INTERNATIONAL SECTION 214 APPLICATION FOR OFFICIAL USE ONLY

APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu: Packet Solutions, LLC 214–Application

1. Applica	ant			
	Name:	PACKET SOLUTIONS, L.L.C.	Phone Number:	305-895-3688
	DBA Name:		Fax Number:	305-895-3687
	Street:	1521 Alton Rd., #181	E–Mail:	
	City:	Miami	State:	FL
	Country:	USA	Zipcode:	33139 –
	Attention:	Ivette Gibbe-Fields		

2. Contact

Name: Ivette Gibbe-Fields **Phone Number:** 305–895–3688

Company: Packet Solutions, LLC Fax Number: 305–895–3687

Street: 1521 Alton Rd. #181 E–Mail: ivette@packetsolutions.net

City: Miami Beach State: FL

Country: USA **Zipcode:** 33139 - 3301

Contact COO Relationship: Same

Title:

3. Place of Incorporation of Applicant Florida

4. Other Company(ies) and Place(s) of Incorporation

5. Service Type(s) (check all that apply)						
Global or Limited Global Facilities–Based Authority (Section 63.18(e)(1))						
Global or Limited Global Resale Authority (Section 63.18(e)(2))						
Individual Facilities—Based Service (Section 63.18(e)(3))						
Individual Switched Resale Service (Section 63.18(e)(3))						
Individual Facilities—Based and Resale Service (Section 63.18(e)(3))						
Switched Services over Private Lines (ISR) (Section 63.16 and/or 63.18 (e)(3))						
Inmarsat and Mobile Satellite Service (Section 63.18(e)(3))						
Overseas Cable Construction (Section 63.18(e)(3))						
Individual Non–Interconnected Private Line Resale Service (Section 63.18(e)(3))						
Other (Section 63.18(e)(3))						
6a. Is a fee submitted with this application?						
If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).						
Governmental Entity Noncommercial educational licensee						
Other(please explain):						
<u> </u>						
6b. Fee Classification CUT – Section 214 Authority						
7. Destination Country(ies) (e.g., "Country X", "All international points", "All international points except Country X and Country Y" or "Countries X, Y, and Z only".) All international points except Cuba.						

	otion of authority requested, e.g., Application for Authority to Provide International Facilities-Based and Reso	old Services to
	oints Except Country X)	
(If the complete	description does not appear in this box, please go to the end of the form to view it in its entirety.)	
	Packet Solutions, LLC, hereby requests authority, to provide	
	international facilities-based and resale services between the United	
	States and international points.	
	beates and international points.	
9 Does the applica	ant request streamlined processing pursuant to 47 C.F.R. Section 63.12? If yes, include in Yes	A No
	attement of how the application qualifies for streamlined processing.	• 100
	noment of not the approximation quantities for successful	
10. If applying for	authority to provide switched services over private lines pursuant to Section 63.16, provide the required show	ing in
Attachment 1.		
Applicant certifies	s that its responses to questions 11 through 17 are true:	
	- The tip responses to questions II through I' the tipe.	
	t is a foreign carrier, or is affiliated (as defined in 47 C.F.R. Section 63.09(e)) with a foreign	
carrier, provide in	Attachment 1 the information and certifications required by Section 63.18(i) through (m).	
	cant seek authority to provide service to any destination described in paragraphs (1) through (4) Yes	O No
of Section 63.18(j))? If yes, list those destinations in Attachment 1 as a response to question 12.	

13. Does the applicant seek authority to provide service to any destinations other than those listed in response to question 12 where it has an affiliation with a foreign carrier? If yes, list those destinations in Attachment 1 as a response to question 13.	● N	10
14. [Section 63.18(h)] In Attachment 2, provide the name, address, citizenship and principal business of the applicant's ten percent or greater direct and indirect shareholders or other equity holders, and identify any interlocking directorates.		
15. In Attachment 1, respond to paragraphs (d), (e)(3) and (g) of Section 63.18.		
16. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti–Drug Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the meaning of "party to the application" for these purposes.	O 1	No
17. By checking Yes, the applicant certifies that it has not agreed to accept special concessions directly or indirectly from a foreign carrier with respect to any U.S. international route where the foreign carrier possesses sufficient market power on the foreign end of the route to affect competition adversely in the U.S. market and will not enter into such agreements in the future.	O 1	Vo

CERTIFICATION

18. Typed Name of Person Signing David Curd	19. Tit CEO	le of Person Signing					
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT (U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).							
20. 1: Attachmen1	2: Attachme 2	3:					

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