DATE

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

LEGAL NAME OF THE APPLICANT John Robert BONANNO	95 July 17 10 2 64
NAME UNDER WHICH THE APPLICANT WILL DO BUSI ALLTELL SYSTEMS, I	
ADDRESS OF THE APPLICANT(S)	
STREET 3291 SW SUNS	
STATE & ZIP FZ: 34990	
STATE & ZIP FZ. 34990	
TYPE OF ORGANIZATION (CHECK ONE)	
A. INDIVIDUAL DOING BUSINESS UNDER HIS/H OWN NAME.	IER: []
DOCUMENTATION: No other documentation nee	eded.
B. PARTNERSHIP:	[]
DOCUMENTATION: Attach a copy of the partr with the name and address of all partners.	,
C. CORPORATION:	เท
DOCUMENTATION: Attach proof that article filed with the Florida Secretary of State outside of Florida, attach proof from the Flapplicant has authority to operate in Florid of Florida Registered Agent.	e's Office. If incorpo lorida Secretary of State
NAME	

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

DOCUMENT NUMBER-DATE
06561 JUN 18景
FPSC-RECORDS/REPORTING

NAME	23	JOHN A	Paker	Row	94/4/0				
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TITL	E: _	Presid	ENT			-			
PHON	E: _	(407):	288-16	78					
THE	CASE OF A	OR ANY SUBS CLOSELY HE ITED OR DEN INCLUDES	LD CORPOR	ATION TELEP	ANY SH HONE C	AREHOLI ERTIFIC	ER OF	N THE	APPL STA
IF CERT	THE ANSWE	R TO QUEST	TION 6 I	S YES	, PLEA	SE EXI	PLAIN	AND	LIST
J		NA							
		17/1					-		
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	THE STAT	S IN WHICH	THE APPL	ICANT:					
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	PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:
	LOCAL [1]
	LONG DISTANCE
	COIN [1/2]
	CALLING CARD
	CREDIT CARD [']
	OTHER, DESCRIBE []
).	PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR:
•	HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?
	PERSONALLY [/]
	FULL-TIME TECHNICIAN
	PART-TIME TECHNICIAN
	SERVICE/REPAIR/MAINTENANCE CONTRACT []
	OTHER DESCRIPE
	PERSONALLY HOUGH CORPORATION
	JERSONALLY THOUGH CORPORATION
	<u>«</u>
	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.
	· Upc
	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.)
	<u> 9es</u>

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 PLASUANT 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)			
(SIGNATUR	RE OF OWNER/CHIEF OFFICER OF APPLICANT)		
DATE:	6/14/96		

APPLICANT ACKNOWLEDGEMENT CARD

Applicant _	John	K. BONAN	NO		
Service Comm	ge receipt and ission's Rules a phone Service.	understanding and Requirements	of the relating	Florida to my pr	Public ovision
Signature _	John R.	Bronno			
Title	(thesid	en t			
Date	6/14/9	4			

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

April 29, 1996

CAPITAL CONNECTION, INC. P O BOX 10349 TALLAHASSEE, FL 32302

The Articles of Incorporation for ALLTELL SYSTEMS, INC. were filed on April 29, 1996 and assigned document number P96000036705. 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.

Pamela Hall, Document Specialist New Filings Section

Letter Number: 396A00020325



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of ALLTELL SYSTEMS, INC., a Florida corporation, filed on April 29, 1996, as shown by the records of this office.

The document number of this corporation is P96000036705.

Giben under my hand and the Great Seal of the State of Florida, at Callahassee, the Capitol, this the Twenty-ninth day of April, 1996



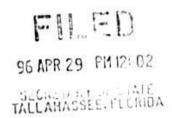
CR2EO22 (2-95)

Sandra B. Mortham Secretary of State

ARTICLES OF INCORPORATION

OF

ALLTELL SYSTEMS, INC.



ARTICLE I

NAME

The name of this corporation shall be: ALLTELL SYSTEMS, INC.

ARTICLE II

TERM OF EXISTENCE

This corporation shall exist perpetually.

ARTICLE III

PURPOSE

This corporation is organized for the purpose of transacting any or all lawful business.

ARTICLE IV

CAPITAL STOCK

This corporation is authorized to issue 1000 shares of common stock. This class of stock shall have unlimited voting rights and be entitled to receive the net assets of the corporation upon its dissolution.

ARTICLE V

PRINCIPAL OFFICE

The street address of the principal office of this corporation is 3291 S.W. Sunset Trace Circle, Palm City, Florida 34990.

ARTICLE VI

INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is:

c/o Copeland, Kramer, Sewell & Sopke, P.A. 2307 S.E. Monterey Road Stuart, Florida 34996

The name of the initial registered agent of this corporation at that address is:

Laurie Rusk Sewell

100

ARTICLE VII

DIRECTORS

This corporation shall have three (3) directors initially. The number of directors may be either increased or diminished from time to time by the Bylaws but shall never be less than one. The name and address of the initial Directors of this corporation are:

John R. Bonanno 3291 S.W. Sunset Trace Circle Palm City, Florida 34990

Frank A. Kartner 2306 N.E. 19th Court Jensen Beach, Florida 34956

Bonnie O. Kartner 3705C S.W. Quail Meadow Trail Palm City, Florida 34990

ARTICLE VIII

INCORPORATOR

The name and address of the person signing these articles is:

Laurie Rusk Sewell Copeland, Kramer, Sewell & Sopko, P.A. 2307 S.E. Monterey Road Stuart, Florida 34996 IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of

Incorporation this 26 day of April, 1996.

Laurie Rusk Sewell

ACCEPTANCE OF REGISTERED AGENT

FILED

Having been named to accept service of process for the above-stated corporation, and the place: 02 designated in the foregoing Articles of Incorporation, I hereby agree to act in that capacity, and I further IALE ARASSEL, I CRIDA agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

DATED this 26 day of April, 1996.

Laurie Rusk Sewell Registered Agent

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	FLORIDA PAY TELEPHONE CERTIFICATE APPL	
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	John Robert BONANNO	7.1
	NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS ALLTELL SYSTEMS, INC.	
		<u> </u>
	ADDRESS OF THE APPLICANT(S)	- 1:
	STREET 3291 SW SUNSET 7	RACE CIRCLE
	CITY PAIM City	
	STATE & ZIP F2. 34990	
	TYPE OF ORGANIZATION (CHECK ONE)	
	A. INDIVIDUAL DOING BUSINESS UNDER HIS, MER:	[]
	DOCUMENTATION: No other documentation needed.	
	B. PARTNERSHIP:	[]
	DOCUMENTATION: Attach a copy of the partnership with the name and address of all partners.	agreement, and a list
	C. CORPORATION:	M
	DOCUMENTATION: Attach proof that articles of filed with the Florida Secretary of State's Of outside of Florida, attach proof from the Florida applicant has authority to operate in Florida and of Florida Registered Agent.	fice. If incorporated Secretary of State that
	NAME	
	ADDRESS	
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FOR Application