

# Industry Assurance Consulting, Inc.

IAC Advice – Compliance, Consulting, Certifications

6303 Blue Lagoon Drive, Suite 400, Miami, FL 33126

Mobile: (215) 432-7341

Facsimile: (786) 345-5809

[www.iacadvice.com](http://www.iacadvice.com) \* Email: [compliance@iacadvice.com](mailto:compliance@iacadvice.com)

April 1, 2012

Via USPS Priority Mail

120077-TX

Ann Cole

Clerk to the Florida Public Service Commission (FL-PSC)

Division of Telecommunications

2540 Shumard Oak Boulevard

Tallahassee, FL 32399

Subject: Semnac Technologies, LLC - Florida Competitive Local Exchange Carrier (CLEC) Filing

Enclosed are one (1) original and two (2) copies of an initial original CLEC price list and signed CLEC application form of Semnac Technologies, LLC d/b/a Alodiga. Also included is the resume of management and technical staff, as well as a \$400.00 filing fees in the form of a check made payable to the Florida Public Service Commission.

Also included with this package is Exhibit C, which is confidential and proprietary financial information. Semnac Technologies, LLC is a privately held limited liability company that is not required to publicly disclose its financial information. Disclosure of this information may give competitors insight into the Company's operations and plans. Therefore, Company respectfully requests that Exhibit C be filed under seal.

Please date stamp the duplicate of this cover letter and return in the self-addressed, postage prepaid envelope. For questions about this filing, please contact me at [compliance@iacadvice.com](mailto:compliance@iacadvice.com) or Tel# 786-350-2702.

Alonzo T. Beyene

Regulatory Consultant on this filing to Semnac Technologies, LLC

Industry Assurance Consulting, Inc.

COM \_\_\_\_\_  
APA \_\_\_\_\_  
ECR \_\_\_\_\_  
GCL \_\_\_\_\_  
RAD \_\_\_\_\_  
SRC \_\_\_\_\_  
ADM \_\_\_\_\_  
OPC \_\_\_\_\_  
CLK \_\_\_\_\_

price list forwarded

See DN 02090-12  
for original filing.  
-DM 4/6/12

DOCUMENT NUMBER-DATE

02091 APR-6 2012

FPSC-COMMISSION CLERK

**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: Semnac Technologies, LLC

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

Semnac Technologies, LLC

4. Official mailing address:

Street/Post Office Box: 6919 W. Broward Blvd., Suite 237  
City: Plantation  
State: Florida  
Zip: 33317

5. Florida address:

Street/Post Office Box: 6919 W. Broward Blvd., Suite 237  
City: Plantation  
State: Florida  
Zip: 33317

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 |                          |                     |

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: L09000095869

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): 271065691

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

(a) The application:

Name: Andrew Elliston  
Title: Manager  
Street name & number: 6919 W. Broward Blvd., Suite 237  
Post office box:  
City: Plantation  
State: Florida  
Zip: 33317  
Telephone No.: (954) 667-9880  
Fax No.:  
E-Mail Address: aelliston@semnac.com  
Website Address: <http://www.semnac.com>

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

Name: Andrew Elliston  
Title: Manager  
Street name & number: 6919 W. Broward Blvd., Suite 237  
Post office box:  
City: Plantation  
State: Florida  
Zip: 33317  
Telephone No.: (954) 667-9880  
Fax No.:  
E-Mail Address: aelliston@semnac.com  
Website Address: <http://www.semnac.com>

(c) Complaints/Inquiries from customers:

Name: Andrew Elliston  
Title: Manager  
Street/Post Office Box: 919 W. Broward Blvd., Suite 237  
City: Plantation  
State: Florida  
Zip: 33317  
Telephone No.: (954) 667-9880  
Fax No.:  
E-Mail Address: aelliston@semnac.com  
Website Address: <http://www.semnac.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.

(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.

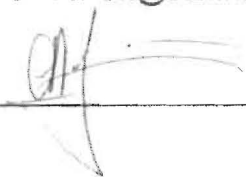
**RECEIPT AND UNDERSTANDING OF RULES:** I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to the provisioning of competitive local exchange telecommunications company (CLEC) service in Florida.

**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: Collin McClean  
Title: Managing Member  
Telephone No.: 954-599-0434  
E-Mail Address: cmcclean@semnac.com

Signature:  \_\_\_\_\_

Date: 2/28/2012



# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



[Home](#)   [Contact Us](#)   [E-Filing Services](#)   [Document Searches](#)   [Forms](#)   [Help](#)

[Previous on List](#)   [Next on List](#)   [Return To List](#)

Entity Name Search

No Events

No Name History

## Detail by Entity Name

### Florida Limited Liability Company

SEMNAC TECHNOLOGIES, LLC

### Filing Information

**Document Number** L09000095869  
**FEI/EIN Number** 271065691  
**Date Filed** 10/05/2009  
**State** FL  
**Status** ACTIVE

### Principal Address

6919 W BROWARD BLVD  
PLANTATION FL 33317 US

Changed 04/30/2010

### Mailing Address

6919 W BROWARD BLVD  
PLANTATION FL 33317 US

Changed 04/30/2010

### Registered Agent Name & Address

NEMBHARD, VALENTINE  
3895 N.W. 67 WAY  
LAUDERHILL FL 33319 US

### Manager/Member Detail

#### **Name & Address**

Title MGRM

NEMBHARD, VALENTINE  
3895 N.W. 67 WAY  
LAUDERHILL FL 33319

Title MGRM

JEMSELLIS INC  
6919 W BROWARD BLVD  
PLANTATION FL 33317 US

Title MGRM

MCCLEAN, COLLIN  
3895 N.W. 67 WAY  
LAUDERHILL FL 33319 US

Title MGRM

SMITH, SEAN  
3895 N.W. 67 WAY  
LAUDERHILL FL 33319 US

**Annual Reports**

**Report Year Filed Date**

2010	04/30/2010
2011	02/16/2011
2012	01/30/2012

**Document Images**

[01/30/2012 -- ANNUAL REPORT](#)

View image in PDF format

[02/16/2011 -- ANNUAL REPORT](#)

View image in PDF format

[04/30/2010 -- ANNUAL REPORT](#)

View image in PDF format

[10/05/2009 -- Florida Limited Liability](#)

View image in PDF format

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

[Previous on List](#)

[Next on List](#)

[Return To List](#)

Entity Name Search

No Events

No Name History

Submit