## FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

	Payphone's	920473
ADDRESS OF THE AR		
STREET	6540 SW 10 St	
CITY	NOATH LAUNGROAGE	
STATE & ZIP	FL 33068	
TYPE OF ORGANIZAT	ION (CHECK ONE)	
A. INDIVIDUAL OWN MANE.	DOING BUSINESS UNDER HIS/HER:	11
DOCUMENTATION:	No other documentation needed.	
B. PARTNERSHI	<b>P:</b>	[ ]
DOCUMENTATION: A	Attach a copy of the partnership address of all partners.	agreement, and
C. CORPORATION		(1)
DOCUMENTATION:	Attach proof that articles of Florida Secretary of State's Of ia, attach proof from the Florida	fice. It incor

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DOCUMENT NOMICE DATE

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FRED PECCHOSZHEPCHTING

## APPLICANT ACKNOWLEDGEMENT CARD

Applicant	MIR IMIN	ELKINS			
of Pay Tel	ephone Service.	nd understanding and Requirements	of the relating	Florida to my pr	Public ovision
Signature	Miciam	Elkins			
	OWNER				
Date A.	PRIL 18 1	997			

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 PAY TELEPHONE CERTIFICATE APPLICATION

NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS  MIRINITY ELKINS SWNER  ADDRESS OF THE APPLICANT(S)  STREET  3265 EMPEROR DR.  CITY  KISSIMMEE  TYPE OF ORGANIZATION (CHECK ONE)  A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:  OMN NAME.  DOCUMENTATION: No other documentation needed.  B. PARTNERSHIP:  I)  DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.  C. CORPORATION:  I)  DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporate 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  198 een registered with	PERIL MAIL OF THE MAILENANT		DATE
NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS  MIRIAM ELKINS SWAER  ADDRESS OF THE APPLICANT(S)  STREET  2265 EMPEROR DR.  CITY  KISSIMMEE  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 filled 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  []  198 een registered with	MIRIAM ELKIN	& D507₩	APR 21 199
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STREET  STATE & ZIP  FLORID A 34744  TYPE OF ORGANIZATION (CHECK ONE)  A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER: OHN 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  198 een registered with	MIRIAM ELKINS OU	UNER	
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