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COMMISSION  
CLERK

November 11, 2019

Via overnight mail  
Florida Public Service Commission  
Office of Commission Clerk  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399-0850

Re: HFA of Florida LLC Application to Provide Local Telecommunications Service  
Docket No. - 20190186-TX  
Document No. 10842-2019

Dear Clerk:

This updates the November 6, 2019 letter from HFA of Florida LLC to attach the original and one copy of the Amendment to Page 1 of HFA of Florida LLC's application to provide local telecommunications services in Florida, which were inadvertently omitted. This corrects the name of the entity in response to Question No. 1 to be consistent with the name as filed with the Secretary of State's office.

I apologize for the oversight.

Please contact me with any other questions you may have.

Thank you.

Michel Singer Nelson  
Counsel, HFA of Florida  
[info@hfaholdingsllc.com](mailto:info@hfaholdingsllc.com)  
916 235 2028

Attachments

COM \_\_\_  
AFD \_\_\_  
APA \_\_\_  
ECO \_\_\_  
ENG \_\_\_  
GCL \_\_\_  
IDM 1  
CLK \_\_\_

# APPLICATION

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 rather than apply for a new certificate.

Please provide the following:

1. Full name of company, including fictitious name(s), that must match identically with name(s) on file with the Florida Department of State, Division of Corporations registration:

HFA of Florida LLC

2. The Florida Secretary of State corporate registration number:

L19000204687

3. F.E.I. Number: None

4. Structure of organization:

The company will be operating as a:  
(Check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Corporation                          | <input type="checkbox"/> General Partnership          |
| <input type="checkbox"/> Foreign Corporation                  | <input type="checkbox"/> Foreign Partnership          |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Partnership          |
| <input type="checkbox"/> Sole Proprietorship                  | <input type="checkbox"/> Other, please specify below: |
- 

**If a partnership**, provide a copy of the partnership agreement.

**If a foreign limited partnership**, proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS). The Florida registration number is: \_\_\_\_\_

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