



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

NAME: Lewis Zarka  
TITLE: Owner  
PHONE: 904-384-9999

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

n/a

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

no

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

n/a no

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

none n/a

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.

n/a - none

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL  
LONG DISTANCE  
COIN  
CALLING CARD  
CREDIT CARD  
OTHER, DESCRIBE

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 2

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

PERSONALLY  
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.

*Lewis N. Zarka*

\_\_\_\_\_  
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 6/28/97

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Lewis N. Zarka

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

Signature Lewis N. Zarka

Title Owner

Date 6/28/97

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.



**FLORIDA DEPARTMENT OF STATE**

**Jim Smith**  
Secretary of State

May 20, 1992

**EUROPEAN STREET RESTAURANT AND GOURMENT  
2753 PARK STREET  
JACKSONVILLE, FL 32205**

**Subject: EUROPEAN STREET RESTAURANT AND GOURMENT**

**REGISTRATION NUMBER: G92139000135**

This will acknowledge the filing of the above fictitious name registration which was registered on May 18, 1992. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between July 1 and December 31 of the expiration year to maintain registration. Three months prior to expiration date a statement of renewal will be mailed.

**IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES.** Whenever corresponding please provide assigned Registration Number.

For information regarding fictitious names on file or to search the record call (904) 488-9000.

Enclosed is your certificate(s) as requested.

Should you have any questions regarding this acknowledgement you may contact our office at (904) 487-6058.

**Fictitious Name Section  
Division of Corporations**

# State of Florida



Department of State

I certify that the attached is a true and correct copy of the Application For Registration of Fictitious Name of EUROPEAN STREET RESTAURANT AND GOURMENT, registered with the Department of State on May 18, 1992, as shown by the records of this office.

The Registration Number of this Fictitious Name is G92139000135.

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
Twentieth day of May, 1992.



CR2EO22 (2-91)

A handwritten signature in cursive script that reads "Jim Smith".

Jim Smith  
Secretary of State

# APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

RECEIVED  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA 32399-0001  
00-13-72 0718 000 1-480 00  
392-87000-188

Section 1

1. European Street Restaurant and Gourmet  
Fictitious Name to be Registered

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2. 2753 Park Street  
Mailing Address of Business  
Jacksonville, FL 32205

---

3. County of Duval

---

4. City of Jacksonville, Florida 32205  
Zip Code

---

5. FEI Number: 59-3105545

This space for office use only

Section 2

**A. Owner(s) of Fictitious Name if Individual(s) (use additional sheets if necessary):**

1. _____ Last First M.I. _____ Address _____ City State Zip Code SS# _____	2. _____ Last First M.I. _____ Address _____ City State Zip Code SS# _____
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**B. Owner(s) of Fictitious Name if Corporation(s) (use additional sheets if necessary):**

1. <u>European Street, Inc.</u> Corporate Name <u>2753 Park Street</u> Address <u>Jacksonville, FL 32205</u> City State Zip Code Corporate Document Number: <u>V12139</u> FEI Number: <u>59-3105545</u> <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable	2. _____ Corporate Name _____ Address _____ City State Zip Code Corporate Document Number: _____ FEI Number: _____ <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable
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Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

<u><i>Donald S. Chiu</i></u> Signature of Owner _____ Date _____ Phone Number: <u>725-8992</u>	<u><i>Leo's N. Zarka</i></u> Signature of Owner _____ Date _____ Phone Number: <u>725-8992</u>
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Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:  
FOR FICTITIOUS NAME OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name \_\_\_\_\_  
\_\_\_\_\_, which was registered on \_\_\_\_\_ and was assigned  
registration number \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner Date \_\_\_\_\_

Certificate of Status — \$10  
FILING FEE: \$50

Certified Copy — \$30

*A*

**ARTICLES OF INCORPORATION  
OF  
EUROPEAN STREET, INC.**

The undersigned, for the purpose of forming a corporation for profit under the laws of the State of Florida, adopts the following Articles of Incorporation:

**ARTICLE I**

**Name**

**Section 1.1** **Name.** The name and address of the corporation shall be EUROPEAN STREET, INC., 2753 Park Street, Jacksonville, Florida 32205.

**ARTICLE II**

**Duration**

**Section 2.1** **Duration.** This corporation shall exist perpetually. Corporate existence shall commence on the date these Articles of Incorporation are executed and acknowledged, except that if they are not filed by the Department of State of Florida within five days, exclusive of legal holidays, after they are executed and acknowledged, corporate existence shall commence upon filing by the Department of State.

**ARTICLE III**

**Purposes**

**Section 3.1** **Purposes.** This corporation is organized for the purpose of transacting any and all lawful business permitted under the laws of the United States and of the State of Florida.

**ARTICLE IV**

**Capital Stock**

**Section 4.1** **Authorized Capital.** The maximum number of shares of stock which this corporation is authorized to have outstanding at any one time is 25,000 shares of common stock having a par value of \$1.00 per share.

**Section 4.2** **Restrictions on Transfer of Stock.** The shareholders may, by Bylaw provision or by shareholders' agreement recorded in the minute book, impose such restrictions on the sale, transfer or encumbrance of the stock of this corporation as they may see fit.

**Section 4.3.** **Approval of Shareholders Required for Merger.** The approval of a majority of the shareholders of this corporation

to any plan or merger or consolidation shall be required in every case, whether or not such approval is required by law.

#### ARTICLE V

##### INITIAL REGISTERED OFFICE AND AGENT

Section 5.1. Name and Address. The street address of the initial registered office of this corporation is 2753 Park Street, Jacksonville, Florida 32205, and the name of the initial registered agent of th's corporation is Lewis N. Zarka.

#### ARTICLE VII

##### DIRECTORS

Section 6.1. Number. This corporation shall have (2) directors initially. The number of directors may be increased or diminished from time to time by the Bylaws, but shall never be less than one.

Section 6.2. Initial Directors. The names and street addresses of the first board of directors of the corporation are:

Lewis N. Zarka  
3008 Herschel Street  
Jacksonville, FL 32205

Ronald S. Cline  
2753 Park Street  
Jacksonville, FL 32205

Section 6.3. Compensation. The board of directors is hereby specifically authorized to make provision for reasonable compensation to its members for their services as directors, and to fix the basis and conditions upon which such compensation shall be paid. Any director of the corporation may also serve the corporation in any other capacity and receive compensation therefor in any form.

Section 6.4. Indemnification. The board of directors is hereby specifically authorized to make provision for indemnification of directors, officers, employees and agents to the full extent permitted by law.

#### ARTICLE VII

##### BYLAWS

Section 7.1 Bylaws. The initial Bylaws of this corporation shall be adopted by the Directors. The Bylaws shall be adopted, altered, amended or repealed from time to time by either the shareholders or the Board of Directors, but the Board of Directors shall not alter, amend or repeal by Bylaw adopted by the

shareholders if the shareholders specifically provide that such bylaw is not subject to amendment or repeal by the directors.

ARTICLE VIII

INCORPORATORS

Section 8.1. Name and Address. The names and addresses of the incorporators signing these articles are:

Lewis N. Zarka  
3008 Herschel Street  
Jacksonville, FL 32205

Ronald S. Cline  
2753 Park Street  
Jacksonville, FL 32205

ARTICLE IX

AMENDMENT

Section 9.1. Amendment. This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the incorporators have subscribed their names to these Articles of Incorporation, this 4 day of February, 1992.

*Lewis N. Zarka*

\_\_\_\_\_  
LEWIS N. ZARKA

*Ronald S. Cline*

\_\_\_\_\_  
RONALD S. CLINE

STATE OF FLORIDA )  
                          )  
COUNTY OF DUVAL )

The foregoing instrument was acknowledged before me this 4 day of February, 1992, by Lewis N. Zarka and Ronald S. Cline.

*Alice A. Brooke*  
\_\_\_\_\_  
NOTARY PUBLIC, State of Florida



My Commission Expires:

**CERTIFICATE DESIGNATING REGISTERED OFFICE  
AND REGISTERED AGENT  
FOR THE SERVICE OF PROCESS WITHIN FLORIDA**

In compliance with Florida Statutes §§48.091 and 607.034, the following is submitted:

EUROPEAN STREET, INC., desiring to organize or qualify under the laws of the State of Florida, hereby designates Lewis N. Zarka, as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be 2753 Park Street Jacksonville, Florida 32205.

*Lewis N. Zarka*

LEWIS N. ZARKA

DATE: February 4, 1992

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

*Lewis N. Zarka*

LEWIS N. ZARKA

DATE: February 4, 1992



Department of the Treasury  
Internal Revenue Service  
ATLANTA, GA 39901

Date of this notice: APR. 13, 1992  
Taxpayer Identifying Number: 59-3105545  
Form: Tax Period:



EUROPEAN STREET INC  
2753 PARK ST  
JACKSONVILLE FL 32205-7607

For assistance you may call us at:  
354-1760 LOCAL JAX  
1-800-829-1040 OTHER F

Or you may write to us at the address shown at the left. If you write, be sure to attach the bottom part of this notice.

NOTICE OF ACCEPTANCE AS AN S-CORPORATION

YOUR ELECTION TO BE TREATED AS AN S-CORPORATION WITH AN ACCOUNTING PERIOD OF DECEMBER IS ACCEPTED. THE ELECTION IS EFFECTIVE BEGINNING FEB. 4, 1992, SUBJECT TO VERIFICATION IF WE EXAMINE YOUR RETURN.

IF YOUR EFFECTIVE DATE IS NOT AS REQUESTED, IT WILL HAVE BEEN CHANGED FOR ONE OF TWO REASONS. EITHER YOUR ELECTION WAS MADE AFTER THE 15TH DAY OF THE THIRD MONTH OF THE TAX YEAR TO WHICH IT APPLIES, BUT BEFORE THE END OF THAT TAX YEAR, OR THE ELECTION WHEN SUBMITTED WAS INCOMPLETE, AND REQUESTED INFORMATION WAS RECEIVED AFTER THE FILING PERIOD. IN EITHER CASE, YOUR ELECTION IS INVALID FOR THE TAX YEAR REQUESTED AND HAS THEREFORE, BEEN TREATED AS THOUGH IT WERE MADE FOR THE NEXT TAX YEAR.

PLEASE KEEP THIS NOTICE IN YOUR PERMANENT RECORDS AS VERIFICATION OF YOUR ACCEPTANCE AS AN S-CORPORATION.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR THE ACTIONS WE HAVE TAKEN, PLEASE WRITE TO US AT THE ADDRESS SHOWN ABOVE. IF YOU PREFER, YOU MAY CALL US AT THE IRS TELEPHONE NUMBER LISTED IN YOUR LOCAL DIRECTORY. AN EMPLOYEE THERE MAY BE ABLE TO HELP YOU, HOWEVER, THE OFFICE AT THE ADDRESS SHOWN ON THIS NOTICE IS MOST FAMILIAR WITH YOUR CASE.

IF YOU WRITE TO US, PLEASE PROVIDE YOUR TELEPHONE NUMBER AND THE MOST CONVENIENT TIME FOR US TO CALL SO WE CAN CONTACT YOU TO RESOLVE YOUR INQUIRY. PLEASE RETURN THE BOTTOM PART OF THIS NOTICE TO HELP US IDENTIFY YOUR CASE.

THANK YOU FOR YOUR COOPERATION.

To make sure that IRS employees give courteous responses and correct information to taxpayers, a second IRS employee sometimes listens in telephone calls.

Keep this part for your records

Overlay 5 Form 6489 (Rev 11)

Return this part to us with your check or inquiry

Your telephone number  
( ) -

Best time to call

593105545 ST 00 0000



INTERNAL REVENUE SERVICE  
ATLANTA, GA 39901

EUROPEAN STREET INC  
2753 PARK ST  
JACKSONVILLE FL 32205-7607

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT DEPOSIT DATE  
European Street, Inc. D557 JUL 01 1997

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS  
European Street Restaurant + Gourmet

3. ADDRESS OF THE APPLICANT(S)  
STREET 2753 Park St  
CITY Jacksonville  
STATE & ZIP Florida 32205

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 \_\_\_\_\_

242



Date 6-30-87

Pay to the order of Public Service Commission \$ 100.00  
One hundred & no/100 Dollars



For \_\_\_\_\_ LM