



April 23, 2015  
Via Overnight Delivery

Ms. Carlotta Stauffer, Commission Clerk  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850

RE: HD Carrier LLC  
Application for Authority to Provide Competitive Local Exchange Telecommunications  
Company Service Within the State of Florida

Dear Ms. Stauffer:

Enclosed for filing please find the original and one (1) copy of the Application for Authority to Provide Competitive Local Exchange Telecommunications Company Service Within the State of Florida submitted on behalf of HD Carrier LLC. A check in the amount of \$500.00 is enclosed to cover the filing fee.

Please acknowledge receipt of this filing by date-stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided for that purpose.

Any questions you may have regarding this filing should be directed to my attention at 407-740-3006 or via email to croesel@tminc.com. Thank you for your assistance in this matter.

Sincerely,

Carey Roesel  
Consultant to HD Carrier LLC

cc: Josh Lowenthal - HD Carrier  
file: HD Carrier - FL Local  
tms: FLL1500

Enclosures  
CR/gs

COM	_____
AFD	_____
APA	_____
ECO	_____
ENG	_____
GCL	_____
IDM	_____
TEL	_____
CLK	_____

RECEIVED - FPSC  
 15 APR 24 AM 11:04  
 COMMISSION  
 CLERK

# FLORIDA PUBLIC SERVICE COMMISSION

## OFFICE OF TELECOMMUNICATIONS

### APPLICATION FORM

#### FOR

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

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#### Instructions

- A. This form is used as an application for an original certificate and for approval of transfer of an existing certificate. In the case of a transfer, the information provided shall be for the 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 one copy of this form along with a non-refundable application fee of **\$500.00** to:

**Florida Public Service Commission  
Office of Commission Clerk  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6770**

- E. A filing fee of **\$500.00** is required for the transfer of an existing certificate to another company.
- F. If you have questions about completing the form, contact:

**Florida Public Service Commission  
Office of Telecommunications  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6600**

1. 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 of authority rather than apply for a new certificate.

2. Name of company: HD Carrier, LLC

3. Name under which applicant will do business (fictitious name, etc.):

N/A

4. Official mailing address:

Street/Post Office Box: 701 North Green Valley Pkwy., Suite 200  
City: Henderson  
State: NV  
Zip: 89074

5. Florida address: *None*

Street/Post Office Box: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_

6. Structure of organization:

- |   |  |
|---|--|
| <input type="checkbox"/> Individual                                       | <input type="checkbox"/> Corporation         |
| <input type="checkbox"/> Foreign Corporation                              | <input type="checkbox"/> Foreign Partnership |
| <input type="checkbox"/> General Partnership                              | <input type="checkbox"/> Limited Partnership |
| <input checked="" type="checkbox"/> Other, please specify:<br>Foreign LLC |  |

**If individual**, provide:

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

7. **If incorporated in Florida**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is:
8. **If foreign corporation**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: M15000002376 (foreign LLC)
9. **If using fictitious name (d/b/a)**, 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:
10. **If a limited liability partnership**, please proof of registration to operate in Florida. The Florida Secretary of State registration number is:
11. **If a partnership**, provide name, title and address of all partners and a copy of the partnership agreement.

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

12. **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:

13. Provide **F.E.I. Number**: 30-0706389

14. Who will serve as liaison to the Commission in regard to the following?

(a) The application:

Name: Carey Roesel  
Title: Consultant to HD Carrier, LLC  
Street Name & Number: 2600 Maitland Center Parkway, Suite 300  
Post Office Box: \_\_\_\_\_  
City: Maitland  
State: Florida  
Zip: 32751  
Telephone No.: 407-740-3006  
Fax No.: 407-740-0613  
E-Mail Address: croesel@tminc.com  
Website Address: tminc.com

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

Name: Josh Lowenthal  
Title: Chief Operating Officer  
Street Name & Number: 701 North Green Valley Pkwy., Suite 200  
Post Office Box: \_\_\_\_\_  
City: Henderson  
State: NV  
Zip: 89074  
Telephone No.: (725) 333-1011  
Fax No.: (725) 333-1015  
E-Mail Address: josh@hdcarrier.com  
Website Address: hdcarrier.com

(c) Where will you officially designate as your place of publicly publishing your schedule (a/k/a tariffs or price lists)?

- Florida Public Service Commission
- Website – *Website address:*
- Other – *Please provide address:*

15. List the states in which the applicant:

(a) has operated as a telecommunications company.

None.

(b) has applications pending to be certificated as a telecommunications company.

NY

(c) is certificated to operate as a telecommunications company.

OR

(d) has been denied authority to operate as a telecommunications company and the circumstances involved.

None.

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

None.

(f) has been involved in civil court proceedings with another telecommunications entity, and the circumstances involved.

None.

16. Have any of the officers, directors, or any of the ten largest stockholders 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.  Yes  No

If yes, provide explanation.

(b) granted or denied a certificate in the State of Florida (this includes active and canceled certificates).  Yes  No

If yes, provide explanation and list the certificate holder and certificate number.

(c) an officer, director, partner or stockholder in any other Florida certificated or registered telephone company.  Yes  No

If yes, give name of company and relationship. If no longer associated with company, give reason why not.

17. Submit the following:

(a) **Managerial capability:** resumes of employees/officers of the company that would indicate sufficient managerial experiences of each. Please explain if a resume represents an individual that is not employed with the company and provide proof that the individual authorizes the use of the resume.

(b) **Technical capability:** resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance. Please explain if a resume represents an individual that is not employed with the company and provide proof that the individual authorizes the use of the resume.

(c) **Financial Capability:** 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:** *It is the applicant's burden to demonstrate that it possesses adequate managerial capability, technical capability, and financial capability. Additional supporting information can be supplied at the discretion of the applicant.*

**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 telecommunications company 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 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.

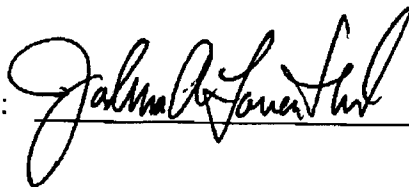
Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "**Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 and s. 775.083.**"

I understand that any false statements can result in being denied a certificate of authority in Florida.

**COMPANY OWNER OR OFFICER**

Print Name: Josh Lowenthal  
Title: Chief Operating Officer  
Telephone No.: 725-333-1011  
E-Mail Address: josh@hdcarrier.com

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



Date: \_\_\_\_\_

2/4/15



## CERTIFICATE TRANSFER

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

### COMPANY OWNER OR OFFICER

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

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



**TMI RECEIVED**  
**APR 10 2015**

**FLORIDA DEPARTMENT OF STATE**  
Division of Corporations

April 1, 2015

TECHNOLOGIES MANAGEMENT, INC.  
ATTN: PHYLLIS MILLER  
2600 MAITLAND CTR PKWY, STE 300  
MAITLAND, FL 32751

Qualification documents for HD CARRIER LLC were filed on March 9, 2015, and assigned document number M15000002376. Please refer to this number whenever corresponding with this office.

Your limited liability company is authorized to transact business in Florida as of the file date.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Apply today with the IRS online at:

<https://sa.www4.irs.gov/modiein/individual/index.jsp>.

Please notify this office if the limited liability company address changes.

Should you have any questions regarding this matter, please contact this office at the address given below.

Michelle Milligan  
Senior Section Administrator  
Registration Section  
Division of Corporations

Letter Number: 215A00006439

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. HD Carrier LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Nevada

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 30-0706389

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 701 NORTH GREEN VALLEY PKWY., SUITE 200

Henderson, NV 89074

(Street Address of Principal Office)

6. 701 NORTH GREEN VALLEY PKWY., SUITE 200

Henderson, NV 89074

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Bryan Petersen, Manager

Josh Lowenthal, Manager

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

(In accordance with section 605.0203 F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Josh Lowenthal

Typed or printed name of signee

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

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

**HD Carrier LLC**

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If unavailable, the alternate to be used in the state of Florida is:

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2. The name and the Florida street address of the registered agent and office are:

**CT Corporation System**

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(Name)

**1200 South Pine Island Road**

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Florida Street Address (P.O. Box NOT ACCEPTABLE)

**Plantation**

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**FL 33324**

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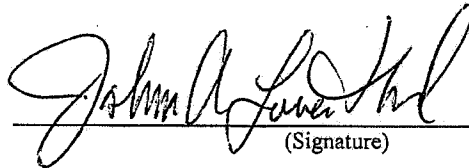
City/State/Zip

RECEIVED  
STATE  
SECRETARY  
TALLAHASSEE, FLORIDA

15 MAR -9 AM 8:37

FILED

*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 as provided for in Chapter 605, Florida Statutes.*

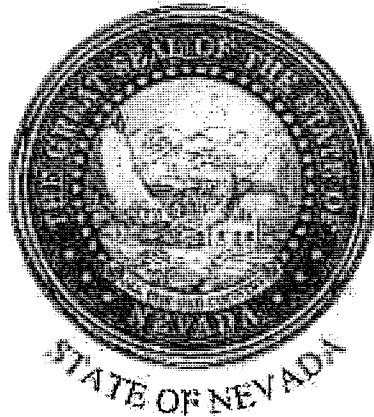


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(Signature)

**\$ 100.00 Filing Fee for Application**  
**\$ 25.00 Designation of Registered Agent**  
**\$ 30.00 Certified Copy (optional)**  
**\$ 5.00 Certificate of Status (optional)**

SECRETARY OF STATE



FILED  
15 MAR -9 AM 9:37  
SECRETARY OF STATE  
NEVADA RECORDS DIVISION

**CERTIFICATE OF EXISTENCE  
WITH STATUS IN GOOD STANDING**

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **HD CARRIER LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 17, 2011, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 4, 2015.

Handwritten signature of Barbara K. Cegavske in cursive script.

BARBARA K. CEGAVSKE  
Secretary of State



Electronic Certificate  
Certificate Number: C20150304-0954  
You may verify this electronic certificate  
online at <http://www.nvsos.gov/>

**HD CARRIER, LLC**

**EXHIBIT A**

**MANAGERIAL AND TECHNICAL CAPABILITY**

The attached resumes of key management demonstrate that HD Carrier, LLC, has sufficient managerial and technical capabilities to provide local exchange telecommunications services in Florida.

**Josh Lowenthal** is the Chief Operating Officer at HD Carrier, overseeing all retail and wholesale operations, global expansion strategy, and business development opportunities.

Prior to joining, Josh served as founder and CEO of various telecommunications startups: West Africa-based AVAD Networks, TeleJunctions Conferencing, and Flash phone pioneer [Yakfree.com](http://Yakfree.com). Josh also served as Director of Business Development for Justice Telecom, a former #1 Fastest Growing Company on the Inc 500.

Josh earned a Bachelor's degree from Cornell University and an MBA from the University of California, San Diego. Josh lives in Huntington Beach, California, loves to surf, play soccer, and volunteer in the community.

**Bryan Petersen** is the Director of Network Operations at HD Carrier where he oversees all daily operations of the global network while continually fostering relationships with HD Carrier's domestic and global partners. Bryan brings more than 20 years telecommunications operations experience, having worked in numerous LEC, CLEC, and start up environments.

Bryan Petersen received his BA from Brigham Young University and currently lives in Los Alamitos, CA with his wife and four children. In his spare time, he enjoys cycling, soccer, surfing and playing chess.

**HD CARRIER, LLC**

**EXHIBIT B**

**FINANCIAL CAPABILITY**

Filed under separate cover as Confidential is the Company's most recent balance sheet which demonstrates that the Company has adequate capital to provide the proposed local telecommunications services in the State of Florida.

Also attached is an affidavit affirming that the financial statements are true and correct.





**CALIFORNIA JURAT WITH AFFIANT STATEMENT**  
**GOVERNMENT CODE § 8202**

- See Attached Document (Notary to cross out lines 1-6 below)  
 See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
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6 \_\_\_\_\_

\_\_\_\_\_  
Signature of Document Signer No. 1

\_\_\_\_\_  
Signature of Document Signer No. 2 (if any)

State of California  
County of Los Angeles

Subscribed and sworn to (or affirmed) before me  
on this 22<sup>nd</sup> day of April, 2015  
by Date Month Year  
(1) Jash Lowenthal



(2) \_\_\_\_\_  
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence  
to be the person(s) who appeared before me.

Place Notary Seal Above

Signature Kathryn Glaser  
Signature of Notary Public

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document  
or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: Affidavit

Document Date: April 22, 2015 Number of Pages: 1

Signer(s) Other Than Named Above: \_\_\_\_\_