

DEPOSIT  
D774

DATE  
MAY 12 1998

ATTACHMENT B

### FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT Charter Payphones, L.L.C. 980646-TC

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS  
Charter Payphones, L.L.C.

3. ADDRESS OF THE APPLICANT(S)  
STREET 343 Tripp Rd  
CITY Sunnyvale  
STATE & ZIP CODE Texas, 75182

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: (Limited Liability Company)

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: Charter Payphones, L.L.C.  
ADDRESS 343 Tripp Road  
Sunnyvale, TX 75182

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# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

D DOING BUSINESS UNDER A FICTITIOUS NAME

DOCUMENTATION: Attach proof that a fictitious name(s) has been registered with the Florida Secretary of States Office

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

NAME: Jerry Clawson

TITLE: President

PHONE: (972) 226-2292

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 CANCELED PAY TELEPHONE CERTIFICATES.

No  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

\_\_\_\_\_

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE.

None  
\_\_\_\_\_

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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

Yes - Texas

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

No

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

No

9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETENT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

No

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10. PLEASE CHECK  THE SERVICES THAT WILL BE PROVIDED

- LOCAL
- LONG DISTANCE
- COIN
- CALLING CARD
- CREDIT CARD
- OTHER, DESCRIBE  1-800 Service

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

Under 100

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

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

- 14 WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and - 4.29.8 OF THE AMERICAN NATIONAL STANDARD SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F ANSI STANDARDS) (See Rule 25-24.515(14), F.A.C.)

Yes

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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: May 11, 1998

APPLICANT ACKNOWLEDGMENT

Applicant Jerry Clawson

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

Signature:  \_\_\_\_\_

Title: President

Date: May 11, 1998

**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.**



The State of Texas  
Secretary of State

CERTIFICATE OF ORGANIZATION  
OF  
CHARTER PAYPHONES, L.L.C.  
FILING NUMBER 07034964

THE UNDERSIGNED, AS SECRETARY OF STATE OF THE STATE OF TEXAS, HEREBY CERTIFIES THAT THE ATTACHED ARTICLES OF ORGANIZATION FOR THE ABOVE NAMED COMPANY HAVE BEEN RECEIVED IN THIS OFFICE AND HAVE BEEN FOUND TO CONFORM TO LAW.

ACCORDINGLY, THE UNDERSIGNED, AS SECRETARY OF STATE, AND BY VIRTUE OF THE AUTHORITY VESTED IN THE SECRETARY BY LAW, HEREBY ISSUES THIS CERTIFICATE OF ORGANIZATION.

ISSUANCE OF THIS CERTIFICATE OF ORGANIZATION DOES NOT AUTHORIZE THE USE OF A COMPANY NAME IN THIS STATE IN VIOLATION OF THE RIGHTS OF ANOTHER ENTITY UNDER THE FEDERAL TRADEMARK ACT OF 1946, THE TEXAS TRADEMARK LAW, THE ASSUMED BUSINESS OR PROFESSIONAL NAME ACT OR THE COMMON LAW.

DATED MAR. 11, 1998

EFFECTIVE MAR. 11, 1998



  
Alberto R. Gonzales, Secretary of State



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**ARTICLES OF ORGANIZATION  
OF  
CHARTER PAYPHONES, L.L.C.**

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FILED  
In the Office of the  
Secretary of State of Texas  
MAR 11 1998  
Corporations Section

**ARTICLE ONE**

The name of the limited liability company is CHARTER PAYPHONES, L.L.C.

**ARTICLE TWO**

The period of its duration is perpetual.

**ARTICLE THREE**

The purpose for which the Company is organized is the transaction of any and all lawful business for which a limited liability company may be organized under the Texas Limited Liability Company Act.

**ARTICLE FOUR**

The street address of its initial Registered Office, and the name of its initial Registered Agent at this address, is as follows:

Dean Carlton  
3109 Carlisle, Suite 100  
Dallas, Texas 75204

**ARTICLE FIVE**

The company is to be managed by members. The names and addresses of the initial members are:

Jerry Clawson  
343 Tripp Road  
Sunnyvale, Texas 75182

**ARTICLE SIX**

The name and address of the Organizer is:

Marilyn S. Hershman  
408 W. 17th Street, Suite 101  
Austin, Texas 78701-1207  
(512) 474-2002

IN WITNESS WHEREOF: I have hereunto set my hand this 11th day of March, 1993.

Marilyn S. Hershman  
Marilyn S. Hershman, Organizer

DEPOSIT

DATE

D774

MAY 12 1998

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- 2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS Charter Payphones, L.L.C.
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 CITY Sunnyvale  
 STATE & ZIP CODE Texas, 75182
- 4. TYPE OF ORGANIZATION (CHECK ONE) 
  - A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME: ( )
  - B. PARTNERSHIP: ( )
  - C. CORPORATION: (Limited Liability Company) (X)

DOCUMENTATION: No other documentation needed.

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the

DOCUMENT NUMBER-DATE

05293 MAY 12 88

FPSC-RECORDS/REPORTING

**CHARTER PAYPHONE, L.L.C.**

343 TRIPP ROAD  
SUNNYVALE, TEXAS 75182  
(972) 226-2292

TEXAS CENTRAL BANK, N.A.  
8144 Walnut Hill Lane  
Dallas, TX 75231-4316

1003

PAY

One hundred Dollars and no cents

DATE

5/11/98

AMOUNT

\$100.00

TO THE ORDER OF

State of Florida  
Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850



AUTHORIZED SIGNATURE

Security Features: Depict on back.