

UNIVERSAL LOCAL EXCHANGE CARRIER OF FLORIDA

113 S. Monroe St. Fl. 1

Tallahassee, FL 32301

702-605-8770

13 MAY 24 AM 9:39

RECEIVED-FPSC

COMMISSION
CLERK

May 15, 2013

Florida Public Service Commission
Office of Commission Clerk
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0805

130150-TX

RE: UNIVERSAL LOCAL EXCHANGE CARRIER OF FLORIDA,LLC, APPLICATION
FOR AUTHORITY TO PROVIDE TELECOMMUNICATIONS IN FLORIDA

Dear PUC Commissioner:

Attached please find the original plus one copy of our Application for Authority to
Provide Telecommunications in Florida, as well as our filing fee of \$500.00.

Please contact me should you have any questions.

Sincerely,



Deanna Vermillion
Paralegal

COM _____
AFD _____
APA _____
ECO _____
ENG _____
GCL _____
IDM _____
TEL 1 _____
CLK NG _____

DOCUMENT NUMBER-DATE

02865 MAY 24 12

FPSC-COMMISSION CLERK

1. This is an application for (check one):

Original certificate (new company).

130150-TX

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.

2. Name of company: UNIVERSAL LOCAL EXCHANGE CARRIER OF FLORIDA, LLC

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

UNIVERSAL LOCAL EXCHANGE CARRIER OF FLORIDA, LLC

4. Official mailing address:

Street/Post Office Box: 113 S. Monroe St. 1st Floor
City: Tallahassee
State: Florida
Zip: 32301

5. Florida address:

Street/Post Office Box: 113 S. Monroe St. 1st Floor
City: Tallahassee
State: Florida
Zip: 32301

6. Structure of organization:

- Individual
- Foreign Corporation
- General Partnership
- Other, please specify:

- Corporation
- Foreign Partnership
- Limited Partnership

If individual, provide:

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

7. **If incorporated in Florida**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is:
8. **If foreign corporation**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is:
9. **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:
10. **If a limited liability partnership**, please proof of registration to operate in Florida. The Florida Secretary of State registration number is: L13000034362
11. **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: _____

12. **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:

13. Provide **F.E.I. Number**: 46-2261595

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

(a) The application:

Name: Deanna Vermillion
Title: Paralegal
Street Name & Number: 113 S. Monroe St 1st Floor
Post Office Box:
City: Tallahassee
State: FL
Zip: 32301
Telephone No.: 702-605-8770
Fax No.: 702-605-8227
E-Mail Address: deannavermillion@ulec.com
Website Address:

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

Name: Deanna Vermillion
Title: Paralegal
Street Name & Number: 113 S. Monroe St. 1st Floor
Post Office Box:
City: Tallahassee
State: FL
Zip: 32301
Telephone No.: 702-605-8770
Fax No.: 702-605-8770
E-Mail Address: deannavermillion@ulec.com
Website Address:

(c) Where will you officially designate as your place of publicly publishing your schedule (a/k/a tariffs or price lists)?

- Florida Public Service Commission
- Website – Website address: www.ulec.com/tariff/florida
- Other – Please provide address:

15. List the states in which the applicant:

(a) has operated as a telecommunications company.

N/A This is a newly formed company

(b) has applications pending to be certificated as a telecommunications company.

Colorado, Texas, New York

(c) is certificated to operate as a telecommunications company.

N/A

(d) has been denied authority to operate as a telecommunications company and the circumstances involved.

N/A

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

N/A

(f) has been involved in civil court proceedings with another telecommunications entity, and the circumstances involved.

N/A

16. Have any of the officers, directors, or any of the ten largest stockholders 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. Yes No

If yes, provide explanation.

(b) granted or denied a certificate in the State of Florida (this includes active and canceled certificates). Yes No

If yes, provide explanation and list the certificate holder and certificate number.

(c) an officer, director, partner or stockholder in any other Florida certificated or registered telephone company. Yes No

If yes, give name of company and relationship. If no longer associated with company, give reason why not.

17. Submit the following:

(a) **Managerial capability:** resumes of employees/officers of the company that would indicate sufficient managerial experiences of each. Please explain if a resume represents an individual that is not employed with the company and provide proof that the individual authorizes the use of the resume.

Christopher Hall, owner of Applicant, has extensive knowledge and 8 years working history building SS7 networks from start to finish connecting to Century Link and Verisign, extensive network history building long haul fiber networks including equipment installation from Los Angeles to Denver, built private fiber rings to support telecommunications for voice, including hardware setup and installation. Designed and implemented nationwide voice network interconnecting at over 20 POPs with SS7 connections utilizing Sonus, Lucent and many other brands to support over a billion minutes of actual usage. Strong understanding and 8 years working experience with installation of network components including connecting DS3s to Local Servicing Offices, building fiber optic rings to support multiple redundant connection points and connecting to other carriers for exchanging traffic. Strong understanding and 8+ years working experience with interconnect agreements to the regional bell operating carriers and other incumbents. 12+ years experience building IP networks from scratch including obtaining AS number, connecting to peers at multiple locations, obtaining IP addresses and building nationwide IP network.

(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 explain if a resume represents an individual that is not employed with the company and provide proof that the individual authorizes the use of the resume.

SEE ANSWER TO 17 (a)

(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.

THIS IS A NEWLY FORMED COMPANY, THEREFOR DOES NOT HAVE AUDITED OR UNAUDITED FINANCIAL STATEMENTS. A ACCOUNT BALANCE SHEET FOR THE PARENT COMPANY IS ATTACHED

Note: *It is the applicant's burden to demonstrate that it possesses adequate managerial capability, technical capability, and financial capability. Additional supporting information can be supplied at the discretion of the applicant.*

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 telecommunications company 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 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.

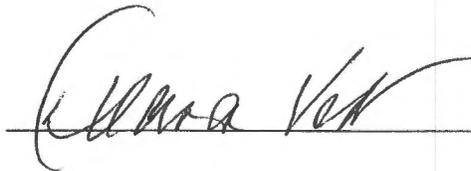
Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "**Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 and s. 775.083.**"

I understand that any false statements can result in being denied a certificate of authority in Florida.

COMPANY OWNER OR OFFICER

Print Name:	Deanna Vermillion
Title:	Paralegal
Telephone No.:	702-605-8770
E-Mail Address:	deannavermillion@ulec.com

Signature: _____



Date: _____

4-11-13

CERTIFICATE TRANSFER

As current holder of Florida Public Service Commission Certificate Number _____, I have reviewed this application and join in the petitioner's request for a transfer 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: _____

Balance Sheet

UNIVERSAL LOCAL EXCHANGE NETWORKS, INC.

Assets**Current**

cash	100,000
accounts receivable	
marketable securities	
other current assets	
	<u>100000</u>

Long-Term

Property & Equipment	40000
Furniture & Fixtures	0
Equipment	0
Total Fixed Assets	0
Less: Accumulated Depreciation	0
Net Property & Equipment	<u>0</u>

Total Assets **140000****Liabilities & Equity****Current Liabilities**

Accounts Payable	0
Other Accrued Expenses	0
Accrued Income Taxes	<u>0</u>
Total Current Liabilities	0

Long-Term Liabilities

Notes Payable	0
Leases Payable	0
Total Long-Term Liabilities	<u>0</u>

Total Liabilities **0****Equity**

Common Stock	0
Paid-In-Capital	0
Retained Earnings	<u>0</u>
Total Equity	0

Liabilities & Equity **140000**

Balance Sheet

UNIVERSAL LOCAL EXCHANGE NETWORKS, INC.

Assets**Current**

cash	100,000
accounts receivable	
marketable securities	
other current assets	
	<u>100000</u>

Long-Term

Property & Equipment	40000
Furniture & Fixtures	0
Equipment	0
Total Fixed Assets	0
Less: Accumulated Depreciation	0
Net Property & Equipment	<u>0</u>

Total Assets **140000****Liabilities & Equity****Current Liabilities**

Accounts Payable	0
Other Accrued Expenses	0
Accrued Income Taxes	0
Total Current Liabilities	<u>0</u>

Long-Term Liabilities

Notes Payable	0
Leases Payable	0
Total Long-Term Liabilities	<u>0</u>

Total Liabilities **0****Equity**

Common Stock	0
Paid-In-Capital	0
Retained Earnings	0
Total Equity	<u>0</u>

Liabilities & Equity **140000**