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FLORIDA PUBLIC SERVICE COMMISSION

DIVISION OF REGULATORY ANALYSIS

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 one copy of this form along with a non-refundable application fee of **$400.00** to:

Florida Public Service Commission
Office of Commission Clerk
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 Regulatory Analysis
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600

COM ____
APA ____
ECR ____
GCL ____
RAD ____
SSC ____
ADM ____
OPC ____
CLK Nomeye

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 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.

2. Name of company: Convergia, Inc.

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

   Convergia, Inc.

4. Official mailing address:

   Street/Post Office Box: 237 Hymus Blvd.
   City: Pointe-Claire, Quebec
   State: Canada
   Zip: H9R 5C7

5. Florida address:

   Street/Post Office Box: 1000 Brickell Avenue, suite 910
   City: Miami
   State: Florida
   Zip: 33131-3013

6. Structure of organization:

   ☐ Individual
   ☐ Foreign Corporation
   ☐ General Partnership
   ☐ Other,
   ☒ Corporation
   ☐ Foreign Partnership
   ☐ Limited Partnership

7. **If individual,** provide:

   Name: N/A
   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: F02000001223

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: N/A

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

    Name: N/A
    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): 98-0347974

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

(a) The application:

Name: Joyce Tessier
Title: US Tax Analyst
Street name & number: 237 Hymus Blvd.
Post office box:
City: Pointe-Claire, Quebec
State: Canada
Zip: H9R 5C7
Telephone No.: (514) 694-7710 #5535
Fax No.: (514) 428-8473
E-Mail Address: joyce.tessier@future.ca
Website Address: www.convergia.com

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

Name: Sean Sang
Title: Controller
Street name & number: 237 Hymus Blvd.
Post office box:
City: Pointe-Claire, Quebec
State: Canada
Zip: H9R 5C7
Telephone No.: (514) 693-6300 # 5288
Fax No.: (514) 429-0011
E-Mail Address: sean.sang@convergia.com
Website Address: www.convergia.com

(c) Complaints/Inquiries from customers:

Name: Marina Kuznetsov
Title: Director Sales
Street/Post Office Box: 237 Hymus Blvd
City: Pointe-Claire, Quebec
State: Canada
Zip: H9R 5C7
Telephone No.: (514) 693-6300 # 5832
Fax No.: (514) 693-6354
E-Mail Address: marina.kuznetsov@convergia.com
Website Address: www.convergia.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.

None

(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.

None

(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.

None

18. Submit the following:

(a) Managerial capability: resumes of employees/officers of the company that would indicate sufficient managerial experiences of each. Please see Attachment #1

(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. Please see Attachment #2

(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:

Submitted under separate cover – "Confidential Treatment"

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

REDACTED

Print Name: [redacted]
Title: Chief Executive Officer
Telephone No.: ([redacted]) [redacted]
E-Mail Address: [redacted]@convergia.com

Signature: [redacted] Date: April 7th, 2010

FORM PSC/RAD 8 (5/08)
Commission Rule Nos. 25-24.810, and 25-24.815

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

N/A

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:_____

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 8, 2002

C T CORPORATION SYSTEM

TALLAHASSEE, FL

Qualification documents for CONVERGIA, INC. were filed on March 8, 2002 and assigned document number F02000001223. Please refer to this number whenever corresponding with this office.

Your corporation is now qualified and authorized to transact business in Florida as of the file date.

The certification you requested is enclosed.

A corporation annual report/uniform business report will be due this office between January 1 and May 1 of the year following the calendar year of the file date. A Federal Employer Identification (FEI) number will be required before this report can be filed. If you do not already have an FEI number, please apply NOW with the Internal Revenue by calling 1-800-829-3676 and requesting form SS-4.

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

Should you have any questions regarding this matter, please telephone (850) 245-6051, the Foreign Qualification/Tax Lien Section.

Buck Kohr
Corporate Specialist
Division of Corporations

Letter Number: 902A00014266

State of Florida

Department of State

I certify the attached is a true and correct copy of the application by CONVERGIA, INC., a Delaware corporation, authorized to transact business within the State of Florida on March 8, 2002 as shown by the records of this office.

The document number of this corporation is F02000001223.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Eighth day of March, 2002

GREAT SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

CR2EO22 (1-99)

Katherine Harris

Katherine Harris
Secretary of State

Attachment #1

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Question 18 (a) CLEC Application Form

Managerial capability - Resumes of directors and officers:

- [redacted]