

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

REPORT TO BE FILED WITH THE COMMISSION

1. LEGAL NAME OF THE APPLICANT

LUMA ENTERPRISES, LLC

DATE OF FILING: DEC 24 '90

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

MALO ENTERPRISES, LC

7015.2.2-70

3. ADDRESS OF THE APPLICANT(S)

STREET

27 WINSLOW RD

CITY

NEEDHAM

STATE & ZIP

MA. 02192-

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: LIMITED LIABILITY COMP.

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

PRENTICE - HALL CORPORATION SYSTEM, INC

ADDRESS

1201 HAYS STREET, SUITE 105

TALLAHASSEE, FL. 32301

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

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

DOCUMENT FILING DATE
13653 DEC 23 '90
RECEIVED BY REPORTING

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

NAME: Irwin LACRITZ
TITLE: PRES
PHONE: (941) 982-4367

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.

NO

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

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

NONE

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 INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

NO

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL	[<input checked="" type="checkbox"/>]
LONG DISTANCE	[<input checked="" type="checkbox"/>]
COIN	[<input checked="" type="checkbox"/>]
CALLING CARD	[<input checked="" type="checkbox"/>]
CREDIT CARD	[<input checked="" type="checkbox"/>]
OTHER, DESCRIBE	[]

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 10-100?

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

PERSONALLY	[<input checked="" type="checkbox"/>]	BOTH
FULL-TIME TECHNICIAN	[]	
PART-TIME TECHNICIAN	[<input checked="" type="checkbox"/>]	
SERVICE/REPAIR/MAINTENANCE CONTRACT	[]	
OTHER, DESCRIBE	[]	

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

YES

14. 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.

[Handwritten Signature] *Chairman of the Board*
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 12/11/96

APPLICANT ACKNOWLEDGEMENT CARD

Applicant LOMA ENTERPRISES LLC DBA MALO ENTERPRISES LLC.

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

Signature *Jerald M. Ch*

Title *Chairman of the Board*

Date *12/11/96*

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.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 18, 1996

DEBBIE SKIPPER
CSC NETWORKS
TALLAHASSEE, FL

Qualification documents for LOMA ENTERPRISES, LLC doing business in Florida as MALO ENTERPRISES, LC were filed on December 18, 1996, and assigned document number M96000000509. Please refer to this number whenever corresponding with this office.

Your limited liability company is now qualified and authorized to transact business in Florida as of the file date.

A limited liability company annual report will be due this office between January 1 and May 1 of the year following the calendar year of the file date. A Federal Employer Identification (FEI) number will be required before this report can be filed. If you do not already have an FEI number, please apply NOW with the Internal Revenue by calling 1-800-829-3676 and requesting form SS-4.

Please be aware if the limited liability company address changes, it is the responsibility of the corporation to notify this office.

Should you have any questions regarding this matter, please telephone (904) 487-6051, the Registration and Qualification Section.

Buck Kohr
Corporate Specialist
Division of Corporations

Letter Number: 096A00056448

Account number: 072100000032

Account charged: 140.00

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT
BUSINESS IN THE STATE OF FLORIDA:

1. Loma Enterprises, LLC d/b/a Malo Enterprises, LC
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation
"L.C." if not so contained in the name at present.)
2. Massachusetts
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 04-3338112
(FEI number, if applicable)
4. 12/2/96
(Date of Organization)
5. 12/31/2046
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon filing
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 27 Winslow Road, Needham, MA 02192

(Street address of principal office)

8. List name, title, and business address of each managing member[MGRM] or manager[MGR] who will manage the foreign limited liability company in Florida: (attach additional page if necessary)

NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
Irwin p. Laeritz	MGMR	Gerald M. Cohen	MGMR
27 Winslow Road		46 Azalea Road	
Needham, MA 02192		Sharon, MA 02067	

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN
LIMITED LIABILITY COMPANY**

The undersigned member or authorized representative of a member of

Loma Enterprises, LLC d/b/a Malo Enterprises, LC

deposes and says:

- 1) the above named limited liability company has at least two members.
- 2) the total amount of cash contributed by the member(s) is \$ 10,000.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is
\$ N/A . A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is
\$ 10,000.00 . This total includes amounts from 2 and 3 above.

[Handwritten Signature]
Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

6/27/11 11:50 AM

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

Loma Enterprises, LLC d/b/a Malo Enterprises, LC

2. The name and address of the registered agent and office is:

The Prentice-Hall Corporation System, Inc.
(Name)

1201 Hays Street, Suite 105
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Tallahassee, Florida 32301
(City/State/Zip)

Prentice Hall

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Signature)

12/17/96
(Date)

Filing Fee: \$ 35 for Designation of Registered Agent

LOMA ENTERPRISES, LLC

Unanimous Written Consent of Members

December 13, 1996

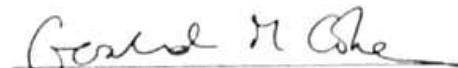
The undersigned, being all of the Members of LOMA ENTERPRISES, LLC, a Massachusetts liability company, do hereby give this unanimous written consent and do hereby take the following actions and adopt the following votes and direct the Clerk to file this written consent with the records of the meetings of the Members of this company:

VOTED:

That Loma Enterprises, LLC, a Massachusetts limited liability company, be, and it hereby is, authorized to file an Application for Authorization to Transact Business with the Department of State for the State of Florida under the assumed name of Malo Enterprises, LC.



Irwin P. Lacritz



Gerald M. Cohen



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

December 5, 1996

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of Limited Liability Company was filed in this office by

LOMA ENTERPRISES, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C
on **December 2, 1996**.

I further certify that said Limited Liability Company has not filed a certificate of cancellation; and that, so far as appears of record, said Limited Liability Company has legal existence.



In testimony of which,
I have hereto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

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NAME PRENTICE - HALL CORPORATION SYSTEM, INC

ADDRESS 1201 HAYS STREET, SUITE 105
SPRINGFIELD, MA 01101

GERALD M. COHEN
ADRIENNE COHEN
46 AZALEA RD. PH 617-784-1377
SHARON, MA 02067

7100

12/11 1996

53235113

been registered with

PAY TO THE ORDER OF

FLORIDA PUBLIC SERVICE COMMISSION \$ 100.00

ONE HUNDRED ^{XX}/_{XX} DOLLARS

BayBank

FOR LUMA ENT OR MALO ENT