

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DEPOSIT TREAS. REC. DATE

1. LEGAL NAME OF THE APPLICANT

Vicki Lynne Darter

D271

MAR 05 '96

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

OTC, IAC, also D/B/A OTC, and Omega Telecom

3. ADDRESS OF THE APPLICANT(S)

STREET

3702 Shell Cove Lane

CITY

Orlando

STATE & ZIP

FL 32817

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:  OWN NAME.

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP:

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION:

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

NAME OTC, IAC.

ADDRESS \_\_\_\_\_

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

DOCUMENTATION: Attach proof that fictitious name has been registered with the Florida Secretary of States Office.

5. PROVIDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME: Vicki Lynne Darter  
TITLE: President  
PHONE: 407-677-0429

6. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.

Yes

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

I was issued a certificate in my name then decided to incorporate. Please refer to enclosed letter.

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

Holds certificate in Florida, but no phones in service.

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

NONE

C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

NONE

D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.

NONE

9. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

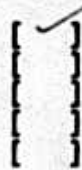
LOCAL  
LONG DISTANCE  
COIN  
CALLING CARD  
CREDIT CARD  
OTHER, DESCRIBE



10. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: \_\_\_\_\_.

11. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

PERSONALLY  
FULL-TIME TECHNICIAN  
PART-TIME TECHNICIAN  
SERVICE/REPAIR/MAINTENANCE CONTRACT  
OTHER, DESCRIBE



12. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA 10XXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

yes

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-24.515(14), F.A.C.)

yes

I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT. I AM AWARE THAT PURSUANT TO s. 837.06, FLORIDA STATUTE, WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION. ALSO, I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$50.00 PER CALENDAR YEAR), FILE AN ANNUAL PAY TELEPHONE SERVICE REPORT, AND PAY GROSS RECEIPTS TAX. FURTHERMORE, I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.

Vicki Lynne Nette  
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: Feb. 28, 1996

**APPLICANT ACKNOWLEDGEMENT CARD**

Applicant Vicki Lynne Darter

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

Signature Vicki Lynne Darter

Title President

Date Feb. 28, 1996

**THIS MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.**

RECEIVED  
FLORIDA PUBLIC  
SERVICE COMMISSION  
96 MAR -1 PM 1:17  
MAILROOM

# State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of OTC, INC., a Florida corporation, filed on January 3, 1996, as shown by the records of this office.

The document number of this corporation is P96000000697.

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
Third day of January, 1996



CR2EO22 (1-95)

*Sandra B. Northam*

Sandra B. Northam  
Secretary of State

**ARTICLES OF INCORPORATION**  
**OF**  
**OTC, INC.**

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, does hereby adopt the following Articles of Incorporation:

**ARTICLE I - NAME**

The name of the Corporation is: OTC, Inc.

**ARTICLE II - DURATION**

The duration of the Corporation is perpetual.

**ARTICLE III - PURPOSE**

The general purposes for which the Corporation is organized are the following:

A. To engage in and transact any lawful business for which corporations may be incorporated under the Florida General Corporation Act. No other purpose limits this general purpose in any way.

B. To do such other things as are incidental to the purposes of the Corporation or necessary or desirable in order to accomplish them.

**ARTICLE IV - CAPITAL STOCK**

The aggregate number of shares which the Corporation is authorized to issue is 10,000 shares of common stock. Such shares shall be of a single class and shall have a par value of \$.10 per share.

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial Registered Office of the Corporation is 3702 Shell Cove Lane, Orlando, FL 32817, and the name of its initial Registered Agent at that address is Vicki Lynne Darter.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 JAN - 3 PM 4: 32

**ARTICLE VI - PRINCIPAL OFFICE AND MAILING ADDRESS**

The initial Principal Office of the corporation and its mailing address are:

OTC, Inc.  
c/o Vicki Lynne Darter  
3702 Shell Cove Lane  
Orlando, Florida 32817

**ARTICLE VII - INITIAL BOARD OF DIRECTORS**

The Corporation shall have one (1) director initially. The number of directors of the Corporation may be increased or decreased from time to time pursuant to the By-Laws adopted by the Shareholders, but shall never be less than one (1). The name and address of the initial director of the Corporation is:

Vicki Lynne Darter  
3702 Shell Cove Lane  
Orlando, Florida 32817

**ARTICLE VIII - INCORPORATOR**

The name and address of the Incorporator is as follows:

Vicki Lynne Darter  
3702 Shell Cove Lane  
Orlando, Florida 32817

**ARTICLE IX - AMENDMENT**

The Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation or any amendment to them, and any right conferred upon the Shareholders is subject to this reservation.

**ARTICLE X - COMMENCEMENT OF CORPORATE EXISTENCE**

In accordance with Section 607.167, Florida Statutes, the date when corporate existence shall commence is the date of subscription and acknowledgement of these Articles of Incorporation.

**ARTICLE XI - INDEMNIFICATION**

The Corporation shall indemnify each Officer and Director, including any former Officer(s) and Director(s), to the full extent permitted by law.



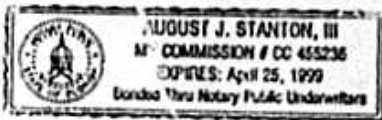
IN WITNESS WHEREOF, the undersigned have signed these Articles of Incorporation on this 27<sup>th</sup> day of December, 1995.

Vicki Lynne Darter  
Vicki Lynne Darter

STATE OF FLORIDA )  
COUNTY OF ORANGE )

Before me personally appeared, Vicki Lynne Darter, who produced her Florida drivers license as identification, and who executed the foregoing Articles of Incorporation and acknowledged to and before me that he executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal this 27<sup>th</sup> day of December, 1995.



August J. Stanton, III  
Notary Public, State of Florida

My Commission Expires:

ACCEPTANCE BY REGISTERED AGENT

The undersigned hereby accepts the appointment as Registered Agent of OTC, Inc. which is contained in the foregoing Articles of Incorporation. The undersigned is a resident of Florida and is familiar with, and accepts, the obligations of this position

DATED this 27<sup>th</sup> day of December, 1995.

Vicki Lynne Darter  
Vicki Lynne Darter  
Registered Agent

# State of Florida



Department of State

I certify from the records of this office that OMEGA TELECOM is a Fictitious Name registered with the Department of State on February 6, 1996.

The Registration Number of this Fictitious Name is G96036900015.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
Sixth day of February, 1996



CR2EO22 (1-95)

*Sandra B. Northam*

Sandra B. Northam  
Secretary of State

# APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

05 FEB -6 AM 8:39

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

1. Omega TeleCom  
Fictitious Name to be Registered

2. 3702 Shell Cove Lane  
Mailing Address of Business

City Orlando, Florida 32817  
Zip Code

3. Florida County Orange

4. FEI Number: 59-3355385

This space for office use only

## A. Owner(s) of Fictitious Name If Individual(s) (use an attachment if necessary):

1. Last _____ First _____ M.I. _____ Address _____ City _____ State _____ Zip Code _____ SS# _____	2. Last _____ First _____ M.I. _____ Address _____ City _____ State _____ Zip Code _____ SS# _____
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## B. Owner(s) of Fictitious Name If Corporation(s) (use an attachment if necessary):

1. <u>OTC, Inc.</u> Corporate Name <u>3702 Shell Cove Lane</u> Address <u>Orlando, FL 32817</u> City State Zip Code Florida Corporate Document No.: <u>P96000000697</u> FEI Number: <u>59-3355385</u> <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable	2. _____ Corporate Name Address _____ City State Zip Code Florida Corporate Document No.: _____ FEI Number: _____ <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable
--	--

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

Vicki Lynne Davis \_\_\_\_\_  
Signature of Owner Date 1/3/96  
Phone Number: (407) 677-0429

\_\_\_\_\_  
Signature of Owner Date \_\_\_\_\_  
Phone Number: \_\_\_\_\_

## FOR CANCELLATION COMPLETE SECTION 4 ONLY: FOR FICTITIOUS NAME OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name \_\_\_\_\_  
\_\_\_\_\_ which was registered on \_\_\_\_\_ and was assigned  
registration number \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner Date \_\_\_\_\_ Signature of Owner Date \_\_\_\_\_

Mark the applicable boxes

Certificate of Status — \$10

Certified Copy — \$30

FILING FEE: \$50

This application will be sent to the address in Section 1 only.

CH4E 001 (1/81)

Section 4

# State of Florida



Department of State

I certify from the records of this office that OTC is a Fictitious Name registered with the Department of State on February 5, 1996.

The Registration Number of this Fictitious Name is G96036900014.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
Sixth day of February, 1996



CR2EO22 (1-95)

*Sandra B. Northam*

Sandra B. Northam  
Secretary of State

APPLICATION FOR  
REGISTRATION OF FICTITIOUS NAME

96 FEB -6 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. OTC  
Fictitious Name to be Registered

2. 3702 Shell Cove Lane  
Mailing Address of Business

City Orlando, Florida 32817  
Zip Code

3. Florida County Orange

4. FEI Number: 59-3355385

This space for office use only

A. Owner(s) of Fictitious Name If Individual(s) (use an attachment if necessary):

1. Last _____ First _____ M.I. _____ Address _____ City _____ State _____ Zip Code _____ SS# _____	2. Last _____ First _____ M.I. _____ Address _____ City _____ State _____ Zip Code _____ SS# _____
---	---

B. Owner(s) of Fictitious Name If Corporation(s) (use an attachment if necessary):

1. <u>OTC, Inc.</u> Corporate Name <u>3702 Shell Cove Lane</u> Address <u>Orlando, FL 32817</u> City State Zip Code Florida Corporate Document No.: <u>P96000000697</u> FEI Number: <u>59-3355385</u> <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable	2. _____ Corporate Name Address _____ City State Zip Code _____ Florida Corporate Document No.: _____ FEI Number: _____ <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable
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Nick Lynne Davis  
Signature of Owner Date 1/3/96  
Phone Number: (407) 677-0429

\_\_\_\_\_  
Signature of Owner Date \_\_\_\_\_  
Phone Number: \_\_\_\_\_

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FOR FICTITIOUS NAME OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

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which was registered on \_\_\_\_\_ and was assigned  
registration number \_\_\_\_\_  
Signature of Owner Date \_\_\_\_\_ Signature of Owner Date \_\_\_\_\_

Mark the applicable boxes  Certificate of Status — \$10  Certified Copy — \$30  
FILING FEE: \$60

Section 4

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DEPOSIT TREATY DATE

1. LEGAL NAME OF THE APPLICANT

Vicki Lynne Darter

11/11

2/18/96

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

OTC, INC. also D/B/A OTC, and Omega Telecom

3. ADDRESS OF THE APPLICANT(S)

STREET

3702 Shell Cove Lane

CITY

Orlando

STATE & ZIP

FL 32817

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:  OWN NAME.

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP:

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION:

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

NAME OTC, INC.

ADDRESS \_\_\_\_\_

4045

Feb 28 1996

62-8121 2011

sen registered with

*Station Darters  
Love Ya*

Florida Public Service Commission \$100.00  
one hundred & 00/100 Dollars

EDWARDS CREDIT UNION  
ORLANDO, FL 32838  
ORLANDO FEDERAL CREDIT UNION

*Vicki Lynne Darter*