

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION DEPOSIT

971405-TC

DATE

1. LEGAL NAME OF THE APPLICANT

D640

OCT 23 1997

SOHAIL A. KHAN

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

T. T. S. A Inc D/B/A Honey Hill Coin Laundry & Dry Cleaners

3. ADDRESS OF THE APPLICANT(S)

STREET

4695-99 N.W. 199 St

CITY

Carol City FL

STATE & ZIP

Florida 33055

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

NA

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: SOHAIL A. KHAN
TITLE: President
PHONE: (305) 625-8276

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.

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
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: One

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.



(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 10-9-97

APPLICANT ACKNOWLEDGEMENT CARD

Applicant SOHAIL A. KHAN

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

Signature SOHAIL A. KHAN

Title President

Date 10-8-97

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
Sandra B. Mortham
Secretary of State

May 19, 1997

T.T.S.A., INC.
8301 NW 177TH STREET
MIAMI, FL 33015

The Articles of Incorporation for T.T.S.A., INC. were filed on May 19, 1997, and assigned document number P97000043931. Please refer to this number whenever corresponding with this office.

This document was electronically received and filed under FAX audit number H97000008136.

A corporation annual report will be due this office between January 1 and May 1 of the year following the calendar year of the file date. A Federal Employer Identification (FEI) number will be required before this report can be filed. Please apply NOW with the Internal Revenue Service by calling 1-800-829-3676 and requesting form SS-4.

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

Should you have any questions regarding corporations, please contact this office at the address given below.

Sincerely,
Becky McKnight
Document Specialist
New Filings Section
Division of Corporations

Letter Number: 597A00026666

ARTICLES OF INCORPORATION

OF

T.T.S.A., INC.

ARTICLE I

CORPORATION NAME

The name of the corporation is: .

T.T.S.A., INC.

ARTICLE II

NATURE OF CORPORATE BUSINESS

The corporation may engage in or transact any or all activity or business permitted under the laws of the United State and of the State of Florida.

ARTICLE III

CAPITAL STOCK

The corporation is authorized to issue and have outstanding at any one time an aggregate number of One Thousand shares of one class of common stock having a par value of one (\$1.00) dollar per share. The consideration to be paid for each share of stock shall be fixed by the Board of Directors.

ARTICLE IV.

PREEMPTIVE RIGHTS

All shareholders of the corporation shall be vested with full preemptive rights.

ARTICLE V.

INITIAL REGISTERED AGENT AND
INITIAL REGISTERED OFFICE.

The corporation's initial Registered Agent and Registered Office in the State of Florida are:

INITIAL REGISTERED AGENT:

SOHAIL A. KHAN

INITIAL REGISTERED OFFICE:

8301 N.W. 177TH STREET
MIAMI, FLORIDA 33015

ACKNOWLEDGMENT AND CONSENT
OF REGISTERED AGENT.

Having been named Initial Registered Agent to accept service of process on the corporation at the Initial Registered Office designated in these Articles of Incorporation, I hereby accept such status and consent to act in this capacity and agree to comply with all the requirements of law pertaining thereto.

Sohail A. Khan
Registered Agent - Sohail a. Khan

ARTICLE VI

INITIAL BOARD OF DIRECTORS

The number of directors constituting the initial Board of Directors of the Corporation is Two.

ARTICLE VII

INITIAL DIRECTOR

The name and address of the sole member of the initial Board of Directors are:

SOHAIL A. KHAN
8301 N.W. 177TH STREET
MIAMI, FLORIDA 33015

AYUB A. KHAN
8301 N.W. 177TH STREET
MIAMI, FLORIDA 33015

ARTICLE VIII

PRINCIPLE OFFICE OR MAILING ADDRESS

The principle office or mailing address of the corporation is:

8301 N.W. 177TH STREET
MIAMI, FLORIDA 33015

ARTICLE IX

INCORPORATOR

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

MR. SOHAIL KHAN
8301 N.W. 177TH STREET
MIAMI, FLORIDA 33015

Sohil A. Khan (SEAL)

STATE OF FLORIDA)
) ss.
COUNTY OF BROWARD)

I HEREBY CERTIFY, that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared

_____ SOHAIL A. KHAN _____

to be known to be the person(s) described in and who executed the foregoing Articles of Incorporation, and that (he)(she) acknowledged before me that (he)(she) executed the same. I relied upon the following form of identification of the above-named person(s): _____

and that an oath (was)(was not) taken.

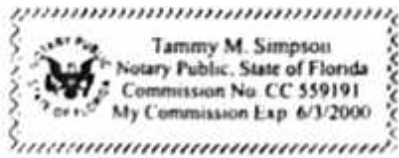
WITNESS my hand and official seal in the County and State last aforesaid this 16 day of May, 1997.

(SEAL)

Tammy M. Simpson
Notary Signature

Tammy M. Simpson
Printed Notary Signature

My Commission Expires:



FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION DEPOSIT

971405-TC

DATE

1. LEGAL NAME OF THE APPLICANT

SOHAIL A. KHAN

D640

OCT 23 1997

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

T.T.S.A Inc D/B/A Honey Hill Coin Laundry & Dry Clean

3. ADDRESS OF THE APPLICANT(S)

STREET 4695-99 N.W. 199 St

CITY Carol City, FL

STATE & ZIP Florida, 33055

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 NA

T.T.S.A., INC. 10-97
D/B/A HONEY HILL COIN
LAUNDRY & DRY CLEANER
4695 - 4699 N.W. 199 STREET
CAROL CITY, FL 33055

1001

PAY TO THE ORDER OF

Florida Public Service Commission

10-20-1997 \$ 100.00/100

One hundred and 00/100

DOLLARS

NationsBank

NationsBank, N.A.
Florida

DOCUMENT NUMBER-DATE

10960 OCT 23 1997

FOR dryphone application fee

REPORTING

Sohail A Khan