Company ID: 00128478

Direct-Tel USA, LLC

1701 West Hillsboro Blvd., Suite 205

Deerfield Beach, FL 33442

BEFORE THE TENNESSEE REGULATORY AUTHORITY

Nashville, TN

February 29, 2000

IN RE: CASE NUMBER: 99-00969

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 February 29, 2000 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.

harman Melvin Malone

Director Sara Kyle

ATTEST.

Executive Secretary

Director Lynn Green

TENNESSEE REGULATORY AUTHORITY

Lynn Greer, Chairman Sara Kyle, Director Melvin Malone, Director



460 James Robertson Parkway Nashville, Tennessee 37243-0505

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

| Part 1: General Information | | | | | | | |
|---|---|--|--|--|--|--|--|
| | | | | | | | |
| Name of Applicant Direct-Tel USA LLC Address 1701 West Hillshoro RIVA. SLite Tos City Nearticld Reach State FL Zip Code 33442 Phone No. 954)426-4545 | | | | | | | |
| B. Owner, Partners, or Corporate Officer | Owner, Partners, or Corporate Officer | | | | | | |
| NAME ADDRESS CITY STATE ZIP | CODE | | | | | | |
| Ron Kaplan 1701 W. Hillshorp Deertield Beach FL 3340 | 42 | | | | | | |
| Les Feldman 1701 W. Hillstors Doortield Beach FL 3340 | 12 | | | | | | |
| Caren Getelman 1701 W. Hillshoro Deerfield Reach FL 3344 | 12 | | | | | | |
| | | | | | | | |
| C. Name and telephone number of contact person authorized to respond to Authority inquiries regarding company operations Monday through Friday. Les Feldman (954)(1)26-11545 (954)(126) Name Phone No. Fax Name and telephone number of contact person authorized to respond to Authority inquiries regarding this filing Monday through Friday. Kott Futer prices (207)(928-2144 (207)(928)) Name Phone No. Fax | No. - 2139 | | | | | | |
| D. List a toll-free telephone number that consumers can call to report service and/or request refunds or adjustments. <u>\$88 - 290 - 2499</u> | List a toll-free telephone number that consumers can call to report service problems and/or request refunds or adjustments. <u>FSS - 290-2499</u> | | | | | | |
| E. Check the type of telecommunication services you plan to provide in Tenne Resell Interexchange long distance services Operator Services VResell local services Other (describe) (To be filled out by Company ID Numb | | | | | | | |
| Date Approved Evaluator Mail the completed application and a check for \$50.00 to: Tennessee Regulatory Auth | | | | | | | |

198907, Nashville, TN 37219-8907. Should you have any questions, call (615)741-7489, ext. 163.

| Γ. | reseller carriers you serve in Tennessee. Provide the above information on Appendix I. |
|-------|---|
| G. | List the state(s) that the applicant is authorized to operate in at this time |
| | For the above states, list the number and types of complaint(s) filed against applicant, and the complaint(s)' current status. Provide this information on a separate attachment, if necessary. |
| | If applicant has affiliate(s) engaged in providing telecommunications services, provide the above requested information for the affiliate(s), as well as for the applicant. |
| H. | List any states that the applicant has been denied authority to provide service. |
| | If applicant has affiliate(s) engaged in providing telecommunications services, provide the above requested information for the affiliate(s), as well as for the applicant. |
| I. | Areas in Tennessee to be served. Entire state |
| J. | What type of customers will the applicant serve? a. Business |
| K. | Does the applicant allow a property imposed fee (PIF) to be added to the price of intrastate telephone calls over its network? If yes, specify amount. |
| L. | Are your prices for intrastate services plus any PIF equal to or less than the dominant carriers' price for similar services? YesNoNo |
| M. | Describe the type of services and price that the applicant will be offering in Tennessee on the Informational Tariff Form found in Appendix II ¹ . |
| N. | What is the applicant's 10XXX or 800 access code, if applicable? |
| Ο. | Does the applicant now have or plan to have any telecommunication's facilities (e.g. switches, fiber lines) in Tennessee? |
| P. | What facility-based network(s) will the applicant be reselling? Rell South |
| Q. | Will the applicant be utilizing the local telephone company's billing system or billing customers directly? It policant will provide a cupy of |
| | illing format |
| 'Appl | icant is required to fill out an Informational Tariff form. Failure to fill out this form will cause the |

applicant's request to be rejected.

A copy of a bill is required if the applicant is going to bill the customer directly.

| r. | independent telemarketer is going to be used, state company name and address. Prive tise mouts will take of 3 basic Scenarios — | | | |
|--------------|---|--|--|--|
| | 1) Television infomercial | | | |
| | 2) Radio informercial | | | |
| | 3) Signs in credit-challenged areas. | | | |
| S. | Describe the procedures the applicant will use to switch a consumer's preferred interexchange service, if applicable N/A. Direct-Tels Cervice Is over-paid local Service for that population. That Currently has no telephone Service. | | | |
| | | | | |
| Т. | 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 No | | | |
| U. | Applicant gives permission to the local telephone company to provide the Authority 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 No | | | |
| Part II: | Organization Structure | | | |
| Α. | Type of Organization | | | |
| | _IndividualCorporation | | | |
| | PartnershipOther (Explain on separate sheet)C | | | |
| B. • | If partnership and/or Non-resident (1) Attach a copy of Articles of Incorporation and current by-laws. Exhibit B (2) Attach a copy of Certification of Authority issued by Tennessee Secretary of State showing corporation's authority to engage in business in Tennessee. Exhibit A | | | |
| 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 I\ | /: Display Card | | | |
| which inform | icable, attach a copy of the display card to be placed on the aggregators telephone shows what operator services are to be provided. The card must contain all required lation listed in the attached Rule (1220-4-257, B) ³ , which includes a toll-free number mers can call for service problems and refunds. | | | |

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

- The Reseller or Operator Service Provider applicant, hereby, affirms the following: Α.
- Has received, read, and understands the Tennessee Regulatory Authority's (TRA) Reseller Rules and Regulations, (Appendix III)
- Understands the penalties for non-compliance, and all associated fees to provide such service.
- Will comply with the TRA Reseller Rules and all other applicable Authority 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.

Jorna Adm. Assist.

Title

For: Robald Kaplan, President

Direct-Tel USA, LLC

Subscribed and sworn before me this 4+

Notary Bublic

seal

Secretary of State
Corporations Section

James K. Polk Building, Suite 1800
Nashville, Tennessee 37243-0306

DATE: 05/05/99 REQUEST NUMBER: 3680-2978 TELEPHONE CONTACT: (615) 741-2286 FILE DATE/TIME: 05/05/99 0925 EFFECTIVE DATE/TIME: 05/05/99 0925 CONTROL NUMBER: 0370377

TO: DIRECT-TEL USA LLC 1701 W HILLSBORO BLV STE 205 DEERFIELD BRANC, FL 33442

RE:
DIRECT-THL USA, LLC
APPLICATION FOR CERTIFICATE OF AUTHORITY LIMITED LIABILITY COMPANY

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

A LIMITED LIABILITY COMPANY ANNUAL REPORT MUST BE FILED WITH THE SECRETARY OF STATE ON OR BEFORE THE FIRST DAY OF THE FOURTH MONTH FOLLOWING THE CLOSE OF THE LIMITED LIABILITY COMPANY'S FISCAL YEAR. ONCE THE FISCAL YEAR HAS BEEN ESTABLISHED, PLEASE PROVIDE THIS OFFICE WITH WRITTEN NOTIFICATION. THIS OFFICE WILL MAIL THE REPORT DURING THE LAST MONTH OF SAID FISCAL YEAR TO THE LIMITED LIABILITY COMPANY 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 LIMITED LIABILITY COMPANY TO ADMINISTRATIVE REVOCATION OF ITS CERTIFICATE OF AUTHORITY.

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

FOR: APPLICATION FOR CERTIFICATE OF AUTHORITY - LIMITED LIABILITY COMPANY

FROM: DIRECT TEL USA LLC 1701 WEST HILLSBORO BLVD SUITE 205 DEERFIELD BEAC, FL 33442-0000



RILEY C. DARNELL SECRETARY OF STATE

Kely C Darnell

Bepartment of State Corporation Section 18th Floor, James K. Polk Building Nashville, TN 37243-0306

APPLICATION FOR CERTIFICATE OF AUTHORITY

For Office Use Only

| APPLICATION FOR CERTIFICATE OF AUTHORITY FOR: | • | | | | |
|---|---|--|--|--|--|
| DIRECT-TEL USA, LLC | | | | | |
| To the Secretary of State of the State of Tennessee: | | | | | |
| Pursuant to the provisions of § 48A-45-301 of the Tenr signed hereby applies for a certificate of authority to tra that purpose sets forth: | | | | | |
| 1. The name of the Limited Liability Company is: DiRA | ECT-TEL USA, LLC. 199 19 19 19 19 19 19 19 19 19 19 19 19 | | | | |
| If different, the name under which the certificate of auth | ority is to be obtained is: | | | | |
| NOTE: The Secretary of State of the State of Tennessee may not issue a certificate of authority to a foreign Limited Liability Company if its name does not comply with the requirements of § 48A-7-101 of the Tennessee Limited Liability Company Act. If obtaining a certificate of authority under an assumed Limited Liability Company name, an application must be filed pursuant to § 48A-7-101(1D). | | | | | |
| 2. The state or country under whose law it is formed is: | DELAWARE | | | | |
| 3. The date of its organization is: September 30, / | 998 (must be month, day and year) | | | | |
| 4. The complete street address (including zip code) of it 1701 W. Hillsgord BLVD-STE 205- Dec Street City/State | | | | | |
| 5. The complete street address (including the county and the 1912 Hours Street City/State The name of its registered agent at that office is: | 1 | | | | |
| 6. Please insert the number of members at the date of fi | ling 3 | | | | |
| NOTE: This application must be accompanied by a certificate of existence (or a document of similar import) duly authenticated by the Secretary of State or other official having custody of the Limited Liability Company records in the state or country under whose law it is organized. The certificate shall not bear a date of more than two (2) months prior to the date the application is filled in this state. | | | | | |
| | | | | | |
| Signature Date PRESIDENT Signer's Capacity Na Na Na Na Na Na Na Na Na N | me of Limited Liability Company Kondol France Jorgeon Kapian me (typed or printed) | | | | |

State of Delaware

Office of the Secretary of State

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RILEY DANKELL SECRETARY OF STATE

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DIRECT-TEL USA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF APRIL, A.D. 1999.

Edward J. Freel, Secretary of State

9685568

AUTHENTICATION:

04-14-99

991141169

2950512 8300

DATE:

CERTIFICATE OF FORMATION OF DIRECT-TEL USA, LLC

The undersigned, acting as organizer of Direct-Tel USA, LLC, under the Delaware Limited Liability Company Act, submits the following Certificate of Formation for said Limited Liability Company:

I. NAME OF COMPANY

The name of the limited liability company is Direct-Tel USA, LLC, (the "Company").

II. PERIOD OF DURATION

The period of duration is thirty years from the date of filing of this Certificate of Formation with the Delaware Secretary of State, unless the Company is sooner dissolved.

III. PURPOSE

The business purpose of the Company shall be or include the transaction of any or all lawful business for which limited liability companies may be organized under this Act.

IV. PRINCIPAL PLACE OF BUSINESS

The principal place of business of the Company shall be in the State of Florida at the following address:

Direct-Tel USA, LLC 1701 W. Hillsborough Blvd. Deerfield Beach, Florida 33442

V. REGISTERED OFFICE AND AGENT

The Company's initial registered agent, and the name and address of the initial registered agent are as follows:

The Corporation Trust Company Corporation Trust Center 1209 Orange Street Wilmington DE 19801

VI

MANAGEMENT OF THE COMPANY

The Company is to be managed by its member(s). The names and addresses of the initial members are as follows:

Carey Getelman 1701 W. Hillsborough Blvd. Deerfield Beach, Florida 33442

Ron Kaplan 1701 W. Hillsborough Blvd. Deerfield Beach, Florida 33442

Les Feldman 1701 W. Hillsborough Blvd. Deerfield Beach, Florida 33442

VII. ADDITIONAL MEMBERS

The Members reserve the right to admit additional Members as may be described in the Company's Regulations, and thereupon designate any rights and obligations that such additional membership interests shall have, if distinct from existing interests and the consideration to be paid for same.

VIII. REGULATIONS

The Regulations of the Company shall set forth all provisions for the affairs of the Company and the conduct of its business to the extent that such provisions are not inconsistent with law or this Certificate.

IX. CONTINUATION UPON EVENT OF DISSOLUTION

The Members shall have the right to continue the Company upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or occurrence of any event which terminates the continued membership of a Member in the Company as long as there are at least