### State of Florida



## 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

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DATE:

April 18, 2012

TO:

Ann Cole, Commission Clerk, Office of Commission Clerk

FROM:

Kiwanis L. Curry, Regulatory Analyst III, Division of Regulatory Analysis

RE:

Docket No. 110310-TX

Please add the following documents to the docket file:

- Communications Authority, Inc.'s Statement of Financial Capability
- Communications Authority, Inc.'s amended CLEC application

POSEMENT NI MAPER DATE

### COMMUNICATIONS AUTHORITY, INC.

11523 Palm Brush Trail, Lakewood Ranch, FL 34202

January 22, 2012

**RE: Statement of Financial Capability** 

To Whom It May Concern:

Communications Authority, Inc. has applied for a Certificate of Public Necessity as a CLEC, and is planning to resell specific regulated telecommunications services provided by other regulated telecommunications carriers in Florida upon approval of such certificate.

A deposit of 5000.00 has already been provided to Terra Nova Telecom, Inc. in anticipation of Communications Authority's ordering of services for resale. The shareholders of Communications Authority have set aside another 5000.00 for start-up operating expenses, and all start-up expenses to date (including the application fee for the certificate) have been separately paid by the shareholders. The shareholders have access to an additional 25,000 in available personal credit if needed.

The company anticipates that it will be able to operate without the need for borrowing or any additional funding, relying upon revenues from its subscribers to finance ongoing operations. The administrative operations of the company are already managed by Astro Companies, LLC, of which I am a managing partner. That entity bears the administrative overhead of Communications Authority at present, including human resources.

Please feel free to direct any additional questions to me.

Thank you,

Mike Ray
Chief Executive Officer
mike@commauthority.com
941 600-0207

GOOTHERS MINALD SYLL

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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 non-refundable 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 Note: To complete this interactive form Required by using your computer, use the tab key to navigate between data entry fields.

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 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: Communications Authority, Inc.				
3.	Name under which applicant will do business (fictitious name, etc.):				
4. Official mailing address: Street/Post Office Box: 11523 Palm Brush Trail #401 City: Lakewood Ranch State: FL Zip: 34202					
					5.
	Street/Post Office Box: same City: State: Zip:				
6.	Structure of organization:				
	☐ Individual       ☐ Corporation         ☐ Foreign Corporation       ☐ Foreign Partnership         ☐ General Partnership       ☐ Limited Partnership         ☐ Other,				

FORM PSC/RAD 8 (5/08) Commission Rule Nos. 25-24.810, and 25-24.815 Note: To complete this interactive form Required by using your computer, use the tab key to navigate between data entry fields.

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: P11000091799
9.	<u>If foreign corporation</u> , provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is:
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.	<u>If a partnership</u> , 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 <u>F.E.I. Number</u>(if applicable): 45-3658157
- 15. Who will serve as liaison to the Commission in regard to the following?
  - (a) The application:

Name: Mike Ray

Title: CEO

Street name & number: 11523 Palm Brush Trail #401

Post office box:

City: Lakewood Ranch

State: FL Zip: 34202

Telephone No.: 9412569207

Fax No.: 9412569911

E-Mail Address: mike@commauthority.com

Website Address:

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

Name: Mike Ray

Title: CEO

Street name & number: 11523 Palm Brush Trail #401

Post office box:

City: Lakewood Ranch

State: FL Zip: 34202

Telephone No.: 9412569207

Fax No.: 9412569911

E-Mail Address: mike@commauthority.com

Website Address:

(c) Complaints/Inquiries from customers:

Name: Mike Ray

Title: CEO

Street/Post Office Box: 11523 Palm Brush Trail #401

City: Lakewood Ranch

State: FL Zip: 34202

Telephone No.: 9412569207

Fax No.: 9412569911

E-Mail Address: mike@commauthority.com

Website Address:

FORM PSC/RAD 8 (5/08) Commission Rule Nos. 25-24.810, and 25-24.815 Note: To complete this interactive form Required by using your computer, use the tab key to navigate between data entry fields. 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

- 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.

Mike Ray was previously granted certificate TX671 for AstroTel, Inc. which is being sold to another CLEC, and TX791 for Terra Nova Telecom which was sold in 2010.

(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.

CEO Mike Ray is President of AstroTel, Inc, current certificate TX671 which is being sold to another CLEC and the certificate cancelled. CEO Mike Ray is no longer an officer or director of Terra Nova Telecom TX791after its sale in 2010.

### 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.

### 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 to provide competitive local exchange 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 Nam	e: Micha	ael Ray
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Title: CEO

Telephone No.: 9412569207

E-Mail Address: mike@commauthority.com

Signature:	Date:

# CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

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