



January 21, 1996

FLORIDA PUBLIC SVC COMM  
Gunter Building  
2540 Shumard Oak Boulevard  
Capital Circle Office Center  
Tallahassee, FL 32399 0850

960098-TC

Dear Sirs:

Enclosed please find a completed application form for the Certificate to Provide Pay Telephone Service Within The State of Florida. We intent to install 2 (two) pay telephones in our hotel lobby. Also enclosed please find a check for the amount of \$ 100.00, ( One Hundred U.S.D. ) the original application, and five copies of the completed application.

If you have any other questions, please do not hesitate to contact me.

Respectfully,

  
Mike Amin  
General Manager

ma/nn

Enclosures

DOCUMENT NUMBER - DATE

01020 JAN 26 1996

KISSIMMEE

2145 E. Irla Bronson Memorial Hwy • Kissimmee, FL 34744 • 407.846.4646 • FAX 407.932.2467

FPSC - RECORDS/REPORTING

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

ORIGINAL FILE COPY

1. LEGAL NAME OF THE APPLICANT  
AVISTA PROPERTIES II

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS  
HOLIDAY INN EXPRESS

3. ADDRESS OF THE APPLICANT(S)  
STREET 2145 E. HWY 192  
CITY KISSIMMEE  
STATE & ZIP FL-34744.

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:

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.

9. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL  
LONG DISTANCE  
COIN  
CALLING CARD  
CREDIT CARD  
OTHER, DESCRIBE

[ L ]  
[ L ]  
[ L ]  
[ L ]  
[ L ]

10. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 2

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

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

[ L ]  
[ ]  
[ ]  
[ ]  
[ ]

12. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA 10XXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

Yes.

13. 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.

  
\_\_\_\_\_  
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: \_\_\_\_\_

1/12/98

APPLICANT ACKNOWLEDGEMENT CARD

Applicant ~~RE~~ AVISTA Properties II Inc.

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

Signature *m. L. Amund*

Title Mgr

Date 1-17-96

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.

ARTICLES OF INCORPORATION  
OF  
AVISTA PROPERTIES II, INC.

FILED  
93 DEC -6 PM 5: 39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of this corporation is AVISTA PROPERTIES II, INC.

ARTICLE II - PRINCIPAL OFFICE AND MAILING ADDRESS

The principal office and mailing address of the corporation shall be 3330 W. Colonial Drive, Orlando, Florida 32808.

ARTICLE III - CAPITAL STOCK

This corporation is authorized to issue one hundred (100) shares of ONE AND NO/100 DOLLAR (\$1.00) par value common stock.

ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 3330 W. Colonial Drive, Orlando, Florida 32808, and the name of the initial registered agent of this corporation at that address is Anil Valbh.

ARTICLE V - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director initially. The number of directors may be either increased or decreased from time to time as provided in the Bylaws of the corporation, but shall never be less than one (1). The name and address of the initial director are as follows:

Anil Valbh

3330 W. Colonial Drive  
Orlando, Florida 32808


ARTICLE VI - INCORPORATOR

The name and address of the person signing these Articles are as follows:

Anil Valbh

3330 W. Colonial Drive  
Orlando, Florida 32808

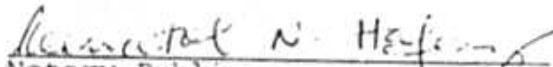
IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 23<sup>rd</sup> day of November, 1993.

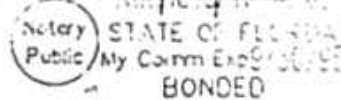
  
\_\_\_\_\_  
Anil Valbh, Incorporator

STATE OF FLORIDA  
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 23<sup>rd</sup> day of November, 1993, by Anil Valbh, who is personally known to me or who has produced \_\_\_\_\_ as identification.

(NOTARY SEAL)

  
Notary Public  
Name: RENNALL N. HARTZ  
Serial No.: \_\_\_\_\_  
My Commission Expires: 7/31/95



ACCEPTANCE OF REGISTERED AGENT

The undersigned hereby accepts the designation as Registered Agent of AVISTA PROPERTIES II, INC.

  
\_\_\_\_\_  
Anil Valbh

# State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of AVISTA PROPERTIES II, INC., a Florida corporation, filed on December 6, 1993, as shown by the records of this office.

The document number of this corporation is P93000084310.

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
Ninth day of December, 1993



CR2EO22 (2-91)

A handwritten signature in cursive script that reads "Jim Smith".

Jim Smith  
Secretary of State



D25

JAN 26 '96

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960098-JC

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NAME

**AVISTA PROPERTIES II, INC.**

DBA / Holiday Inn Express  
2145 East Irlo Bronson Mem. HWY  
Kissimmee, FL 34744  
(407) 848-4848

Baron Bank  
4300 13th Street  
St. Cloud Florida 34789

CHECK NO. 1084

01/21/96

\$100.00

HUNDRED AND 00/100 DOLLARS

Florida Public Service Comm

*[Signature]*  
AUTHORIZED SIGNATURE

01020 JAN