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July 8, 2013
Via Overnight Delivery

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\$ 250.⁰⁰
7-11-13
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Florida Public Service Commission
Office of Commission Clerk
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

RE: Correct Solutions, LLC
Application for Authority to Provide Pay Telephone Service within the State of Florida

Dear Ms. Cole:

Enclosed for filing please find the original and one (1) copy of the Application for Authority to Provide Pay Telephone Service within the State of Florida submitted on behalf of Correct Solutions, LLC.

A check in the amount of \$250.00 is enclosed to cover the filing fee.

Please acknowledge receipt of this filing by date-stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided for that purpose. Any questions you may have regarding this filing should be directed to my attention at 407-740-3004 or via email to morton@tminc.com.

Sincerely,

Robin Norton
Consultant to Correct Solutions, LLC

cc: Ryan Horvath - Correct Solutions, LLC
file: Correct Solutions, LLC - Florida
tms: FLp1300

Enclosures
RN/lm

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FLORIDA PUBLIC SERVICE COMMISSION
OFFICE OF TELECOMMUNICATIONS

APPLICATION FORM
FOR
AUTHORITY TO PROVIDE PAY TELEPHONE 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 **\$250.00** 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 **\$250.00** is required for the sale, assignment or transfer of an existing certificate to another company (Chapter 25-24.12 F.A.C.).
- F. If you have questions about completing the form, contact:

Florida Public Service Commission
Office of Telecommunications
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.

2. Name of company: Correct Solutions, LLC

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

Correction Solutions Group, LLC

4. Official mailing address:

Street/Post Office Box: 192 Bastille Lane, Suite 200

City: Ruston

State: LA

Zip: 71270

5. Florida address:

Street/Post Office Box: National Registered Agents, Inc

City: Tallahassee,

State: FL

Zip: 32301

6. Structure of organization:

Individual

Foreign Corporation

General Partnership

Other, please specify:

Corporation

Foreign Partnership

Limited Partnership

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: N/A

9. **If foreign corporation**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: **See attachment A**

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: _____
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 (Section 620.1901, FS), if applicable. The Florida registration number is: _____

14. Provide **F.E.I. Number**: 45-4531954

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

(a) The application:

Name: Robin Norton
Title: Consultant to Correct Solutions, LLC
Street Name & Number: 2600 Maitland Center Parkway, Suite 300
Post Office Box: _____
City: Maitland
State: FL
Zip: 32751
Telephone No.: 407-740-3004
Fax No.: 407-740-0613
E-Mail Address: Rnorton@tminc.com
Website Address: www.tminc.com

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

Name: Ryan Horvath
Title: Director of Legal Affairs & Risk Management
Street Name & Number: 192 Bastille Lane, Suite 200
Post Office Box: _____
City: Ruston
State: LA
Zip: 71270
Telephone No.: (318) 232-1500
Fax No.: (318) 232-1501
E-Mail Address: ryan@correctsolutionsgroup.com
Website Address: _____

(c) Complaints/Inquiries from customers:

Name: Tina Hendricks
Title: Director of Customer Service
Street/Post Office Box: 192 Bastille Lane, Suite 200
City: Ruston
State: LA
Zip: 71270
Telephone No.: (318) 232-1525
Fax No.: (318) 232-1501
E-Mail Address: tina@correctsolutionsgroup.com
Website Address:

THIS PAGE MUST BE COMPLETED AND SIGNED

REGULATORY ASSESSMENT FEE: As stated in Rule 25-4.0161, Regulatory Assessment Fees; Telecommunications Companies, 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 pay telephone service (PATS) in Florida.

APPLICANT ACKNOWLEDGEMENT: By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application. 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: Patrick H. Temple
Title: Managing Member
Telephone No.: (318) 232-1525
E-Mail Address: pat@lasallecorrections.com

Signature: Patrick H. Temple Date: 7/1/2013

Attachment A
Secretary of State Authority



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2013

PHYLLIS MILLER
TECHNOLOGIES MANAGEMENT, INC
2600 MAITLAND CENTER PARKWAY #300
MAITLAND, FL 32751

Qualification documents for CORRECT SOLUTIONS, LLC doing business in Florida as CORRECTION SOLUTIONS GROUP, LLC were filed on June 14, 2013, and assigned document number M13000003754. Please refer to this number whenever corresponding with this office.

Your limited liability company is authorized to transact business in Florida as of the file date.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Contact the IRS at 1-800-829-4933 for an SS-4 form or go to www.irs.gov.

Please notify this office if the limited liability company address changes.

Should you have any questions regarding this matter, please contact this office at the address given below.

Barbara Bostick
Regulatory Specialist II
Registration/Qualification Section
Division of Corporations

Letter Number: 113A00015030

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314