

PENDING PETITION MEMO

Date: 1/11/2008

TO : OT
OGC

FROM: CENTRAL OPERATIONS

UTILITY: VOICERIDE, L.L.C.

SUBJECT: 08-C-0021

Petition of VoiceRide, L.L.C. for an Original Certificate of Public Convenience and Necessity for Authority to Provide Intrastate Resold and Facilities-Based Telecommunications Service Within the State of New York.



January 10, 2008
Via Overnight Delivery

FILED
EX-100
2008 JAN 11 AM 10:40

2600 Maitland Center Pkwy.
Suite 300
Maitland, FL 32751
P.O. Drawer 200
Winter Park, FL
32790-6200
Tel: 407-740-8575
Fax: 407-740-0613
www.tminc.com

Ms. Jaclyn A. Brillling
Commission Secretary
New York Department of Public Service
Three Empire State Plaza
Albany, New York 12223

Re: Petition of **VoiceRide, L.L.C.** for a Certificate of Public Convenience and Necessity to Provide Intrastate Resold and Facilities-Based Telecommunications Service within the State of New York.

Dear Ms. Brillling:

Enclosed for filing please find the original and three (3) copies of the Petition for a Certificate of Public Convenience and Necessity to Provide Intrastate Resold and Facilities-Based Telecommunications Service within the State of New York submitted on behalf of VoiceRide, L.L.C. The Company's TCCI Form has been submitted electronically.

Also included with this filing are the Petitioner's:

- Local and Interexchange Communications Services Tariff – New York DPS No. 1
and
- Intrastate Exchange Access Services Tariff – New York DPS No. 2

The Company respectfully requests an April 10, 2008 effective date for these tariff filings.

Please acknowledge receipt of this filing by date-stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided for this purpose. Questions regarding this filing may be directed to me at (407) 740-3031.

Sincerely,

Sharon Thomas
Consultant to
VoiceRide, L.L.C.

ST/im.
Enclosures

cc: L. Evans, VoiceRide
file: VoiceRide – NY Local
VoiceRide – NY Access
tms: NYL0801

NEW YORK STATE PUBLIC SERVICE COMMISSION
TELECOMMUNICATIONS COMPANY CRITICAL INFORMATION FORM (TCCI)

What is the TCCI form?

The TCCI form is used to update basic company information in the Department's Telecommunications Company Critical Information Database that is maintained by the Office of Telecommunications. Company information is utilized in a number of Department applications and may be used in emergency situations to quickly correspond with companies.

Who Should File this Form?

- All telecommunications providers regulated by the New York Public Service Commission are required to complete a TCCI form.
 - A company that is applying for certification as a telecommunications carrier in New York State.
 - A company that has changed its name and filed an Adoption Supplement with the New York Public Service Commission.
 - A company that has changes to a previously filed TCCI.
 - A company seeking Commission approval for a merger and/or acquisition.
- Note: All companies involved in the merger should complete a new or revised TCCI Form if they will continue to do business in New York. If a company will no longer be doing business in New York they should withdraw their TCCI form by contacting Judy Sylvester (518) 473-8074.

Instructions:

If you are filing this form electronically, please complete and press the **Submit** button. Do not mail additional copies of the form.

*Please be advised: We recommend using Microsoft Internet Explorer 5 or greater. Users who are not using Microsoft Internet Explorer 5.0 may find that some or all of the features on this page will not function properly.

If you are filing this form via regular mail, complete the form and mail three copies of the TCCI form to the address below. Do not include this page of Instructions with the form.

All new telephone companies seeking certification must file a TCCI form via regular mail only along with a copy of their Application for Certification and tariff.

Mailing address:

Jaclyn A. Brillling, Secretary
New York State Department of Public Service
Three Empire State Plaza
Albany, NY 12223-1350

If you have any questions regarding the completion of this form, contact Judy Sylvester (518) 473-8074.

Please Note: If there are subsequent changes to your company's information, submit a revised TCCI form immediately.

Please check *only one* of the six following boxes below and follow any applicable instructions for the box chosen.

This company is certified by the New York Public Service Commission and is submitting a NEW TCCI form because:

☒ This company is seeking certification in New York State
Mail three copies of the completed TCCI form and the application for certification and tariff to the mailing address above.

☐ This company is certified by the New York Public Service Commission but has not submitted a TCCI form.

Please Note: This company will be listed on our website as Inactive with the Department until a properly completed TCCI form is received.

☐ This company has filed an Adoption Supplement changing its name.
Please indicate the former company name under "Formerly Known As" below.

☐ This company has recently been certified by the New York Public Service Commission as a result of a merger or acquisition approved by the Commission and a transfer of a Certificate of Public Convenience and Necessity.

Name of the company(ies) that has ceased operations

This company is certified by the New York Public Service Commission and is submitting a REVISED TCCI form because:

☐ Updating with new company information.

☐ Updating company information as a result of a merger/acquisition that has been approved by the Commission.

ALL OF THE FOLLOWING FIELDS MUST BE FILLED OUT OR THIS FORM WILL BE CONSIDERED INCOMPLETE.

IF A FIELD IS NOT APPLICABLE, INDICATE "NA".

Company's VOICERIDE, LLC
Corporate

Name:

Doing NA
Business
As, if
applicable

Formerly NA
Known As,
if
applicable)

If Providing Cable Service:

Region NA
where
providing
service:

System: NA

State in DELAWARE
which
Certificate of
Incorporation
filed:

Company WWW.VOICERIDE.COM
Website:

Company 48 BROAD STREET, SUITE 185
Corporate
Address:

Line 2
(P.O. Box)

Line 3
(Floor,
Etc)

City

RED BANK

State:

NJ

Zip:

07701

Attention: LOUISE JOHNSON

Company
President: **First Name:**

JACK

Last Name:

DAYAN

Telephone (888) 867-8670

Number:

Fax (732) 345-7893
Number:

E-mail JDAYAN@VOICERIDE.COM
address:

Mailing 48 BROAD STREET, SUITE 185
address:

Line 2
(P.O. Box)

Line 3
(Floor,
Etc)

City

RED BANK

State:

NJ

Zip:

07701

Attention: JACK DAYAN

Regulatory **First Name:**
Contact: LOUISE

Last Name:
JOHNSON

Title: REGULATORY

Telephone (888) 867-8670
Number:

Fax (732) 345-7893
Number:

E-mail LJOHNSONVOICERIDE.COM
address:

Mailing 48 BROAD STREET, SUITE 185
address:

Line 2
(P.O. Box)

Line 3
(Floor, Etc)

City

RED BANK

State:

NJ

Zip:

07701

Attention: LOUISE JOHNSON

Regulatory **First Name:**
Consumer
Complaint

Last Name:

Contact: LOUISE JOHNSON

Telephone Number: (888) 867-8670

Fax Number: (732) 345-7893

E-mail address: LJOHNSON@VOICERIDE.COM

Mailing address: 48 BROAD STREET, SUITE 185

Line 2
(P.O. Box)

Line 3
(Floor, Etc)

City
RED BANK

State:
NJ

Zip:
07701

Attention: LOUISE JOHNSON

Customer Contact Telephone Number: (888) 867-8670

Business Office Contact, Representative or Agent (for billing/assessment purposes): **First Name:** LOUISE

Last Name: JOHNSON

Telephone Number: (888) 867-8670

Fax Number: (732) 345-7893

E-mail address: LJOHNSON@VOICERIDE.COM

Mailing address: 48 BROAD STREET, SU

Line 2 (P.O. Box)

Line 3 (Floor, Etc)

City
RED BANK

State:
NJ

Zip:
07701

Attention: LOUISE JOHNSON

In compliance with the requirement of the Order Concerning Stray Voltage Requirements (dated July 3, 2006), by checking the box below, I hereby attest that our company's installation, operation and maintenance of facilities are in accordance with the National Electrical Safety Code and the National Electrical Code.

- ☐ I agree with the above statement
☒ I am a non-facilities based company
☐ I am filing a separate letter attesting to the above with the Director of the Office of Telecommunications.

Company Officer's Name: JACK
First Name: JACK
Last Name: DAYAN
Title: PRESIDENT

Form Preparer's Name: IRIS
First Name: IRIS
Last Name: MENNENS

Telephone Number: (407) 740-3011
(Area code)
+ Number

E-mail address: IMENNENS@TMINC.COM

Please submit this form by clicking on the SUBMIT button below.
[Click Here To Print Completed TCCI Form](#)

SUBMIT

*Please be advised: We recommend using Microsoft Internet Explorer 5 or greater. Users who are not using Microsoft Internet Explorer 5.0 may find that some or all of the features on this page will not function properly.

**BEFORE
THE STATE OF NEW YORK DEPARTMENT OF PUBLIC SERVICE**

IN RE: Petition of)
VoiceRide, LLC)
for a Certificate of Public)
Convenience and Necessity)
Within the State of New York)

Docket No.: _____

**PETITION FOR A CERTIFICATE
OF PUBLIC CONVENIENCE AND NECESSITY**

VoiceRide, LLC ("Applicant") respectfully requests issuance of a Certificate of Public Convenience and Necessity to provide intrastate resold and facilities-based telecommunications service within the state of New York. Pursuant to 16 NYCRR §§ 21.1(f) and 21.7 of the Commission's Rules of Procedure, VoiceRide, LLC submits the following information:

1. Identification of Applicant and Principal Business Office

Business Office

VoiceRide, LLC
48 Broad Street, Suite 185
Red Bank, NJ 07701
Telephone: (888) 867-8670
Facsimile: (732) 345-7893

Regulatory Contact

Louise Johnson
VoiceRide, LLC
48 Broad Street, Suite 185
Red Bank, NJ 07701
Telephone: (888) 867-8670
Facsimile: (732) 345-7893
Email: ljohnson@voiceride.com

1. Continued

The following individual serves as officer and director of VoiceRide, LLC and can be reached at the Company's corporate headquarters at 48 Broad Street, Suite 185, Red Bank, NJ 07701.

Jack Dayan

2. Commission Contact for Consumer Complaints

Louise Johnson
VoiceRide, LLC
48 Broad Street, Suite 185
Red Bank, NJ 07701
Telephone: (888) 867-8670
Facsimile: (732) 345-7893
Email: ljohnson@voiceride.com

3. A copy of Applicant's Articles of Incorporation and authorization to conduct business in the State of New York are found in Attachment I.

4. Description of services to be provided by Applicant:

The Applicant proposes to offer competitive local exchange service, including exchange access service, and long distance services within the State of New York using Unbundled Network Elements and Resold services available from the underlying ILEC. Switched direct-dialed long distance services will be provided by reselling the services of underlying interexchange carriers. Specific services are described in the Company's attached tariffs; as services are added or changed, the Company will make appropriate revisions to its tariffs, as required by law and Commission rules.

Applicant will ensure that its retail customers have access to 911 service, directory assistance and telecommunications relay services.

Certification of VoiceRide, LLC will increase the level of local and long distance services competition in New York. As the level of competition increases within this market, consumers as a whole benefit from reduced prices, improved quality of service and enhanced applications of innovative technology. In addition, competition provides consumers with a wider selection of products and services from which to choose.

5. Description of the plant and system to be constructed and the anticipated construction schedule.

The Company plans to offer local exchange services via Unbundled Network Element (UNE) and Unbundled Network Element combinations available through interconnection agreements and/or commercial agreements with the incumbent local exchange carrier. Long distance services will be offered on a resale basis.

6. Statement regarding slamming

VoiceRide is a start-up company, and has not yet initiated its operations in any state. The Applicant has not acquired any customers without the customer's authorization, and will ensure that procedures are in place before marketing services to retail customers to avoid the unauthorized switching of customers to its service.

7. Statement regarding complaints

As Applicant is a start-up company and is not yet providing service, the Applicant has not been the subject of any complaint or investigation regarding slamming or any other issue.

Customer Service is available to Customers at (888) 867-8670.

8. Federal Social Security Account Number and/or Federal Employer Identification Number.

The Federal Employer Identification Number for Applicant is: 20-1441654

9. Access to Public Safety/Emergency Telephone Services; Access to Statewide Relay System and Lifeline Service

The Company intends to comply with all Commission orders regarding access to public safety and emergency telephone services, access to relay services and lifeline requirements. Applicant will remain on the ILEC network and continue to have emergency calls directed to ILEC Public Safety Answering Points via the ILEC network. All "911" and "0-" calls will be processed by the ILEC.

10. Facilities Based Authority

Applicant is specifically seeking authority to provide local service on a facilities-basis through UNE/UNE Combination agreements with the ILEC. Applicant will provide local dial tone service in compliance with the requirements of Case 94-C-0095 as indicated in Attachment III. The Applicant may install local switching facilities in the future.

11. Request for waivers

Consistent with the treatment of other new market entrants, the Applicant requests that Sections 21.2 and 21.3 of 16 NYCRR be waived in connection with this application; as well as Part 642 and Section 644.3 of 16 NYCRR. Applicant requests authority to file tariffs pursuant to 16 NYCRR 630.15, and to enter into contracts with customers in lieu of rates, charges and regulations set forth in tariffs on a nondiscriminatory basis.

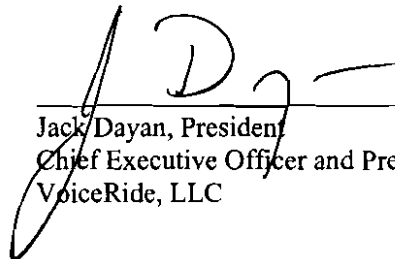
12. IntraLATA Presubscription Implementation Plan

An IntraLATA Presubscription Implementation Plan is provided as Attachment IV.

WHEREFORE, VoiceRide, LLC respectfully submits that the New York Department of Public Service grant it a Certificate of Public Convenience and Necessity to provide facilities-based and resold telecommunication services within the State of New York and all other appropriate authority and relief.

Dated this 31st day of December, 2007.

Respectfully submitted,



Jack Dayan, President
Chief Executive Officer and President
VoiceRide, LLC

Sharon Thomas
Consultant for VoiceRide, LLC
Technologies Management, Inc.
2600 Maitland Center Parkway, Suite 300
Maitland, FL 32751
Telephone: (407) 740-3031
Facsimile: (407) 740-0613
E-mail: stthomas@tminc.com

VoiceRide, LLC

Attachment I

Articles of Incorporation

Secretary of State Authorization

STATE OF NEW YORK

DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of the
Department of State, at the City of Albany, on
December 28, 2007.

A handwritten signature in cursive script that reads "Paul LaPointe".

Paul LaPointe
Special Deputy Secretary of State

071115000

011

New York State
Department of State
Division of Corporations, State Records
and Uniform Commercial Code
41 State Street
Albany, NY 12231
www.dos.state.ny

APPLICATION FOR AUTHORITY
OF

VoiceRide, LLC

(Insert name of Foreign Limited Liability Company)

Under Section 802 of the Limited Liability Company Law

FIRST: The name of the limited liability company is: VoiceRide, LLC

If the name does not contain a required word or abbreviation pursuant to Section 204 of the Limited Liability Company Law, the following word or abbreviation is added to the name for use in this state:

(Do not complete this section unless the limited liability company's true name is not available pursuant to §204 of the Limited Liability Company Law.) The fictitious name under which the limited liability company will do business in New York is:

SECOND: The jurisdiction of organization of the limited liability company is: Delaware

The date of its organization is: July 27, 2004

THIRD: The county within this state in which the office, or if more than one office, the principal office of the limited liability company is to be located is: Albany County

(A county in New York State must be stated. Please note that the limited liability company is not required to have an actual physical office in this state.)

FOURTH: The Secretary of State is designated as agent of the limited liability company upon whom process against it may be served. The address within or without this state to which the Secretary of State shall mail a copy of any process served against him or her is: c/o National Registered Agents, Inc.

875 Avenue of the Americas, Suite 501, New York, NY 10001

DOS-1361 (Rev. 06/03)

071115000011

FIFTH: (Complete the statement that applies)

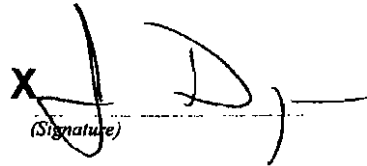
The address of the office required to be maintained in the jurisdiction of its formation is:
615 South DuPont Highway, Dover, DE 19901

No office is required to be maintained in the jurisdiction of its formation. The address of the principal office of the limited liability company is:

SIXTH: The foreign limited liability company is in existence in its jurisdiction of formation at the time of filing of this application.

SEVENTH: The name and address of the Secretary of State or other authorized official in its jurisdiction of organization where a copy of its articles of organization is filed is:

Delaware Secretary of State, John G Townsend Building, 401 Federal St, Suite 3
Dover, DE 19901

X 
(Signature)

Jack Dayan
(Type or print name)

CEO
(Title or capacity of signer)

Please Note: A certificate of existence or, if no such certificate is issued by the jurisdiction of formation, a certified copy of the articles of organization of the limited liability company and all subsequent amendments therefore, or if no articles of organization have been filed, a certified copy of the certificate filed as its organizational base and all amendments thereto, **must be attached** to the application for authority when submitted for filing. If such certificate or certified copy is in a foreign language, a translation in English thereto under oath of the translator shall be attached.

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VOICERIDE, 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 SEVENTEENTH DAY OF OCTOBER, A.D. 2007.

3834032 8300

071126548



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6083433

DATE: 10-17-07

071115000

011

APPLICATION FOR AUTHORITY
OF

VoiceRide, LLC

(Insert name of Foreign Limited Liability Company)

Under Section 802 of the Limited Liability Company Law

Filed by: Jack Dayan
(Name)
48 Broad Street - #185
(Mailing address)
Red Bank, NJ 07701
(City, State and Zip code)

NOTE: This form was prepared by the New York State Department of State for filing an application for authority for a foreign limited liability company to conduct business in New York State. It does not contain all optional provisions under the law. You are not required to use this form. You may draft your own form or use forms available at legal supply stores. The Department of State recommends that legal documents be prepared under the guidance of an attorney. The certificate must be submitted with a \$250 filing fee made payable to the Department of State.

(For office use only.)

2007 NOV 15 11:11 AM

STATE OF NEW YORK
DEPARTMENT OF STATE
FILED

NOV 15 2007

TAX \$ _____

BY: _____



2007 NOV 14 PM 2:05

RECEIVED

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