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FLORIDA PUBLIC SERVICE COMMISSION

OFFICE OF INDUSTRY DEVELOPMENT AND MARKET ANALYSIS

APPLICATION FOR ORIGINAL AUTHORITY OR TRANSFER OF AUTHORITY TO PROVIDE TELECOMMUNICATIONS SERVICE IN THE STATE OF FLORIDA

DATE DEPOSIT

JUL152020 371 -

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

PSC 1020 (4/18) Rule No. 25-4.004, F.A.C. This is an application for (check one):

X 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 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:

Tel-Star Communications of Florida Inc.

- 2. The Florida Secretary of State corporate registration number:
- **3.** F.E.I. Number: 84-1873158
- 4. Structure of organization:

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

X	Corporation	General Partnership
	Foreign Corporation	Foreign Partnership
	Limited Liability Company	Limited Partnership
	Sole Proprietorship	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, FS). 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:	David Chase
Title:	Director of Operations
Street Address:	24931 Old 41 rd Suite 2
Post Office Box:	
City:	Bonita Springs
State:	Florida
Zip:	34135
Telephone No.:	954-675-6590
Fax No.:	239-221-8438
E-Mail Address:	Dcchase@pccigroup.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:	David Chase	
Title:	Director of Operations	,
Street Address:	24931 Old 41 rd Suite 2	
Post Office Box:		$_{\pm}$ Y
City:	Bonita Springs	
State:	Florida	
Zip:	34135	
Telephone No.:	954-675-6590	
Fax No.:	239-221-8438	
E-Mail Address:	Dcchase@pccigroup.com	
Company Homepage:	www.MytelstarFL.com	www.MyTelstar.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).

James L Perley	
President	· · · · · · · · · · · · · · · · · · ·
24931 Old 41 rd Suite 2	
Bonita Springs	
Florida	
34135	· · · · · · · · · · · · · · · · · · ·
239-221-8438	· · · · · · · · · · · · · · · · · · ·
Jim@pccigroup.com	
	President 24931 Old 41 rd Suite 2 Bonita Springs Florida 34135 239-444-8567 239-221-8438

PSC 1020 (4/18) Rule No. 25-4.004, F.A.C.