

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION 970181-TC

DEPOSIT TREAS. REC. DATE

1. LEGAL NAME OF THE APPLICANT

John S. Yermack Jr.

D458 ~~444444~~ FEB 10 '97

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

Y-Mack Enterprises, Inc.

3. ADDRESS OF THE APPLICANT(S)

STREET 15940 W. Troon Cr

CITY Miami Lakes

STATE & ZIP Fl. 33014

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.

RECEIVED
FEB 10 20 11 12

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

NAME: John Yermack

TITLE: Pres

PHONE: 305 817 1399

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.

N.A.

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.

Florida

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

None

D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.

None

9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

None

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

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

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 12.

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

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


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

Yes

14. 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: 1-30-97

APPLICANT ACKNOWLEDGEMENT CARD

Y-Mohh Enterprises Inc
Applicant John Yerrack

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

Signature [Handwritten Signature]

Title President

Date 1-30-97

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.

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of Y-MAKK ENTERPRISES, INC., a Florida corporation, filed on March 14, 1994, as shown by the records of this office.

The document number of this corporation is P94000019823.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Fifteenth day of March, 1994



CR2EO22 (2-91)

Jim Smith

Jim Smith
Secretary of State

ARTICLES OF INCORPORATION
OF
Y-MAKK ENTERPRISES, INC.

FILED
1934 MAR 14 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED subscriber to these Articles of Incorporation hereby forms a Corporation under the Laws of the State of Florida.

ARTICLE I

The name of this corporation is Y-MAKK ENTERPRISES, INC. and the mailing address and principal place of business shall be 15940 West Troon Circle, Miami Lakes, Florida 33014.

ARTICLE II

This Corporation shall have a perpetual existence.

ARTICLE III

The Corporation is organized to engage in any business or purpose lawful under the Laws of the State of Florida.

ARTICLE IV

The maximum number of shares of stock that this Corporation is authorized to have outstanding at any one time is ONE HUNDRED (100) shares of common stock, having no par value.

ARTICLE V

The amount of capital with which this Corporation will begin business is not less than FIVE HUNDRED DOLLARS (\$500).

ARTICLE VI

The initial post office address of the registered office of this Corporation in the State of Florida is 15940 West Troon Circle, Miami Lakes, Florida 33014, and the name of the initial registered agent at such address is JOHN YERMACK.

ARTICLE VII

This Corporation shall have one director initially. The number of directors may be either increased or decreased from time to time by amendments to the By-Laws, but shall never be less than the number shown in this Article. The name and address of the initial director of this Corporation is:

JOHN YERMACK 15940 West Troon Circle
Miami Lakes, Florida 33014

ARTICLE VIII

The name and address of the person signing these Articles as Incorporator is:

JOHN YERMACK 15940 West Troon Circle
Miami Lakes, FL 33014

ARTICLE IX

The Corporation reserves the right to amend, alter, change or repeal any or all of the provisions contained in these Articles of Incorporation in the manner now or hereafter prescribed by statute.

DATED this 8th day of March, 1994.



JOHN YERMACK, Incorporator

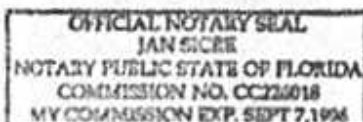
STATE OF FLORIDA)
 :SS.
COUNTY OF DADE)

On this 8th day of March, 1994, before me personally appeared JOHN YERMACK, to me known to be the individual described in and who signed the foregoing Articles of Incorporation, and he severally duly acknowledged to me that he signed the same.



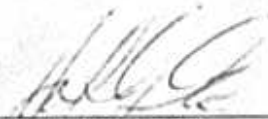
NOTARY PUBLIC, State of Florida

My Commission Expires:



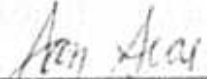
ACCEPTANCE OF REGISTERED AGENT

I, JOHN YERMACK, having been designated as the Registered Agent in the above and foregoing Articles, am familiar with and accept the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.



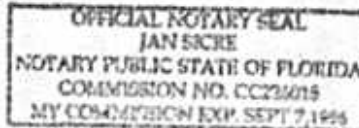
JOHN YERMACK

SWORN TO and SUBSCRIBED before me this 8th day of March, 1994, at Hialeah, Dade County, Florida.



NOTARY PUBLIC, State of Florida

My Commission Expires:



FILED
1994 MAR 14 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

970181-TC

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NAME _____

ADDRESS _____

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15940 W. TROON CR. 827-4797
MIAMI LAKES, FL 33014

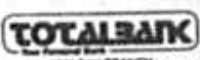
1563

been registered with

1-30 1997

PAY TO THE ORDER OF State of Florida Public Service Council \$ 100.00

One Hundred DOLLARS



1997 BRANCH
790 & 9TH STREET
MALLAM, FLORIDA 33138

[Signature]

DOCUMENT NUMBER-DATE

01491 FEB 10 97

FPSC-RECORDS/REPORTING

MEMO