



DATE DEPOSIT Via Overnight Delivery September 26, 2014

SEP 29 2014 4 70

Ch# 53196
\$ 250.00
9-26-14
RR

Ms. Carlotta Stauffer, Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

RE: **Lattice Incorporated**
Application for Authority to Provide Pay Telephone Service within the State of Florida

Dear Ms. Stauffer:

Enclosed for filing please find the original and one (1) copy of the Application for Authority to Provide Pay Telephone Service within the State of Florida submitted on behalf of Lattice Incorporated.

A check in the amount of \$250.00 is enclosed to cover the filing fee.

Please acknowledge receipt of this filing by date-stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided for that purpose.

Any questions you may have regarding this filing should be directed to my attention at 407-740-3005 or via email to swarren@tminc.com. Thank you for your assistance in this matter.

Sincerely,

Sharon R. Warren
Consultant to Lattice Incorporated

cc: Terry Whiteside - Lattice
file: Lattice - Florida - Private Line
tms: FLp1400

Enclosures
RN/sw

RECEIVED-FPSC
14 SEP 29 PM 3:34
COMMISSION CLERK

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**FLORIDA PUBLIC SERVICE COMMISSION
OFFICE OF TELECOMMUNICATIONS**

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

Instructions

- A. This form is used as an application for an original certificate and for approval of sale, assignment or transfer of an existing certificate. In the case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee (See Page 8).
- B. Print or type all responses to each item requested in the application. If an item is not applicable, please explain.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. Once completed, submit the original and one copy of this form along with a non-refundable application fee of **\$250.00** to:

**Florida Public Service Commission
Office of Commission Clerk
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770**

- E. A filing fee of **\$250.00** is required for the sale, assignment or transfer of an existing certificate to another company (Chapter 25-24.12 F.A.C.).
- F. If you have questions about completing the form, contact:

**Florida Public Service Commission
Office of Telecommunications
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600**

1. This is an application for (check one):

Original certificate (new company).

Approval of transfer of existing certificate: Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority rather than apply for a new certificate.

2. Name of company: Lattice Incorporated

3. Name under which applicant will do business (fictitious name, etc.):

Lattice, Inc. of FL

4. Official mailing address:

Street/Post Office Box: 7150 N. Park Drive, Suite 500

City: Pennsauken

State: NJ

Zip: 08109

5. Florida address:

Street/Post Office Box: _____

City: _____

State: _____

Zip: _____

6. Structure of organization:

Individual

Foreign Corporation

General Partnership

Other, please specify:

Corporation

Foreign Partnership

Limited Partnership

7. **If individual**, provide:

Name: _____
Title: _____
Street/Post Office Box: _____
City: _____
State: _____
Zip: _____
Telephone No.: _____
Fax No.: _____
E-Mail Address: _____
Website Address: _____

8. **If incorporated in Florida**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: _____

9. **If foreign corporation**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: F14000003928

10. **If using fictitious name (d/b/a)**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida. The Florida Secretary of State fictitious name registration number is: _____

11. **If a limited liability partnership**, please proof of registration to operate in Florida. The Florida Secretary of State registration number is: _____

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

Name: _____
Title: _____
Street/Post Office Box: _____
City: _____
State: _____
Zip: _____
Telephone No.: _____
Fax No.: _____
E-Mail Address: _____
Website Address: _____

13. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Section 620.1901, FS), if applicable. The Florida registration number is: _____

14. Provide **F.E.I. Number**: 22-2011859

15. Who will serve as liaison to the Commission in regard to the following?

(a) The application:

Name: Sharon R. Warren
Title: Consultant to Lattice Incorporated
Street Name & Number: 2600 Maitland Center Parkway, Suite 300
Post Office Box: _____
City: Maitland
State: FL
Zip: 32751
Telephone No.: 407-740-3005
Fax No.: 407-740-0613
E-Mail Address: swarren@tminc.com
Website Address: www.tminc.com

(b) Official point of contact for the ongoing operations of the company:

Name: Terry Whiteside
Title: Chief Operating Officer
Street Name & Number: 7150 N. Park Drive, Suite 500
Post Office Box: _____
City: Pennsauken
State: NJ
Zip: 08109
Telephone No.: 856-910-1166 ext. 2112
Fax No.: 856-910-1811
E-Mail Address: twhiteside@latticeinc.com
Website Address: www.latticeinc.com

(c) Complaints/Inquiries from customers:

Name: Combined Customer Care
Title: _____
Street/Post Office Box: 192 Bastille Lane
City: Ruston
State: LA
Zip: 71270
Telephone No.: 888-843-1972
Fax No.: _____
E-Mail Address: support@combinedcustomercare.com
Website Address: _____

THIS PAGE MUST BE COMPLETED AND SIGNED

REGULATORY ASSESSMENT FEE: As stated in Rule 25-4.0161, Regulatory Assessment Fees; Telecommunications Companies, I understand that all telephone companies must pay a regulatory assessment fee. Regardless of the gross operating revenue of a company, a minimum annual assessment fee, as defined by the Commission, is required.

RECEIPT AND UNDERSTANDING OF RULES: I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to the provisioning of pay telephone service (PATS) in Florida.

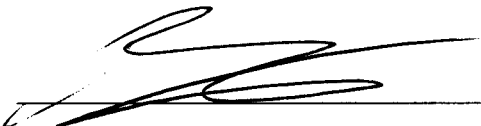
APPLICANT ACKNOWLEDGEMENT: By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application. I have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "**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, punishable as provided in s. 775.082 and s. 775.083.**"

I understand that any false statements can result in being denied a certificate of authority in Florida.

COMPANY OWNER OR OFFICER

Print Name: Paul Burgess
Title: Chief Executive Officer
Telephone No.: 856-910-1166 ext. 2111
E-Mail Address: Pburgess@latticeinc.com

Signature:  Date: 9-22-14

CERTIFICATE SALE OR TRANSFER

As current holder of Florida Public Service Commission Certificate Number _____, I have reviewed this application and join in the petitioner's request for a

sale

transfer

of the certificate.

COMPANY OWNER OR OFFICER

Print Name: _____

Title: _____

Street/Post Office Box: _____

City: _____

State: _____

Zip: _____

Telephone No.: _____

Fax No.: _____

E-Mail Address: _____

Signature: _____ Date: _____