

#### VIA USPS PRIORITY MAIL

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July 16, 2008

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Ms. Blanca Bayo Florida Public Service Commission Division of Communications Certificate of Compliance Section 2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0866

Re: ExcelaCom Light, LLC. - Application for Resale/Facility Based ALEC Authority

Dear Ms. Bayo,

Enclosed please find an original and two (2) copies of the revised Application for Authority to provide Local Exchange Service throughout the State of Florida ("Application") and the additional required \$150.00 filing fee. This Application is filed in accordance with the Rules of the Florida Public Service Commission, Chapter 25-24, Section 25-24.810, and PSC/CMU 8 (11/95).

Please take the attachments from the previous version received by the commission and add them to the end of this new version per Toni McCoy.

Please acknowledge receipt of this filing by file stamping and returning a copy of this letter to the address below.

Questions concerning this Application may be addressed directly to me.

Sincer

Joseph Isaacs VP Regulatory Affairs Excelatorn Light, LLC.

COM ECR GCL OPC RCP SSC SGA ADM CLK Monage

DOCUMENT NUMBER-DATE 06416 JUL 238 FPSC-COMMISSION CLERK

CK# 18444

\$ 150.00

7-17-08

RT

4274 Enfield Court, Suite 1600, Palm Harbor, Florida 34683 Telephone: 727-738-5553 Facsimile: 727-939-2672 <u>http://www.isg-telecom.com</u> isaacs@isg-telecom.com

### FLORIDA PUBLIC SERVICE COMMISSION

### DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT

## APPLICATION FORM

#### for

## AUTHORITY TO PROVIDE COMPETITIVE LOCAL EXCHANGE TELECOMMUNICATIONS COMPANY SERVICE WITHIN THE STATE OF FLORIDA

### Instructions

- A. This form is used as an application for an original certificate and for approval of sale, assignment or transfer of an existing certificate. In the case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or 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 two (2) copies of this form along with a non-refundable application fee of **\$400.00** to:

Florida Public Service Commission Division of the Commission Clerk and Administrative Services 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850 (850) 413-6770

- E. A filing fee of **\$400.00** is required for the sale, assignment or transfer of an existing certificate to another company (Chapter 25-24.815, F.A.C.).
- F. If you have questions about completing the form, contact:

Florida Public Service Commission Division of Competitive Markets and Enforcement 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850 (850) 413-6600 DOCUMENT NUMBER-DATE 06416 JUL 238 FPSC-COMMISSION CLERK

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

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

Original certificate (new company).

Approval of transfer of existing certificate: <u>Example</u>, 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: <u>Example</u>, a certificated company purchases an existing company and desires to retain the existing certificate of authority and tariff.

- 2. Name of company: Excelacom Light LLC
- 3. Name under which applicant will do business (fictitious name, etc.):

same

4. Official mailing address:

Street/Post Office Box: 1170 Plaza America Drive City: Reston State: VA Zip: 20190

5. Florida address:

Street/Post Office Box: 4274 Enfield Court, Suite 1600 City: Palm Harbor State: Florida Zip: 34685

6. Structure of organization:



Corporation
Foreign Partnership
Limited Partnership

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

## 7. If individual, provide:

Name: n/a
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

- 8. <u>If incorporated in Florida</u>, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: n/a
- 9. <u>If foreign corporation</u>, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: M08000002780
- **10.** <u>If using fictitious name (d/b/a)</u>, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida. The Florida Secretary of State fictitious name registration number is: n/a
- **11.** <u>If a limited liability partnership</u>, please proof of registration to operate in Florida. The Florida Secretary of State registration number is: n/a
- **12.** <u>If a partnership</u>, provide name, title and address of all partners and a copy of the partnership agreement.

Name: n/a
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

**13.** <u>If a foreign limited partnership, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable. The Florida registration number is:</u>

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### 14. Provide F.E.I. Number(if applicable): 26-2684405

- 15. Who will serve as liaison to the Commission in regard to the following?
  - (a) The application:

Name: Joseph Isaacs % ISG-Telecom Consultants Title: VP Regulatory Street name & number: 4274 Enfield Court, Suite 1600 Post office box: City: Palm Harbor State: FL Zip: 34685 Telephone No.: 727-738-5553 Fax No.: 727-939-2672 E-Mail Address: isaacs@isg-telecom.com Website Address: www.isg-telecom.com

(b) Official point of contact for the ongoing operations of the company:

Name: Joseph Isaacs Title: VP Regulatory Street name & number: 4274 Enfield Court, Suite 1600 Post office box: City: Palm Harbor State: FL Zip: 34685 Telephone No.: 727-738-5553 Fax No.: 727-939-2672 E-Mail Address: isaacs@isg-telecom.com Website Address: www.isg-telecom.com

(c) Complaints/Inquiries from customers:

Name: Matt Michaels Title: CFO Street/Post Office Box: 11710 Plaza America Drive City: Reston State: VA Zip: 20190 Telephone No.: 703-787-7500 Fax No.: 703-787-7500-E-Mail Address: mmichaels@excelacom.com Website Address: www.excelacom.com

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**16.** List the states in which the applicant:

(a) has operated as a Competitive Local Exchange Telecommunications Company.

(b) has applications pending to be certificated as a Competitive Local Exchange Telecommunications Company.

**New Mexico** 

(c) is certificated to operate as a Competitive Local Exchange Telecommunications Company.

New York & New Hampshire

(d) has been denied authority to operate as a Competitive Local Exchange Telecommunications Company and the circumstances involved.

NO

(e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

NO

(f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

NO

**17.** Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent (and not had his or her competency restored), or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, <u>provide explanation</u>.

NO

(b) granted or denied a competitive local exchange certificate in the State of Florida (this includes active and canceled competitive local exchange certificates). If yes, provide explanation and list the certificate holder and certificate number.

NO

(c) an officer, director, partner or stockholder in any other Florida certificated or registered telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

NO

**18.** Submit the following:

(a) <u>Managerial capability</u>: resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.

(b) <u>Technical capability</u>: resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

- (c) <u>Financial Capability:</u> applicant's audited financial statements for the most recent three (3) years. If the applicant does not have audited financial statements, it shall so be stated. Unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer affirming that the financial statements are true and correct and should include:
  - 1. the balance sheet,
  - 2. income statement, and
  - 3. statement of retained earnings.

**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.

# THIS PAGE MUST BE COMPLETED AND SIGNED

**REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee. Regardless of the gross operating revenue of a company, a minimum annual assessment fee, as defined by the Commission, is required.

**RECEIPT AND UNDERSTANDING OF RULES:** I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to the provisioning of competitive local exchange telecommunications company (CLEC) service in Florida.

**APPLICANT ACKNOWLEDGEMENT:** 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 competitive local exchange telecommunications company 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, 1 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."

Company Owner or Officer

Print Name: Joseph Isaacs Title: VP Regulatory	
Telephone No.: 727-738-5553 /	
E-Mail Address: isaacs@isg-telecom.com	
Signature:	
	(

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

# CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

As current holder of Florida Public Service Commission Certificate Number , I have reviewed this application and join in the petitioner's request for a

🗌 sale

] transfer

assignment a

of the certificate.

A

## Company Owner or Officer

Print Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:

Signature:\_\_\_\_\_

Date:\_\_\_\_

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