

# FLORIDA PUBLIC SERVICE COMMISSION

## OFFICE OF TELECOMMUNICATIONS

### APPLICATION FORM

FOR

### AUTHORITY TO PROVIDE TELECOMMUNICATIONS COMPANY SERVICE WITHIN THE STATE OF FLORIDA

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#### Instructions

- A. This form is used as an application for an original certificate and for approval of transfer of an existing certificate. In the case of a transfer, the information provided shall be for the 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 **\$500.00** 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 **\$500.00** is required for the transfer of an existing certificate to another company.
- F. If you have questions about completing the form, contact:

**Florida Public Service Commission  
Office of Telecommunications  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6600**

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

Initials of person who forwarded check



- COM \_\_\_\_\_
- AFD \_\_\_\_\_
- APA \_\_\_\_\_
- ECO \_\_\_\_\_
- ENG \_\_\_\_\_
- GCL \_\_\_\_\_
- IDM \_\_\_\_\_
- TEL
- CLK \_\_\_\_\_

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 than apply for a new certificate.

2. Name of company: Pure Telephone Corp

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

Florida

4. Official mailing address:

Street/Post Office Box: 3075 Breckinridge Blvd Suite 425

City: Duluth

State: GA

Zip: 30096

5. Florida address:

Street/Post Office Box: 17888 67<sup>th</sup> Court North

City: Loxahatchee

State: FL

Zip: 33470

6. Structure of organization:

- Individual
- Foreign Corporation
- General Partnership
- Other, please specify:

- Corporation
- Foreign Partnership
- Limited Partnership

**If individual**, provide:

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

7. **If incorporated in Florida**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: P15000078476
8. **If foreign corporation**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is:
9. **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:
10. **If a limited liability partnership**, please proof of registration to operate in Florida. The Florida Secretary of State registration number is:
11. **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: \_\_\_\_\_

12. **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:

13. Provide **F.E.I. Number:**

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

(a) The application:

Name: Kenny Perkins  
Title: Authorized Agent  
Street Name & Number: 3075 Breckinridge BLVD Suite 425  
Post Office Box: \_\_\_\_\_  
City: Duluth  
State: GA  
Zip: 30096  
Telephone No.: \_\_\_\_\_  
Fax No.: \_\_\_\_\_  
E-Mail Address: [kperkins@rtcteam.net](mailto:kperkins@rtcteam.net)  
Website Address: www.rtcteam.net

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

Name: Brice Perdue  
Title: President  
Street Name & Number: 216 Long Avenue  
Post Office Box: \_\_\_\_\_  
City: Salisbury  
State: MD  
Zip: 21804  
Telephone No.: 1-929-223-3333  
Fax No.: \_\_\_\_\_  
E-Mail Address: brice@puretelephone.com  
Website Address: Puretelephone.com

(c) Where will you officially designate as your place of publicly publishing your schedule (a/k/a tariffs or price lists)?

Florida Public Service Commission

Website – *Website address:*

Other – *Please provide address:*

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

(a) has operated as a telecommunications company.

n/a

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

n/a

(c) is certificated to operate as a telecommunications company.

n/a

(d) has been denied authority to operate as a telecommunications company 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 another telecommunications entity, and the circumstances involved.

n/a

**16. Have any of the officers, directors, or any of the ten largest stockholders 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.  Yes  No

If yes, provide explanation.

(b) granted or denied a certificate in the State of Florida (this includes active and canceled certificates).  Yes x No

If yes, provide explanation and list the certificate holder and certificate number.

(c) an officer, director, partner or stockholder in any other Florida certificated or registered telephone company.  Yes x No

If yes, give name of company and relationship. If no longer associated with company, give reason why not.

17. Submit the following:

(a) **Managerial capability:** 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. – Exhibit A

(b) **Technical capability:** 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. – Exhibit A

(c) **Financial Capability:** 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: - Exhibit B

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

**Note:** *It is the applicant's burden to demonstrate that it possesses adequate managerial capability, technical capability, and financial capability. Additional supporting information can be supplied at the discretion of the applicant.*

**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 telecommunications company 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 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.**"

I understand that any false statements can result in being denied a certificate of authority in Florida.

**COMPANY OWNER OR OFFICER**

Print Name: Brice Perdue  
Title: President  
Telephone No.: 1-929-223-3333  
E-Mail Address: brice@puretelephone.com

Signature:  Date: 11-2-15

# Pure Telephone

## Income Statement For the Period Ending Sept 30

Dollars in thousands	2015 YTD		2014 Full Year	
<b>Revenue</b>				
Sales	\$	540	\$	690
Net Sales	\$	540	\$	690
Cost of Goods Sold		378		483
Gross Profit	\$	162	\$	207
<b>Operating Expenses</b>				
Salaries & Wages	\$	91	\$	118
Depreciation Expenses		-		-
Office Expenses		5		8
Rent Expense		24		30
Travel Expenses		8		13
Advertising Expense		2		3
Other Expense		6		7
Total Operating Expenses	\$	136	\$	179
Income From Operations	\$	26.00	\$	28.00
Interest Income (Expense)				
Income Before Income Taxes	\$	26.00	\$	28.00
Income Tax Expense				
<b>Net Income</b>	\$	26.00	\$	28.00