Company ID: 128320

Atlantic Telephone Co.

412 E. Madison Street, Suite 1207

Tampa, FL 33602

BEFORE THE TENNESSEE REGULATORY AUTHORITY
Nashville, TN April 6,1999

IN RE: CASE NUMBER: 99-00157

Application for Authority to Provide Operator Services and/or Resell Telecommunications Services in Tennessee Pursuant to Rule 1220-4-2-.57.

---ORDER---

This matter is before the Tennessee Regulatory Authority upon the application of the above-mentioned company for certification as a reseller or telecommunication operator service provider in Tennessee. The TRA considered this application at a Conference held on April 6, 1999 and concluded that the applicant has met all the requirements for certification and should be authorized to provide operator services and/or resell telecommunications services on an intrastate basis.

IT IS THEREFORE ORDERED:

- 1. That the above-mentioned company is issued a Certificate of Convenience and Necessity as an operator service provider and/or reseller of telecommunications services for state-wide service in Tennessee as specified in its application on file with the Authority.
- 2. That said company shall comply with all applicable state laws and TRA rules and regulations.
- 3. That this order shall be retained as proof of certification with this Authority, and may be used to obtain appropriately tariffed service and billing arrangements from Authority authorized telecommunications service providers.

Mairman

Director

Director

ATTEST:

Executive Secretary

Wadell

APPLICATION FOR CERTIFICATE TO PROVIDE OPERATOR SERVICES AND/OR RESELL INTEREXCHANGE ELECOMMUNICATION SERVICES IN TENNESSE

TELECOMMUNICATION SERVICES IN TENNESSEE [RULE 1220-4-2-57]

SECTION A

Part 1: General Information

- A. Name of Applicant <u>Atlantic Telephone Company, Inc.</u>
 Address <u>412 E. Madison Street, Suite 1207</u> City <u>Tampa</u>
 State <u>Florida</u> Zip Code <u>33602</u> Phone No. <u>813-273-6789</u>
- B. Owner, Partners, or Corporate Officers

NAME	ADDRESS	CITY	STATE	ZIP CODE
Curt Barnes	412 E. Madison Street, Suite 1207	Tampa	FL	33602
Scott Edmiston	412 E. Madison Street, Suite 1207	Tampa	FL	33602
Laura Booker	412 E. Madison Street, Suite 1207	Tampa	FL	33602

C. Name and telephone number of Tennessee contact person authorized to respond to Commission inquiries Monday through Friday.

[813] 273-6789 (813) 224-9111

<u>Laura Booker</u> (813) 273-6789 (813) 224-9111 Name Phone No. Fax No.

- D. List a toll-free telephone number that consumers can call to report service problems and/or request refunds or adjustments. 800-966-6950
- E. Check the type of telecommunication services you plan to provide in Tennessee.

	Interexcl		long	distance	services	
 Operat	or Service	es				
 Other	(describe	below)				

(To be filled out by PSC)	130000
Company ID Number	128320
Date Approved	99-00157
Evaluator	[]=00,

Mail the completed application and a check for \$50.00 to: Tennessee Public Service Commission, PO Box 3412, Nashville, TN 37219-0412. Should you have any questions, call (615) 741-3939.

- F. If providing operator services, list company name, address and contact person for all reseller carriers you serve in Tennessee. Provide the above information on Appendix I.
- G. List the state(s) you are authorized to operate in at this time. FL, IN, IA, MI, MT, NJ, PA, TX, UT, VA, WY
- H. List any states that you have been denied authority to provide service. None
- I. Areas in Tennessee to be served.
 The entire state of Tennessee.
- J. What type of customers will the company serve?
 - a. Business X
 - b. Residential X
 - c. Aggregators______(e.g. Hotels, Payphones)
 - d. Other (specify)_____
- K. Do you allow a property imposed fee (PIF) to be added to the price of intrastate telephone calls over your network? If yes, specify amount. No
- L. Are your prices for intrastate services plus any PIF equal to or less than the dominant carriers price for similar services? Yes X No
- M. Describe the type of services and price that the applicant will be offering in Tennessee on the Informational Tariff Form found in Appendix II¹.
- N. What is the applicant's 101XXXX or 800 access code? None
- O. Does the applicant now have or plan to have any telecommunication's facilities (e.g. switches, fiber lines) in Tennessee? No
- P. What facility-based network will the applicant be reselling?

 Applicant intends to resell Frontier Communications
- Q. Will the applicant be utilizing the local telephone company's billing system or bill customers direct²? Applicant intends to bill customer direct
- R. Describe briefly how the applicant plans to market their services in Tennessee? If an independent telemarketer is going to be used, state company name and address. Applicant intends to market primarily to small to mid-sized businesses using employees of the company.

¹Applicant is required to fill out an Informational Tariff form. Failure to fill out this form will cause the applicant's request to be rejected. ²A copy of a bill is required if the applicant is going to bill the customers direct.

- S. Describe the procedures the applicant will use to switch a consumer's preferred interexchange service. Applicant will attempt to get a letter of agency from all customers.
- T. Applicant has the ability and agrees to honor the form of call blocking that the consumer has subscribed to with their local telephone company. Yes X No ____
- U. Applicant gives permission to the local telephone company to provide the Commission a periodic sample of the reseller's intrastate toll calls. The purpose of this analysis is to audit the reseller's rates to assure they are at or below the dominant carrier's tariffed rates. Yes X No ___

Part II: Organization Structure

Α.	Type	of	Organi	zation

 Individual	X_	Corpor	ation		
Partnership		Other	(limited	liability	company)

- B. If partnership and/or Non-resident
 - (1) Attach a copy of Articles of Incorporation and current by-laws.
 - (2) Attach a copy of Certification of Authority issued by Tennessee Secretary of State showing corporation's authority to engage in business in Tennessee.

Part III: Financial Information

A. Attach a current financial statement showing in detail the applicant's financial condition, including balance sheet and income statement, or a copy of IRS form 1120 or 1065 filed by your business for the previous year. Attach, if available, a copy of your company's 10K and/or stockholder reports.

Part IV: Display Card

Attach a copy of the display card to be placed on the aggregators telephone which shows what operator services are to be provided. The card must contain all required information listed in the attached Rule $(1220-4-2-.57,B)^3$, which includes a toll-free number consumers can call for service problems and refunds.

THE COMPANY HAS HAD NO COMPLAINTS FILED AGAINST IT IN ANY JURISDICTION.

³It is the responsibility of the reseller or operator service provider to assure that the appropriate display card is affixed to the aggregates telephones.

Part V: Rule Compliance Agreement

- A. The Interexchange Reseller or Operator Service Provider applicant, hereby, affirms the following:
 - * Has received, read, and understands the Tennessee Public Service Commission's (TPSC) Interexchange Reseller Rules and Regulations, (Appendix III)
 - * Understands the penalties for non-compliance, and all associated fees to provide such service.
 - * Will comply with the TPSC Interexchange Reseller Rules and all other applicable Commission Rules and state laws, including T.C.A. Section 65-5-206 (Appendix IV),
 - * That all information provided in the attached registration document is true to the best of my knowledge.

Atlantic Telephone Co., Inc.

Date

Curt Barnes, President

Subscribed and sworn

before me this _______

_ day _, 1998.

Not ary Public

seal

Kimberly A Phillips

My Commission CC787121

Expires November 1, 2002



Bepartment of State

I certify the attached is a true and correct copy of the Articles of Incorporation of ATLANTIC TELEPHONE COMPANY, INC., a corporation organized under the laws of the State of Florida, filed on September 23, 1991, as shown by the records of this office.

The document number of this corporation is S82779.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Ninth day of December, 1998

CR2EO22 (2-95)

Sendre B. Mortham Sandra B. Mortham Secretary of State

The Corporation's principal office and health address is the

112 East Granada Boulevard, Suite One Ormand Beach Storida 32176

9. SHORTHOLDER QUORUM AND VOTINGE (Sixty (60 %) percent of the chares entitled to tute, represented and in person or proxy, shall constitute a quorum and a menting of the chargeolders. If a duorum is present the affirmative vote of 55% of the charge represented at the meeting and untitled to vote on the subject matter shall be the act of the charge line and untitled to vote on the

the right to surchase shares (and security convertible into shares) of any class. Find on teries of stock in the corporation that may from time to time be issued (whether or not presently authorized), including shares from the treature of this corporation, in the ratio that the number of chares he holds at the time of the issue bears to the total number of shares by any shareholder who does not eventure and pay for the share presented within thirty (30) days of receipt of notice in writing from the presented within the prices terms and conditions of the issue of shares and viting him to exercise presembtive rights. The right may be waived by affirmative written waiver submitted by the shareholder to the corporation.

the board of directors.

IN WITNESS WHEREOF the understand to provide has executed these Articles of Incorporation this John Conference 1990.

Lafformatively agree to actres registered agent for the above-continued damperature.

DAVID FRACES

STATE OF FLORIDA COUNTY OF

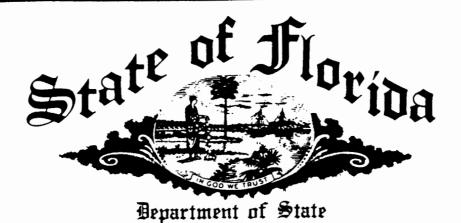
DEFORE ME the understand author to personally appeared DAVID. FRAZER to me known to be the person who executed the foresoing Articles of Incorporation and he acknowledged to and before me that he instrument.

IN WITNESS WHEREOF. I have hereunto set my 1990.

Notary Public, Susan M. Burcham

My Commission Expires:

AGTERY FURLIS STATE OF THOSE AT LARGE MY COMMISSION EXPIRES SETT. 66. 1912 BORDED THEN HUCKLES CHEY & ASSOCIATES



I certify from the records of this office that ATLANTIC TELEPHONE COMPANY, INC., is a corporation organized under the laws of the State of Florida, filed on September 23, 1991.

The document number of this corporation is S82779.

I further certify that said corporation has paid all fees and penalties due this office through December 31, 1998, that its most recent annual report was filed on July 29, 1998, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Ninth day of December, 1998



CR2EO22 (2-95)

Sandra B. Mortham Secretary of State

Secretary of State **Corporations Section** James K. Polk Building, Suite 1800 Nashville, Tennessee 37243-0306

DATE: 01/11/99 REQUEST NUMBER: 3609-1391 TELEPHONE CONTACT: (615) 741-2286 FILE DATE/TIME: 01/11/99 0908 EFFECTIVE DATE/TIME: 01/11/99 0908 CONTROL NUMBER: 0363888

TO: ATLANTIC TELEPHONE COMPANY 412 E. MADISON ST.

TAMPA, FL 33602

ATLANTIC TELEPHONE COMPANY, INC. APPLICATION FOR CERTIFICATE OF AUTHORITY -FOR PROFIT

WELCOME TO THE STATE OF TENNESSEE. THE ATTACHED CERTIFICATE OF AUTHORITY HAS BEEN FILED WITH AN EFFECTIVE DATE AS INDICATED ABOVE.

A CORPORATION ANNUAL REPORT MUST BE FILED WITH THE SECRETARY OF STATE ON OR BEFORE THE FIRST DATE OF THE FOURTH MONTH FOLLOWING THE CLOSE OF THE CORPORATION'S FISCAL YEAR. PLEASE PROVIDE THIS OFFICE WITH WRITTEN NOTIFICATION OF THE CORPORATION'S FISCAL YEAR. THIS OFFICE WILL MAIL THE REPORT DURING THE LAST MONTH OF SAID FISCAL YEAR TO THE CORPORATION AT THE ADDRESS OF ITS PRINCIPAL OFFICE OR TO A MAILING ADDRESS PROVIDED TO THIS OFFICE IN WRITING. FAILURE TO FILE THIS REPORT OR TO MAINTAIN A REGISTERED AGENT AND OFFICE WILL SUBJECT THE CORPORATION TO ADMINISTRATIVE REVOCATION OF ITS CERTIFICATE OF AUTHORITY.

WHEN CORRESPONDING WITH THIS OFFICE OR SUBMITTING DOCUMENTS FOR FILING, PLEASE REFER TO THE CORPORATION CONTROL NUMBER GIVEN ABOVE.

FOR: APPLICATION FOR CERTIFICATE OF AUTHORITY - FOR PROFIT

ON DATE: 01/11/99

RECEIVED: \$600.00

\$0.00

ATLANTIC TELEPHONE COMPANY INC. 412 E. MADISON ST. SUITE 1207

TAMPA, FL 33602-0000

TOTAL PAYMENT RECEIVED:

\$600.00

RECEIPT NUMBER: 00002410061 ACCOUNT NUMBER: 00301262



RILEY C. DARNELL SECRETARY OF STATE

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR

To the Secretary of State of the St	ate of Tennessee:		
Pursuant to the provisions of S coration hereby applies for a certificose sets forth:			
1. The name of the corporation is	~	phone Company, In	
If different, the name under which	the certificate of authority	is to be obtained is	
NOTE: The Secretary of State of the cition for profit if its name does not opporation Act. If obtaining a certification is a certification of the contract of	comply with the requirements	of Section 48-14-101 of the 7	Tennessee Business Co
pursuant to Section 48-14-101(d).] 2. The state or country under who		Florida	
pursuant to Section 48-14-101(d).] 2. The state or country under who			nd year), and the perio
pursuant to Section 48-14-101(d).] 2. The state or country under who 3. The date of its incorporation is _ of duration, if other than perpetual	9/23/91 al, is perpetual	(must be month, day, ar	nd year), and the perion
pursuant to Section 48-14-101(d).] 2. The state or country under who 3. The date of its incorporation is _ of duration, if other than perpetual 4. The complete street address (inc	9/23/91 al, is perpetual	(must be month, day, ar	nd year), and the period adison Street 33602
pursuant to Section 48-14-101(d).] 2. The state or country under who 3. The date of its incorporation is possible duration, if other than perpetual. 4. The complete street address (incorporation is suite 1207, Street	9/23/91 al, isperpetual cluding zip code) of its princ	(must be month, day, ar	adison Street
pursuant to Section 48-14-101(d).] 2. The state or country under who 3. The date of its incorporation is possible duration, if other than perpetual. 4. The complete street address (incorporation is possible duration).	9/23/91 al, isperpetual cluding zip code) of its princ Tampa City	ipal office is 412 E. M Florida State/Country	33602 Zip Code
pursuant to Section 48-14-101(d).] 2. The state or country under who 3. The date of its incorporation is possible duration, if other than perpetual 4. The complete street address (incorporation is possible 1207, Street 5. The complete street address (incorporation is possible 1207,	9/23/91 al, isperpetual cluding zip code) of its princ Tampa City	ipal office is 412 E. M Florida State/Country ip code) of its registered off	33602 Zip Code
oursuant to Section 48-14-101(d).] 2. The state or country under who 3. The date of its incorporation is of duration, if other than perpetual. 4. The complete street address (incorporation is constant to the street address). Suite 1207, Street	9/23/91 al, isperpetual cluding zip code) of its princ Tampa City cluding the county and the z	ipal office is 412 E. M Florida State/Country	33602 Zip Code ice in this state is
oursuant to Section 48-14-101(d).] 2. The state or country under who 3. The date of its incorporation is of duration, if other than perpetual. 4. The complete street address (incorporation is constant and its constant address). Street 5. The complete street address (incorporation is constant address). 1912 Hayes Street	9/23/91 al, isperpetual cluding zip code) of its princ Tampa City cluding the county and the z Nashville City/State	(must be month, day, and sipal office is412 E. M Florida State/Country ip code) of its registered off	33602 Zip Code ice in this state is 37203



Bepartment of State

I certify from the records of this office that ATLANTIC TELEPHONE COMPANY, INC., is a corporation organized under the laws of the State of Florida, filed on September 23, 1991.

The document number of this corporation is S82779.

I further certify that said corporation has paid all fees and penalties due this office through December 31, 1998, that its most recent annual report was filed on July 29, 1998, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Ninth day of December, 1998

CR2EO22 (2-95)

Sandra B. Mortham Secretary of State

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR

To the Secretary of State of the State	te of Tennessee:		
Pursuant to the provisions of Sec poration hereby applies for a certifica- pose sets forth:	ate of authority to transact	business in the State of Tenne	essee, and for that pur
1. The name of the corporation is _	Atlantic Tele	ephone Company, Inc	c.
If different, the name under which	the certificate of authority	is to be obtained is	
[NOTE: The Secretary of State of the tion for profit if its name does not coporation Act. If obtaining a certification of the secretary of Section 48, 14, 101(4).	mply with the requirement	s of Section 48-14-101 of the T	ennessee Business Co
pursuant to Section 48-14-101(d).			
pursuant to Section 48-14-101(d).] 2. The state or country under whos	e law it is incorporated is	Florida	
2. The state or country under whos	-	Florida(must be month, day, an	nd year), and the perio
 The state or country under whos The date of its incorporation is of duration, if other than perpetual 	9/23/91 , is <u>perpetual</u>	(must be month, day, an	nd year), and the period —. Hadison Street
 The state or country under whos The date of its incorporation is of duration, if other than perpetual The complete street address (incl 	9/23/91 , is <u>perpetual</u>	(must be month, day, an	
	9/23/91 , isperpetual uding zip code) of its prin	(must be month, day, and cipal office is412 E. M	 adison Street
 The state or country under whos The date of its incorporation is of duration, if other than perpetual The complete street address (incl Suite 1207, 	9/23/91 I, isperpetual uding zip code) of its prin Tampa City	(must be month, day, and cipal office is 412 E. M Florida State/Country	adison Street 33602 Zip Code
2. The state or country under whos 3. The date of its incorporation is of duration, if other than perpetual 4. The complete street address (inclessing the street address) Suite 1207, Street	9/23/91 I, isperpetual uding zip code) of its prin Tampa City	(must be month, day, and cipal office is 412 E. M Florida State/Country	adison Street 33602 Zip Code
 The state or country under whos The date of its incorporation is of duration, if other than perpetual The complete street address (incl <u>Suite 1207,</u> Street The complete street address (incl 	9/23/91 I, isperpetual uding zip code) of its prin Tampa City uding the county and the	(must be month, day, and cipal office is 412 E. M Florida State/Country zip code) of its registered off	33602 Zip Code Tice in this state is
2. The state or country under whos 3. The date of its incorporation is _ of duration, if other than perpetual 4. The complete street address (inclSuite_1207, Street 5. The complete street address (incl1912_Hayes_Street	9/23/91 I, isperpetual uding zip code) of its print Tampa City uding the county and the Nashville City/State	(must be month, day, and cipal office is 412 E. Market E	33602 Zip Code Tice in this state is 37203