

CK# 302
\$ 500.00

FLORIDA PUBLIC SERVICE COMMISSION

Deposit Number

000632

OFFICE OF INDUSTRY DEVELOPMENT AND MARKET ANALYSIS

Deposit Date

MAR 29 2023

APPLICATION FOR ORIGINAL AUTHORITY OR TRANSFER OF AUTHORITY TO PROVIDE TELECOMMUNICATIONS SERVICE IN THE STATE OF FLORIDA

INSTRUCTIONS

This form should be used as the application for an original certificate and transfer of an existing certificate (from a Florida certificated company to a non-certificated company). In the case of a transfer, the information shall be provided by the transferee. If you have other questions about completing the form, call (850) 413-6600.

Print or type all responses to each item requested in the application. If an item is not applicable, please explain. All questions must be answered. If unable to answer the question in the allotted space, please continue on a separate sheet.

Once completed, submit the **original and one copy** of this form along with a **non-refundable** fee of \$500.00 to:

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

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2023 MAR 28 PM 3:35
COMMISSION
CLERK

APPLICATION

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 rather than apply for a new certificate.

Please provide the following:

1. Full name of company, including fictitious name(s), that must match identically with name(s) on file with the Florida Department of State, Division of Corporations registration:

LiveWire Telecom, LLC

2. The Florida Secretary of State corporate registration number:

L22000435972

3. F.E.I. Number: 88-4173690

4. Structure of organization:

The company will be operating as a:
(Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> General Partnership |
| <input type="checkbox"/> Foreign Corporation | <input type="checkbox"/> Foreign Partnership |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Other, please specify below: |

If a partnership, provide a copy of the partnership agreement.

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

5. Who will serve as point of contact to the Commission in regard to the following?

(a) This application:

Name: Dylan Cruz
Title: President & CTO
Street Address: 701 Sailfish Rd
Post Office Box: _____
City: Winter Springs
State: FL
Zip: 32708
Telephone No.: (407) 999-0000
Fax No.: (407) 603-9303
E-Mail Address: Dylan@LiveWireTel.com

(b) Ongoing operations of the company:

(This company liaison will be the point of contact for FPSC correspondence. This point of contact can be updated if a change is necessary but this must be completed at the time the application is filed).

Name: Dylan Cruz
Title: President & CTO
Street Address: 397 Wekiva Springs Rd, Suite 105
Post Office Box: _____
City: Longwood
State: FL
Zip: 32779
Telephone No.: (407) 999-0000
Fax No.: (407) 603-9303
E-Mail Address: Dylan@LiveWireTel.com
Company Homepage: LiveWireTel.com

(c) Optional secondary point of contact or liaison:

(This point of contact will not receive FPSC correspondence but will be on file with the FPSC).

Name: Joseph Sirianni
Title: CEO
Street Address: 160 W Evergreen Ave, Suite 250
Post Office Box: _____
City: Longwood
State: FL
Zip: 32750
Telephone No.: (407) 988-0000
Fax No.: (407) 603-9303
E-Mail Address: PhoneJoe@LiveWireTel.com