	1000000	- smenil
1. This is an application for (check one): 856 .	JUL 2 4 2003	080509
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 that apply for a new certificate.		
Approval of assignment of existing Certificate: Example, a certificated company purchases an existing company and desires to retain the existing certificate of authority and tariff.		
2. Name of company: Vixxi Solutions Inc.	`	JKH 5000/053 B 400.00 7-22-08 RT
Name under which applicant will do business (fictiti	ous name, etc.):	7-22-00
Vixxi Solutions Inc.		RT
4. Official mailing address:		
Street/Post Office Box: 4545 Fuller Drive, Suite 250 City: Irving State: Texas Zip: 75038		
5. Florida address:		
Street/Post Office Box: City: State: Zip:		
6. Structure of organization:		u ¥:
Foreign Corporation F	oreign Partnership	DOCUMENT NUMBER-CATE O 6415 JUL 23 8 FPSC-COMMISSION CLERK
2. 3. 4.	This is an application for (check one): 856. Original certificate (new company). Approval of transfer of existing certificate company purchases an existing company and certificate of authority rather that apply for a new Approval of assignment of existing Certicompany purchases an existing company and certificate of authority and tariff. Name of company: Vixxi Solutions Inc. Name under which applicant will do business (fictitivity Vixxi Solutions Inc.) Official mailing address: Street/Post Office Box: 4545 Fuller Drive, Suite 2 City: Irving State: Texas Zip: 75038 Florida address: Street/Post Office Box: City: State: Zip: Structure of organization: Individual Foreign Corporation General Partnership	☑ Original certificate (new company). ☑ Approval of transfer of existing certificate: Example, a nor company purchases an existing company and desires to retain certificate of authority rather that apply for a new certificate. ☑ Approval of assignment of existing Certificate: Example, a company purchases an existing company and desires to retain certificate of authority and tariff. Name of company: Vixxi Solutions Inc. Name under which applicant will do business (fictitious name, etc.): Vixxi Solutions Inc. Official mailing address: Street/Post Office Box: 4545 Fuller Drive, Suite 250 City: Irving State: Texas Zip: 75038 Florida address: Street/Post Office Box: City: State: Zip: Structure of organization: ☐ Individual ☐ Foreign Corporation ☐ Foreign Partnership ☐ Limited Partnership Limited Partnership

FORM PSC/CMP-8 (01/06) Required by Commission Rule Nos. 25-24.810, and 25-24.815

Note: To complete this interactive form using your computer, use the tab key to navigate between data entry fields.