

Company ID: 00128406
TransNet Connect, Inc.
1413 S. Howard Avenue, Suite 209
Tampa, FL 33606

BEFORE THE TENNESSEE REGULATORY AUTHORITY
Nashville, TN

December 7, 1999

IN RE: CASE NUMBER: 99-00582

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 December 7, 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:

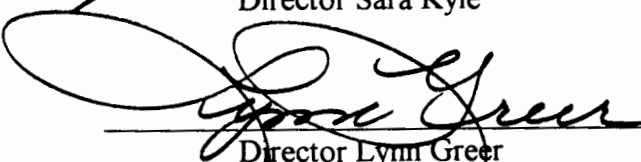
1. That the above-mentioned company is issued a Certificate of Convenience and Necessity as an operator service provider and/or reseller of telecommunications services for state-wide service in Tennessee as specified in its application on file with the Authority.
2. That said company shall comply with 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.


Chairman Melvin Malone


Director Sara Kyle

ATTEST:

Executive Secretary


Director Lynn Greer

APPLICATION FOR CERTIFICATE
TO PROVIDE OPERATOR SERVICES AND/OR
RESELL INTEREXCHANGE
TELECOMMUNICATION SERVICES IN TENNESSEE
[RULE 1220-4-2-57]

SECTION A

Part 1: General Information

A. Name of Applicant TransNet Connect, Inc.
Address 1413 S. Howard Avenue, Suite 209 City Tampa
State Florida Zip Code 33606 Phone No. (813) 254-8726

B. Owner, Partners, or Corporate Officers

NAME	ADDRESS	CITY	STATE	ZIP CODE
Stan Crews, President/ Secretary/ Treasurer	1413 S. Howard Avenue Suite 209	Tampa	FL	33606

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

Stan Crews (813) 254-8726 (813) 258-9310
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.
877-862-2782

E. Check the type of telecommunication services you plan to provide in Tennessee.

☒ Resell Interexchange long distance services
☐ Operator Services
☐ Other (describe below) _____

(To be filled out by PSC)

Company ID Number _____

Date Approved _____

Evaluator _____

Mail the completed application and a check for \$50.00 to: Tennessee Public Service Commission, P.O. 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. CO, IN, IA, MI, MT, NJ, NC, PA, TX, UT, VA and 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 utilize MCI WorldCom network
- Q. Will the applicant be utilizing the local telephone company's billing system or bill customers direct²? Applicant intends to bill customers 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 residential and 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 or casual calling where no switch is necessary.
- 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

A. Type of Organization

 Individual X Corporation
 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.

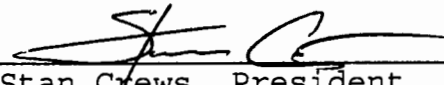
Part V: Rule Compliance Agreement

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.

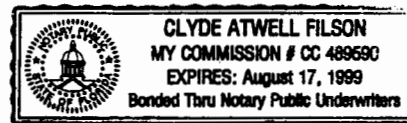
TransNet Connect, Inc.

7-1-99
Date


Stan Crews, President

Subscribed and sworn
before me this 1st day
of July, 1999.


Notary Public



seal

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of ...
TRANSNET CONNECT, INC., a Florida corporation, filed on February 12, 1999
effective February 10, 1999, as shown by the records of this office.

The document number of this corporation is P99000014437.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Fifteenth day of February, 1999



CR2EO22 (1-99)

Katherine Harris

Katherine Harris
Secretary of State

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

99 FEB 12 AM 10:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA**ARTICLE I**

The name of the corporation shall be Transnet Connect, Inc.

ARTICLE II

The principal place of business and mailing address of this corporation shall be 5701 S.W. 7th Street, Plantation, FL 33317.

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 70,000,000.

EFFECTIVE DATE
2-10-99**ARTICLE IV**

The name and street address of the initial registered agent are: Robert R. Adler, Esquire, Delmer C. Gowing III, P.A., 101 S.E. 6th Avenue, Delray Beach, FL 33483-5261.

ARTICLE V

The name and address of the incorporator to these Articles of Incorporation is: Robert R. Adler, Delmer C. Gowing III, P.A., 101 S.E. 6th Avenue, Delray Beach, Florida, 33483.

ARTICLE VI

The corporation shall become effective as of February 10, 1999.

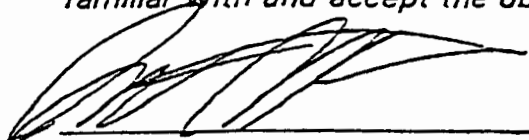


Signature/ Incorporator

2-10-99

Date

Having been named as registered agent and to accept service of process for the above stated corporation 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.



Signature/ Registered Agent

2-10-99

Date



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 24, 1999

STANLEY CREWS
1413 S. HOWARD AVE., #209
TAMPA, FL 33606

Re: Document Number P99000014437

The Articles of Amendment to the Articles of Incorporation for TRANSNET CONNECT, INC., a Florida corporation, were filed on June 21, 1999.

The certification requested is enclosed.

Should you have any question regarding this matter, please telephone (850) 487-6050, the Amendment Filing Section.

Carol Mustain
Corporate Specialist
Division of Corporations

Letter Number: 999A00033633

Secretary of State

Corporations Section

James K. Polk Building, Suite 1800

Nashville, Tennessee 37243-0306

DATE: 07/12/99

REQUEST NUMBER: 3711-0922

TELEPHONE CONTACT: (615) 741-2286

FILE DATE/TIME: 07/12/99 1031

EFFECTIVE DATE/TIME: 07/12/99 1031

CONTROL NUMBER: 0373846

TO:

LANCE J M STEINHARD ATTY-LINDA DURNING
6455 E JOHNS CROSSIN
SUITE 285
DULUTH, GA 30097

RE:

TRANSNET CONNECT, 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: 07/12/99

FROM:
TRANSNET CONNECT, INC.
1413 S HOWARD AVENUE
SUITE 209
TAMPA, FL 33606-0000

	FEES	
RECEIVED:	\$600.00	\$0.00
TOTAL PAYMENT RECEIVED:	\$600.00	
RECEIPT NUMBER:	00002520859	
ACCOUNT NUMBER:	00316137	



Riley C. Darnell

RILEY C. DARNELL
SECRETARY OF STATE