

OK# 2012
\$500.00
10-15-15
RR

RECEIVED FPSC
21 DEC -4 PM 4:16
COMMISSION CLERK

FLORIDA PUBLIC SERVICE COMMISSION

OFFICE OF TELECOMMUNICATIONS

**APPLICATION FORM
FOR**

**AUTHORITY TO PROVIDE 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 transfer of an existing certificate. In the case of a transfer, the information provided shall be for the 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 **\$500.00** 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 **\$500.00** is required for the transfer of an existing certificate to another company.
- 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: InteleTel, LLC

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

InteleTel, LLC

4. Official mailing address:

Street/Post Office Box: 1713 McNaughton Way
City: Spencer
State: Iowa
Zip: 51301

5. Florida address:

Street/Post Office Box: Not applicable
City: _____
State: _____
Zip: _____

6. Structure of organization:

Individual
 Foreign Corporation
 General Partnership
 Other, please specify:
LLC

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: **M15000008253**
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: Not applicable
10. **If a limited liability partnership**, please proof of registration to operate in Florida. The Florida Secretary of State registration number is:
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**: 47-4006888

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

(a) The application:

Name: Sharon Warren
Title: Consultant
Street Name & Number: 2600 Maitland Center Parkway, Suite 300
Post Office Box: P.O. Drawer 200, Winter Park, FL 32790-0200
City: Maitland
State: FL
Zip: 32751
Telephone No.: 407-740-3005
Fax No.: 407-740-0613
E-Mail Address: swarren@tminc.com
Website Address: www.tminc.com

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

Name: Kellie Beneke
Title: President
Street Name & Number: 1713 McNaughton Way
Post Office Box:
City: Spencer
State: Iowa
Zip: 51301
Telephone No.: 877-513-9844
Fax No.: 1-888-308-3985
E-Mail Address: kellie@inteletel.net
Website Address: www.inteletel.net

(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.inteletel.net
- Other – Please provide address: