

# REQUEST TO ESTABLISH DOCKET

RECEIVED-FPSC

(Please type or print. File original *plus* 1 copy with CLK.)

Date: 3/14/2011      Docket No.: 110008-T1      11 MAR 14 AM 11:05

1. From Division / Staff: RAD/PeI      COMMISSION CLERK

2. OPR: Lowery

3. OCR: McKay

4. Suggested Docket Title: Acknowledgment of name change on IXC Registration No. TI052 from Norstan Network Services, Inc. to Netwolves Network Services LLC, effective March 3, 2011.

5. Program/Module/Submodule Assignment: B.13.B

6. Suggested Docket Mail List.

a. Provide NAMES/ACRONYMS, if registered company.       Provided as an Attachment

Company Code, if applicable:	Parties (include address, if different from MCD):	Representatives (name and address):
TI052	Norstan Network Services, Inc.	Ms. Gina Wybel 4710 Eisenhower Blvd, Ste E-8 Tampa, FL 33634

b. Provide COMPLETE NAME AND ADDRESS for all others. (match representatives to companies)

Company Code, if applicable:	Interested persons, if any, (include address, if different from MCD):	Representatives (name and address):

7. Check one:       Supporting Documentation Attached       To be provided with Recommendation

Comments:

- COM \_\_\_\_\_
- APA \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- RAD**   1
- SSC \_\_\_\_\_
- ADM \_\_\_\_\_
- OPC \_\_\_\_\_
- CLK Grant

DOCUMENT NUMBER-DATE

01640 MAR 14

FPSC-COMMISSION CLERK

3-4-11 - No dkt opened for name change  
3-4-11 - my response for mco to CLK/Cole  
for further handling

mco info.  
updated  
mco  
3-4-11

Norstan Network Services, Inc.

110000-07

**Company Code:** TI052

**Certificate No(s):** N/A

<b>Physical Location:</b> 4710 Eisenhower Blvd., Suite E-8 Tampa, FL 33634-6336	<b>PRINT CHANGES BELOW:</b> _____ _____ _____
<b>Mailing Address:</b> Ms. Gina Wybel 4710 Eisenhower Blvd., Suite E-8 Tampa, FL 33634-6336	_____ _____ _____
<b>Liaison Officer(s):</b> 1. Scott Foote, CEO, (813) 589-3200 2. Peter Castle, COO, (813) 579-3200	_____ _____
<b>Fax No(s):</b> (813) 286-8744, Fax 2 <b>E-mail Address:</b> scott.foote@netwolves.com <b>Website Address:</b> http://www.netwolves.com <b>Federal Employee ID No.:</b> 41-1705072	✓ gina.wybel@netwolves.com _____ _____

**IMPORTANT NOTICE**

The following section is applicable **ONLY** to companies with "d/b/a" as part of their official company name:

Official correspondence is addressed to the "Mailing Name" of regulated companies, which is the last "d/b/a" of the company's official name. Our records reflect the mailing name shown below for your company. If you prefer to receive official correspondence in another mailing name, please make the change in the space provided. The name can be no longer than 58 characters (including spaces) and **MUST** be part of the official company name.

**Mailing Name:**

Norstan Network Services, Inc.

\_\_\_\_\_  
\_\_\_\_\_ Netwolves NETWORK Services, LLC \_\_\_\_\_  
\_\_\_\_\_

**COMPLETED BY:** Gina Wybel  
Controller

**Date:** 3/3/2011

DOCUMENT NUMBER-DATE

01463 MAR-4 =

FPSC-COMMISSION CLERK

11052

**Paul Lowery**

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**From:** Gina Wybel [gina.wybel@netwolves.com]  
**Sent:** Friday, March 11, 2011 12:48 PM  
**To:** Paul Lowery  
**Subject:** RE: Norstan Network Services, Inc. Name Change

Please register with the PSC as "Netwolves Network Services LLC" (no comma)

Thank you!

Gina Wybel, CPA  
Controller

NetWolves LLC  
4710 Eisenhower Blvd., Suite E-8  
Tampa, FL 33634  
(813)579-3200  
(813)579-3222 Direct  
[gina.wybel@netwolves.com](mailto:gina.wybel@netwolves.com)  
[www.netwolves.com](http://www.netwolves.com)



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**From:** Paul Lowery [mailto:PLowery@PSC.STATE.FL.US]  
**Sent:** Friday, March 11, 2011 12:11 PM  
**To:** Gina Wybel  
**Subject:** Norstan Network Services, Inc. Name Change

Good morning Ms. Wybel.

The Florida Public Service Commission is in the process of establishing a docket for the name change from Norstan Network Services, Inc. to Netwolves Network Services, LLC

Your company is listed with the Florida Department of State as Netwolves Network Services LLC. However, the document we received from you states Netwolves Network Services, LLC. The only difference is the comma "," between the Services and the LLC. Our records need to match the Division of Corporations.

Please confirm by e-mail that you would like it to be registered with the PSC as Netwolves Network Services LLC.

Thank you.

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

3/11/2011

L10000126917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

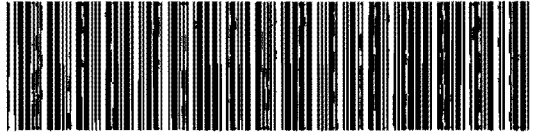
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS  
10 DEC 10 PM 4:33

B. KOHR  
DEC 10 2010  
EXAMINER

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DIVISION OF CORPORATIONS  
DEC 10 PM 4:33

WALK-IN

ENTITY NAME:

NORSTAN NETWORK SERVICES, LLC

CK# 4959 FOR \$150.00

PLEASE FILE THE ATTACHED CONVERSION & RETURN THE FOLLOWING:

CERTIFIED COPY

STAMPED COPY

CERTIFICATE OF STATUS

Examiner's Initials

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 DEC 10 PM 4:33

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

This Certificate of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity"** into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:  
Norstan Network Services, Inc.  
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Corporation  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Minnesota  
(Enter state, or if a non-U.S. entity, the name of the country)

on 10/16/1991  
(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:  
Florida

4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  
Netwolves Network Services LLC  
(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s 608.439, F.S., in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

Signed this 10th day of December 2010.

**Signature of Member or Authorized Representative of Limited Liability Company:**  
Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Member or Authorized Representative: [Signature]  
Printed Name: Gerald Gagliardi Title: Manager

**Signature(s) on behalf of Other Business Entity:** Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]

Signature: [Signature]  
Printed Name: Peter Castle Title: President/COO

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**  
Signature of Chairman, Vice Chairman, Director, or Officer.  
If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**  
Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**  
Signatures of ALL General Partners.

**All others:**  
Signature of an authorized person.

**Fees:**

Certificate of Conversion: \$25.00  
Fees for Florida Articles of Organization: \$125.00  
Certified Copy: \$30.00 (Optional)  
Certificate of Status: \$5.00 (Optional)

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Netwolves Network Services LLC

(Must end with the words "Limited Liability Company, the abbreviation "L.L.C." or the designation "LLC")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

4710 Eisenhower Blvd, Suite E-8  
Tampa, FL 33634

4710 Eisenhower Blvd, Suite E-8  
Tampa, FL 33634

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Corporate Creations Network Inc.

Name

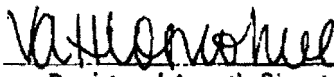
11380 Prosperity Farms Rd. #221E

Florida street address (P.O. Box NOT acceptable)

Palm Beach Gardens, FL 33410

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*



**Valerie Hawk-Donohue, Special Secretary**  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 DEC 10 PM 4:33



**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Gerald Gagliardi  
4710 Eisenhower Blvd, Suite E-8  
Tampa, FL 33634

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

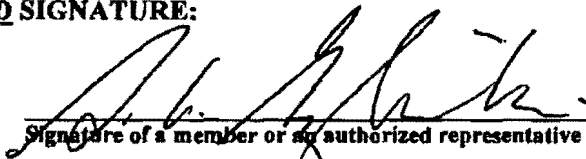
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_  
(OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND 2)** must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date listed therein.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**Gerald Gagliardi, Manager**  
\_\_\_\_\_  
Typed or printed name of signee