

Lance J.M. Steinhart, P.C.
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Facsimile: (770) 232-9208
Email: lsteinhart@telecomcounsel.com

March 26, 2010

VIA OVERNIGHT DELIVERY

Florida Public Service Commission
Ann Cole, Commission Clerk
2540 Shumard Oak Blvd.
Gunter Bldg.
Tallahassee, Florida 32399-0850
(850) 413-6770

100151-TC

COMMISSION
CLERK

10 MAR 29 PM 2:30

RECEIVED-FPSC

Re: DSI-ITI, LLC

To Whom It May Concern:

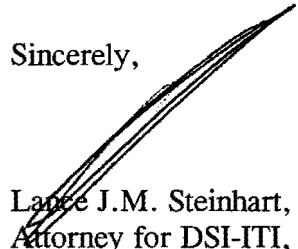
Enclosed please find one original and one (1) copies of DSI-ITI, LLC's (DSI-ITI) Application for Authority to Provide Pay Telephone Service within the State of Florida.

I also have enclosed a check in the amount of \$250.00 payable to the Florida Public Service Commission to cover the cost of filing these documents.

Please return a stamped copy of the extra copy of this letter in the enclosed preaddressed prepaid envelope.

If you have any questions regarding this matter, please do not hesitate to call me. Thank you for your attention to this matter.

Sincerely,


Lance J.M. Steinhart, Esq.
Attorney for DSI-ITI, LLC

COM _____
APA _____
ECR _____
GCL _____
RAD Enclosures
SSC cc: David Silverman
ADM _____
OPC _____
CLK Grant

DOCUMENT NUMBER-DATE
02226 MAR 29 0
FPSC-COMMISSION CLERK

**FLORIDA PUBLIC SERVICE COMMISSION
DIVISION OF REGULATORY ANALYSIS**

**APPLICATION FORM
for
AUTHORITY TO PROVIDE PAY TELEPHONE 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 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 one copy of this form along with a non-refundable application fee of **\$250.00** 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 **\$250.00** is required for the sale, assignment or transfer of an existing certificate to another company (Chapter 25-24.512, 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**

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: DSI-ITI, LLC

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

4. Official mailing address:

Street/Post Office Box: 2609 Cameron Street
City: Mobile
State: Alabama
Zip: 36607

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, Foreign 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: M10000001302

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): 32-0304440

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

(a) The application:

Name: Lance J.M. Steinhart
Title: Regulatory Counsel
Street name & number: 1720 Windward Concourse, Suite 115
Post office box:
City: Alpharetta
State: Georgia
Zip: 30005
Telephone No.: 770-232-9200
Fax No.: 770-232-9208
E-Mail Address: lsteinhart@telecomcounsel.com
Website Address: www.telecomcounsel.com

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

Name: Dorothy Cukier
Title: Corporate Counsel - Executive Director, External Affairs
Street name & number: 2609 Cameron Street
Post office box:
City: Mobile
State: Alabama
Zip: 36607
Telephone No.: (251) 479-4500
Fax No.: (251) 473-4588
E-Mail Address: dorothea.cukier@gtl.net
Website Address: www.offenderconnect.com

(c) Complaints/Inquiries from customers:

Name: Margaret Philips
Title: Customer Service Contact
Street/Post Office Box: 2609 Cameron Street
City: Mobile
State: Alabama
Zip: 36607
Telephone No.: (877) 650-4249
Fax No.: (251) 473-4588
E-Mail Address: mphilips@gtl.net
Website Address: www.offenderconnect.com

16. List the states in which the applicant:

(a) has operated as a Pay Telephone Service provider.

None

(b) has applications pending to be certificated as a Pay Telephone Service provider.

None

(c) is certificated to operate as a Pay Telephone Service provider.

None

(d) has been denied authority to operate as a Pay Telephone Service provider and the circumstances involved.

None

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

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, provide explanation.

None

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

None

(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.

Yes. The officers of Applicant listed below, are also officers of Global Tel*Link Corporation, Pay Telephone Certificate 3878.

Robert B. McKeon	Chairman
Brian Oliver	Chief Executive Officer
Charles Stephen Yow	Chief Financial Officer and Treasurer
Jeff Haidinger	President of Services
David Silverman	Vice President and Assistant Secretary
Harold L. Howard	Vice President
Teresa L. Ridgeway	Secretary
Hugh D. Evans	Assistant Secretary

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 pay telephone service (PATS) in Florida.

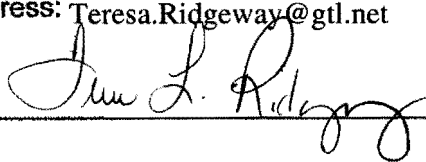
APPLICANT ACKNOWLEDGEMENT: By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative access vendor 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: Teresa L. Ridgeway
Title: Secretary
Telephone No.: (251) 479-4500
E-Mail Address: Teresa.Ridgeway@gtl.net

Signature: _____



Date: _____

Mar 16 2010

FL

LIST OF ATTACHMENTS

CERTIFICATE OF AUTHORITY

CERTIFICATE OF AUTHORITY

State of Florida



Department of State

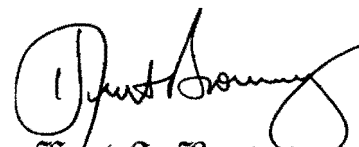
I certify the attached is a true and correct copy of the application by DSI-ITI, LLC, a Delaware limited liability company, authorized to transact business within the state of Florida on March 19, 2010, as shown by the records of this office.

The document number of this limited liability company is M10000001302.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Twenty-second day of March, 2010



CR2EO22 (01-07)


Kurt S. Browning
Secretary of State

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. DSI-ITI, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Delaware 3. 32-0304440
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. March 9, 2010 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida, if prior to registration; (See sections 608.501 & 608.502 F.S. to determine penalty liability)

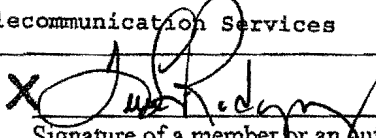
7. 2609 Cameron Street, Montgomery, AL 36607
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:
See Attached

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Provide Telecommunication Services

X 
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Teresa L. Ridgeway Manager
Typed or printed name of signee

FILED
2010 MAR 19 PM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2010 MAR 19 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIST OF MANAGERS OF
DSI-ITI, LLC

Managers

Robert B. McKeon	Chairman
Brian Oliver	Chief Executive Officer
Charles Stephen Yow	Chief Financial Officer and Treasurer
Jeff Haidinger	President of Services
David Silverman	Vice President and Assistant Secretary
Harold L. Howard	Vice President
Teresa L. Ridgeway	Secretary
Hugh D. Evans	Assistant Secretary

Directors

None

**All the above referenced Managers can be reached at:
2609 Cameron Street, Montgomery, Alabama 36607**

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

DSI-ITI, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Incorp Services, Inc.

(Name)

17888 67th Court North

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Loxahatchee

FL

33470

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

[Signature]
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

FILED
2010 MAR 19 PM 14:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

