

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION DEPOSIT

971201-7C
DATE

1. LEGAL NAME OF THE APPLICANT

D614

SEP 15 1997

Pamela Jo Street

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

P.J.S.G. & Associates, Inc./

DB.A. Sunshine Communications

3. ADDRESS OF THE APPLICANT(S)

STREET

1501 East Hallandale Bch Blvd. Suite 219

CITY

Hallandale,

STATE & ZIP

Florida 33009

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.

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

NAME:

Pamela Jo Street

TITLE:

President

PHONE:

954 454-8140

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.

None

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

N/A

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

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.

None

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL
LONG DISTANCE
COIN
CALLING CARD
CREDIT CARD
OTHER, DESCRIBE

[X]
[X]
[X]
[X]

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 20-25

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

[X]

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+O, 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.

Pamela J. Street, President
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: September 10, 1997

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Sunshine Communications

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

Signature Pamela Jo Street

Title President

Date September 10, 1997

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 P.J.S.G. & ASSOCIATES, INC., a Florida corporation, filed on May 27, 1994, as shown by the records of this office.

The document number of this corporation is P94000040296.

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



CR2EO22 (2-91)

Handwritten signature of Jim Smith in cursive script.

Jim Smith
Secretary of State

FILED
NOV 27 8 3 15
TALLAHASSEE

**ARTICLES OF INCORPORATION
OF
P.J.S.G. & ASSOCIATES, INC.**

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be: P.J.S.G. & ASSOCIATES, INC.

The address of the principal office of this corporation shall be: 20533 Biscayne Boulevard, Suite 4364, Aventura, Florida, 33180, and the mailing address shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITOL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having \$1 par value per share.

ARTICLE IV. ADDRESS

The street address of the initial registered office of the corporation shall be One Northeast Second Avenue, Suite 206, Miami, Florida 33132, and the name of the initial registered agent of the corporation at that address is Shapiro & Wolofsky, P.A.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. OFFICERS AND DIRECTORS

This corporation shall have two officers and two directors, initially. The name and street address of the initial officers and directors who shall hold office for the first year of the corporation, or until his successor is elected or appointed is:

Pres./Sec./Dir.	Pamela J. Street 20533 Biscayne Boulevard Suite 4364 Aventura, Florida 33180
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Vice-Pres./Treas./Dir.	Santos L. Garcia 20533 Biscayne Boulevard Suite 4364 Aventura, Florida 33180
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ARTICLE VII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Shapiro & Wolofsky, P.A.
One Northeast Second Avenue
Suite 206
Miami, Florida 33132

IN WITNESS WHEREOF, the undersigned agent of Shapiro & Wolofsky, P.A., has hereunto set his hand and seal of Shapiro & Wolofsky, P.A., on this 23rd day of May, 1994.


SHAPIRO & WOLOFSKY, P.A.

By: 
Its Agent, David N. Wolofsky, Esq.

**ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF INCORPORATION**

Shapiro & Wolofsky, P.A., a Florida Corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

SHAPIRO & WOLOFSKY, P.A.

By: 
Its Agent, David N. Wolofsky, Esq.

FILED
MAY 27 1994
SEAL
FALLS

REGISTRATION OF FICTITIOUS NAME

1. P.J.S.G. & Associates, Inc. /
Fictitious Name to be Registered
DBA / Sunshine Communications
 * 1501 East Hallandale Boh Blvd Suite # 219
Mailing Address of Business
Hallandale, FL 33009
City State Zip Code

3. Florida County of principal place of business: BROWARD

4. FEI Number: 65-0494482

This space for office use only

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. _____ <small>Last First M.I.</small> _____ <small>Address</small> _____ <small>City State Zip Code</small> SS# _____	2. _____ <small>Last First M.I.</small> _____ <small>Address</small> _____ <small>City State Zip Code</small> SS# _____
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B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. _____ <small>Entity Name</small> _____ <small>Address</small> _____ <small>City State Zip Code</small> Florida Registration Number _____ FEI Number: _____ <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable	2. _____ <small>Entity Name</small> _____ <small>Address</small> _____ <small>City State Zip Code</small> Florida Registration Number _____ FEI Number: _____ <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable
--	--

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>Ramela J. Street, Mrs.</u> <small>Signature of Owner</small> _____ <small>Date</small>	_____ <small>Signature of Owner</small> _____ <small>Date</small>
* Phone Number: <u>(954) 454-8140</u>	Phone Number: _____

FOR CANCELLATION COMPLETE SECTION 4 ONLY:

FOR FICTITIOUS NAME OR 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 _____

_____ <small>Signature of Owner</small> _____ <small>Date</small>	_____ <small>Signature of Owner</small> _____ <small>Date</small>
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Mark the applicable boxes Certificate of Status — \$10 Certified Copy — \$30

FILING FEE: \$50

The Acknowledgements/certificates will be sent to the address in Section 1 only.

CR4E-001 (5/96)

Sept 10, 1997

63-1402

Pay to the Order of Division of Corporations \$ 50.00
Fifty 00/100 Dollars

Barnett
800-800-8001
801 East Mallardale Beach Blvd.
Mallardale, Florida 33009

for Sunshine Communications Pamela Street

This space for office use only

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1.	_____	_____	_____	2.	_____	_____	_____
	Last	First	M.I.		Last	First	M.I.
	_____				_____		
	Address				Address		
	_____				_____		
	City	State	Zip Code		City	State	Zip Code
	SS#	_____	_____		SS#	_____	_____

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1.	_____	2.	_____
	Entity Name		Entity Name
	_____		_____
	Address		Address
	_____		_____
	City	State	Zip Code
	Florida Registration Number	_____	_____
	FEI Number:	_____	_____
	<input type="checkbox"/> Applied for	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Applied for
	<input type="checkbox"/> Not Applicable		<input type="checkbox"/> Not Applicable

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)

Pamela J. Street, Pres.
Signature of Owner _____ Date _____
Phone Number: (954) 454-8140

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME OR 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 _____

Mark the applicable boxes Certificate of Status — \$10 Certified Copy — \$30

FILING FEE: \$50

Additional recordings/certificates will be sent to the address in Section 1 only. CR4E-001 (5/96)

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION DEPOSIT

DATE

1. LEGAL NAME OF THE APPLICANT

D614

SEP 15 1997

Pamela Jo Street

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

P.J.S.G. & Associates, Inc./

DB.A. /

Sunshine Communications

3. ADDRESS OF THE APPLICANT(S)

STREET

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CITY

Hallandale,

STATE & ZIP

Florida 33009

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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:

PAMELA JO STREET
802 N.E. 28TH AVE.
HALLANDALE, FL 33009

578 registered with

Sept 10 1997

Florida Public Service Commissions 100.00

Pay to the Order of One Hundred and 00/100 Dollars

Barnett 888-888 801 East Hallandale Beach Blvd. Hallandale, Florida 33009

for Telephone Certificate Application Pamela Street