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FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION 3 PH '98

	1. LEGAL NAME OF THE APPLICANTO 91 JAN 2 0 1998 MAIL ROOM	CF
	SUNCORS + PAY Phones INC	
	2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS	
	SUNCOAST PAYDHONAS, I	NC
	3. ADDRESS OF THE APPLICANT(S)	
	STREET 117 SE 3 AVE	
•	CITY MIAMI	
	STATE & ZIP F1 33131	
	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, with the name and address of all partners.	and a list
	C. CORPORATION:	
	DOCUMENTATION: Attach proof that articles of incorporation filed with the Florida Secretary of State's Office. If it outside of Florida, attach proof from the Florida Secretary of applicant has authority to operate in Florida and provide name of Florida Registered Agent.	ncorporated State that
·	NAME	
	Annorce	2005
	FLORIDA INTERNATIONAL BANK PERRINE. FL 33157	
	KAREN DAVIS	1/16/98
	MIAMI. FL 33131	
	FLORIDA PUBLIC SERVICE COMMISSSION	_ \$
ORDER OF		DOLLARS
One	hundred and 00/100****	Details or lines
	/ ACUMP	NT NUMBER-DATE
-)		055 JAN 20 8
	(1-0.107	
	APPLICATION FEE-SUNCOAST PAYPHONE, IN	

MEMO.

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FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION 3 PM '98

		MCOAST		owas INC
STREI	ESS OF THE AP	PLICANT(S) 117 SE MIAMI	3AVE 33131	
TYPE A.		ION (CHECK ONE) DOING BUSINESS UN	DER HIS/HER:	[]
DOCUM	ENTATION: I	No other document	ation needed.	
B.	PARTNERSHI	P:		[]
		ttach a copy of address of all p		agreement, and a
C.	CORPORATION	:		×
filed outsi appli	with the F de of Florida	lorida Secretary , attach proof foority to operate	of State's Off rom the Florida	ncorporation have ice. If incorpor Secretary of State rovide name and add
OT PI				
NAME				

FORM PSC/CMU 32 (R3-93) PAGE 2 OF 6 REQUIRED BY COMMISSION RULE NO. 25-24.511

DOCUMENT NUMBER DATE

第107075 JAN 20日

5.	PROV RESP	IDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS CONSIBLE FOR COMMISSION CONTACTS:
	NAME	: BAREN DAVIS
	TITL	E: PRESIDENT
	PHON	E: 305-253-1640
6.	THE EVER	APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF IDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.
		you Granten.
7.	IF CERT	THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE IFICATE HOLDER AND CERTIFICATE NUMBER.
		MIAMI PAYSHONE SERVICE, INC.
	<u></u>	ert # 5432
3.	LIST	THE STATES IN WHICH THE APPLICANT:
	Α.	IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE
	В.	HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.
	C.	HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.
		N/H

	HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.
IND I	SE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OF VIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, OF GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY LT FROM PENDING PROCEEDINGS.
PLEAS	SE CHECK THE SERVICES THAT WILL BE PROVIDED:
LOCAL LONG COIN CALLI CREDI	
LOCAL LONG COIN CALLI CREDI OTHER	DISTANCE ING CARD IT CARD
LOCAL LONG COIN CALLI CREDI OTHER PROPO IN TH	DISTANCE ING CARD IT CARD R, DESCRIBE OSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE

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.
	<u>yes</u>
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 COMMER 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 (MININUM \$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.

Laffo	as Leavelut
(SIGNATURE OF CONNER/CHIEF OFF)	ICER OF APPLICANT)
DATE: 1/15/98	

APPLICANT ACKNOWLEDGEMENT CARD

Applicant _	Suncoast Payphone, INC
I acknowle Service Com of Pay Tele	dge receipt and understanding of the Florida Public mission's Rules and Requirements relating to my provision uphone Service
Signature	Taffer as Thes.
Title	PRECIDENTI
Date	1/15/98

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.



Bepartment of State

I certify the attached is a true and correct copy of the Articles of Incorporation of SUNCOAST FAXPRONES, INC., a Florida corporation, filed on January 14, 1998, as shown by the records of this office.

I further certify the document was electronically received under FAX audit number E98000000600. This certificate is issued in accordance with section 15.16, Florids Statutes, and authenticated by the code noted below

The document number of this corporation is P98000004450.

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capital, this the Fifteenth day of January, 1998

Authentication Code: 198100002284-011598-P98000004450-1/1



Senda B. Mostland

Sandra B. Martham



FA#: H98-600

ARTICLES OF INCORPORATION OF SUNCOAST PAYPHONES, INC.

ŒIŒR KASDIN →

The undersigned, being an individual, does hereby act as incorporator in adopting the following Articles of Incorporation for the purpose of organizing a corporation for profit purmant to the provisions of the Florida Business Corporation Act.

ARTICLE

The corporate name for the corporation (hereinafter the "Corporation") is Suncoast Payphones. Inc.

. ARTICLE II

The principal office and mailing address of the Corporation is 117 SE Third Ave., Miami, FL 33131.

ARTICLE III

The total number of shares which the Corporation is authorized to issue is one thousand (1,000) shares of common stock, per value one dollar (\$1.00) per share.

ARTICLE IV

The name and mailing address of initial registered agent of the Corporation is GK-RA Corp., 1428 Brickell Ave., 6th Floor, Miami, Florida 33131.

ARTICLE V

The name and address of the incorporator are:

Name

Address

Robert S. Geiger

1428 Brickell Ave., 6th Floor, Miami, FL 33131

ARTICLE VI

The nature of the business or purposes to be conducted or promoted is to engage in any lawful act or activity for which corporations may be organized under the Florida Business Corporation Act.

ARTICLE VII

The duration of the Corporation shall be perpetual.

Robert S. Geiger, Esq. Geiger, Kasdin, Heller, Kuperstein, Chames & Weil, P.C. 1428 Brickell Ave., 6th Floor Miami, FL 33131

Phone: 305-372-5000 Fax: 305-372-0052

FA#: H98-600

ARTICLE VIII

The Corporation shall, to the fullest extent permitted by the provisions of the Florida Business Corporation Act, as the same may be amended and supplemented, indemnify all persons whom it shall have power to indemnify under said provisions from and against any and all expenses, liabilities, or other matters referred to in or covered by said provisions, and the indemnification provided for herein shall not be deemed exclusive of any other rights to which those indemnified may be entitled under any By-law, vote of shareholders or disinterested directors, or otherwise, both as to action in his official capacity and as to action in another capacity while holding such office, and shall continue as to a person who has ceased to be a director, officer, employee, or agent and shall inure to the benefit of the heirs, executors, and administrators of such person.

ARTICLE IX

Whenever the Corporation shall be engaged in the business of exploiting natural resources or other wasting assets, distributions may be paid in each out of depletion or similar reserves of the board of directors and in conformity with the provisions of the Florida Business Corporation Act.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of

Incorporation this 9th day of January, 1998.

Robert S. Gener Incorporator

Having been named as registered agent and to accept service of process for the above-named corporation at the place designated in these Articles of Incorporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Robert S. Ger, President

FA#: H98-600

WEIGHT MANDIN -

FA#: H98-600

ARTICLE VIII

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Robert S. Ger, President

FA#: H98-600

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