930631-TC

DEPOSIT TELA-

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1.	LEGAL NAME OF THE APPLICANT
	LODIE LESLIE
2.	NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
	LINLO ENTERPRISES, INC.
3.	ADDRESS OF THE APPLICANT(S)
	STREET 7771 HOOD ST
	CITY HOLLY WOOD
	STATE & ZIP <u>FL</u> 33024
4.	TYPE OF ORGANIZATION (Check one and attach documentation requested)
	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 name and address of all partners.
	C. CORPORATION:
	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.

FORM PSC/CMU 32 (R2-93) Page 2 of 5 Required by Rule 25-24.511 Florida Administrative Code

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P 1 . D D . D . D +
1, Lodie Leslie, President.
ATTEST TO THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION AND
HAVE READ ALL THE RULES AND REGULATIONS REGARDING PAY PHONE SERVICE IN FLORIDA. 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.
Lodie Leslie (SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)
DATE: 7.4.93

APPLICANT ACKNOWLEDGEMENT CARD

Applicant _	LODIE LESLIE
I acknowled	ge receipt and understanding of the Florida Public
of Pay Teler	ission's Rules and Requirements relating to my provision whome Service.
or ray rerep	Lodie Leslie
Signature _	Lodie Leslie
Title	President
Date	7.4.93

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 OF

91 APR 10 PH 12: 46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LINLO ENTERPRISES, INC.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

LINLO ENTERPRISES, INC.

The address of the principal office of this corporation shall be 7771 Hood Street, Hollywood, Florida 33024, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having \$1 par value per share.

ARTICLE IV. ADDRESS

The street address of the initial registered office of the corporation shall be 502 East Park Avenue, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Information Services, Inc.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. SPECIAL PROVISION

It is the intent of the Incorporator that the corporation will qualify under section 1244 of the Internal Revenue Code and shall take all actions necessary to obtain and maintain its status as an S Corporation.

ARTICLE VII. DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have two Directors, initially. The names and street addresses of the initial members of the Board of Directors are:

Lodie Leslie

7771 Hood Street

Dir.

Hollywood, Florida 33024

Heather Leslie Dir.

Same

	FLORIDA PAY TELEPHONE CERTIFICATE	E APPLICATION DEPOSIT TREAS PER	DATE		
LEGAL	NAME OF THE APPLICANT LODIE LESLIE	CARI	ma 1 1 725		
	UNDER WHICH THE APPLICANT WILL DO BUSI		,		
ADDRE	ADDRESS OF THE APPLICANT(S)				
STREE	7771 HOOD	57			
CITY	HOLLY WOO!	D			
STATE	18 ZIP FL 33024	-			
TYPE	TYPE OF ORGANIZATION (Check one and attach documentation requested)				
Α.	INDIVIDUAL DOING BUSINESS UNDER HIS/H	IER []			
DOCUM	MENTATION: No other documentation need	led.			
В.	PARTNERSHIP:	[]			
DOCUM with	MENTATION: Attach a copy of the partmename and address of all partmers.	nership agreement, a	and a list		
c.	CORPORATION:	[14]			
filed outsi appli	MENTATION: Attach proof that article with the Florida Secretary of State ide of Florida, attach proof from the Florida has authority to operate in Florid lorida Registered Agent.	e's Office. If in lorida Secretary of	corporated State that		

Address LINLO ENTERPRISES INC. PH. 305 583-4901 7771 HOOD STREET HOLLYWOOD, FL 33024 0665 63-531/660 80 PAY TO THE ORDER OF The Citizens and Southern National
Bank of Florida
Broward County

televation

= 0000 sen registered with BER-DATE

Mr. Leslie:	DATE	7/13/93
	RE: Docket No.	930681-TC
nis will acknowledge receipt of		
Application for certification	ficate to provide Pa	y Telephone
•		
which has been filed as of this date. Ap	propriate staff members will	be advised.
STEVE TRIBBLE, Clerk	BY:1	CW

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