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06 SEP 14 PM 2:55
LOS ANGELES OFFICE
2381 ROSECRANS AVENUE, SUITE 110
EL SEGUNDO, CALIFORNIA 90245-4290
TELEPHONE (310) 643-7999
FAX (310) 643-7997
COMMISSION CLERK

JOHN C. DODGE
DIRECT DIAL
202-828-9805
JDODGE@CRBLAW.COM

September 13, 2006

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward deposit information to Records.

BY FEDERAL EXPRESS

Initials of person who forwarded check:
LBM

Blanca Bayó, Director
Division of the Commission Clerk and Administrative Services
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

**Re: Mobilitie, LLC
Application for AAV Certificate of Public Convenience and Necessity**

Dear Ms. Bayó:

Enclosed please find an original and two copies of Mobilitie, LLC's Application Form for Authority to Provide Alternative Access Vendor Service Within the State of Florida. Also enclosed is an additional stamp and return copy of the application. Please date-stamp this document and return it to our office in the enclosed self-addressed stamped envelope.

If you have any questions regarding this filing, please contact the undersigned.

Sincerely,

[Handwritten Signature]
John C. Dodge

Counsel for Mobilitie LLC

cc: Gary Jabara, Mobilitie LLC

06 SEP 14 AM 10:34

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DOCUMENT NUMBER-DATE

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FPSC-BUREAU OF RECO. OS

FPSC-COMMISSION CLERK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 6, 2006

GARY B. JABARA
500 NEWPORT CENTER DRIVE
SUITE 830
NEWPORT BEACH, CA 92660

Qualification documents for MOBILITIE, LLC were filed on September 5, 2006, and assigned document number M06000004893. Please refer to this number whenever corresponding with this office.

Your limited liability company is now qualified and authorized to transact business in Florida as of the file date. In accordance with section 608.406(2), F.S., the name of this limited liability company is filed with the Department of State for public notice only and is granted without regard to any other name recorded with the Division of Corporations.

A limited liability company annual report/uniform business report will be due this office between January 1 and May 1 of the year following the calendar year of the file date. A Federal Employer Identification (FEI) number will be required before this report can be filed. If you do not already have an FEI number, please apply NOW with the Internal Revenue by calling 1-800-829-3676 and requesting form SS-4.

Please be aware if the limited liability company address changes, it is the responsibility of the corporation to notify this office.

Should you have any questions regarding this matter, please contact this office at the address given below.

Agnes Lunt
Document Specialist
Registration/Qualification Section
Division of Corporations

Letter Number: 906A00054039

DOCUMENT NUMBER-DATE

08446 SEP 14 8

P.O. BOX 6327 -Tallahassee, Florida 32314

FPSC-COMMISSION CLERK

FLORIDA PUBLIC SERVICE COMMISSION
DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT
APPLICATION FORM
for
AUTHORITY TO PROVIDE ALTERNATIVE ACCESS VENDOR SERVICE
WITHIN THE STATE OF FLORIDA

Instructions

- A. This form is used as an application for an original certificate and for approval of sale, assignment or transfer of an existing certificate. In the case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee (See Page 9).
- B. Print or type all responses to each item requested in the application and appendices. 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 two (2) copies of this form along with a non-refundable application fee of **\$250.00** to:

Florida Public Service Commission
Division of the Commission Clerk and Administrative Services
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770

- E. A filing fee of **\$250.00** is required for the sale, assignment or transfer of an existing certificate to another company (Chapter 25-24.730, F.A.C.).
- F. If you have questions about completing the form, contact:

Florida Public Service Commission
Division of Competitive Markets and Enforcement
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: Example, a non-certificated company purchases an existing company and desires to retain the original certificate authority rather than apply for a new certificate.

Approval of Assignment of existing Certificate: Example, a certificated company purchases an existing company and desires to retain the existing certificate of authority and tariff.

Approval for transfer of control: Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company: Mobilitie, LLC

3. Name under which applicant will do business (fictitious name, etc.):

Mobilitie, LLC

4. Official mailing address:

Street/Post Office Box: 500 Newport Center Dr., Suite 830
City: Newport Beach
State: CA
Zip: 92660

5. Florida address:

Street/Post Office Box:
City:
State:
Zip:

6. Structure of organization:

- | | | | |
|-------------------------------------|----------------------------------|--------------------------|---------------------|
| <input type="checkbox"/> | Individual | <input type="checkbox"/> | Corporation |
| <input type="checkbox"/> | Foreign Corporation | <input type="checkbox"/> | Foreign Partnership |
| <input type="checkbox"/> | General Partnership | <input type="checkbox"/> | Limited Partnership |
| <input checked="" type="checkbox"/> | Other, Limited Liability Company | | |

7. **If individual**, provide:

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

8. **If incorporated in Florida**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is:

9. **If foreign corporation**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: M06000004893

10. **If using fictitious name (d/b/a)**, 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:

11. **If a limited liability partnership**, please proof of registration to operate in Florida. The Florida Secretary of State registration number is:

12. **If a partnership**, provide name, title and address of all partners and a copy of the partnership agreement.

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

13. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable. The Florida registration number is:

14. Provide **F.E.I. Number**(if applicable): 65-1212646

15. Provide the following (if applicable):

(a) Will the name of your company appear on the bill for your services?

Yes

No

(b) If not, who will bill for your services?

Name:

Title:

Street/Post Office Box:

City:

State:

Zip:

Telephone No.:

Fax No.:

E-Mail Address:

Website Address:

(c) Who will the billed party contact to ask questions about the bill?

Name: Gary Jabara

Title: President & CEO

Telephone No.: 949-999-4545

E-Mail Address: gary@mobilitie.com

(d) How is this information provided? Initial Contract & Monthly Invoice

16. Who will serve as liaison to the Commission in regard to the following?

(a) The application:

Name: John C. Dodge
Title: Regulatory Counsel
Street name & number: 1919 Pennsylvania Avenue, N.W., Suite 200
Post office box:
City: Washington
State: DC
Zip: 20006
Telephone No.: 202-828-9805
Fax No.: 202-452-0067
E-Mail Address: jdodge@crblaw.com
Website Address: www.crblaw.com

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

Name: Gary Jabara
Title: President & CEO
Street name & number: 500 Newport Center Drive, Suite 830
Post office box:
City: Newport Beach
State: CA
Zip: 92260
Telephone No.: 949-999-4545
Fax No.: 949-266-8905
E-Mail Address: gary@mobilitie.com
Website Address: www.mobilitie.com

(c) Complaints/Inquiries from customers:

Name: Gary Jabara
Title: President & CEO
Street/Post Office Box: 500 Newport Center Drive, Suite 830
City: Newport Beach
State: CA
Zip: 92260
Telephone No.: 949-999-4545
Fax No.: 949-266-8905
E-Mail Address: gary@mobilitie.com
Website Address: www.mobilitie.com

17. List the states in which the applicant:

(a) has operated as an Alternative Access Vendor.

N/A

(b) has applications pending to be certificated as an Alternative Access Vendor.

New York; Illinois

(c) is certificated to operate as an Alternative Access Vendor.

N/A

(d) has been denied authority to operate as an Alternative Access Vendor and the circumstances involved.

N/A

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

N/A

(f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

N/A

18. Indicate if any of the officers, directors, or any of the ten largest stockholders have 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. If so, provide explanation.

N/A

(b) granted or denied an alternative access vendor certificate in the State of Florida (this includes active and canceled alternative access vendor certificates). If yes, provide explanation and list the certificate holder and certificate number.

N/A

(c) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

N/A

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.

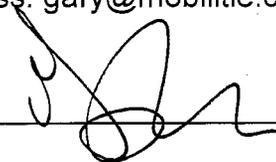
RECEIPT AND UNDERSTANDING OF RULES: I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to the provisioning of alternative access vendor (AAV) service in Florida.

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 alternative access vendor 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.**"

Company Owner or Officer

Print Name: Gary Jabara
Title: President & CEO
Telephone No.: 949-999-4545
E-Mail Address: gary@mobilitie.com

Signature:  _____ Date: _____

CERTIFICATE SALE, TRANSFER,
OR
ASSIGNMENT STATEMENT

As current holder of Florida Public Service Commission Certificate Number _____, I have reviewed this application and join in the petitioner's request for a

- sale
- transfer
- assignment

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: _____