

CK#: 009290

Amnt: \$500.00

08/24/23

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FLORIDA PUBLIC SERVICE COMMISSION

OFFICE OF INDUSTRY DEVELOPMENT AND MARKET ANALYSIS

Deposit Date

AUG 25 2023

Deposit Number

000672

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

Dkt #: 20230092

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
2023 AUG 24 PM 3:17
COMMISSION
CLERK

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:

Office Management Systems Inc

2. The Florida Secretary of State corporate registration number:

7842596295CC

3. F.E.I. Number: 640679888 _____

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, 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: Renea DeLoach
Title: Corporate Controller
Street Address: 327 Yorkville Road East
Post Office Box: _____
City: Columbus
State: MS
Zip: 39702
Telephone No.: 662-244-6642
Fax No.: 662-329-4062
E-Mail Address: taxdept@logista.cc

(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: Randy McDade
Title: Vice-President/CFO
Street Address: 327 Yorkville Road E
Post Office Box: _____
City: Columbus
State: MS
Zip: 39702
Telephone No.: 662-244-6500
Fax No.: 662-329-4062
E-Mail Address: taxdept@logista.cc
Company Homepage: https://logistasolutions.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: _____

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

Street address: 307 Yorkville Road E
City: Columbus
State: MS
Zip: 39702
Telephone No.: 662-244-6500
Fax No.: 662-329-4062
E-Mail Address: taxdept@logista.cc

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

(a) **operated** as a telecommunications company. N/A

(b) **applications pending** to be certificated as a telecommunications company. N/A

(c) **been certificated** to operate as a telecommunications company. N/A

(d) **been denied authority** to operate as a telecommunications company and the circumstances involved. N/A

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

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

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 No

If yes, provide explanation.

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