

HARBOR CONSULTING GROUP INC.

REGULATORY CONSULTANTS

4312 92ND AVENUE NORTHWEST  
GEO HARBOR WASHINGTON 98335

TELEPHONE: 253.265.3910  
FACSIMILE: 253.265.3912  
E-MAIL: hcg1@rvlink.com

JAN 21 9 53 AM '99  
ADMINISTRATION  
MAIL ROOM

VIA OVERNIGHT DELIVERY

January 19, 1998

Florida Public Service Commission  
Division of Records and Reporting  
Capital Circle Office Center  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850

990076-TC

RE: ComPlus, L.L.C. – Applications for Original Authority to Provide Interexchange  
Telecommunications Services and Pay Telephone Service

Dear Sir or Madam:

Enclosed are an original and six (6) copies of ComPlus, L.L.C.'s Application for Original Authority to Provide Interexchange Telecommunications Services within the State of Florida, and an original and five (5) copies of the Company's Application for Original Authority to Provide Pay Telephone Services within the State of Florida. These applications are filed in accordance with Rules 25-24.471, 25-24.510 and 25-24.511 of the Florida Public Service Commission. Mr. Tom Williams of the Commission staff has advised us that our use of Florida Public Service Commission Form PSC/CMU 31 (12/96) for the interexchange application is acceptable. Filing fees of \$250 for the Interexchange Application and \$100 for the Pay Telephone Services Application are also included.

Pursuant to Rule 25-22.006(5)(a), also enclosed is ComPlus, L.L.C.'s Motion for Protective Order for the company's financial statements, which are filed under protective seal, accordingly.

Please acknowledge receipt of this filing by file-stamping and returning the extra copy of the first page of the Application in the self-addressed, stamped envelope provided for this purpose. Questions concerning this filing may be directed to me.

Sincerely,

for Harbor Consulting Group, Inc.

*Kristin Larson Doyle*

Kristin Larson Doyle  
Enclosures

cc: ComPlus, L.L.C.

Check received with filing and  
forwarded to Fiscal for deposit.  
Filing fee enclosed and a copy of check  
to file with proof of deposit.

Initial of person who forwarded check:  
AA

IXC  
DOCUMENT NUMBER-DATE

00809 JAN 21 88

FPSC-RECORDS/REPORTING

PATS App.  
DOCUMENT NUMBER-DATE

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FPSC-RECORDS/REPORTING

BEFORE THE PUBLIC SERVICE COMMISSION  
OF THE STATE OF FLORIDA

In the Matter of the Application of )  
ComPlus, L.L.C. for Original Authority )  
to Provide Pay Telephone Service )  
Within the State of Florida )

No. 990076-TC

**APPLICATION FOR AUTHORITY**

ComPlus, L.L.C. ("Applicant"), pursuant to Rules 25-24.510 and 25-24.511 of the Florida Public Service Commission, hereby files an Application for Authority to Provide Pay Telephone Service within the State of Florida ("Application") with the Florida Public Service Commission ("Commission"). In support of its Application, Applicant provides the following information in accordance with Florida Public Service Commission Form PSC/CMU 32 (8/98):

1. Applicant's legal name is ComPlus, L.L.C.
2. Applicant will be doing business as ComPlus, L.L.C. of Texas.
3. Applicant's mailing address is:

2100 North Highway 360, Suite No. 1904  
Grand Prairie, Texas 75050

4. Applicant will not have a Florida office, nor maintain employees in the State of Florida. All of Applicant's operations will be directed from Applicant's national office.

5. Applicant is a limited liability company formed under the laws of the State of Texas on July 20, 1998. Applicant's Certificate of Organization is submitted as **Exhibit A**. Proof from the Florida Secretary of State that the Applicant has authority to operate in Florida is attached as **Exhibit B**.

6-10. Not applicable.

11. (a) Correspondence and communications concerning this Application and Tariff should be directed to Applicant's regulatory consultant:

Ms. Kristin Doyle  
c/o Harbor Consulting Group, Inc.  
4312 92nd Avenue Northwest  
Gig Harbor, Washington 98335

Telephone: 253.265.3910  
Facsimile: 253.265.3912  
E-mail: kdoyle@harbor-group.com

- (b) The official point of contact for ongoing operations of the Applicant is:

Ms. Khristina Fincher  
2100 N. Highway 360, Suite No. 1904  
Grand Prairie, Texas 75050

Telephone: 972.336.0808  
Facsimile: 972.602.7477

- (c) Customer complaints/inquiries should be directed to Applicant's customer service manager, Khristina Fincher, at:

2100 North Highway 360, Suite No. 1904  
Grand Prairie, Texas 75050

Telephone: 800.501.5015  
Facsimile: 972.602.7477

12. No subsidiary, partner, officer, director or any shareholder has been adjudged bankrupt, mentally incompetent or found guilty of a felony or of any crime. No proceedings are pending against any subsidiary, partner, officer, director or shareholder that may result in such a finding.

13. Neither Applicant nor any subsidiary, partner, officer, director, or stockholder has been granted or denied a pay telephone certificate in the State of Florida.

14. Neither Applicant nor any subsidiary, partner, officer, director, or any stockholder is a subsidiary, partner or officer in any other Florida certificated pay telephone company.

15. (a-b) Applicant is not currently providing service in any state. Applicant is in the process of seeking certification as a pay telephone provider in several states and has an application pending in Georgia.

(c-d) Applicant has not been denied authority to operate as a pay telephone provider in any state, nor has Applicant had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders.

16. Applicant is a value-added provider of resold MTS interexchange telecommunications services and pay telephone service. Applicant proposes to provide resold inbound and outbound interexchange telecommunications services for the direct transmission and reception of voice and data between locations throughout the State of Florida, including "1 plus" and "800" services, as well as prepaid and postpaid calling card services.

Applicant's payphone services will be available twenty-four hours per day, seven days per week, at rates, terms and conditions established by Applicant. Applicant also will offer directory assistance and alternative operator services. All network facilities are the property of, and controlled by, Applicant's underlying carriers. Applicant assumes full responsibility for marketing and sales, billing and customer service functions.

Applicant seeks to pay telephone service rates that are competitive with those of other pay telephone providers in the State of Florida.

17. Applicant proposes to install and/or operate no more than ten pay telephone instruments in the first year of operation.

18. Applicant intends to service and maintain each payphone through contractors managed by Applicant.

19. Each of the pay telephones to be installed will provide access to all locally available long distance carriers via 10XXX+0, 1010XXX, 950-XXXX, and 1-800.

20. Each of the payphones to be installed will conform to subsections 4.29.2 - 4.29.4 and 4.29.8 of the American National Standard Specification for Making Buildings and Facilities Accessible and Usable by Physically Handicapped People.

WHEREFORE, ComPlus, L.L.C. respectfully requests that the Florida Public Service Commission grant it Original Authority to operate as a reseller of telecommunications services within the State of Florida.

(Signature on Following Page)

Respectfully submitted this 8<sup>th</sup> day of December 1998.

ComPlus, L.L.C.

By: Doug Copley

Doug Copley  
Vice President

2100 N. Highway 360, Suite No. 1904  
Grand Prairie, Texas 75050

Telephone: 972.336.0808

Facsimile: 972.602.7477

Harbor Consulting Group Inc.  
4312 92nd Avenue Northwest  
Gig Harbor, Washington 98335

Telephone: 253.265.3910

Facsimile: 253.265.3912

Applicant's Regulatory Consultants

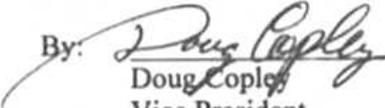
APPLICANT FEE/TAX STATEMENT

1. REGULATORY ASSESSMENT FEE: I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of its gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment of \$50.00 is required.
2. GROSS RECEIPTS TAX: I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business.
3. SALES TAX: I understand that a seven percent sales tax must be paid on intra and interstate revenues.
4. APPLICATION FEE: A non-refundable application fee of \$100.00 must be submitted with the application.

Respectfully submitted this 8<sup>th</sup> day of December, 1998.

ComPlus, L.L.C.

By:

  
Doug Copley

Vice President

2100 N. Highway 360, Suite No. 1904  
Grand Prairie, Texas 75050

Telephone: 972.336.0808

Facsimile: 972.602.7477

BEFORE THE PUBLIC SERVICE COMMISSION  
OF THE STATE OF FLORIDA

In the Matter of the Application of )  
ComPlus, L.L.C. for Original Authority )  
to Provide Pay Telephone Service ) No. \_\_\_\_\_  
Within the State of Florida )

**LIST OF EXHIBITS AND APPENDICES**

- |            |                             |
|------------|-----------------------------|
| EXHIBIT A  | CERTIFICATE OF ORGANIZATION |
| EXHIBIT B  | CERTIFICATE OF AUTHORITY    |
| APPENDIX A | AFFIDAVIT                   |
| APPENDIX B | APPLICANT ACKNOWLEDGMENT    |

**EXHIBIT A**

**CERTIFICATE OF ORGANIZATION**  
(Attached)



# The State of Texas

SECRETARY OF STATE

IT IS HEREBY CERTIFIED that  
Articles of Organization of

COMPLUS, L.L.C.  
File No. 7039316-22

were filed in this office and a certificate of organization was issued to this limited liability company, and no certificate of dissolution is in effect and the company is currently in existence.

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ALLAMASSSEE, ALABAMA



*IN TESTIMONY WHEREOF, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in the City of Austin, on November 6, 1998.*

Alberto R. Gonzales  
Secretary of State

DAM

**EXHIBIT B**

**CERTIFICATE OF AUTHORITY**  
(Attached)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT  
BUSINESS IN THE STATE OF FLORIDA:*

1. ComPlus, L.L.C. which will do business in Florida as ComPlus, L.L.C. of Texas  
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation  
"L.C." if not so contained in the name at present)

2. Texas 3. 75-277358  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 07/20/98 5. 30 years  
(Date of Organization) (Duration: Year limited liability company will  
cease to exist or "perpetual")

6. Upon registration  
(Date first transacted business in Florida (See sections 608.501, 608.502, and 817.155, F.S.))

7. 2100 North Highway 360, Suite 1904  
Grand Prairie, TX 75050  
(Street address of principal Office)

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8. List name, title, and business address of each managing member[MGRM] or manager[MGR] who will manage the foreign limited liability company in Florida: (attach additional page if necessary)

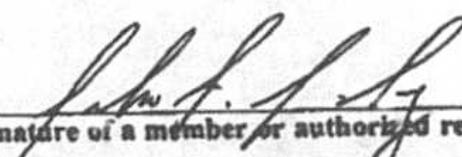
NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
<u>Doug Copley</u>	<u>Mgr.</u>	<u>Vicki Copley</u>	<u>Mem.</u>
<u>2100 N. Hwy. 360, #1904</u>		<u>2100 N. Hwy. 360, #1904</u>	
<u>Grand Prairie, TX 75050</u>		<u>Grand Prairie, TX 75050</u>	
<u>Marko Mendez</u>	<u>Mgr.</u>	<u>Judy Mendez</u>	<u>Mem.</u>
<u>2100 N. Hwy. 360, #1904</u>		<u>2100 N. Hwy. 360, #1904</u>	
<u>Grand Prairie, TX 75050</u>		<u>Grand Prairie, TX 75050</u>	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN  
LIMITED LIABILITY COMPANY**

The undersigned member or authorized representative of a member of ComPlus, LLC, which will  
do business in Florida as ComPlus, L.L.C. of Texas deposes and says:

- 1) the above named limited liability company has at least two members.
- 2) the total amount of cash contributed by the member(s) is \$ 1,000.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is  
\$ 0.00 A description of the property is attached and made a part hereof.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is  
\$ 1,000.00 This total includes amounts from 2 and 3 above.

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\_\_\_\_\_  
Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of  
this affidavit constitutes an affidavit under the penalties of perjury that  
the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

1. The name of the limited liability company is:

ComPlus, LLC, which will do business in Florida as ComPlus, L.L.C. of Texas

2. The name and address of the registered agent and office is:

NRAI Services, Inc.

(Name)

526 E. Park Avenue

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Tallahassee, FL 32301

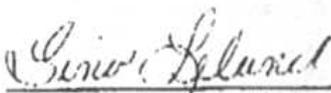
(City/State/Zip)

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*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



Tina Jelard (Signature) Assistant Secretary  
for NRAI Services, Inc.

11-13-98

(Date)

**Filing Fee: \$35 for Designation of Registered Agent**

**APPENDIX A**

**AFFIDAVIT**  
(Attached)

## AFFIDAVIT

By my signature below, I the undersigned owner or officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is a 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.

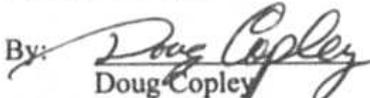
I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any charges in the names or addresses listed in the application within 10 days of the change.

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."

Respectfully submitted this 8<sup>th</sup> day of December, 1998.

ComPlus, L.L.C.

By:

  
Doug Copley

Vice President

2100 N. Highway 360, Suite No. 1904  
Grand Prairie, Texas 75050

Telephone: 972.336.0808

Facsimile: 972.602.7477

**APPENDIX B**

**APPLICANT ACKNOWLEDGMENT**  
(Attached)

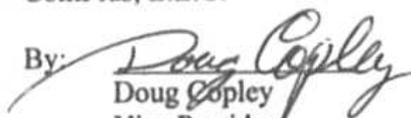
## APPLICANT ACKNOWLEDGEMENT

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

Respectfully submitted this 8<sup>th</sup> day of December, 1998.

ComPlus, L.L.C.

By:



Doug Copley  
Vice President

2100 N. Highway 360, Suite No. 1904  
Grand Prairie, Texas 75050

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