

080696-TR

RBO

Regulatory Back Office, Inc.

RegBackoffice.com®
 YOUR REGULATORY BACK-OFFICE SOLUTION
 7925 NW 12 Street, Suite 300
 Miami, FL 33126
 Telephone: (305) 477-7580
 Facsimile: (305) 477-7504
 Email: telecomstate@regbackoffice.com
 Website: www.regbackoffice.com

CK# 1105
 \$ 400.00
 11-26-08
 RT

DEPOSIT DATE
 881 • DEC 03 2008

November 26, 2008

Florida Public Service Commission
 Division of Telecommunications
 2540 Shumard Oak Blvd.
 Tallahassee, FL 32399-0850
 Regarding: DGTEC Local, LLC - CLEC Registration

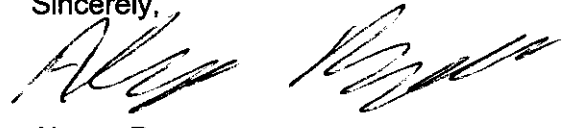
RECEIVED-FPSC
 08 DEC -3 AM 9:52
 COMMISSION
 CLERK

To Whom It May Concern:

Enclosed please find an original and one (1) copy of DGTEC Local, LLC filing for a Competitive Local Exchange Carrier (CLEC) Registration and the initial CLEC tariff.

Questions regarding this filing may be directed to Alonzo Beyene at 305-477-7580 or emailed to telecomstate@regbackoffice.com.

Sincerely,



Alonzo Beyene
 Regulatory Consultant

ab
 Enclosure

COM _____
 ECR _____
 GCL _____
 OPC _____
 RCP _____
 SSC _____
 SGA _____
 ADM _____
 CLK _____

* Price list forwarded.

DOCUMENT NUMBER-DATE

11121 DEC-3 8

FPSC-COMMISSION CLERK

Enclosure List

Attachment A	Florida CLEC Registration Form
Attachment B	Florida Certificate of Authority
Attachment C	Initial Filing of CLEC Tariff
Attachment D	Financial Statements
Attachment E	Resumes of Management Staff
Attachment F	Resumes of Technical Staff

ATTACHMENT A
Florida CLEC Registration Form

DOCUMENT NUMBER-DATE
11121 DEC-3RD
FPSC-COMMISSION CLERK

By:

Mario A. Medina – Managing Member
7925 NW 12 St., Suite 325
Miami, FL 33126
Telephone: (305) 749-5500 Facsimile: (305) 675-0259

080696

FLORIDA PUBLIC SERVICE COMMISSION
DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT
APPLICATION FORM
for
AUTHORITY TO PROVIDE COMPETITIVE LOCAL EXCHANGE
TELECOMMUNICATIONS COMPANY SERVICE
WITHIN THE STATE OF FLORIDA

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 8).
- B. Print or type all responses to each item requested in the application. 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 **\$400.00** 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 **\$400.00** is required for the sale, assignment or transfer of an existing certificate to another company (Chapter 25-24.815, 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-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
 11121 DEC-3 88
 PSC-COMMISSION CLERK

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 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.

2. Name of company: **DGTEC Local, LLC**

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

DGTEC Local, LLC

4. Official mailing address:

Street/Post Office Box: **7925 NW 12 St., Suite 325**
City: **Miami**

5. Florida address:

Street/Post Office Box: **7925 NW 12 St., Suite 325**
City: **Miami**

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, <u>Limited Liability Company</u> | | |

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: **L08000036986 (Limited Liability Company)**
9. **If foreign corporation**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is:
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:
11. **If a limited liability partnership**, please proof of registration to operate in Florida. The Florida Secretary of State registration number is:
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:

14. Provide **F.E.I. Number**(if applicable): **262572094**

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

(a) The application:

Name: **Alonzo Beyene of Regulatory Back Office, Inc.**
Title: **Regulatory Consultant to Applicant**
Street name & number: **7925 NW 12 St., Suite 300**
Post office box:
City: **Miami**
State: **Florida**
Zip: **33126**
Telephone No.: **305-477-7580**
Fax No.: **305-477-7504**
E-Mail Address: **telecomstate@regbackoffice.com**
Website Address: **www.regbackoffice.com**

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

Name: **Mario Medina of DGTEC Local, LLC**
Title: **Managing Member**
Street name & number: **33126**
Post office box: **7925 NW 12 St., Suite 325**
City: **Miami**
State: **Florida**
Zip: **33126**
Telephone No.: **(305) 749-5500**
Fax No.: **(305) 675-0259**
E-Mail Address: **mmedina@dgtec.com**
Website Address: **www.dgtec.com**

(c) Complaints/Inquiries from customers:

Name: **Orlando Barrios of DGTEC Local, LLC**
Title: **Manager**
Street name & number: **33126**
Post office box: **7925 NW 12 St., Suite 325**
City: **Miami**
State: **Florida**
Zip: **33126**
Telephone No.: **(305) 749-5500**
Fax No.: **(305) 675-0259**
E-Mail Address: **obarrios@dgtec.com**
Website Address: **www.dgtec.com**

16. List the states in which the applicant:

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

None

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

None

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

None

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

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.

No

(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.

No

(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.

No

18. Submit the following:

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

(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. **See attachment F**

(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.

See attachment D

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: **Mario Medina**
Title: **Managing Member**
Telephone No.: **(305) 749-5500**
E-Mail Address: **mmedina@dgtec.com**

Signature: X _____



Date: November 26, 2008

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

Signature: _____

Date: _____

ATTACHMENT B

Copy of Certificate of Good Standing In Florida

By:

Mario A. Medina – Managing Member
7925 NW 12 St., Suite 325
Miami, FL 33126
Telephone: (305) 749-5500 Facsimile: (305) 675-0259

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No Events

No Name History

Detail by Entity Name**Florida Limited Liability Company**

DGTEC LOCAL, LLC

Filing Information**Document Number** L08000036986**FEI Number** NONE**Date Filed** 04/11/2008**State** FL**Status** ACTIVE**Principal Address**7925 NW 12 STREET
SUITE 325
MIAMI FL 33126 FL**Mailing Address**7925 NW 12 STREET
SUITE 325
MIAMI FL 33126 FL**Registered Agent Name & Address**MEDINA, MARIO A
7925 NW 12 STREET
SUITE 325
MIAMI FL 33126 US**Manager/Member Detail****Name & Address**

Title MGR

DG-TEC, LLC
7925 NW 12 ST., SUITE 325
MIAMI FL 33126 US

Title MGRM

MEDINA, MARIO A
7925 NW 12 ST., SUITE 325
MIAMI FL 33126 US**Annual Reports**

No Annual Reports Filed

Document Images

04/11/2008 -- Florida Limited Liability [View image in PDF format](#)

Note: This is not official record. See documents if question or conflict.

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