

Marguerite McLean

110046-TX

From: Marguerite McLean
Sent: Wednesday, February 09, 2011 1:52 PM
To: Paul Lowery
Cc: Dorothy Menasco; Victor McKay; Nonnye Grant; Ray Kennedy
Subject: RE: Docket No. 110046-TX - Application for CLEC certificate by GraciasVRS, LLC.

Paul,

Per this e-mail, the Clerk's Office will change the company name in the docket title from "GraciasVRS, LLC" to "Gracias VRS, LLC."

The company name in MCD has been changed.

I will also print the attachment to your e-mail and place it in the docket file along with this e-mail.

Thank you.

Marguerite.

From: Paul Lowery
Sent: Wednesday, February 09, 2011 12:28 PM
To: Marguerite McLean
Cc: Dorothy Menasco; Victor McKay; Nonnye Grant; Ray Kennedy
Subject: Docket No. 110046-TX - Application for CLEC certificate by GraciasVRS, LLC.

After researching the information listed with the Florida Department of State, Division of Corporations, it has been found that the company name needs to read: Gracias VRS, LLC

By this e-mail, please change the company name listed in the MCD (TY046) , as well as the Docket Title in CMS, to Gracias VRS, LLC

Also, please add the following e-mail and attachment to the Docket File.

Thank you.

Paul Eric Lowery
Economic Analyst
Division of Regulatory Analysis
Florida Public Service Commission
850-413-6672

Action Completed
2-9-11
CASR
Printed
Put in Docket File
M. McLean

From: Miranda Welky [mailto:Miranda@ASLServices.com]
Sent: Wednesday, February 09, 2011 9:22 AM
To: Paul Lowery
Subject: RE: Docket No. 110046-TX - Application for CLEC certificate by GraciasVRS, LLC.

Hi Paul,

2/9/2011

DOCUMENT NUMBER-DATE

00932 FEB-9 =

FPSC-COMMISSION CLERK

Thank you again for contacting us to make corrections. I have attached the new copy for you and hopefully everything is good from this point on. If for some reason I overlooked something please let me know. Thank you again for your help and have a wonderful day.

Warmly,
Miranda Welky

From: Paul Lowery [mailto:PLowery@PSC.STATE.FL.US]
Sent: Wednesday, February 09, 2011 8:44 AM
To: Miranda Welky
Subject: FW: Docket No. 110046-TX - Application for CLEC certificate by GraciasVRS, LLC.

Hi Miranda.

Here's the e-mail I spoke about.

An e-mail response is fine. I will confirm receipt of it, then forward it on to the Commission Clerk for processing.

Thank you for your assistance.

Paul Eric Lowery
Economic Analyst
Division of Regulatory Analysis
Florida Public Service Commission
850-413-6672

From: Paul Lowery
Sent: Tuesday, February 08, 2011 4:14 PM
To: 'gabrielle@aslservices.com'
Cc: Paul Lowery
Subject: Docket No. 110046-TX - Application for CLEC certificate by GraciasVRS, LLC.

Ms. Joseph,

Good afternoon. This e-mail is a follow-up on my voicemail left earlier today.

I am assigned the task of processing your request for a CLEC certificate with the Florida Public Service Commission (FPSC). As part of the process, information is verified with the Florida Department of State, Division of Corporations. It has been found that your corporate name is listed as "Gracias VRS, LLC" . Your application with the FPSC shows, "GraciasVRS, LLC."

The differences are:

- 1.) missing space between Gracias & VRS
- 2.) period "." after the LLC

To correct this matter, please resubmit pages 2-8 of your application, showing the name "Gracias VRS, LLC". Please fax the pages to (850) 413-6673. Also, be sure to mark the document with "*Amended Application, pages 2-8*".

If you have any questions, please contact me at 850-413-6672.

2/9/2011

Thank you.

Paul Eric Lowery
Economic Analyst
Division of Regulatory Analysis
Florida Public Service Commission

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

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: Gracias VRS, LLC

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

N/A There is no fictitious name.

4. Official mailing address:

Street/Post Office Box: 3700 Commerce Blvd
City: Kissimmee
State: Florida
Zip: 34741

5. Florida address:

Street/Post Office Box: 3700 Commerce Blvd
City: Kissimmee
State: Florida
Zip: 34741

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 taxed as a Corporation | | |

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: State of Florida: L08000077186 and EIN: 26-3151842

9. **If foreign corporation**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: N/A, not a foreign corporation

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, no fictitious name used.

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, not a partnership
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 not a foreign limited partnership.

14. Provide **F.E.I. Number**(if applicable): N/A

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

(a) The application:

Name: Gabrielle Joseph
Title: Vice President
Street name & number: 3700 Commerce Blvd
Post office box:
City: Kissimmee
State: Florida
Zip: 34741
Telephone No.: 407-518-7900 ext 321
Fax No.: 407-518-7903
E-Mail Address: gabrielle@aslservices.com
Website Address: www.graciasvrs.com

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

Name: Vanessa Roth
Title: Director of Operations
Street name & number: 3700 Commerce Blvd
Post office box:
City: Kissimmee
State: Florida
Zip: 34741
Telephone No.: 407-518-7900 ext 333
Fax No.: 407-518-7903
E-Mail Address: vanessa@aslservices.com
Website Address: www.graciasvrs.com

(c) Complaints/Inquiries from customers:

Name: Samuel Ocana
Title: Customer Care
Street/Post Office Box: 3700 Commerce Blvd
City: Kissimmee
State: Florida
Zip: 34741
Telephone No.: 407-518-7900 ext 373
Fax No.: 407-518-7903
E-Mail Address: socana@aslservices.com
Website Address: www.graciasvrs.com

16. List the states in which the applicant:

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

N/A, Gracias VRS, LLC is pursuing this certification for the first time.

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

N/A, Gracias VRS, LLC is pursuing this certification for the first time.

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

N/A, Gracias VRS, LLC is pursuing this certification for the first time.

(d) has been denied authority to operate as a Competitive Local Exchange Telecommunications Company and the circumstances involved.

N/A, Gracias VRS, LLC is pursuing this certification for the first time.

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

N/A, No penalties have ever been imposed on Gracias VRS, LLC

(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, No civil court proceedings for Gracias VRS, LLC

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.

(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: Angela Roth
Title: President/CEO
Telephone No.: 407-518-7900
E-Mail Address: angela@aslservices.com

Signature: 

Date: 2/9/11

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: _____