FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION 960360-TC

	ME	
ADDRESS OF TH	HE APPLICANT(S)	
STREET	5332 SUNSET D	
CITY	MIAMI, FL.	
STATE & ZIP	FL., 33143	
TYPE OF ORGA	NIZATION (CHECK ONE)	
A. INDIVI	DUAL DOING BUSINESS UNDER HIS/HER:	ι 1
DOCUMENTATIO	N: No other documentation needed.	
B. PARTNE	RSHIP:	[]
DOCUMENTATIO the name and	N: Attach a copy of the partnership a address of all partners.	greement, and a list w
c. CORPOR	ATION:	(W
filed with outside of F applicant ha	NH: Attach proof that articles of the Florida Secretary of State's O lorida, attach proof from the Florida is authority to operate in Florida and Registered Agent.	Secretary of State
NAME	- 12450 018 - 1 T-T- 174	
ADDRESS		- Table 19

FORM PSC/CMU 32 (R3-93) PAGE 2 OF 5
REQUIRED BY COMMISSION RULE NO. 25-24.511

DOCUMENT NUMBER-DATE

03380 MAR 21 8

RESPO	MIS COTT FALDIVAR
TITLE	i DOCETACIO
PHONE	(200) 2011-0061
	PPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR ASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICATE BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE DA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATE
	NO
IF T	HE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST TO SELECT THE SELECT
LICT	THE STATES IN WHICH THE APPLICANT:
	THE STATES IN WHICH THE APPLICANT:
LISŢ A.	IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE
Α.	IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE NONE HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHOPROVIDER. NONE
А.	HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER.
А.	HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER.

9.	PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:
	LOCAL LONG DISTANCE COIN CALLING CARD CREDIT CARD OTHER, DESCRIBE
10.	PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR:
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
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.
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.)

REQUIRED BY COMMISSION RULE NO. 25-24.511

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)

FORM PSC/CMU 32 (R3-93) PAGE 5 OF 5 REQUIRED BY COMMISSION RULE NO. 25-24.511

APPLICANT ACKNOWLEDGEMENT CARD

		Communici		
Service Commis	STON'S KUIES &	understanding nd Requirements	of the Fi relating to	orida Public my provision
Signature	My. Hool	Tell.		
Title	PESIDE	NT		
Date 3	-12-96	9	100	

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

February 28, 1996

GELBER/APPEL AND COMPANY 285 NW 199TH STREET SUITE 204 MIAMI, FL 33169

The Articles of Incorporation for IDEAL COMMUNICATIONS, INC. were filed on February 26, 1996, effective February 29, 1996 and assigned document number P96000018156. Please refer to this number whenever corresponding with this office regarding the above corporation. The certification you requested is enclosed.

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 RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT 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.

Doris McDuffie, Corporate Specialist Supervisor New Filings Section Letter Number: 696A00008681

DOCUMENT NUMBER-DATE

03380 HAR 21 18



Bepartment of State

I certify the attached is a true and correct copy of the Articles of Incorporation of IDEAL COMMUNICATIONS, INC., a Florida corporation, filed on February 26, 1996 effective February 29, 1996, as shown by the records of this office.

The document number of this corporation is P96000018156.

Given under my hand and the Great Seal of the State of Florida. at Callahassee, the Capitol, this the Twenty-eighth day of February, 1996

CR2EO22 (2-95)

Sandra B. Mortham Secretary of State

ARTICLES OF INCORPORATION

OF

FILED 96 FEB 26 AM 8: 50 SECRETARIES TALLAMASSEE, FLORIDA

IDEAL COMMUNICATIONS, INC.

I, the undersigned, being of legal age and a natural person, do hereby subscribe to, acknowledge and file the following Articles of Incorporation for the purpose of creating a corporation under the laws of the State of Florida.

ARTICLE I

The name and initial address of this corporation shall be:

IDEAL COMMUNICATIONS, INC. 3333 POINCIANA AVENUE MIAMI BEACH, FL 33133

ARTICLE II

2.29.96

This corporation may engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE III

The capital stock authorized, the par value thereof, and the characteristics of such stock shall be as follows:

Number of Shares Authorized	Par Value Per Share	Class of Stock
100	\$1.00	Common

The consideration for all of the said stock shall be payable in cash, property, real or personal, labor or services in lieu of cash, at a just valuation to be fixed by the Board of Directors of the corporation.

Upon the sale for cash of any new stock of the same kind, class or series as that which he already holds, every stockholder of this corporation shall have the pre-emptive right to purchase his pro rata share thereof at the price which it is offered to others, whether or not in excess of par. Fractional shares need not be issued on account of this provision.

ARTICLE IV

This corporation shall commence its existence effective as of FEBRUARY 29, 1996, and shall exist perpetually thereafter unless sooner dissolved according to law.

ARTICLE V

The initial registered office of this corporation shall be at 3333 POINCIANA AVENUE, MIAMI BEACH, FL 33133, with offices and branches at other places within or without the State of Florida. The initial registered agent at that address shall be MICHELE HANFT.

ARTICLE VI

This corporation shall have at least one director, with the exact number to be specified by the stockholders from time to time unless the stockholders shall, by a majority vote thereafter, determine that the corporation be managed by the stockholders.

ARTICLE VII

The name and address of the first director(s) of the corporation, who shall hold office for the first year or until his successor is duly elected and qualified shall be:

MICHELE HANFT 3333 POINCIANA AVENUE MIAMI BEACH, FL 33133

The name and address of the Incorporator(s) is/are:

MICHELE HANFT 3333 POINCIANA AVENUE MIAMI BEACH, FL 33133

ARTICLE IX

No contract or other transaction between this corporation and any other corporation, and no act of this corporation, shall in any way be affected or invalidated by the fact that any of the directors of this corporation are pecuniarily or otherwise interested in, or are directors or officers of, such other corporation. Any director individually, of any firm of which any director may be a member, may be a party to, or may be pecuniarily or otherwise interested in, any contract or transaction of this corporation, provided that the fact that he or such firm is so interested shall be disclosed or shall have been known to the Board of Directors or a majority thereof, and any director of this corporation who is also a director or an officer of such other corporation, or who is so interested, may be counted in determining the existence of a quorum at any meeting of the Board of Directors of this corporation which shall authorize any such contract or transaction, with like force and effect as if he were not such a director or officer of such other corporation, or not so interested.

ARTICLE X

The private property of the stockholders shall not be subject to payment of the corporate debts in any event.

ARTICLE XI

This corporation shall indemnify and insure its officers and directors to the fullest extent permitted by law either now or hereafter.

IN WITNESS WHEREOF, we, the undersigned, being the Incorporators hereinbefore named, for the purpose of forming a corporation to do business both within and without the State of Florida, under the laws of Florida, make and file these Articles of Incorporation, hereby declaring and certifying that the facts herein stated are true, and hereunto set my hand and seal this 3 day of I BRUARY, 1976.

MICHELE HANDT

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM 8: 50

SECRETARY OF STATE
TALLAHASSEE.FLORIDA
In compliance with the laws of Florida, the following is submitted!DA

First, that IDEAL COMMUNICATIONS, INC., desiring to organize under the laws of the State of Florida, has named MICHELE HANFT, County of DADE, State of Florida, as its statutory Registered Agent.

Having been named the statutory Registered Agent of the above corporation at the place designated in this certificate, I hereby accept the same and agree to act in this capacity, and agree to comply with the provisions of Florida law, relative to keeping the registered open, and I accept the obligations of Section 607.325 F.S.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 23 DAY CF FEBRUARY AD. 19 14 Incien delle

NOTARY PUBLIC, STATE OF FLORIDA

MY COMMISSION EXPIRES:

FICIAL NOTARY SEAL NOTARY PUBLIC STATE OF FLORIDA HELEN S MORAN COMMISSION NO CC381713 MY COMMISSION EXP. JULY 22 1998 DATED: this 23 day

of FEBRUARY

DEPOSIT TREAS. REC.

D275 7444 WR 22 961

DATE

960360-TC

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

SAME

3. ADDRESS OF THE APPLICANT(S) RPCRATION AND

STREET

5332 SUNSET DE.

CITY

MIAMI, FL.

STATE & ZIP

FL. 33143

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:

[1

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP:

1 1

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION:

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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.

M. SCOTT ZALDIVAR

5337 SUNGET DRIVE

MIAMI, PL 33143

PAY TO THE HOURS Public Survey Francisco \$ 100,000

PAY TO THE Foundation Survey

SUNGER OF FUNDER FUNDERS

ENTRY OF FUNDERS

SUNGER FU

gistered with

DOCUMENT NUMBER - DATE

U3380 MAR 21 8

FPSC-RECORDS/REPORTING

960360-TC

FLORIDA PUBLIC SERVICE COMMISSION

Application Form

For

Certificate to Provide: Pay Telephone Service

Within the State of Florida

- A. This form is used for an original application for a certificate to provide pay telephone service within the State of Florida.
- B. A \$100 non-refundable application fee along with the enclosed Applicant Acknowledgement Card must be completed and accompany the application before processing will begin.
- Once a certificate has been granted, regulatory assessment fees will be due for that calendar year regardless of whether or not pay telephones have been installed.
 - D. When completing the application, respond to each item. If an item is not applicable, explain why. Failure to respond to any item will result in the application being returned and a delay in the application process.
 - E. Use a separate sheet for each answer which will not fit the allotted space.
 - F. If you have any questions about completing the form, contact the Certificate Section at 904\488-1280 or write:

 904 413 66600

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

G. Once completed, the original plus five (5) copies of this form, along with \$100 application fee, are to be submitted to:

> Florida Public Service Commission Capital Circle Office Center 2540 Shumard Oak Boulevard, Gunter Building Tallahassee, FL 32399-0850