

# FLORIDA PUBLIC SERVICE COMMISSION

## OFFICE OF INDUSTRY DEVELOPMENT AND MARKET ANALYSIS

### APPLICATION FOR ORIGINAL AUTHORITY OR TRANSFER OF AUTHORITY

DATE DEPOSIT TO PROVIDE  
TELECOMMUNICATIONS SERVICE  
DEC 02 2019 301 IN THE STATE OF FLORIDA

Dkt #: 20190212

### INSTRUCTIONS

This form should be used as the application for an original certificate and transfer of an existing certificate (from a Florida certificated company to a non-certificated company). In the case of a transfer, the information shall be provided by the transferee. If you have other questions about completing the form, call **(850) 413-6600**.

Print or type all responses to each item requested in the application. If an item is not applicable, please explain. All questions must be answered. If unable to answer the question in the allotted space, please continue on a separate sheet.

Once completed, submit the **original and one copy** of this form along with a **non-refundable** fee of **\$500.00** to:

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

RECEIVED-FPSC  
2019 DEC -2 AM 10:24  
COMMISSION

CK# 2252  
\$ 500.00  
11-20-19  
RR

# APPLICATION

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 rather than apply for a new certificate.

Please provide the following:

1. Full name of company, including fictitious name(s), that must match identically with name(s) on file with the Florida Department of State, Division of Corporations registration:

\_\_\_\_\_ Compu-Design USA Inc. dba Dade Institute of Technology \_\_\_\_\_  
\_\_\_\_\_

2. The Florida Secretary of State corporate registration number:

\_\_\_\_\_

3. F.E.I. Number: \_\_\_\_\_ 20-5233698 \_\_\_\_\_

4. Structure of organization:

The company will be operating as a:  
(Check all that apply):

- |                                     |                           |                          |                              |
|-------------------------------------|---------------------------|--------------------------|------------------------------|
| <input checked="" type="checkbox"/> | Corporation               | <input type="checkbox"/> | General Partnership          |
| <input type="checkbox"/>            | Foreign Corporation       | <input type="checkbox"/> | Foreign Partnership          |
| <input type="checkbox"/>            | Limited Liability Company | <input type="checkbox"/> | Limited Partnership          |
| <input type="checkbox"/>            | Sole Proprietorship       | <input type="checkbox"/> | Other, please specify below: |
- \_\_\_\_\_

**If a partnership**, provide a copy of the partnership agreement.

**If a foreign limited partnership**, proof of compliance with the foreign limited partnership statute (Chapter 620.169, F.S). The Florida registration number is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Who will serve as point of contact to the Commission in regard to the following?

(a) This application:

Name: DONARD ST JEAN  
Title: CEO-PRESIDENT  
Street Address: 1140 NE 163<sup>RD</sup> STREET STE 22  
Post Office Box: \_\_\_\_\_  
City: NORTH MIAMI BEACH  
State: FL  
Zip: 33162  
Telephone No.: 305-671-3666  
Fax No.: 305-906-5993  
E-Mail Address: SJDONARD@COMPUDESIGNUSA.COM

(b) Ongoing operations of the company:

(This company liaison will be the point of contact for FPSC correspondence. This point of contact can be updated if a change is necessary but this must be completed at the time the application is filed).

Name: DONARD ST JEAN  
Title: CEO-PRESIDENT  
Street Address: 1140 NE 163<sup>RD</sup> STREET STE 22  
Post Office Box: \_\_\_\_\_  
City: NORTH MIAMI BEACH  
State: FL  
Zip: 33162  
Telephone No.: 305-671-3666  
Fax No.: 305-906-5993  
E-Mail Address: SJDONARD@COMPUDESIGNUSA.COM  
Company Homepage: WWW.COMPU-DESIGN.COM

(c) Optional secondary point of contact or liaison:

(This point of contact will not receive FPSC correspondence but will be on file with the FPSC).

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