

96 0382-TR

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION REC. DATE

D278 MAR 26 '96

1. LEGAL NAME OF THE APPLICANT

Magic City Properties LLC

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

Magic City

3. ADDRESS OF THE APPLICANT(S)

STREET 6005 N.E. 2nd Avenue

CITY Miami

STATE & ZIP Florida 33137

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: Limited Liability Company [ ]

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.

5. PROVIDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME: Robert M. Mayer  
TITLE: Managing Member  
PHONE: (305) 859-9455

6. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.

No

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. LIST THE STATES IN WHICH THE APPLICANT:

- A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

None

- B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

None

- C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

None  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL	[ X ]
LONG DISTANCE	[ X ]
COIN	[ X ]
CALLING CARD	[ X ]
CREDIT CARD	[ X ]
OTHER, DESCRIBE	

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

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

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

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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: 3/20/96

APPLICANT ACKNOWLEDGEMENT CARD

Applicant \_\_\_\_\_

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

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

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.

# Capital Connection, Inc.

Filing and Retrieval Service  
1-800-342-8062

April 28, 1994

RE: Mr. Mayer:

Dear MAGIC SIBLINGS PROPERTIES, INC.

Enclosed please find your order for the following:

ARTICLES OF INCORPORATION/LIMITED COMPANY

FOREIGN QUALIFICATION

LIMITED PARTNERSHIP FILING

AMENDMENT FILING

CERTIFICATE UNDER SEAL

CERTIFIED COPIES

NAME RESERVATION

ANNUAL REPORT/REINSTATEMENT FILING

UCC DOCUMENT

WITHDRAWAL/DISSOLUTION FILING

CORPORATE/OFFICER SEARCH

FICTITIOUS DOCUMENT

DOCUMENTS RETRIEVED FROM/FILED WITH \_\_\_\_\_

OTHER \_\_\_\_\_

COMMENTS: \_\_\_\_\_

If there are any questions concerning the documents, or if I may be of further assistance, please do not hesitate to call.

Sincerely,



George Kilbourn  
Client Representative

417 E. Virginia St., Suite 1 32301 • (904) 224-8870  
Post Office Box 10349 • Tallahassee, FL 32302





FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

April 28, 1994

CAPITAL CONNECTION, INC.

TALLAHASSEE, FL

The Articles of Incorporation for MAGIC SIBLINGS PROPERTIES, INC. were filed on April 28, 1994, and assigned document number P94000032165. Please refer to this number whenever corresponding with this office.

Enclosed is the certification requested.

A corporation annual report will be due this office between January 1 and May 1 of the year following the calendar year of the file date year. A Federal Employer Identification (FEI) number will be required before this report can be filed. Please apply NOW with the Internal Revenue Service by calling 1-800-829-3676 and requesting form SS-4.

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

Should you have questions regarding corporations, please contact this office at the address given below.

Brenda Baker  
Corporate Specialist  
New Filings Section  
Division of Corporations

Letter Number: 394A00019523

# State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of MAGIC SIBLINGS PROPERTIES, INC., a Florida corporation, filed on April 28, 1994, as shown by the records of this office.

The document number of this corporation is P94000032165.

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
Twenty-eighth day of April, 1994



CR2EO22 (2-91)

*Jim Smith*

Jim Smith  
Secretary of State



ARTICLES OF INCORPORATION  
OF  
MAGIC SIBLINGS PROPERTIES, INC.

FILED  
94 APR 28 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, the undersigned incorporator, hereby make, acknowledge, and file these Articles of Incorporation for the purpose of forming a corporation under the laws of the State of Florida.

ARTICLE I: NAME

The name and address of this Corporation shall be:

MAGIC SIBLINGS PROPERTIES, INC.  
6005 N.E. 2nd Avenue, Suite B  
Miami, FL 33137

ARTICLE II: NATURE OF BUSINESS

The general purpose for which this Corporation is organized is to transact any or all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes.

ARTICLE III: AUTHORIZED SHARES

The Corporation shall be authorized to create and issue 1,000 shares of Common Stock having a par value of \$1.00 per share.

ARTICLE IV: TERM OF EXISTENCE

The term of this Corporation shall commence with the filing of these Articles of Incorporation. The Corporation shall exist perpetually unless dissolved according to law.

ARTICLE V: INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Corporation in the State of Florida shall be:

201 South Biscayne Boulevard, S# 2400  
Miami, Florida 33131

The name of the initial registered agent of this Corporation at that address shall be:

Robert M. Mayer, Esq.

**ARTICLE VI: BOARD OF DIRECTORS**

The powers of the Corporation shall be exercised by or under the authority of, and the business and affairs of the Corporation shall be managed under the direction of a Board of Directors, which shall have one (1) Director initially. The number of directors may be increased or decreased by the shareholders from time to time as provided in the Bylaws of the Corporation.

**ARTICLE VII: DIRECTORS - NAMES AND STREET ADDRESSES**

The name and street address of the initial member of the first Board of Directors who shall hold office until his successors have been duly elected or appointed and have qualified are as follows:

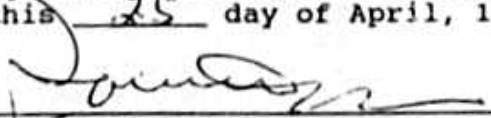
<u>Name</u>	<u>Street Address</u>
Robert M. Mayer	6045 N.E. 2nd Avenue, Suite B Miami, Florida 33137

**ARTICLE VIII: INCORPORATOR**

The name and street address of the incorporator signing these Articles of Incorporation are as follows:

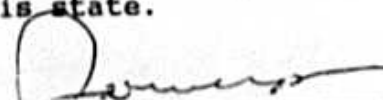
<u>Name</u>	<u>Street Address</u>
Robert M. Mayer	c/o Kelley Drye & Warren 201 South Biscayne Boulevard Suite 2400 Miami, Florida 33131

IN WITNESS WHEREOF, the undersigned incorporator has made and subscribed these Articles of Incorporation at Miami, Florida, for the uses and purposes aforesaid, this 25 day of April, 1994.

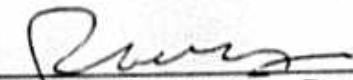
  
\_\_\_\_\_  
Robert M. Mayer, Incorporator

**DESIGNATION AND ACCEPTANCE  
OF  
REGISTERED AGENT**

In pursuance of Section 48.091 and Chapter 607, Florida Statutes, MAGIC SIBLINGS PROPERTIES, INC., having filed its Articles of Incorporation contemporaneously herewith, with its registered office as indicated therein at c/o Kelley Drye & Warren, 201 South Biscayne Boulevard, Suite 2400, Miami, Florida, 33131, has named ROBERT M. MAYER, located thereat as its registered agent to accept service of process within this state.

By:   
Robert M. Mayer, Incorporator

Having been named as registered agent to accept service of process for the above-stated corporation, at the location designated herein, I hereby accept the appointment to act in this capacity, and agree to comply with the laws of Florida applicable thereto.

By:   
Robert M. Mayer, Registered Agent

FILED  
94 APR 28 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# PLEASE READ!!!

ATTACHMENT B

## 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.
- C. If the answer to question #2 is a Fictitious Name or Corporate Name, documentation from the Secretary of States office must accompany your application.
- D. 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.
- E. 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.
- F. Use a separate sheet for each answer which will not fit the allotted space.
- G. If you have any questions about completing the form, contact the Certificate Section at (904) 413-6556.
- H. 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  
Gunter Building, 2540 Shumard Oak Boulevard  
Capital Circle Office Center  
Tallahassee, FL 32399-0850

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION REC. DATE

D278

MAR 26 '96

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Magic City

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STATE & ZIP Florida 33137

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NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

**MAGIC CITY PROPERTIES, L.C.**  
 DBA MAGIC CITY  
 OPERATING ACCOUNT  
 PH. 305-759-0336 FAX: 0332  
 6005 NE-2ND AVE  
 MIAMI, FL. 33137

1675

3/20 96

1996

\$100

DOLLARS

CITIBANK®  
 THE CITIBANK PRIVATE BANK

FOR *[Signature]*

*[Signature]*