FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

#2153 +100 to Yar 919196

U.S. Paytel Inc	9610 bg
NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS	
U.S. Paytel Inc.	
ADDRESS OF THE APPLICANT(S)	1/-
STREET 5713 Corporate W	oy #201
CITY West falo beach Et.	
STATE & ZIP F1 33407 DEPO!	SIT TREAS. REC.
TYPE OF ORGANIZATION (CHECK ONE) D37	2 . 4 4 7 50
A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER: OWN NAME.	[]
OCCUMENTATION: No other documentation needed.	
B. PARTNERSHIP:	[]
DOCUMENTATION: Attach a copy of the partnership with the name and address of all partners.	agreement, and a
C. CORPORATION:	W
DOCUMENTATION: Attach proof that articles of in filed with the Florida Secretary of State's Offi outside of Florida, attach proof from the Florida S applicant has authority to operate in Florida and pr of Florida Registered Agent.	ecretary of State
NAME This is & F/	arp
ADDRESS Norticles are office	Lead
D. DOING BUSINESS UNDER A FICTITIOUS NAME:	[]

FORM PSC/CMU 32 (R3-93) PAGE 2 OF 6 REQUIRED BY COMMISSION RULE NO. 25-24.511

DOCUMENT NUMBER-DATE

09556 SEP-9%

FPSC-RECORDS/REPORTING

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

LEGAL NAME OF THE APPLICANT

1.

#2153 \$100.00 \$05 919196 961069-70

3.	ADDRESS OF THE APPLICANT(S) STREET STREET STATE OF THE APPLICANT(S) STREET STATE OF THE APPLICANT(S) STREET STATE OF THE APPLICANT(S)	SET TREAS. REC. DATE
4.	TYPE OF ORGANIZATION (CHECK ONE) A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER: OWN NAME.	72 .4.4 SEP 10 96
	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.	
all and a second a	C. CORPORATION: DOCUMENTATION: Attach proof that articles of infiled with the Florida Secretary of State's Officutside of Florida, attach proof from the Florida applicant has authority to operate in Florida and proof Florida Registered Agent.	Secretary of State that
	DOCUMENTATION: Attach proof that articles of in filed with the Florida Secretary of State's Off outside of Florida, attach proof from the Florida applicant has authority to operate in Florida and p	Secretary of State that
	DOCUMENTATION: Attach proof that articles of infiled with the Florida Secretary of State's Off outside of Florida, attach proof from the Florida applicant has authority to operate in Florida and pof Florida Registered Agent.	Secretary of State that rovide name and address

FLORIDA PAY TELEPHI LEGAL NAME OF THE APPLICANT W.S. Payte Za NAME UNDER WHICH THE APPLICANT WILL St. Parker Tax. 3. ADDRESS OF THE APPLICANT(S) STREET CITY Dis Grac STATE & ZIP the Blades TYPE OF ORGANIZATION (CHECK ONE) INDIVIDUAL DOING BUSINESS UNDER HIS/HER: DOCUMENTATION: No other documentation needed. DOCUMENTATION:

with the name and address copy of the partnership ag PARTNERSHIP: MENTATION:

de of the Attach proof that articles and has authorida Secretary of State's of incorporate in Florida Secretary

in Florida Agent.

MENTATION:

de of the Attach proof that articles of incorporate in Florida State's of incorporate in Florida and provide name. AL GROUP INC. Consider

PROVI RESPO	DE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS NSIBLE FOR COMMISSION CONTACTS:
NAME:	Paul F. Joyce
TITLE	: President
PHONE	1 1 2 2 2 2 2
THE C	PPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN ASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF DA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.
	70
IF T CERTI	HE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE FICATE HOLDER AND CERTIFICATE NUMBER.
LIST	THE STATES IN WHICH THE APPLICANT:
Α.	IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE
В.	HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.
	none
С.	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.
FOUND	SE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR VIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, OR OF GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY TROM PENDING PROCEEDINGS.
LOCAL LONG COIN CALLI CREDI OTHER	DISTANCE ING CARD IT CARD IT, DESCRIBE DISTANCE [] ING CARD IT CARD IT CARD IT CARD IT CARD [] ING CARD []
PROPU	IE FIRST YEAR:
IN IH	
	DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

	<u>yes</u>
(
WILL FA	ACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONF
SUBSECT STANDARI AND USAI	IONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NA DS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCE BLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Ru 14), F.A.C.)

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.

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 8/30/96

APPLICANT ACKNOWLEDGEMENT CARD

Applicant _	U.S.	Payte/	Inc	- Mar 5	
Service Com	dge receip mission's R ephone Serv	t and unders	tanding o	f the Flo	orida Public my provision
Signature _	//	and y	- 11	Les)	
Title	Res len	1/		المراجعة	
Date	8/31/96	6		TOWN TO SERVICE STREET	

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.

ARTICLES OF INCORPORATION

FILED

OF

96 SEP -3 AM II: 52 SECRETAIN TALLAHASSEE, FLORIDA

U.S. PAYTEL, INC.

The undersigned subscriber to these Articles of Incorporation is a natural person competent to contract and hereby form a Corporation for profit under Chapter 607 of the Florida Statutes.

ARTICLE 1 - NAME

The name of the Corporation is U.S. PAYTEL, INC., (hereinafter, "Corporation").

ARTICLE 2 - PURPOSE OF CORPORATION

The Corporation shall engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE 3 - PRINCIPAL OFFICE

The address of the principal office of this Corporation is 5713 Corporate Way, Suite 201, West Palm Beach, Florida 33407 and the mailing address is the same.

ARTICLE 4 - INCORPORATOR

The name and street address of the incorporator of this Corporation is:

Elsie Sanchez 343 Almeria Avenue Coral Gables, Florida 33134

ARTICLE 5 - OFFICERS

The officers of the Corporation shall be:

President:

Paul F. Joyce

Vice-President:

Charles R. Cook Charles R. Cook

Secretary: Treasurer:

Paul F. Joyce

whose addresses shall be the same as the principal office of the Corporation.



FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

#2153 \$100.00 \$ar

		9/9/90
1.	U.S. Payte / Inc.	
2.	NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS U.S. Paytel Inc.	service sage
3.	ADDRESS OF THE APPLICANT(S)	/ WEST TOATES
	STREET 5713 arporate WA	4 #201
	CITY Util Ala beach to	T TREAS. REC. SEP 10 96
	STATE & ZIP F1 33407 DEPOS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4.	TYPE OF ORGANIZATION (CHECK ONE) D37	2 .***
	A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER: OWN NAME.	()
	DOCUMENTATION: No other documentation needed.	
	B. PARTNERSHIP:	[]
	DOCUMENTATION: Attach a copy of the partnership with the name and address of all partners.	agreement, and a list
	C. CORPORATION:	V

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