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November 2, 2017

VIA OVERNIGHT DELIVERY

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

Re: TIME CLOCK SOLUTIONS, LLC **REDACTED**

To Whom It May Concern:

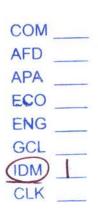
Enclosed please find one original and one (1) copy of TIME CLOCK SOLUTIONS, LLC's Application for Authority to Provide Telecommunications Company Service Within the State of Florida. We have also have enclosed a check in the amount of \$500.00 payable to the "Florida Public Service Commission" to cover the cost of filing these documents.

Please return a stamped copy of the extra copy of this letter in the enclosed preaddressed prepaid envelope. If you have any questions regarding this matter, please do not hesitate to contact our office. Thank you for your attention to this matter.

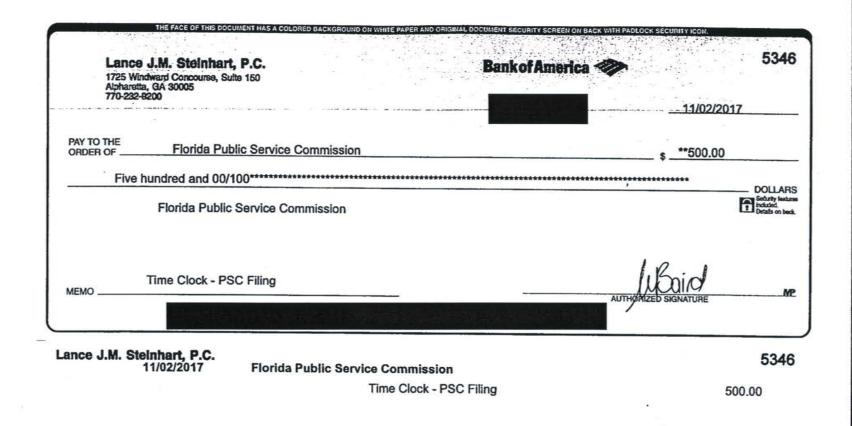
Sincer Managing Attorney



Managing Attorney Lance J.M. Steinhart, P.C. Attorneys for TIME CLOCK SOLUTIONS, LLC



Enclosures cc: Vance Witt



BOA - Operating Acc 7520

Time Clock - PSC Filing

500.00

FLORIDA PUBLIC SERVICE COMMISSION

OFFICE OF TELECOMMUNICATIONS

APPLICATION FORM

FOR

AUTHORITY TO PROVIDE 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 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 nonrefundable 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: <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.

- 2. Name of company: TIME CLOCK SOLUTIONS, LLC
- 3. Name under which applicant will do business (fictitious name, etc.):
- 4. Official mailing address:

Street/Post Office Box:	8725 SW 52 nd Ave.	
City:	Miami	
State:	Florida	
Zip:	33143	

5. Florida address:

Street/Post Office Box:	8725 SW 52 nd Ave.
City:	Miami
State:	Florida
Zip:	33143

6. Structure of organization:

	Individual Foreign Corporation General Partnership Other, please specify: Foreign Limited Liability Col	mpany	Corporation Foreign Partnership Limited Partnership
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If individual, provide:

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

- 7. <u>If incorporated in Florida</u>, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: L14000045161
- 8. <u>If foreign corporation</u>, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is:
- 9. <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:
- If a limited liability partnership, please proof of registration to operate in Florida. The Florida Secretary of State registration number is:
- 11. <u>If a partnership</u>, provide name, title and address of all partners and a copy of the partnership agreement.

Name:	
Title:	
Street/Post Office Box:	
City:	
State:	
Zip:	11
Telephone No.:	
Fax No.:	
E-Mail Address:	
Website Address:	

12. <u>If a foreign limited partnership</u>, 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: 32-04366413

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

Name:	Lance J.M. Steinhart
Title:	Attorney at Law
Street Name & Number:	1725 Windward Concourse, Ste. 150
Post Office Box:	
City:	Alpharetta
State:	Georgia
Zip:	30005
Telephone No.:	770-232-9200
Fax No.:	770-232-9208
E-Mail Address:	info@telecomcounsel.com
Website Address:	www.telecomcounsel.com

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

Vance Witt
Managing Member
8725 SW 52 nd Ave.
Miami
Florida
33143
855-753-0941
accounting@yourtimeclocksolution.com
www.timeclocksolution.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*: www.timeclocksolution.com

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.

None.

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

None.

(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. Velocity The Greatest Phone Company Ever, Inc. (still associated)

17. Submit the following:

(a) <u>Managerial capability</u>: 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) <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. 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) <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: 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:	Vance Witt
Title:	Managung member
Telephone No.:	855-153-0441
E-Mail Address:	Vance @ your timeclack solution.com

Date: 10-7 (-2017

Signature:

FORM PSC/TEL 162 (12/12) Application to Provide Telecommunications Company Service Within the State of Florida - Commission Rule No. 25-4.004, F.A.C. Page 7 of 8

Florida CLEC Filing

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:

LIST OF ATTACHMENTS

ATTACHMENT A - MANAGEMENT CAPABILITY ATTACHMENT B – TECHNICAL CAPABILITY ATTACHMENT C - FINANCIAL CAPABILITY ATTACHMENT A - MANAGEMENT CAPABILITY



Vance Witt

Results-oriented Executive with over 20 years' experience in operations and 8 years' in the telecommunication industry as a Vice President of Business Development. Mr. Witt focus is developing and executing company sales and marketing plans, including implementing new ideas and tools for the company. Solid background in operations in wholesale market segments. Extensive direct and indirect leadership experience. Diverse executive management background with expertise in organization. A forward thinking executive with excellent vision, leadership and negotiation skills. Strong written and verbal skills. Solid track record reducing costs and employing performance optimization plans in a wide range of situations.

Education

Bachelor's degree from University of West Georgia

ATTACHMENT B – TECHNICAL CAPABILITY



Vance Witt

Results-oriented Executive with over 20 years' experience in operations and 8 years' in the telecommunication industry as a Vice President of Business Development. Mr. Witt focus is developing and executing company sales and marketing plans, including implementing new ideas and tools for the company. Solid background in operations in wholesale market segments. Extensive direct and indirect leadership experience. Diverse executive management background with expertise in organization. A forward thinking executive with excellent vision, leadership and negotiation skills. Strong written and verbal skills. Solid track record reducing costs and employing performance optimization plans in a wide range of situations.

Education

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ATTACHMENT C - FINANCIAL CAPABILITY

FILED CONFIDENTIALLY