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# FLORIDA PUBLIC SERVICE COMMISSION

## OFFICE OF TELECOMMUNICATIONS

### APPLICATION FORM FOR AUTHORITY TO PROVIDE TELECOMMUNICATIONS COMPANY SERVICE WITHIN THE STATE OF FLORIDA

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#### 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: **City Communications, Inc.**

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

**City Communications, Inc.**

4. Official mailing address:

Street/Post Office Box: 300 Village Center Drive, Suite 103  
City: Woodstock  
State: Georgia  
Zip: 30188

5. Florida address:

Street/Post Office Box: c/o Incorp Service, Inc. 17888 67<sup>th</sup> Court North  
City: Loxahatchee  
State: Florida  
Zip: 33470

6. Structure of organization:

- |                          |                        |                                     |                     |
|--------------------------|------------------------|-------------------------------------|---------------------|
| <input type="checkbox"/> | Individual             | <input checked="" type="checkbox"/> | Corporation         |
| <input type="checkbox"/> | Foreign Corporation    | <input type="checkbox"/>            | Foreign Partnership |
| <input type="checkbox"/> | General Partnership    | <input type="checkbox"/>            | Limited Partnership |
| <input type="checkbox"/> | Other, please specify: |                                     |                     |