

**Lance J.M. Steinhart, P.C.**

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1725 Windward Concourse  
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May 13, 2021

**VIA ONLINE SUBMISSION:**

<https://psc.ga.gov/alternative-efile/>

Executive Secretary  
Georgia Public Service Commission  
244 Washington Street, SW  
Atlanta, Georgia 30334

Re: RHMD LLC

Dear Sir/Madam:

Attached please find for filing RHMD LLC's Application for Certificate of Authority to Provide Competitive Local Exchange Telecommunications Service.

**I have also attached a Motion for Confidentiality and RHMD LLC's financial information is filed as "Trade Secret" information.**

RHMD LLC is submitting its Application for Designation as an Eligible Telecommunications Carrier to Receive Rural Digital Opportunity Fund Auction (Auction 904) Support for Voice and Broadband Services to be processed in conjunction with this Application.

If you have any questions or if I may provide you with any additional information, please do not hesitate to call me. Thank you.

Respectfully submitted,

/s/ Lance J.M. Steinhart

Lance J.M. Steinhart  
Lance J.M. Steinhart, P.C.  
*Attorneys for RHMD LLC*

Enclosures

cc: David Funderburk

**BEFORE THE  
GEORGIA PUBLIC SERVICE COMMISSION**

<b>Application of</b>	)	
<b>RHMD LLC</b>	)	
	)	
	)	<b>Docket No.</b>
<b>For a Certificate of Authority to Provide</b>	)	
<b>Competitive Local Exchange Service</b>	)	

**MOTION FOR CONFIDENTIALITY**

COMES NOW, RHMD LLC (hereinafter referred to as “Applicant”), by their attorneys, file this Motion for Confidentiality of a designated portion of the above-described Application pursuant to Section 515-3-1-.11 of the Rules of the Georgia Public Service Commission (“Commission”) as follows:

1. Applicant has filed herewith an Application for Certificate of Authority to Provide Competitive Local Exchange Service (the “Application”).
2. Applicant asserts that the Application required by the Commission requires the Applicant to provide the Commission staff with information that is confidential, proprietary and a trade secret as defined in O.C.G.A. Section 10-1-761(4)<sup>1</sup>.
3. Applicant has provided this confidential information under protective seal as part of the Application labeled “Trade Secret for RHMD LLC’s Application for Certificate of Authority to Provide Competitive Local Exchange Service.” Applicant has also provided the Commission with a version of the document designated “Public Disclosure Document” which does not include confidential information.

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<sup>1</sup> “Trade secret” means information including, but not limited to, technical or nontechnical data, a formula, a pattern, a compilation, a program, a device, a method, a technique, a drawing, a process, financial data, financial plans, product plans, or a list of actual or potential customers or suppliers which:  
(A) Derives economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons

4. Applicant hereby shows that the protected information provides financial information and other sensitive business information, as set forth in the Financial Statements, which is confidential, proprietary and a trade secret and should not be disclosed. This information is proprietary, confidential and a trade secret because it could be used by competitors, which would cause harm to the Applicant.

5. This information is not generally known and not readily ascertainable by proper means and interested parties derive economic value, both actual and potential, from knowing Applicant's internal financial information. This information could allow competitors to engage in anticompetitive attacks on Applicant as an emerging competitor.

6. Further, it is reasonable to maintain Applicant's secrecy. There is no legitimate business reason to force Applicant to make this disclosure. The information provided by Applicant under the cover of confidentiality is not necessary to assess the viability of the Application filed in this Docket.

**WHEREFORE**, Applicant respectfully requests that the Commission grant this Motion for Confidentiality.

Respectfully Submitted,



By: \_\_\_\_\_

Lance J.M. Steinhart, Esq.  
Lance J.M. Steinhart, P.C.  
1725 Windward Concourse  
Suite 150  
Alpharetta, GA 30005  
(770) 232-9200 (Telephone)  
(770) 232-9208 (Facsimile)  
info@telecomcounsel.com (E-Mail)

Attorneys for RHMD LLC

Dated: May 13, 2021



Georgia Public Service Commission  
244 WASHINGTON STREET, SW  
ATLANTA GEORGIA 30334-5701

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
TO PROVIDE COMPETITIVE LOCAL EXCHANGE SERVICE**

**I. APPLICANT ADDRESS**

NAME OF COMPANY RHMD LLC  
ADDRESS: STREET 3428 Larch Pine Dr.  
CITY Duluth STATE Georgia ZIP CODE 30096  
TEL. NO. 770-623-4409 FAX NO.

EMPLOYEE DESIGNATED TO RECEIVE AND RESPOND TO COMMISSION REQUESTS:

NAME David Funderburk TEL. NO. 770-623-4409  
TITLE President FAX NO.  
E-MAIL dfund@globalvision.net

EMPLOYEE ADDRESS (IF DIFFERENT FROM ABOVE):

STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**NOTE:** FAILURE TO NOTIFY THE COMMISSION, IN WRITING, WHEN THERE IS A CHANGE IN THE CONTACT PERSON OR ADDRESS(ES) LISTED IN THIS APPLICATION WILL RESULT IN CANCELLATION OF THE APPLICATION OR SUBSEQUENT CERTIFICATE.

**II. ATTORNEY OR AGENT ADDRESS**

IF APPLICANT IS NOT A GEORGIA CORPORATION, GIVE NAME AND ADDRESS OF AN ATTORNEY OR AGENT IN THE STATE OF GEORGIA UPON WHOM PROCESS MAY BE SERVED IN ANY SUIT AGAINST APPLICANT.

NAME Lance J.M. Steinhart  
NAME OF FIRM Lance J.M. Steinhart, P.C.  
ADDRESS: STREET 1725 Windward Concourse, Suite 150  
CITY Alpharetta STATE GA ZIP CODE 30005  
TEL. NO. (770) 232-9200 ..... FAX NO. (770) 232-9208

**III. ORGANIZATION**

1. TYPE OF ORGANIZATION: (CHECK ONE)

- LLC
- INDIVIDUAL
- PARTNERSHIP
- CORPORATION
- MUTUAL OR COOPERATIVE (INC./UNINC.)
- OTHER (SPECIFY): \_\_\_\_\_

2. IF APPLICANT IS A CORPORATION OR LIMITED PARTNERSHIP, INSERT THE SEVEN-DIGIT CONTROL NUMBER FROM "CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS" ISSUED BY THE SECRETARY OF STATE OF THE STATE OF **GEORGIA**.

CONTROL NUMBER: 21118542

ATTACH A COPY OF GEORGIA SECRETARY OF STATE CERTIFICATE, MARKED **EXHIBIT A**.

3. IF APPLICANT IS A CORPORATION, ATTACH COPY OF CHARTER, MARKED **EXHIBIT** \_\_\_\_\_. ALSO ATTACH A LIST OF ALL DIRECTORS AND PRINCIPAL STOCKHOLDERS WITH THE NUMBER OF SHARES HELD BY EACH, MARKED **EXHIBIT** \_\_\_\_, AND GIVE NAME AND ADDRESSES OF THE FOLLOWING OFFICERS: **N/A**

PRESIDENT \_\_\_\_\_ ADDRESS \_\_\_\_\_

V. PRESIDENT \_\_\_\_\_ ADDRESS \_\_\_\_\_

TREASURER \_\_\_\_\_ ADDRESS \_\_\_\_\_

SECRETARY \_\_\_\_\_ ADDRESS \_\_\_\_\_

STATE AND DATE OF INCORPORATION: STATE \_\_\_\_\_ DATE \_\_\_\_\_

4. IF APPLICANT IS A PARTNERSHIP OR COOPERATIVE, PROVIDE AN ATTACHMENT, MARKED EXHIBIT \_\_\_\_, WITH NAMES AND ADDRESSES OF PARTNERS, OFFICERS OR MEMBERS. **N/A**

5. IF APPLICANT IS A SUBSIDIARY, PARENT, OR AFFILIATE OF ANY OTHER COMPANY, REGARDLESS OF TYPE OR INDUSTRY, PROVIDE A CHART, MARKED EXHIBIT B, SHOWING THE RELATIONSHIPS BETWEEN THE APPLICANT AND ALL AFFILIATED COMPANIES.

**IV. EXISTING AUTHORITY**

1. DOES THE APPLICANT OR ANY AFFILIATE PRESENTLY HAVE AN EXISTING CERTIFICATE(S) OF AUTHORITY ISSUED BY THE GEORGIA PUBLIC SERVICE COMMISSION?

NO

YES

IF YES, CHECK CERTIFICATE TYPE(S) AND INSERT CERTIFICATE NUMBERS:

INTEREXCHANGE CARRIER (IXC): X-\_\_\_\_

RESELLER OF LONG DISTANCE (RESALE): R - \_\_\_\_

ALTERNATE OPERATOR SERVICE (AOS): A-\_\_\_\_

INSTITUTIONAL TELECOMMUNICATIONS SERVICE (ITS): P-\_\_\_\_

PAYPHONE SERVICE PROVIDER (PSP): \_\_\_\_

AUTOMATIC DIALING AND ANNOUNCING DEVICE (ADAD): \_\_\_\_

TELEPHONE SERVICE OBSERVING EQUIPMENT (TSOE): \_\_\_\_

2. A) DOES THE APPLICANT OR ANY AFFILIATE PRESENTLY HAVE CERTIFICATE AUTHORITY IN ANY OTHER STATE OR FEDERAL JURISDICTION(S)?

NO

YES

IF YES, LIST STATES IN WHICH AUTHORITY HAS BEEN GRANTED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

B) DOES THE APPLICANT OR ANY AFFILIATE PRESENTLY HAVE PENDING APPLICATIONS IN ANY OTHER STATE OR FEDERAL JURISDICTION(S)?

NO

YES

IF YES, LIST STATES IN WHICH APPLICATIONS ARE PENDING: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

C) HAS THE APPLICANT BEEN DENIED CERTIFICATION IN ANY JURISDICTION?

NO

YES

IF YES, WHICH STATE(S) OR JURISDICTION(S)? \_\_\_\_\_

ATTACH A COPY OF THE ORDER(S) DENYING CERTIFICATION.

## V. LOCAL EXCHANGE SERVICE

1. WHAT CUSTOMER CLASS(ES) DOES THE APPLICANT PROPOSE TO SERVE (CHECK ALL THAT APPLY)?

RESIDENTIAL

BUSINESS

OTHER: \_\_\_\_\_

2. PLEASE READ "ADDENDUM – POST-CERTIFICATION OBLIGATIONS OF COMPETITIVE LOCAL EXCHANGE CARRIERS" (AVAILABLE ONLINE AT [http://www.psc.state.ga.us/telecom/tl\\_forms/forms.asp](http://www.psc.state.ga.us/telecom/tl_forms/forms.asp)). WILL THE APPLICANT COMPLY WITH THESE REQUIREMENTS?

YES

NO

3. DOES THE COMPANY INTEND TO PROVIDE PRE-PAID LOCAL EXCHANGE SERVICE?

NO

YES

IF YES, READ "ADDENDUM – ADDITIONAL OBLIGATIONS OF PRE-PAID LOCAL EXCHANGE CARRIERS" (AVAILABLE ONLINE AT [http://www.psc.state.ga.us/telecom/tl\\_forms/forms.asp](http://www.psc.state.ga.us/telecom/tl_forms/forms.asp)).

4. SELECT THE METHOD(S) BY WHICH SERVICE WILL BE PROVIDED:

RESALE

FACILITIES-BASED (PLEASE COMPLETE SECTION VI OF THE APPLICATION)

5. TARIFFS FOR LOCAL EXCHANGE SERVICES ARE NO LONGER REQUIRED. DOES THE COMPANY WISH TO MAINTAIN A LOCAL EXCHANGE SERVICES TARIFF WITH THE GEORGIA PUBLIC SERVICE COMMISSION?

NO

YES

IF YES, ATTACH A **LOCAL EXCHANGE SERVICES TARIFF**, MARKED EXHIBIT \_\_\_\_, WHICH INCLUDES THE RATES, TERMS, AND CONDITIONS FOR ALL SERVICES.

6. AN ACCESS SERVICES TARIFF MUST BE FILED WITH THE GEORGIA PUBLIC SERVICE COMMISSION IN ORDER TO PROVIDE ACCESS SERVICES (SEE O.C.G.A. § 46-5-166(e)). DOES THE COMPANY INTEND TO PROVIDE ACCESS SERVICES?

NO

YES

IF YES, ATTACH AN **ACCESS SERVICES TARIFF**, MARKED EXHIBIT \_\_\_\_, WHICH INCLUDES THE RATES, TERMS, AND CONDITIONS FOR ALL SERVICES.

**VI. FACILITIES-BASED SERVICE**

1. IF AUTHORITY SOUGHT IS FACILITIES-BASED, ANSWER THE FOLLOWING:

A) AUTHORITY REQUESTED (CHECK ALL THAT APPLY):

- CONSTRUCTION OF NEW FACILITIES
- ACQUISITION OF FACILITIES (LEASE OR PURCHASE)
- PRIVATE LINE SERVICE

B) IF ACQUIRING FACILITIES FROM ANOTHER CARRIER, PLEASE PROVIDE DESCRIPTION AND MAPS.

Applicant will resell local services, and will provide local service through the use of unbundled network elements, or similar means, through interconnection and/or commercial agreements. All facilities will be those of the underlying facilities-based local exchange carriers.

C) DO YOU CURRENTLY HAVE FACILITIES DEPLOYED IN GEORGIA?

- NO
- YES

IF YES:

PLEASE PROVIDE MAPS INDICATING THE LOCATION(S) OF FACILITIES (E.G., SWITCHES, FIBER, ETC.). HOW ARE THESE FACILITIES CURRENTLY BEING UTILIZED?

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D) WHAT FACILITIES DO YOU PROPOSE TO DEPLOY IN GEORGIA? (PROVIDE DESCRIPTION AND MAPS)

None.

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2. PROVIDE BREAKDOWN OF ALL COSTS ASSOCIATED WITH THE FACILITIES TO BE DEPLOYED IN GA.

Not Applicable.

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**VII. TECHNICAL CAPABILITY**

- 1. PROVIDE RESUMES AND/OR PROFILES OF THE APPLICANT’S MANAGEMENT TEAM, MARKED **EXHIBIT C**. DESCRIBE EACH TEAM MEMBER’S TECHNICAL QUALIFICATIONS, WHICH INCLUDE ANY RELEVANT WORK EXPERIENCE, EDUCATION, AND TRAINING.
- 2. DESCRIBE MECHANISM BY WHICH APPLICANT INTENDS TO BILL FOR SERVICES. APPLICANT’S NAME MUST APPEAR ON END-USER’S BILL.

Applicant will direct bill customers utilizing call detail information from its underlying carriers. Applicant's name will appear on end-users' bills.

- 3. DETAIL THE PROCESSES BY WHICH THE COMPANY PROPOSES TO HANDLE CUSTOMER SERVICE ORDERS, INQUIRIES, AND COMPLAINTS. CUSTOMER SERVICE MUST OPERATE DURING NORMAL BUSINESS HOURS (i.e., 9:00 AM - 5:00 PM, or similar) MONDAY-FRIDAY; DURING NON-BUSINESS HOURS, CUSTOMERS SHOULD BE ABLE TO LEAVE MESSAGES VIA VOICEMAIL OR A MESSAGE SERVICE. DESCRIBE HOW THE APPLICANT WILL COMPLY WITH THIS REQUIREMENT. LIST TELEPHONE NUMBERS THAT WILL BE USED FOR CUSTOMER SERVICE. APPLICANT MUST PROVIDE A TOLL-FREE NUMBER WHEREUPON INQUIRIES AND COMPLAINTS CAN BE SERVED.

The Applicant's customer service department is accessed through phone, (770) 623-4409, whereupon inquiries and complaints can be served. It will operate during normal business hours, with voice mail and/or 24 hour paging available.

- 4. PLEASE STATE WHETHER THE APPLICANT HAS EXPERIENCED CUSTOMER COMPLAINTS LODGED WITH ANY JURISDICTION’S REGULATORY AGENCY OR ATTORNEY GENERAL’S OFFICE FROM ANY NUMBER OF CUSTOMERS REPRESENTING MORE THAN 0.5% OF ALL CUSTOMERS SERVED BY THE APPLICANT WITHIN SUCH JURISDICTION.

NO

YES

IF YES:

PLEASE STATE THE NAME (INCLUDING CONTACT PERSON) OF EACH REGULATORY AGENCY OR ATTORNEY GENERAL’S OFFICE, DESCRIBE THE NATURE OF THE COMPLAINTS, EXPLAIN WHETHER AND HOW SUCH COMPLAINTS HAVE BEEN RESOLVED, AND STATE YOUR PLANS TO PREVENT SUCH COMPLAINTS FROM OCCURRING AGAIN.

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**AFFIDAVIT 1 - VERACITY OF APPLICATION AND AGREEMENT TO COMPLY WITH GEORGIA LAWS AND AGENCY RULES/ORDERS**

Name: David Funderburk  
Company: RHMD LLC  
Title/Position: President  
Address: 3428 Larch Pine Dr.  
Duluth, GA 30096  
Tel. No. 770-623-4409


THE INDIVIDUAL NAMED ABOVE (HEREINAFTER, "APPLICANT") PERSONALLY APPEARED BEFORE THE UNDERSIGNED, AN OFFICER DULY AUTHORIZED TO ADMINISTER OATHS. THE APPLICANT, AFTER FIRST BEING DULY SWORN, DEPOSES AND CERTIFIES THAT HE OR SHE HAS READ THE APPLICATION AND KNOWS THE CONTENTS THEREOF, AND THAT THE STATEMENTS MADE HEREIN ARE TRUE TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF.

APPLICANT FURTHER AGREES TO ABIDE BY ALL APPLICABLE LAWS UNDER THE STATE OF GEORGIA, AS CODIFIED IN THE OFFICIAL CODE OF GEORGIA ANNOTATED; ALL APPLICABLE RULES AND REGULATIONS OF THE GEORGIA PUBLIC SERVICE COMMISSION; AND ALL FINDINGS, CONCLUSIONS, TERMS, AND CONDITIONS SET FORTH IN PERTINENT COMMISSION ORDERS.

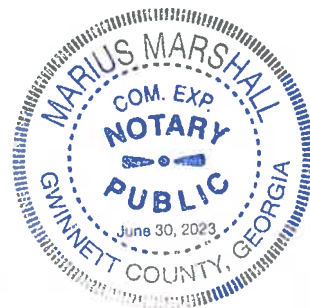
UNDER PENALTIES OF PERJURY, APPLICANT DECLARES THAT THE STATEMENTS MADE IN THE FOREGOING APPLICATION, INCLUDING ACCOMPANYING STATEMENTS AND ATTACHMENTS ARE TRUE, COMPLETE, AND CORRECT. I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION IN, OR IN CONNECTION WITH, MY APPLICATION MAY BE CAUSE FOR DENIAL OR LOSS OF CERTIFICATE.

  
\_\_\_\_\_  
Signature of Affiant

5-6-2021  
\_\_\_\_\_  
Date

Subscribed and sworn before me this  
6 day of May, 2021.  
  
\_\_\_\_\_  
(NOTARY PUBLIC)

(SEAL)



**AFFIDAVIT 2 – UNIVERSAL ACCESS FUND**

The Applicant hereby acknowledges that participation and compliance with the Universal Access Fund (UAF) requirements developed by the Georgia Public Service Commission, as mandated in the Telecommunications and Competition Act of 1995 (O.C.G.A. § 46-5-160 and O.C.G.A. § 46-5-167), will be complied with.

That Applicant further acknowledges that compliance with the requirements of the UAF is necessary to receive and maintain an active Certificate of Authority to provide telecommunications service in Georgia.

The Applicant also agrees to file quarterly reports for quarters subsequent to the effective date of certification including any portion of the quarter when certificated, in conformance with the instructions attached hereto (see “Addendum – Universal Access Fund”) with the full understanding that not to do so may result in revocation of this same certificate. This attested to by signature below of proper authorized company official.

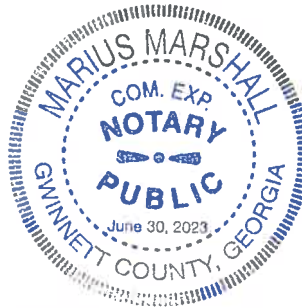
RHMD LLC  
(COMPANY)  
  
(SIGNATURE)

Subscribed and sworn before me this

6 day of May, 2021.

  
(NOTARY PUBLIC)

(SEAL)



**AFFIDAVIT 3 – FAMILY VIOLENCE SHELTER CONFIDENTIALITY ACT**

Personally appeared before me, an officer duly authorized to administer oaths, \_\_\_\_\_,  
who, after being duly sworn, deposes and says that he or she is \_\_\_\_\_  
of Applicant, certified telephone service provider or directory information provider.

1.  
I make this affidavit on the basis of my personal knowledge.

2.

I have read the May 13, 2005 Order and the August 30, 2005 Amendatory Order in Georgia Public Service Commission (“Commission”) Docket No. 19553-U, Implementation of Senate Bill 147, the Family Violence Shelter Confidentiality Act of 2004 (O.C.G.A. § 46-5-7). I have also read the Commission Staff Memorandum dated May 1, 2007 (see “Addendum – Family Violence Shelter Confidentiality Act”) that summarizes the requirements under O.C.G.A. § 46-5-7 and the Commission orders issued pursuant to that Code Section of providers of telephone service in the State of Georgia or any other entity that publishes, disseminates, or otherwise provides telephone directory information or listings of telephone subscribers in the State of Georgia.

3.

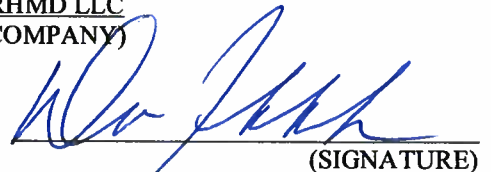
The Applicant agrees that it will satisfy the minimum requirements set forth in the Commission orders and Staff Memorandum referenced in paragraph 2 of this affidavit to protect the confidentiality of the location and address of family violence shelters in the State of Georgia.

4.

Pursuant to O.C.G.A. § 46-5-7, the Applicant submits this affidavit as its plan to protect the confidentiality of the location and address of family violence shelters in the State of Georgia.

FURTHER AFFIANT SAITH NOT.

RHMD LLC  
(COMPANY)



(SIGNATURE)

Subscribed and sworn before me this

6 day of May, 2021.



(NOTARY PUBLIC)

(SEAL)





**LIST OF EXHIBITS**

**A – ARTICLES OF ORGANIZATION & CERTIFICATE OF AUTHORITY**

**B – ORGANIZATIONAL CHART**

**C – BIOGRAPHICAL INFORMATION**

**D – FINANCIAL INFORMATION**

**E – LOCAL EXCHANGE LIST**

**A – ARTICLES OF ORGANIZATION & CERTIFICATE OF AUTHORITY**

Apr 19 2021  
REFERENCE ID: 759694

**STATE OF SOUTH CAROLINA  
SECRETARY OF STATE**

  
SECRETARY OF STATE OF SOUTH CAROLINA

**ARTICLES OF ORGANIZATION  
Limited Liability Company – Domestic**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

RHMD LLC

\*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is  
5 Weldon Street

(Street Address)

Greenville, South Carolina 20906

(City, State, Zip Code)

3. The initial agent for service of process is

United States Corporation Agents, Inc

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:  
1591 Savannah Highway, Suite 201

(Street Address)

Charleston

South Carolina 29407

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

- (a) Cheyenne Moseley

(Name)

101 N. Brand Blvd., 11th Floor

(Street Address)

Glendale, California 91203

(City, State, Zip Code)

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Apr 19 2021

REFERENCE ID: 759694

  
SECRETARY OF STATE OF SOUTH CAROLINA

RHMD LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5.  Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_
6.  Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7.  Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time \_\_\_\_\_.

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Apr 19 2021

REFERENCE ID: 759694

  
SECRETARY OF STATE OF SOUTH CAROLINA

RHMD LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Cheyenne Moseley

\_\_\_\_\_  
Signature of Organizer

Date: 07/13/2018

\_\_\_\_\_  
Signature of Organizer

Date: \_\_\_\_\_

**STATE OF GEORGIA**  
**Secretary of State**  
**Corporations Division**  
**313 West Tower**  
**2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

**CERTIFICATE OF AUTHORITY**

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

**RHMD LLC**  
a Foreign Limited Liability Company

has been duly formed under the laws of **South Carolina** and has filed an application meeting the requirements of Georgia law to transact business as a **Foreign Limited Liability Company** in this state.

WHEREFORE, by the authority vested in me as Secretary of State, the above **Foreign Limited Liability Company** is hereby granted, on **04/21/2021**, a certificate of authority to transact business in the State of Georgia as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said application.

WITNESS my hand and official seal in the City of Atlanta  
and the State of Georgia on **05/05/2021**.



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State

**APPLICATION FOR CERTIFICATE OF AUTHORITY**

\*Electronically Filed\*  
Secretary of State  
Filing Date: 4/21/2021 9:04:06 AM

**BUSINESS INFORMATION**

**CONTROL NUMBER** 21118542  
**BUSINESS NAME** RHMD LLC  
**BUSINESS TYPE** Foreign Limited Liability Company  
**EFFECTIVE DATE** 04/21/2021  
**HOME JURISDICTION** South Carolina  
**DURATION** Perpetual  
**NAME IN HOME STATE** RHMD LLC  
**DATE OF FORMATION IN HOME JURISDICTION** 07/13/2018  
**COMMENCEMENT DATE IN GEORGIA** 04/21/2021

**PRINCIPAL OFFICE ADDRESS**

**ADDRESS** 3428 Larch Pine Dr., Duluth, GA, 30096, USA

**RECORDS ADDRESS**

**ADDRESS** 3428 Larch Pine Dr., Duluth, GA, 30096, USA

**REGISTERED AGENT**

<b>NAME</b>	<b>ADDRESS</b>	<b>COUNTY</b>
David Funderburk	3428 Larch Pine Dr., Duluth, GA, 30096, USA	Gwinnett

**MANAGER(S)**

<b>NAME</b>	<b>TITLE</b>	<b>ADDRESS</b>
David Funderburk	MANAGER	3428 Larch Pine Dr., Duluth, GA, 30096, USA

**AUTHORIZER INFORMATION**

**AUTHORIZER SIGNATURE** David Funderburk  
**AUTHORIZER TITLE** Organizer

The foreign limited liability company undertakes to keep its records at the address shown above until its registration in Georgia is canceled or withdrawn. The foreign limited liability company, in accordance with Title 14 of the Official Code of Georgia Annotated, appoints the Secretary of State as agent for service of process if no agent has been appointed in Georgia or, if appointed, the agent's authority has been revoked or the agent cannot be found or served by the exercise of reasonable diligence.

**B – ORGANIZATIONAL CHART**

**David Funderburk and Donna Funderburk jointly own 100% RHMD LLC and 100% Net2Atlanta.com LLC, a Georgia limited liability company.**

**C – BIOGRAPHICAL INFORMATION**

## Bio for President of RHMD, LLC

David Funderburk has extensive experience in marketing and sales, corporate sales, sales strategies, start-ups, operations, project management and the financial management of small and medium size businesses. He began his professional career as a BellSouth agent specializing in large circuits and consulting with ISP/CLEC businesses. RHMD, LLC was started in 1996 and in the beginning stages of the company the focus was on wireless service, computer builds and DSL. Mr. Funderburk purchased the company in 2010 and today RHMD, LLC has grown into a reseller of AT&T and Spectrum fiber as well as wireless, VoIP and data center hosting.

**D – FINANCIAL INFORMATION**

**Submitted separately as “Trade Secret”**

**E – LOCAL EXCHANGE LIST**

Windstream Georgia, LLC, Windstream Georgia Communications, LLC, Georgia Windstream, LLC,  
Windstream Georgia Telephone, LLC and Windstream Standard, LLC

Exchanges

Abbeville	Cuthbert	Kensington	Pitts
Adel	Dalton	Lafayette	Preston
Alamo	Danville	Lakeland	Quitman
Alapaha	Dahlonega	Lake Sinclair	Ray City
Ashburn	Danielsville	Lavonia	Rebecca
Barwick	Dawson	Ludowici	Reidsville
Batesville	Dawsonville	Lyerly	Reynoldsville
Berlin	Demorest	McRae	Rincon
Big Canoe	Docrun	Manchester	Rochelle
Blairsville	Donalsonville	Marshallville	Rhine
Blakely	Douglas	Maxeys	Sasser
Bluffton	Eastanollee	Maysville	Shelman
Boston	Edison	Meigs	Springfield
Braselton	Ellaville	Menlo	Screven
Broxtown	Enigma	Milan	Summerville
Buena Vista	Fargo	Milledgeville	Suches
Byromville	Fitzgerald	Monroe	St. George
Byron	Folkston	Montezuma	Sylvania
Cairo	Ft. Gaines	Montrose	Toccoa
Calvary-Reno	Funston	Morgan	Thomaston
Carlton	Glenville	Morven	Trion
Carnesville	Gray	Moultrie	Tunnel Hill
Canton	Haddock	Mt. City Dillard	Unadilla
Cedar Springs	Hahira	Mt. Vernon	Union Point
Centerville	Helen	Nashville	Uvalda
Chatsworth	Hiawassee	Nicholson	Villanow
Clarksville	Homer	Noble	Warm Springs
Clayton	Homerville	Norman Park	Whigham
Cleveland	Ideal	Northside	White Plains
Cohutta	Ila	Ochlocknee	Winder
Colbert	Iron City	Ocilla	Winterville
Collins	Irwinville	Odum	Woodland
Comer	Jacksonville	Parrott	Yatesville
Commerce	Jakin	Pavo	Young Harris
Coolidge	Jasper	Pendergrass	
Cornelia	Jefferson	Perry	
Crawford-Lexington	Jeffersonville	Pineview	