

DEPOSIT DATE

D 1 5 1 JUN 11 1999

**\*\*FLORIDA PUBLIC SERVICE COMMISSION\*\***

**DIVISION OF COMMUNICATIONS  
BUREAU OF SERVICE EVALUATION**

990748-TC

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE  
PAY TELEPHONE SERVICE  
WITHIN THE STATE OF FLORIDA**

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**INSTRUCTIONS**

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ **Print or type** all responses to each item requested in the application. If an item is not applicable, please explain.
- ◆ Use a separate sheet for each answer which will not fit within the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form and a non-refundable **application fee of \$100.00** to:

**Florida Public Service Commission  
Division of Records and Reporting  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6770**

- ◆ If you have questions about completing the form, contact:

**Florida Public Service Commission  
Division of Communications  
Bureau of Service Evaluation  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6600**

1. Name of company or name of individual (not fictitious name or d/b/a):  
FLORIDA TELECOMMUNICATIONS NETWORK

2. Name under which applicant will do business (fictitious name, etc.):  
FLORIDA TELECOMMUNICATIONS NETWORK

3. Official mailing address:  
Street: 106 DELVALE ST.  
P.O. Box: \_\_\_\_\_  
City: MELBOURNE Bch  
State: FLA Zip: 32951

4. Florida address:  
Street: 106 DELVALE ST  
P.O. Box: \_\_\_\_\_  
City: MELBOURNE Bch  
State: FLA Zip: 32951

5. Structure of organization:  
 Individual  
 Corporation  
 General Partnership  
 Limited Partnership  
 Other: \_\_\_\_\_

6. If incorporated in Florida, provide proof of authority to operate in Florida:  
**Florida Secretary of State**  
Corporate Registration Number: 9990000 42627

7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

Florida Fictitious Name  
Registration Number: \_\_\_\_\_

N/A

8. F.E.I. Number (if applicable): \_\_\_\_\_

9. If individual, provide:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

10. If partnership, provide name, title and address of all partners and a copy of the partnership agreement:

a. Name: \_\_\_\_\_

N/A

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

10. Partnership (continued)

b. Name: N/A  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Internet E-Mail Address: \_\_\_\_\_  
Internet Website Address: \_\_\_\_\_

11. Who will serve as liaison to the Commission with regard to the following?

a. The application:

Name: LAWRENCE KINNEY  
Title: PRESIDENT  
Address: 106 DELVALE ST  
City/State/Zip: MELBOURNE Bch, FLA 32951  
Telephone No.: 407-726-1864 Fax No.: \_\_\_\_\_  
Internet E-Mail Address: Spirit 0101@aol.com  
Internet Website Address: \_\_\_\_\_

b. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: LAWRENCE (Larry) KINNEY  
Title: PRESIDENT  
Address: 106 DELVALE ST  
City/State/Zip: MELBOURNE Bch FLA 32951  
Telephone No.: 407-726-1864 Fax No.: \_\_\_\_\_  
Internet E-Mail Address: Spirit 0101@aol.com  
Internet Website Address: \_\_\_\_\_

12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.

If so, provide explanation: YES, IN 1983 I WAS GOING THROUGH  
A SEPARATION FROM MY WIFE AND THINGS GOT OUT OF  
HAND, MADE SOME BAD DECISIONS, RESULTING IN  
A CONFOUNTATION, COURT DOCUMENTS ARE ATTACHED HERE.  
ALSO, FILED A PERSONAL BANKRUPTCY IN 96 IN MICHIGAN  
ENDING A 17YR RELATIONSHIP WITH THE SAME WIFE ABOVE!

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

NO - NEVER APPLIED BEFORE

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

NO

15. List other 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.

\_\_\_\_\_ NO \_\_\_\_\_  
\_\_\_\_\_

c. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

\_\_\_\_\_ NO \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

\_\_\_\_\_ NO \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Please check (✓) the services that will be provided:

- (✓) LOCAL
- (✓) LONG DISTANCE
- (✓) COIN
- (✓) CALLING CARD
- (✓) CREDIT CARD
- ( ) OTHER (Describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 50+

18. How does the applicant intend to service and maintain each payphone? Check (✓) all that apply.

- PERSONALLY
- FULL-TIME TECHNICIAN
- PART-TIME TECHNICIAN
- SERVICE/REPAIR/MAINTENANCE CONTRACT
- OTHER (Describe) \_\_\_\_\_  
PLAN ON OPERATING + MAINTAINING  
ROUTE PERSONALLY

19. Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

- Yes
- No Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

- Yes
- No Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*APPLICANT FEE/TAX STATEMENT\*\***

- 1. REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 of one percent of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
- 2. GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra- and interstate business.
- 3. SALES TAX:** I understand the a seven percent sales tax must be paid on intra- and interstate revenues.
- 4. APPLICATION FEE:** I understand that a non-refundable application fee of **\$100.00** must be submitted with the application.

**UTILITY OFFICIAL:**

*Florida Telecommunication Network*  
LAWRENCE H. KINNEY  
Print Name *Lawrence H. Kinney*  
Signature

President  
Title 6/09/99  
Date

407-726-1864  
Telephone No. 407-726-6422  
Fax No.

Address: 106 DelValle St  
Melbourne Bch Fla  
32951





**\*\*APPLICANT ACKNOWLEDGMENT\*\***

Applicant: FLORIDA TELECOMMUNICATION NETWORK Corp  
(LAWRENCE H. KENNEY)

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

FLA TELECOMMUNICATIONS NETWORK Corp  
LAWRENCE H. KENNEY  
Print Name Lawrence H Kenney Signature  
PRESIDENT 6/09/99  
Title 407-630-2628 Date  
407-726-1864 407 726-6422  
Telephone No. Fax No.

Address: \_\_\_\_\_  
106 DELVALE ST  
MELBOURNE Bch FLA  
32951

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

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
ATLANTA GA 39901

DATE OF THIS NOTICE: 05-21-1999  
NUMBER OF THIS NOTICE: CP 575 A  
EMPLOYER IDENTIFICATION NUMBER: 59-3575395  
FORM: SS-4  
0716927712 B

FOR ASSISTANCE CALL US AT:  
1-800-829-1040

FLORIDA TELECOMMUNICATIONS NETWORK  
CORP  
106 DELVALLE ST  
MELBOURNE BEACH FL 32951

OR WRITE TO THE ADDRESS  
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)**

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 59-3575395. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 1120

03/15/2000

Please file your Form by the due date shown above. If the due date above has passed and you have not yet filed, please file your Form by 06-07-1999. If we don't receive your form by that date, we will charge additional penalties and interest. We charge penalties and interest from the due date of the return until it is filed.

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the Service. If you want a determination on your tax classification, you may seek a private letter ruling from the Service under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have any questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply. Start your business off right - pay your taxes the easy way. Pay through the Electronic Federal Tax Payment System (EFTPS). For information about EFTPS, call 1-800-829-3676 and request Publication 966, EFTPS Answers to the Most Commonly Asked Questions.

PETITION FOR & TERMINATION OF PROBATION

IN THE \_\_\_\_\_ CIRCUIT \_\_\_\_\_ COURT OF \_\_\_\_\_ ORANGE \_\_\_\_\_ COUNTY, FLORIDA

STATE OF FLORIDA

VS

Case No. CR83-1052

Lawrence H. Kinney Defendant

RECEIVED PROBATION DEPARTMENT JUN 12 AM 8 35

On September 27, 1983 the above named was placed on probation for a period of four years. He has complied with the rules and regulations of probation and is no longer in need of probation supervision. It is accordingly recommended that he be discharged from probation.

cc/PAP

Respectfully Submitted,

[Signature] Probation Officer

DATED THIS 8th DAY OF June, 1987

ORDER OF COURT

Pursuant to the above recommendation, it is ordered that the defendant be discharged from probation and that the proceedings in this case be terminated pursuant to Florida Statutes.

IT IS FURTHER ORDERED, that the Clerk of this Court file this Order in his office, and forthwith provide certified copies of same to the probation officer for his use in compliance with the requirements of law.

DATED THIS 12th DAY OF June 19 87 [Signature] Judge Coleman

A certified copy of this Order has been delivered to Probationer, who has been instructed regarding same.

This \_\_\_\_\_ Day of \_\_\_\_\_, A.D. 19\_\_\_\_\_

Probation Officer

Original: Court Copier: Probationer File

DC 6-906 Rev. 7/78

PROBATION VIOLATOR  
(Check if Applicable)

IN THE CIRCUIT COURT, NINTH  
JUDICIAL CIRCUIT, IN AND FOR

1  
CRIMINAL DIVISION

2006392 ORANGE CO., FL

ORANGE COUNTY, FLORIDA

SEP 28 2 44 PM '83

DIVISION 1278-1052

STATE OF FLORIDA

O.R. 3423 PG 2083

CASE NUMBER 83-1052

FILED IN OFFICE  
CRIMINAL DIVISION  
SEP 27 PM 2:34  
V.G. GOSKAL  
CLERK OF THE CIRCUIT COURT  
ORANGE COUNTY FLORIDA

—vs—  
Lawrence Herbert Kinney  
Defendant

### JUDGMENT

The Defendant, Lawrence Herbert Kinney, being personally before this  
Court represented by D. Leitah, his attorney of record, and having:

- (Check Applicable Provision)
- Been tried and found guilty of the following crime(s)
  - Entered a plea of guilty to the following crime(s)
  - Entered a plea of nolo contendere to the following crime(s)

CIV 8209/27/83

COUNT	CRIME	OFFENSE STATUTE NUMBER(S)	DEGREE OF CRIME
<u>One</u>	<u>Battery on a Law Enforcement Officer</u>	<u>784.03</u> <u>784.07</u>	<u>F3</u>

and no cause having been shown why the Defendant should not be adjudicated guilty, IT IS ORDERED THAT the Defendant is hereby ADJUDICATED GUILTY of the above crime(s).

The Defendant is hereby ordered to pay the sum of ten dollars (\$10.00) pursuant to F.S. 960.20 (Crimes Compensation Trust Fund). The Defendant is further ordered to pay the sum of two dollars (\$2.00) as a court cost pursuant to F.S. 943.23(4).

The Defendant is ordered to pay an additional sum of two dollars (\$2.00) pursuant to F.S. 943.23(6).  
(This provision is optional; not applicable unless checked).

(Check if Applicable)  The Defendant is further ordered to pay a fine in the sum of \$            pursuant to F.S. 775.0835.  
(This provision refers to the optional fine for the Crimes Compensation Trust Fund, and is not applicable unless checked and completed. Fines imposed as part of a sentence pursuant to F.S. 775.083 are to be recorded on the Sentence page(s)).

The Court hereby imposes additional court costs in the sum of \$

**LETTER OF ACKNOWLEDGEMENT**  
**OF**  
**INCORPORATION**  
**FROM**  
**FLORIDA DEPARTMENT OF STATE**  
**AND**  
**ORIGINAL**  
**ARTICLES OF INCORPORATION**



**SPIEGEL & UTRERA, P.A.**

**LAWYERS**

343 ALMERIA AVENUE / CORAL GABLES, FL 33134 / TELEPHONE (305) 445-2700 / (800) 603-3900 / FACSIMILE: (305) 447-8900  
MAILING ADDRESS: POST OFFICE BOX 144479 / CORAL GABLES, FL 33114-4479



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 11, 1999

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134

The Articles of Incorporation for FLORIDA TELECOMMUNICATIONS NETWORK CORP. were filed on May 11, 1999 and assigned document number P99000042627. 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 1-800-829-3676 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.

Loria Poole, Corporate Specialist  
New Filings Section

Letter Number: 499A00025697

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

8.1 The shareholders of this Corporation may elect and, if elected, shall continue such election to be an S Corporation as provided in Sub-Chapter S of the Internal Revenue Code of 1986, as amended, unless the shareholders of the Corporation unanimously agree otherwise in writing.

8.2 After this Corporation has elected to be an S Corporation, none of the shareholders of this Corporation, without the written consent of all the shareholders of this Corporation shall take any action, or make any transfer or other disposition of the shareholders' shares of stock in the Corporation, which will result in the termination or revocation of such election to be an S Corporation, as provided in Subchapter S of the Internal Revenue Code of 1986, as amended.

8.3 Once the Corporation has elected to be an S Corporation, each share of stock issued by this Corporation shall contain the following legend:

"The shares of stock represented by this certificate cannot be transferred if such transfer would void the election of the Corporation to be taxed under Sub-Chapter S of the Internal Revenue Code of 1986, as amended."

#### **ARTICLE 9 - SHAREHOLDERS' RESTRICTIVE AGREEMENT**

All of the shares of stock of this Corporation may be subject to a Shareholders' Restrictive Agreement containing numerous restrictions on the rights of shareholders of the Corporation and transferability of the shares of stock of the Corporation. A copy of the Shareholders' Restrictive Agreement, if any, is on file at the principal office of the Corporation.

#### **ARTICLE 10 - POWERS OF CORPORATION**

The Corporation shall have the same powers as an individual to do all things necessary or convenient to carry out its business and affairs, subject to any limitations or restrictions imposed by applicable law or these Articles of Incorporation.

#### **ARTICLE 11 - TERM OF EXISTENCE**

This Corporation shall have perpetual existence.



**SPIEGEL & UTRERA, P.A.**

LAWYERS  
www.amerilawyer.com

343 ALMERIA AVENUE CORAL GABLES, FL 33134 - (305) 445-2700 - (800) 603-3900 - FACSIMILE (305) 447-8900  
MAILING ADDRESS - POST OFFICE BOX 144479, CORAL GABLES, FL 33114-4479



**ARTICLE 6 - DIRECTOR(S)**

The Director(s) of the Corporation shall be:

Lawrence H. Kinney

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

**ARTICLE 7 - CORPORATE CAPITALIZATION**

7.1 The maximum number of shares that this Corporation is authorized to have outstanding at any time is **SEVEN THOUSAND FIVE HUNDRED (7,500)** shares of common stock, each share having the par value of **ONE DOLLAR (\$1.00)**.

7.2 No holder of shares of stock of any class shall have any preemptive right to subscribe to or purchase any additional shares of any class, or any bonds or convertible securities of any nature; provided, however, that the Board of Director(s) may, in authorizing the issuance of shares of stock of any class, confer any preemptive right that the Board of Director(s) may deem advisable in connection with such issuance.

7.3 The Board of Director(s) of the Corporation may authorize the issuance from time to time of shares of its stock of any class, whether now or hereafter authorized, or securities convertible into shares of its stock of any class, whether now or hereafter authorized, for such consideration as the Board of Director(s) may deem advisable, subject to such restrictions or limitations, if any, as may be set forth in the bylaws of the Corporation.

7.4 The Board of Director(s) of the Corporation may, by Restated Articles of Incorporation, classify or reclassify any unissued stock from time to time by setting or changing the preferences, conversions or other rights, voting powers, restrictions, limitations as to dividends, qualifications, or term or conditions of redemption of the stock.

**ARTICLE 8 - SUB-CHAPTER S CORPORATION**

The Corporation may elect to be an S Corporation, as provided in Sub-Chapter S of the Internal Revenue Code of 1986, as amended.



**SPIEGEL & UTRERA, P.A.**

LAWYERS  
[www.amerilawyer.com](http://www.amerilawyer.com)

343 ALMERIA AVENUE CORAL GABLES, FL 33134 - (305) 445-2700 - (800) 603-3900 - FACSIMILE (305) 447-8900  
MAILING ADDRESS - POST OFFICE BOX 140479, CORAL GABLES, FL 33114-4479

**ARTICLE 12 - REGISTERED OWNER(S)**

The Corporation, to the extent permitted by law, shall be entitled to treat the person in whose name any share or right is registered on the books of the Corporation as the owner thereto, for all purposes, and except as may be agreed in writing by the Corporation, the Corporation shall not be bound to recognize any equitable or other claim to, or interest in, such share or right on the part of any other person, whether or not the Corporation shall have notice thereof.

**ARTICLE 13 - REGISTERED OFFICE AND REGISTERED AGENT**

The initial address of registered office of this Corporation is Spiegel & Utrera, P.A., located at 343 Almeria Avenue, Coral Gables, Florida 33134. The name and address of the registered agent of this Corporation is Spiegel & Utrera, P.A., 343 Almeria Avenue, Coral Gables, Florida 33134.

**ARTICLE 14 - BYLAWS**

The Board of Director(s) of the Corporation shall have power, without the assent or vote of the shareholders, to make, alter, amend or repeal the Bylaws of the Corporation, but the affirmative vote of a number of Directors equal to a majority of the number who would constitute a full Board of Director(s) at the time of such action shall be necessary to take any action for the making, alteration, amendment or repeal of the Bylaws.

**ARTICLE 15 - EFFECTIVE DATE**

These Articles of Incorporation shall be effective immediately upon approval of the Secretary of State, State of Florida.

**ARTICLE 16 - AMENDMENT**

The Corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation, or in any amendment hereto, or to add any provision to these Articles of Incorporation or to any amendment hereto, in any manner now or hereafter prescribed or permitted by the provisions of any applicable statute of the State of Florida, and all rights conferred upon shareholders in these Articles of Incorporation or any amendment hereto are granted subject to this reservation.



**SPIEGEL & UTRERA, P.A.**

LAWYERS  
[www.amerilawyer.com](http://www.amerilawyer.com)

343 ALMERIA AVENUE CORAL GABLES, FL 33134 - (305) 445-2700 - (800) 603-3900 - FACSIMILE (305) 447-8900  
MAILING ADDRESS - POST OFFICE BOX 144479, CORAL GABLES, FL 33114-4479

**ARTICLES OF INCORPORATION**  
**OF**  
**FLORIDA TELECOMMUNICATIONS NETWORK CORP.**

SECRETARY OF STATE  
CORPORATION  
MAY 11 2006  
FLORIDA

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 **FLORIDA TELECOMMUNICATIONS NETWORK CORP.**, (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 106 Delvalle Street, Melbourne Beach, Florida 32951 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:	Lawrence H. Kinney
Secretary:	Lawrence H. Kinney
Treasurer:	Lawrence H. Kinney

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




**SPIEGEL & UTRERA, P.A.**

LAWYERS  
[www.amerilawyer.com](http://www.amerilawyer.com)

343 ALMERIA AVENUE CORAL GABLES, FL 33134 - (305) 445-2700 - (800) 603-3900 - FACSIMILE (305) 447-8900  
MAILING ADDRESS - POST OFFICE BOX 144479, CORAL GABLES, FL 33114-4479


IN WITNESS WHEREOF, I have hereunto set my hand and seal, acknowledged and filed the foregoing Articles of Incorporation under the laws of the State of Florida, this May 11, 1999.

  
\_\_\_\_\_  
Elsie Sanchez, Incorporator

**ACCEPTANCE OF REGISTERED AGENT DESIGNATED  
IN ARTICLES OF INCORPORATION**

Spiegel & Utrera, P.A., having a business office identical with the registered office of the Corporation name above, and having been designated as the Registered Agent in the above and foregoing Articles of Incorporation, is familiar with and accepts the obligations of the position of Registered Agent under the applicable provisions of the Florida Statutes.

Spiegel & Utrera, P.A.

By:   
\_\_\_\_\_  
Natalia Utrera, Vice President

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
59 MAY 11 AM 11:22



**SPIEGEL & UTRERA, P.A.**

LAWYERS  
www.amerilawyer.com

343 ALMERIA AVENUE CORAL GABLES, FL 33134 - (305) 445-2700 - (800) 403-3900 - FACSIMILE (305) 447-8900  
MAILING ADDRESS - POST OFFICE BOX 144479, CORAL GABLES, FL 33117-4479

P. 07

815 825 8101

SPIRIT TELECOM INC

DEPOSIT

DATE

D151

JUN 11 1999

**\*\*FLORIDA PUBLIC SERVICE COMMISSION\*\***

**DIVISION OF COMMUNICATIONS  
BUREAU OF SERVICE EVALUATION**

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE  
PAY TELEPHONE SERVICE  
WITHIN THE STATE OF FLORIDA**

990748-TC

**INSTRUCTIONS**

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ **Print or type** all responses to each item requested in the application. If an item is not applicable, please explain.
- ◆ Use a separate sheet for each answer which will not fit within the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form and a non-refundable application fee of \$100.00 to:

Florida Public Service Commission  
 Division of Records and Reporting  
 2540 Shumard Oak Blvd.  
 Tallahassee, Florida 32399-0850  
 (850) 413-6770

- ◆ If you have questions about completing the form, contact:

**NationsBank®**

Cashier's Check

No. 2323954

Notice to Purchaser: In the event this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

30-1/1140

09-14-0269 (5/98) NEW

Date

MELBOURNE BEACH

MELBOURNE BEACH

06-10-99

Pay To The Order Of

\*\*FLORIDA PUBLIC SERVICE CORPORATION\*\*\*\*\* \$ \*\*\*\*\*100.00\*\*

If this check is not returned for cancellation by the remitter or presented for payment by the payee or an endorsee within one year after its date, it will be subject to a nonrefundable dormancy fee of \$5.00 per month thereafter.

ONE HUNDRED AND 00/100

Dollars

NOT VALID IF OVER

\$100.00

DOCUMENT NUMBER - DATE

*Susan Weaver*  
Authorized Signature

NationsBank, N.A.  
San Antonio, Texas

Remitter (Purchased By)

07155 JUN 11 99