State of Florida

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# **Public Service Commission**

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD TALLAHASSEE, FLORIDA 32399-0850

#### -M-E-M-O-R-A-N-D-U-M-

DATE:	April 9, 2021
то:	Adam J. Teitzman, Commission Clerk, Office of Commission Clerk
FROM:	Sakina Deas, Public Utility Analyst II, Office of Industry Development & Market CH Analysis
RE:	Docket No. 20210054-TX – Application for certificate to provide local telecommunications service by CSG Cloud, LLC.

Attached is an email submitted by CSG Cloud with revised application for certificate to provide telecommunication service. Please add to docket file.

If you have any questions, please contact me at 850.413.6504.

From: Amanda Ryan <<u>aryan@csg-cloud.com</u>> Sent: Thursday, April 01, 2021 3:22 PM To: Sakina Deas <<u>SDEAS@PSC.STATE.FL.US</u>> Cc: Lindsay Day <<u>lday@csg-cloud.com</u>> Subject: RE: CGS-Cloud Application to Provide Telecommunication Service In Florida

Hello again, Sakina!

To follow up on our most recent call, I have attached the revised application with the noted changes. The Cashier's check from Lance Koster will be dropped in the mail tomorrow, so you should receive that by Monday.

Please review and let me know if you need anything further.

Thank you!

Amanda Ryan | Ofc (727) 933-0420 | Cell (727) 484-5274



From: Amanda Ryan Sent: Thursday, April 1, 2021 2:39 PM To: 'Sakina Deas' <<u>SDEAS@PSC.STATE.FL.US</u>> Cc: Greg Fogleman <<u>GFoglema@PSC.STATE.FL.US</u>>; Ashley Weisenfeld <<u>AWeisenf@psc.state.fl.us</u>>; Lindsay Day <<u>Iday@csg-cloud.com</u>> Subject: RE: CGS-Cloud Application to Provide Telecommunication Service In Florida

Thank you so much for the follow up and all of your help thus far, Sakina. You have been a pleasure to speak to and I very much appreciate you helping me understand this process.

We will make the revisions to the application and send along with the check for payment on the back fees ASAP.

Thank you!

Amanda Ryan | Ofc (727) 933-0420 | Cell (727) 484-5274



From: Sakina Deas <<u>SDEAS@PSC.STATE.FL.US</u>> Sent: Thursday, April 1, 2021 9:52 AM To: Amanda Ryan <<u>aryan@csg-cloud.com</u>> Cc: Greg Fogleman <<u>GFoglema@PSC.STATE.FL.US</u>>; Ashley Weisenfeld <<u>AWeisenf@psc.state.fl.us</u>> Subject: CGS-Cloud Application to Provide Telecommunication Service In Florida

Hi Amanda,

We have reviewed CGS-Cloud's application to provide telecommunication service in Florida. Upon review it was discovered that CGS-Cloud's partner Lance Koster was the President of a certificated company in Florida ,Your Sip, Inc., whose certificate was cancelled in 2010 due to regulatory assessment fee (RAF) violation's with the Florida Public Service Commission (Commission). If you would like to clear the books for Your Sip, Inc., the following amounts apply: \$600 for 2009 RAFs + \$180 in 2009 penalty & interest + \$1000 for a second time-violation + \$600 for 2010 RAFs which together total \$2,380.00. The check should be payable to the "Florida Public Service Commission" and sent with an explanation of payment to the address below.

Florida Public Service Commission Office of the Commission Clerk 2540 Shumard Oak Blvd Tallahassee, FL 32399

Also, upon review we noticed discrepancies which are listed below. Please make necessary corrections to the application and resubmit. If you have any questions please feel free to give me a call.

Page 1 Question 1 - Company name on page one does not match the name registered with the Secretary of State. The company name with the Secretary of State is CSG-Cloud, LLC

Page 3 Question 8(b) – Does not include information regarding Your Sip Inc. In 2005, Certificate 8595 was granted to Your Sip Inc. where Lance Koster was the president.

Page 4 Question 8(c) – The name of the company and the partners position with the company are not consistent with the Commission's records. In the Commission's database the company name is "Your Sip Inc." and Lance Koster was the president.

Sakina Deas Florida Public Service Commission Office of Industry Development and Market Analysis 2540 Shumard Oak Boulevard Tallahassee, FL 32399 (850) 413-6504 <u>sdeas@psc.state.fl.us</u>

## 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

### **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.

### APPLICATION

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 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:

CSG-Cloud, LLC

2. The Florida Secretary of State corporate registration number:

L20000222137

- **3.** F.E.I. Number: 85-2459839
- **4.** Structure of organization:

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

Corporation	Foreign Partnership Limited Partnership Other, please specify below:
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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: <u>NA</u>

- 5. Who will serve as point of contact to the Commission in regard to the following?
- (a) This application:

Name:	Amanda Ryan
Title:	Managing Member
Street Address:	7121 Park Dr
Post Office Box:	
City:	New Port Richey
State:	FL
Zip:	34652
Telephone No.:	727-484-5274
Fax No.:	727-437-1084
E-Mail Address:	aryan@csg-cloud.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:	SAME AS ABOVE
Title:	
Street Address:	
Post Office Box:	
City:	
State:	
Zip:	
Telephone No.:	
Fax No.:	
E-Mail Address:	
Company Homepage:	

(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:	Lindsay Day
Title:	Managing Member
Street Address:	3437 Springfield Dr
Post Office Box:	
City:	Holiday
State:	FL
Zip:	34691
Telephone No.:	727-992-2081
Fax No.:	727-437-1084
E-Mail Address:	lday@csg-cloud.com

6. Physical address for the applicant that will do business in Florida:

Street address:	9070 W. Ozello Trail
City:	Crystal River
State:	FL
	34429
Telephone No.:	856-658-8647
Fax No.:	352-204-1205
E-Mail Address:	aryan@csg-cloud.com

7. List the state(s), and accompanying docket number(s), in which the applicant has:

(a) **operated** as a telecommunications company. NA - new applicant

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

(d) **been denied authority** to operate as a telecommunications company and the circumstances involved. <u>NA - new applicant</u>

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

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

8. The following questions pertain to the officers and directors. Have any 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 X No

If yes, provide explanation.

NA

(b) granted or denied a certificate in the State of Florida (this includes active and canceled certificates)? XGranted Denied Neither

If granted provide explanation and list the certificate holder and certificate number. In 2005 Lance Koster was listed as President of Your Sip Inc., Certificate # 8595

If denied provide explanation.

NA

(c) an officer, director, and partner in any other Florida certificated telecommunications company? 🔀 Yes 🗌 No

If yes, give name of company and relationship. If no longer associated with company, give reason why not. Your Sip Inc. - President

Pursue opportunities to gain expertise in growing market and further engineering education

**9.** Florida Statute 364.335(1)(a) requires a company seeking a certificate of authority to demonstrate its managerial, technical, and financial ability to provide telecommunications service.

**Note:** It is the applicant's burden to demonstrate that it possesses adequate managerial ability, technical ability, and financial ability. Additional supporting information may be supplied at the discretion of the applicant. For the purposes of this application, financial statements MUST contain the balance sheet, income statement, and statement of retained earnings.

- (a) <u>Managerial ability</u>: An applicant must provide 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 ability</u>: An applicant must provide 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 ability</u>: An applicant must provide financial statements demonstrating financial ability by submitting a balance sheet, income statement, and retained earnings statement. An applicant that has audited financial statements for the most recent three years must provide those financial statements. If a full three years' historical data is not available, the application must include both historical financial data and pro forma data to supplement. An applicant of a newly established company must provide three years' pro forma data. If the applicant does not have audited financial statements, it must be so stated and signed by either the applicant's chief executive officer or chief financial officer affirming that the financial statements are true and correct.

**10.** Where will you officially designate as your place of publicly publishing your schedule a/k/a tariffs or price lists)? (Tariffs or price lists MUST be publicly published to comply with Florida Statute 364.04).

🗌 Florida Publi	ic Service Commission	
X Website – Pl	ease provide Website address	. www.csg-cloud.com
Other – Pleas	se provide address:	

### THIS PAGE MUST BE COMPLETED AND SIGNED

**REGULATORY ASSESSMENT FEE:** I understand that all telecommunications companies must pay a regulatory assessment fee. A minimum annual assessment fee, as defined by the Commission, is required.

**RECEIPT AND UNDERSTANDING OF RULES:** I understand the Florida Public Service Commission's rules, orders, and laws relating to the provisioning of telecommunications company service in Florida.

**APPLICANT ACKNOWLEDGEMENT:** By my signature below, I, the undersigned owner or officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical ability, managerial ability, and financial ability 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 have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules, orders and laws.

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 or her 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:	Amanda Ryan
Title:	Managing Member
Telephone No.:	727-484-5274
E-Mail Address:	aryan@csg-cloud.com

Signature:

Date:

### **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: \_\_\_\_\_