Industry Assurance Consulting, Inc.

IAC Advice – Compliance, Consulting, Certifications 6303 Blue Lagoon Drive, Suite 400, Miami, FL 33126 Mobile: (215) 432-7341 Facsimile: (786) 345-5809

www.iacadvice.com "' Email: compliance@iacadvice.com

April 1, 2012

120077-TX

Via USPS Priority Mail

Ann Cole Clerk to the Florida Public Service Commission (FL-PSC) Division of Telecommunications 2540 Shumard Oak Boulevard Tallahassee, FL 32399

CH# 1008 \$ 400.00 DEPOSIT 4-11-12 DATE APR 10 2012 2 3 9

THE CHINEL AND STORE

Subject: Semnac Technologies, LLC - Florida Competitive Local Exchange Carrier (CLEC) Filing

\*

Enclosed are one (1) original and two (2) copies of an initial original CLEC price list and signed CLEC application form of Semnac Technologies, LLC d/b/a Alodiga. Also included is the resume of management and technical staff, as well as a \$400.00 filing fees in the form of a check made payable to the Florida Public Service Commission.

#### \*\*\*

Also included with this package is Exhibit C, which is confidential and proprietary financial information. Semnac Technologies, LLC is a privately held limited liability company that is not required to publicly disclose its financial information. Disclosure of this information may give competitors insight into the Company's operations and plans. Therefore, Company respectfully requests that Exhibit C be filed under seal.

Please date stamp the duplicate of this cover letter and return in the self-addressed, postage prepaid envelope. For questions about this filing, please contact me at <u>compliance@iacadvice.com</u> or Tel# 786-350-2702.

## \*\*\*\*

Alonzo T. Beyene Regulatory Consultant on this filing to Semnac Technologies, LLC Industry Assurance Consulting, Inc.

COM					
APA ECR	* Original + Icopy match; Ind copy does no match original or 1st copy-see DN 0200	+			
SRC	** * Resume was not included in original				
ADM	** ** No confidential documents include	4. DOCUMENT NUMBER- DATE -			
OPC	**** No signature on cover letter.	02090 APR-6 2			
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#### FLORIDA PUBLIC SERVICE COMMISSION

### **DIVISION OF REGULATORY ANALYSIS**

## APPLICATION FORM

#### for

### AUTHORITY TO PROVIDE COMPETITIVE LOCAL EXCHANGE TELECOMMUNICATIONS COMPANY 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 8).
- B. Print or type all responses to each item requested in the application. 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 one copy of this form along with a nonrefundable application fee of **\$400.00** to:

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

- E. A filing fee of **\$400.00** is required for the sale, assignment or transfer of an existing certificate to another company (Chapter 25-24.815, F.A.C.).
- F. If you have questions about completing the form, contact:

Florida Public Service Commission Division of Regulatory Analysis 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850 (850) 413-6600

FORM PSC/RAD 8 (5/08) Commission Rule Nos. 25-24.810, and 25-24.815

**1.** 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 of authority rather that 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.

- 2. Name of company: Semnac Technologies, LLC
- 3. Name under which applicant will do business (fictitious name, etc.):

Semnac Technologies, LLC

4. Official mailing address:

Street/Post Office Box: 6919 W. Broward Blvd., Suite 237 City: Plantation State: Florida Zip: 33317

5. Florida address:

Street/Post Office Box: 6919 W. Broward Blvd., Suite 237 City: Plantation State: Florida Zip: 33317

6. Structure of organization:



Individual

Foreign Corporation General Partnership

Other, Limited Liability Company

Corporation Foreign Partnership Limited Partnership

FORM PSC/RAD 8 (5/08) Commission Rule Nos. 25-24.810, and 25-24.815

#### 7. If individual, provide:

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

- 8. <u>If incorporated in Florida</u>, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: L09000095869
- 9. <u>If foreign corporation</u>, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is:
- **10.** <u>If using fictitious name (d/b/a)</u>, 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.** <u>If a limited liability partnership</u>, please proof of registration to operate in Florida. The Florida Secretary of State registration number is:
- 12. <u>If a partnership</u>, provide name, title and address of all partners and a copy of the partnership agreement.

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

FORM PSC/RAD 8 (5/08) Commission Rule Nos. 25-24.810, and 25-24.815

- 14. Provide F.E.I. Number(if applicable): 271065691
- 15. Who will serve as liaison to the Commission in regard to the following?
  - (a) The application:

Name: Andrew Elliston Title: Manager Street name & number: 6919 W. Broward Blvd., Suite 237 Post office box: City: Plantation State: Florida Zip: 33317 Telephone No.: (954) 667-9880 Fax No.: E-Mail Address: aelliston@semnac.com Website Address: http://www.semnac.com

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

Name: Andrew Elliston Title: Manager Street name & number: 6919 W. Broward Blvd., Suite 237 Post office box: City: Plantation State: Florida Zip: 33317 Telephone No.: (954) 667-9880 Fax No.: E-Mail Address: aelliston@semnac.com Website Address: http://www.semnac.com

(c) Complaints/Inquiries from customers:

Name: Andrew Elliston Title: Manager Street/Post Office Box: 919 W. Broward Blvd., Suite 237 City: Plantation State: Florida Zip: 33317 Telephone No.: (954) 667-9880 Fax No.: E-Mail Address: aelliston@semnac.com Website Address: http://www.semnac.com

FORM PSC/RAD 8 (5/08) Commission Rule Nos. 25-24.810, and 25-24.815

**16.** List the states in which the applicant:

(a) has operated as a Competitive Local Exchange Telecommunications Company.

None.

(b) has applications pending to be certificated as a Competitive Local Exchange Telecommunications Company.

None.

(c) is certificated to operate as a Competitive Local Exchange Telecommunications Company.

None.

(d) has been denied authority to operate as a Competitive Local Exchange Telecommunications Company and the circumstances involved.

None.

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

None.

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

None.

FORM PSC/RAD 8 (5/08) Commission Rule Nos. 25-24.810, and 25-24.815 **17.** 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, <u>provide explanation</u>.

No.

(b) granted or denied a competitive local exchange certificate in the State of Florida (this includes active and canceled competitive local exchange certificates). If yes, provide explanation and list the certificate holder and certificate number.

No.

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

No.

**18.** Submit the following:

(a) <u>Managerial capability</u>: resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.

(b) <u>Technical capability</u>: resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

(c) <u>Financial Capability</u>: applicant's audited financial statements for the most recent three (3) years. If the applicant does not have audited financial statements, it shall so be stated. Unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer affirming that the financial statements are true and correct and should include:

- 1. the balance sheet,
- 2. income statement, and
- 3. statement of retained earnings.

**Note:** This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.

FORM PSC/RAD 8 (5/08) Commission Rule Nos. 25-24.810, and 25-24.815

## 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 competitive local exchange telecommunications company (CLEC) 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 provide competitive local exchange to 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 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: Collin McClean Title: Managing Member Telephone No.: 954-599-0434 E-Mail Address: cmcclean@semnac.com

Signature:

Date: 2/28/2018

FORM PSC/RAD 8 (5/08) Commission Rule Nos. 25-24.810, and 25-24.815

# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS





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Changed 04/30	/2010						
Registered	Agent Name &	Address					
NEMBHARD, V 3895 N.W. 67 LAUDERHILL F	WAY						
Manager/M	ember Detail						
Name & Addr	ess						
Title MGRM							
NEMBHARD, 3895 N.W. 67 LAUDERHILL I	WAY						
Title MGRM							
JEMSELLIS IN 6919 W BROV PLANTATION	VARD BLVD						
Title MGRM							
MCCLEAN, CO 3895 N.W. 67 LAUDERHILL	WAY						

#### Title MGRM

SMITH, SEAN 3895 N.W. 67 WAY LAUDERHILL FL 33319 US

# **Annual Reports**

## **Report Year Filed Date**

2010	04/30/2010
2011	02/16/2011
2012	01/30/2012

# **Document Images**

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