

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

Original authority (new company)

7142 -TX

Approval of transfer (to another certificated company)

Example, a certificated company purchases an existing company and desires to retain the original certificate authority.

Approval of assignment of existing certificate (to a noncertificated company)

Example, a non-certificated company purchases an existing company and desires to retain the certificate of authority rather than apply for a new certificate.

Approval for transfer of control (to another certificated company)

Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of applicant:

JASON SALEM

3. A. National mailing address including street name, number, post office box, city, state, zip code, and phone number.

1

B. Florida mailing address including street name, number, post office box, city, state, zip code, and phone number.

740 71st Street - Miami Beach, Florida 33140

C. Physical address of alternative local exchange service in Florida including street name, number, post office box, city, zip code and phone number.

740 71st Street - Miami Beach, Florida 33140

FORM PSC/CHU 8 (07/98)
Required by Chapter 364.337 F.S.

-2-

Check received with filing and forwarded to Fiscal for deposit.
Fiscal to forward a copy of check to RAR with proof of deposit.

Initials of person who forwarded check:

AM
DOCUMENT NUMBER-DATE

1148 OCT 29 6

FPSC-RECORDS/REPORTING

4. Structure of organization:

- | | | | |
|------------------|---|------------------|--|
| {
}
{
} | Individual
Foreign Corporation
General Partnership
Joint Venture | {
}
{
} | (x) Corporation
Foreign Partnership
Limited Partnership
Other, Please explain _____ |
|------------------|---|------------------|--|

5. If incorporated, please provide proof from the Florida Secretary of State that the applicant has authority to operate in Florida.

Corporate charter number: 65-0310680

6. Name under which the applicant will do business (d/b/a):

SALEM DISCOUNT INSURANCE

7. If applicable, please provide proof of fictitious name (d/b/a) registration.

Fictitious name registration number: _____

8. If applicant is an individual, partnership, or joint venture, please give name, title and address of each legal entity.

9. State whether any of the officers, directors, or any of the ten largest stockholders have previously been adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, please explain.

NO

10. Please provide the name, title, address, telephone number, internet address, and facsimile number for the person serving as ongoing liaison with the Commission, and if different, the liaison responsible for this application.

Jason Salem 1800 Alamanda Dr. North Miami, FL 33180
(305) 865-7777

11. Please list other states in which the applicant is currently providing or has applied to provide local exchange or alternative local exchange service.

12. Has the applicant been denied certification in any other state? If so, please list the state and reason for denial.

NO

13. Have penalties been imposed against the applicant in any other state? If so, please list the state and reason for penalty.

NO

14. Please indicate how a customer can file a service complaint with your company.

Personally, by mail, or by phone.

15. Please provide all available documentation demonstrating that the applicant has the following capabilities to provide alternative local exchange service in Florida.

A. Financial capability.

Regarding the showing of financial capability, the following applies:

The application should contain the applicant's financial statements for the most recent 3 years, including:

1. the balance sheet
2. income statement
3. statement of retained earnings.

Further, a written explanation, which can include supporting documentation, regarding the following should be provided to show financial capability.

1. Please provide documentation that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
2. Please provide documentation that the applicant has sufficient financial capability to maintain the requested service.
3. Please provide documentation that the applicant has sufficient financial capability to meet its lease or ownership obligations.

NOTE: This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.

If available, the financial statements should be audited financial statements.

If the applicant does not have audited financial statements, it shall be so stated. The unaudited financial statements should then be signed by the applicant's chief executive officer and chief financial officer. The signatures should attest that the financial statements are true and correct.

B. Managerial capability.

C. Technical capability.

AFFIDAVIT

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 alternative local exchange 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".

Official:


Signature

10-24-97
Date

Title:

President

(305-866-7777)
Telephone Number

Address:

DEPOSIT

DATE

D 6 4 4

OCT 29 1997

M1428-TX

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B. Florida mailing address including street name, number, post

SALEM DISCOUNT INSURANCE, INC.

740 718T STREET
MIAMI BEACH, FL 33141-3022
(305) 886-7777

CITIBANK, F.S.B. 530
MIAMI, FL 33131

3157

10/24/97

PAY TO THE ORDER OF

Florida Public Service Commission

**250.00

Two Hundred Fifty and 00/100

DOLLARS

Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0866

MEMO

Application for Alternative Local Exchange Company

[Redacted signature area]

Security features included. Details on back

DEPOSIT

DATE

D 6 4 4

OCT 29 1997

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7/14/97

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