

# Telecom Tariff Consultants

Kott Enterprises, Inc

PO Box 14082, Ft. Lauderdale, Florida 33302  
Tel: (954) 764-5093 Fax: (954) 764-0840

Cynthia D. Kott, President  
Loren R. Kott, Vice President  
Allison Kacurov, Administrative Assistant

DEPOSIT

DATE

D582

AUG 01 1997

July 18, 1997

Florida Public Service Commission  
Gunter Building  
2540 Sherman Oak Boulevard  
Capital Circle Officer Center  
Tallahassee, FL 32399-0850

*97 0994-7 C*

RE: Justus Communications, Inc.  
Pay Telephone Application

Sir/Madam:

Enclosed please find one original and two (2) copies of Pay Telephone Application for filing on behalf of the above referenced. Also enclosed is a check in the amount of \$100.00 for filing fee.

For purposes of verification, I have enclosed a copy of this transmittal letter and a SASE. Please date stamp copy and return same to me.

Any question regarding this filing may be directed to the undersigned.

Thank you for your consideration in this matter.

Respectfully,

*Cynthia D. Kott*  
Cynthia D. Kott

CDK ak  
encl

DOCUMENT NUMBER DATE

07809 AUG 1 1997

FPSC-RECORDS/REPORTING

## FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT:

*Justus Communications, Inc.*

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS:

*Justus Communications, Inc.*

3. ADDRESS OF THE APPLICANT(S)

STREET: *840 SE 5<sup>th</sup> Avenue*

CITY: *Pompano*

STATE & ZIP: *Florida, 33060*

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: [XX]

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 \_\_\_\_\_

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: *Cynthia D. Kott*  
TITLE: *Regulatory Consultant*  
PHONE: *954-764-5093*

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.

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8. LIST THE STATES IN WHICH THE APPLICANT

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

*None*

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

*None*

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

*N/A*

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

N/A

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.

N/A

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL	[ X ]
LONG DISTANCE	[ X ]
COIN	[ X ]
CALLING CARD	[ X ]
CREDIT CARD	[ ]
OTHER, DESCRIBE	[ ]

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR. 50

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

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

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXO+O, 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, 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 § 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.

Cynthia D. Kott, Regulatory Consultant for  
Garrett/Justus, President

Cynthia D. Kott  
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: July 18, 1997

**APPLICANT ACKNOWLEDGEMENT CARD**

Applicant Justus Communications, Inc.

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

Kott Enterprises, Inc.  
Cynthia D. Kott, Regulatory Consultant  
for: ~~Garrett~~Justus, Justus Communications, Inc.

Signature Cynthia D. Kott  
Title Regulatory Consultant  
Date July 18, 1997

**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

June 17, 1997

JAMES W. MOORE, P.A.  
700 N.E. 90TH STREET  
MIAMI, FL 33138

The Articles of Incorporation for JUSTUS COMMUNICATIONS, INC. were filed on June 16, 1997 and assigned document number P97000053288. Please refer to this number whenever corresponding with this office regarding the above corporation.

**PLEASE NOTE: COMPLIANCE WITH THE FOLLOWING PROCEDURES IS ESSENTIAL TO MAINTAINING YOUR CORPORATE STATUS. FAILURE TO DO SO MAY RESULT IN DISSOLUTION OF YOUR CORPORATION.**

**A CORPORATION ANNUAL REPORT MUST BE FILED WITH THIS OFFICE BETWEEN JANUARY 1 AND MAY 1 OF EACH YEAR BEGINNING WITH THE CALENDAR YEAR FOLLOWING THE YEAR OF THE FILING DATE NOTED ABOVE AND EACH YEAR THEREAFTER. FAILURE TO FILE THE ANNUAL REPORT ON TIME MAY RESULT IN ADMINISTRATIVE DISSOLUTION OF YOUR CORPORATION.**

**A FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER MUST BE SHOWN ON THE ANNUAL REPORT FORM PRIOR TO ITS FILING WITH THIS OFFICE. CONTACT THE INTERNAL REVENUE SERVICE TO INSURE THAT YOU RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT. TO OBTAIN A FEI NUMBER, CONTACT THE IRS AT 1-800-829-3678 AND REQUEST FORM SS-4.**

**SHOULD YOUR CORPORATE MAILING ADDRESS CHANGE, YOU MUST NOTIFY THIS OFFICE IN WRITING, TO INSURE IMPORTANT MAILINGS SUCH AS THE ANNUAL REPORT NOTICES REACH YOU.**

Should you have any questions regarding corporations, please contact this office at the address given below.

Agnes Lunt, Corporate Specialist  
New Filings Section

Letter Number: 797A00032304



ARTICLES OF INCORPORATION

The undersigned Incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I: The name of this corporation is:

JUSTUS COMMUNICATIONS, INC.

ARTICLE II: The principal office and mailing address of the corporation shall be:

840 SE 5th Ave.  
Pompano Beach, FL

ARTICLE III: The corporation is organized for the purpose of transacting any and all lawful business for which corporations may be formed under Chapter 607 of the Florida Statutes.

ARTICLE IV: The corporation is authorized to issue 7,500 shares of common stock, par value \$1.00 per share.

ARTICLE V: The name of the initial registered agent, and the street address of the initial registered office, of the corporation are:

Garath Justus  
840 SE 5th Ave.  
Pompano Beach, FL

ARTICLE VI: The number of directors may be increased or decreased from time to time as provided in the by-laws of the corporation. The name and address of the initial director of the corporation is:

Garath Justus  
840 SE 5th Ave.  
Pompano Beach, FL

ARTICLE VII: The name and address of the Incorporator of the corporation is:

Garath Justus  
840 SE 5th Ave.  
Pompano Beach, FL

ARTICLE VIII: The corporation shall indemnify its officers, directors, employees and agents to the fullest extent permitted by law.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 14th day of June, 1997.

Garath Justus  
INCORPORATOR

STATE OF FL  
COUNTY OF Alachua SS.

The foregoing instrument was acknowledged before me by Garath Justus, individually. ( ) He/She is personally known to me ( ) has produced FL DL Lic 1222 242 553410 as identification and did take oath this 14th day of June, 1997.



PATRICIA R DAVIS  
My Commission CC379047  
Expires Jun. 08, 1998  
Bonded by HAI  
800-422-1858

Patricia R Davis  
Notary Public, State of Florida

My Commission Expires:

Note: Stamp or print notary name

**ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT**

The undersigned hereby accepts the appointment as registered agent contained in the foregoing Articles of Incorporation.

Garath Justus  
GARATH JUSTUS

970994-TC

Corrected

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Thank you for your consideration in this matter.

<b>KOTT ENTERPRISES, INC.</b> P. O. BOX 14062 PH. 954-764-5093 FT. LAUDERDALE, FL 33302		1547
PAY TO THE ORDER OF	FPSC	DATE <u>July 18, 1997</u>
One hundred + No 100		\$ <u>100.00</u>
Northern Trust Bank of Florida N.A. FOR <u>Justus Payphone app</u>		DOLLARS <input type="checkbox"/> <input checked="" type="checkbox"/>
		<u>Cynthia D. Kott</u>

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FOR Justus Payphone app	Cynthia D. Kott	