Georgia Public Service Commission

244 WASHINGTON STREET, SW
ATLANTA, GEORGIA 30334-5701

APPLICATION FOR CERTIFICATE OF AUTHORITY TO PROVIDE COMPETITIVE LOCAL EXCHANGE SERVICE (CLEC)

Please file the completed application electronically at https://psc.ga.gov/alternative-efile/.

Please also mail one (1) hard copy of the application and any attachments to:

Ms. Sallie Tanner
Executive Secretary
Georgia Public Service Commission
244 Washington Street, SW
Atlanta, GA 30334-5701

Questions regarding filing procedures should be directed to Sallie Tanner at (404) 463-7747 or stanner@psc.ga.gov.

Questions regarding the application should be directed to Erica Wilson at (404) 651-9402 or ewilson@psc.ga.gov.

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APPLICATION FOR CERTIFICATE OF AUTHORITY TO PROVIDE COMPETITIVE LOCAL EXCHANGE SERVICE (CLEC)

I. APPLICANT

NAME OF COMPANY	UPTIME365				
ADDRESS 1	235 PEACHTREE STREET NE				
ADDRESS 2	SUITE 400				
CITY	ATLANTA	STATE	GA	ZIP CODE	30303
TELEPHONE	404-855-1994	FAX			

EMPLOYEE DESIGNATED TO RECEIVE AND RESPOND TO COMMISSION REQUESTS:					
NAME	MICHAEL TWUMASI	TITLE	MANAGING DIRECTOR		
ADDRESS 1	235 PEACHTREE STREET NE				
ADDRESS 2	SUITE 400				
CITY	ATLANTA	STATE	GA	ZIP CODE	30303
TELEPHONE	404-855-1994	FAX			
EMAIL ADDRESS					

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 CANCELATION OF THE APPLICATION OR SUBSEQUENT CERTIFICATE OF AUTHORITY.

II. ATTORNEY OR AGENT

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.

ATTORNEY NAME					
NAME OF FIRM					
ADDRESS 1					
ADDRESS 2					
CITY		STATE		ZIP CODE	
TELEPHONE		FAX			
EMAIL ADDRESS					

III. ORGANIZATION

STATE AND DATE OF INCORPORATION:			
STATE	GEORGIA	DATE	02/14/2019

LIST THE NAMES, TITLES, AND ADDRESSES (IF DIFFERENT FROM ABOVE) OF ALL OFFICERS OR PARTNERS:			
NAME		ADDRESS	
TITLE			
NAME		ADDRESS	
TITLE			
NAME		ADDRESS	
TITLE			
NAME		ADDRESS	
TITLE			

ATTACH A COPY OF THE CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS ISSUED BY THE GEORGIA SECRETARY OF STATE. PLACE EXHIBIT NAME IN BOX TO RIGHT (e.g., "EXHIBIT A").	EXHIBIT A

IF APPLICANT IS A SUBSIDIARY, PARENT, OR AFFILIATE OF ANY OTHER COMPANY, REGARDLESS OF TYPE OR INDUSTRY, ATTACH A CHART SHOWING THE RELATIONSHIP OF THE APPLICANT TO ALL AFFILIATED COMPANIES. PLACE EXHIBIT NAME IN BOX TO RIGHT (e.g., "EXHIBIT A"). IF NO AFFILIATED COMPANIES, SO STATE.	NO AFFILIATED COMPANIES

IV. EXISTING AUTHORITY

DOES THE APPLICANT OR ANY AFFILATED COMPANY HAVE EXISTING CERTIFICATES OF AUTHORITY ISSUED BY THE GPSC? (PLACE AN "X" IN THE APPROPRIATE BOX.)	YES		NO	X
IF YES, PLEASE LIST THE NAME OF EACH COMPANY AND THE CERTIFICATE NUMBER(S):				

DOES THE APPLICANT OR ANY AFFILIATED COMPANY HAVE EXISTING AUTHORITY GRANTED BY ANY STATE OR FEDERAL ENTITY? (PLACE AN "X" IN THE APPROPRIATE BOX.)	YES		NO	X
IF YES, PLEASE LIST THE NAME OF EACH COMPANY AND THE STATE OR FEDERAL ENTITY THAT GRANTED SUCH AUTHORITY:				

HAS THE APPLICANT OR ANY AFFILIATED COMPANY HAD ANY PREVIOUS AUTHORITY REVOKED BY ANY STATE OR FEDERAL ENTITY? (PLACE AN "X" IN THE APPROPRIATE BOX.)	YES		NO	X
IF YES, PLEASE LIST THE NAME OF EACH COMPANY AND THE STATE OR FEDERAL THAT REVOKED SUCH AUTHORITY:				
ATTACH A COPY OF ALL ORDERS REVOKING AUTHORITY. PLACE EXHIBIT NAME IN BOX TO RIGHT (e.g., "EXHIBIT A").				

V. COMPLIANCE WITH COMMISSION RULES AND ORDERS

COMMISSION RULE 515-12-1-.34 CODE OF CONDUCT FOR WINBACK ACTIVITIES REQUIRES CLECS TO ANNUALLY FILE BY MARCH 31 OF EACH YEAR CUSTOMER SERVICE CONTACT INFORMATION AND COMPANY CONTACT ESCALATION.				
DOES THE APPLICANT AGREE TO COMPLY WITH COMMISSION RULE 515.12-1.34? (PLACE AN "X" IN THE APPROPRIATE BOX.)	YES	X	NO	

COMMISSION RULE 515-12-1-.37 FAMILY VIOLENCE SHELTER CONFIDENTIALITY REQUIRES CLECS TO SUBMIT AN AFFIDAVIT UPON CERTIFICATION AND ON JANUARY 31 OF EACH ODD-NUMBERED YEAR THEREAFTER AN AFFIDAVIT ATTESTING THAT THE CARRIER WILL COMPLY WITH THE REQUIREMENTS OF THE RULE.				
DOES THE APPLICANT AGREE TO COMPLY WITH COMMISSION RULE 515.12-1.37? (PLACE AN "X" IN THE APPROPRIATE BOX.)	YES	X	NO	
DOWNLOAD CURRENT FAMILY VIOLENCE SHELTER CONFIDENTIALITY PROTECTION AFFIDAVIT FROM THE GPSC WEBSITE. ATTACH EXECUTED AND NOTARIZED AFFIDAVIT TO THE APPLICATION. PLACE EXHIBIT NAME IN BOX TO RIGHT (e.g., EXHIBIT A).	EXHIBIT B			

COMMISSION RULE 515-12-1-.38 TELECOMMUNICATIONS RELAY SERVICE REQUIRES CLECS TO REMIT CONTRIBUTIONS ON A QUARTERLY BASIS TO THE TELECOMMUNICATIONS RELAY SERVICE FUND.				
DOES THE APPLICANT AGREE TO COMPLY WITH COMMISSION RULE 515.12-1.38? (PLACE AN "X" IN THE APPROPRIATE BOX.)	YES	X	NO	

COMMISSION RULE 515-12-1-.39 UNIVERSAL ACCESS FUND REQUIRES CLECS TO REMIT CONTRIBUTIONS ON A QUARTERLY BASIS TO THE UNIVERSAL ACCESS FUND.				
DOES THE APPLICANT AGREE TO COMPLY WITH COMMISSION RULE 515.12-1.39? (PLACE AN "X" IN THE APPROPRIATE BOX.)	YES	X	NO	

DOES THE APPLICANT AGREE TO COMPLY WITH ALL OTHER APPLICABLE COMMISSION RULES AND ORDERS? (PLACE AN "X" IN THE APPROPRIATE BOX.)	YES	X	NO	

VI. COMPETIVE LOCAL EXCHANGE SERVICE

WHAT CUSTOMER CLASS(ES) DOES THE APPLICANT PROPOSE TO SERVE? (PLACE AN "X" IN THE APPROPRIATE BOXES.)	BUSINESS	X
	RESIDENTIAL	X
	OTHER (LIST BELOW)	X
	STATE, COUNTY AND MUNICIPALITY	

SELECT THE METHOD(S) BY WHICH SERVICE WILL BE PROVIDED. (PLACE AN "X" IN THE APPROPRIATE BOXES.)	RESALE	X
	FACILITIES-BASED	X

IF FACILITIES-BASED, PLEASE ANSWER THE FOLLOWING QUESTIONS.		
WILL THE FACILITIES BE NEWLY CONSTRUCTED OR ACQUIRED THROUGH LEASE OR PURCHASE? (PLACE AN "X" IN THE APPROPRIATE BOXES.)	NEW CONSTRUCTION	X
	ACQUISITION	X

IF NEW CONSTRUCTION, PLEASE DESCRIBE THE LOCATION AND TYPE OF FACILITIES THAT WILL BE CONSTRUCTED.

UPTIME365 will deploy a **facilities-based competitive local exchange network** within the State of Georgia, with an initial focus on high-density metropolitan and enterprise corridors, including but not limited to **Atlanta (Fulton, DeKalb, Gwinnett, Cobb counties)** and expansion into secondary markets (Savannah, Augusta, Columbus).

A. Core Network Facilities

- **Central Office / Switching Facilities**
  - Deployment of **Class 5 softswitches and IMS-based VoIP switching platforms**
  - Geo-redundant switching nodes located in carrier-neutral data centers
  - Integration with SS7/SIGTRAN signaling and SIP interconnection
- **Points of Presence (POP)**
  - Primary POPs in Tier III/IV data centers
  - Secondary aggregation POPs for regional traffic concentration
  - Each POP assigned **CLLI codes** for interconnection compliance

B. Transport Infrastructure

- **Fiber Optic Network**
  - Construction of **metro and regional fiber rings (single-mode fiber, 1310/1550 nm)**
  - SONET and packet-optical transport (OC-3, OC-12, OC-48 equivalent and higher)
  - Dense Wavelength Division Multiplexing (DWDM) for capacity scaling
- **Interconnection Facilities**
  - **Mid-Span Meet / Fiber Meet interconnections** with ILECs and carriers
  - Dedicated interoffice transport (DS1, DS3, Ethernet over fiber)
  - Facilities sized based on **3-year demand forecasts**

C. Access Network

- **Last-Mile Infrastructure**
  - Fiber-to-the-Premise (FTTP) and Fiber-to-the-Building (FTTB)
  - Ethernet over fiber and fixed wireless (where applicable)
  - Copper loop extensions (limited, where UNE access is utilized)

D. Collocation Facilities

- Equipment collocated within ILEC central offices where required
- Cage, cabinet, or virtual collocation configurations
- Cross-connects and meet-me room interconnections

IF AQUISITION, PLEASE DESCRIBE THE LOCATION AND TYPE OF FACILITIES THAT WILL BE ACQUIRED.

UPTIME365 will supplement its facilities-based network through strategic acquisition and leasing of existing infrastructure.

A. Wholesale Network Services

- **Special Access / Ethernet Transport**
  - DS1, DS3, Ethernet (E-Line, E-LAN)
- **Dark Fiber and Lit Fiber Services**
  - Long-haul and metro routes
- **IP Transit and Peering**
  - Tier-1 and regional peering providers

B. Unbundled Network Elements (UNEs)

- Local loops (copper and fiber)
- Dedicated transport circuits
- Switching (where applicable under regulatory framework)

C. Interconnection Facilities

- Direct trunked transport (DTT)
- Tandem interconnection
- Transit services via ILECs and third parties

D. Rights-of-Way and Physical Infrastructure

- Poles, ducts, conduits access agreements
- Data center leases for POP deployment

PROVIDE A BREAKDOWN OF ANTICIPATED COSTS OF FACILITIES.

A. Capital Expenditures (CAPEX)

Category	Unit Cost	Estimated Deployment	Total
Core Switching (Softswitch/IMS)	$250K–$750K per node	2–4 nodes	$1M–$2.5M
Data Center / POP Buildout	$150–$300 per sq ft	5,000–10,000 sq ft	$750K–$3M
Fiber Construction (Metro)	$30K–$75K per mile	50–150 miles	$1.5M–$11M
Optical Transport (DWDM/SONET)	$100K–$500K per ring	Multiple rings	$500K–$2M
Collocation Build (ILEC CO)	$50K–$150K per site	5–10 sites	$250K–$1.5M
Customer Access Equipment (CPE)	$300–$2,000 per site	Variable	$250K–$1M

Estimated Total CAPEX:
$4.25M – $21M+ (phased deployment)

B. Operating Expenses (OPEX)

Category	Monthly Cost
Data Center Lease / Power	$10K–$100K
Transport (Leased Circuits)	$5K–$75K
Interconnection / Cross Connects	$250–$1,500 per circuit
Maintenance & Field Ops	$25K–$150K
OSS/BSS Systems	$10K–$50K

C. Interconnection & Special Facilities Costs

- DS1/DS3 Transport: $150–$1,500/month per circuit
- Fiber Cross Connects: $250–$500/month

- Mid-Span Meet provisioning: Case-by-case (ICB pricing model applies)
- Collocation recurring charges: $1,000–$10,000/month per site

TARIFFS FOR LOCAL EXCHANGE SERVICES ARE NO LONGER REQUIRED TO BE FILED WITH THE COMMISSION. DOES THE COMPANY WISH TO MAINTAIN A LOCAL EXCHANGE SERVICES TARIFF WITH THE COMMISSION? (PLACE AN "X" IN THE APPROPRIATE BOX.)	YES		NO	X
IF YES, PLEASE ATTACH A LOCAL EXCHANGE SERVICES TARIFF. PLACE EXHIBIT NAME IN BOX TO RIGHT (e.g., "EXHIBIT A").				
IF NO, PLEASE PROVIDE THE WEB ADDRESS WHERE THE APPLICANT'S GEORGIA TARIFFS OR PRICE GUIDES MAY BE FOUND.	https://www.uptime365.com /tariff/			

PURSUANT TO O.C.GA. § 46-5-166(E), PROVIDERS OF ACCESS SERVICES MUST FILE ACCESS SERVICES TARIFFS WITH THE COMMISSION. DOES THE APPLICANT INTEND TO PROVIDE ACCESS SERVICES? (PLACE AN "X" IN THE APPROPRIATE BOX.)	YES	X	NO	
IF YES, PLEASE ATTACH AN ACCESS SERVICES TARIFF. PLACE EXHIBIT NAME IN BOX TO RIGHT (e.g., "EXHIBIT A").	EXHIBIT C			

VII. TECHNICAL CAPABILITY

ATTACH RESUMES AND/OR PROFILES OF THE APPLICANT'S MANAGEMENT TEAM. DESCRIBE EACH TEAM MEMBER'S TECHNICAL QUALIFICATIONS, INCLUDING ANY RELEVANT WORK EXPERIENCE, EDUCATION, AND TRAINING. PLACE EXHIBIT NAME IN BOX TO RIGHT (e.g., "EXHIBIT A").	EXHIBIT D

VIII. FINANCIAL CAPABILITY

PROVIDE AUDITED FINANCIAL STATEMENTS FOR THE MOST RECENT FISCAL YEAR. IF AUDITED FINANCIAL STATEMENTS ARE UNAVAILABLE, PROVIDE UNAUDITED INCOME STATEMENT, BALANCE SHEET, AND STATEMENT OF CASH FLOWS FOR MOST RECENT FISCAL YEAR. PLACE EXHIBIT NAME IN BOX TO RIGHT (e.g., "EXHIBIT A").	EXHIBIT E

IS APPLICANT PRESENTLY INVOLVED IN ANY LITIGATION? (PLACE AN "X" IN THE APPROPRIATE BOX.)	YES		NO	X

IF YES, PLEASE DESCRIBE EACH CASE IN DETAIL (PARTIES, SUBJECT MATTER, JURISDICTION, CASE NUMBER, ETC.):

IX. AFFIDAVIT

OFFICER OR ATTORNEY/ AGENT:					
NAME	MICHAEL TWUMASI				
TITLE	MANAGING DIRECTOR				
ADDRESS 1	235 PEACHTREE STREET NE				
ADDRESS 2	SUITE 400				
CITY	ATLANTA	STATE	GA	ZIP CODE	30303

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

03/30/2026
DATE

SUBSCRIBED AND SWORN TO ME THIS
30th DAY OF March, 2026.

NOTARY PUBLIC

(SEAL)

VIVEK PATEL
NOTARY
EXPIRES
GEORGIA
07/11/2029
PUBLIC
GWINNETT COUNTY