied authority to operate as an Alternative Access Vendor and the circumstances involved.

NA

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

NA

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

NA

18. 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.

NA

(b) granted or denied an alternative access vendor certificate in the State of Florida (this includes active and canceled alternative access vendor certificates). If yes, provide explanation and list the certificate holder and certificate number.

NA

(c) 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.

NA

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.

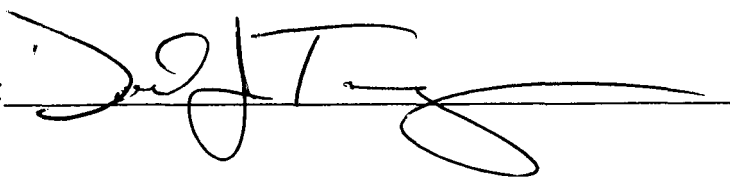
RECEIPT AND UNDERSTANDING OF RULES: I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to the provisioning of alternative access vendor (AAV) service in Florida.

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 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.**"

Company Owner or Officer

Print Name: David J. Tanczos
Title: Vice President - National Site Development
Telephone No.: 724.416.2000
E-Mail Address: david.tanczos@crowncastle.com

Signature: 

Date: 10-18-07

State of Florida

Department of State

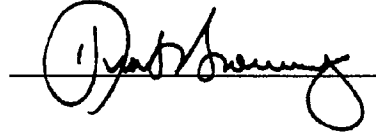
I certify from the records of this office that FL - CLEC LLC is a limited liability company organized under the laws of Delaware, authorized to transact business in the State of Florida, qualified on April 6, 2007.

The document number of this limited liability company is M07000002019.

I further certify that said limited liability company has paid all fees due this office through December 31, 2007, and its status is active.

I further certify that said limited liability company has not filed a Certificate of Withdrawal.

Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the First day of August, 2007



Secretary of State



Authentication ID: 900107070099-080107-M07000002019

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

www.sunbiz.org/auth.html