

**FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION**

1. LEGAL NAME OF THE APPLICANT COMPUJET TELECOMMUNICATIONS INC.

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS COMPUJET TELECOMMUNICATIONS INC.

3. ADDRESS OF THE APPLICANT(S)  
STREET 2855 S. UNIVERSITY DR  
CITY DAVIE FL  
STATE & ZIP CODE FL 33328

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: JOSEPH D. PIERRE

ADDRESS 22511 SW 66<sup>TH</sup> AVE # B210  
BOCA RATON FL 33428

# 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: Joseph D. Pierre

TITLE: PRESIDENT

PHONE: 561-487-3475

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.

NO

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

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

10. PLEASE CHECK  THE SERVICES THAT WILL BE PROVIDED:

- |                 |                                     |
|-----------------|-------------------------------------|
| LOCAL           | <input checked="" type="checkbox"/> |
| LONG DISTANCE   | <input checked="" type="checkbox"/> |
| COIN            | <input checked="" type="checkbox"/> |
| CALLING CARD    | <input checked="" type="checkbox"/> |
| CREDIT CARD     | <input checked="" type="checkbox"/> |
| OTHER, DESCRIBE | <input type="checkbox"/> _____      |
- 

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

125

---

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

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| PERSONALLY                          | <input type="checkbox"/>            |
| FULL-TIME TECHNICIAN                | <input checked="" type="checkbox"/> |
| PART-TIME TECHNICIAN                | <input type="checkbox"/>            |
| SERVICE/REPAIR/MAINTENANCE CONTRACT | <input checked="" type="checkbox"/> |
| OTHER DESCRIBE                      | <input type="checkbox"/>            |
- 
- 
- 

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

---

---

---

---

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: 7-24-98

**APPLICANT ACKNOWLEDGMENT**

Applicant \_\_\_\_\_

**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: 7-24-98

**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.**



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
**Secretary of State**

January 29, 1997

**JOSEPH D. PIERRE**  
**22511 S.W. 66TH AVENUE**  
**#B210**  
**BOCA RATON, FL 33428**

The Articles of Incorporation for COMPUJET TELECOMMUNICATIONS INC. were filed on January 23, 1997 and assigned document number P9700008514. Please refer to this number whenever corresponding with this office regarding the above corporation. The certification you requested is enclosed.

**PLEASE NOTE: COMPLIANCE WITH THE FOLLOWING PROCEDURES IS ESSENTIAL TO MAINTAINING YOUR CORPORATE STATUS. FAILURE TO DO SO MAY RESULT IN DISSOLUTION OF YOUR CORPORATION.**

**A CORPORATION ANNUAL REPORT MUST BE FILED WITH THIS OFFICE BETWEEN JANUARY 1 AND MAY 1 OF EACH YEAR BEGINNING WITH THE CALENDAR YEAR FOLLOWING THE YEAR OF THE FILING DATE NOTED ABOVE AND EACH YEAR THEREAFTER. FAILURE TO FILE THE ANNUAL REPORT ON TIME MAY RESULT IN ADMINISTRATIVE DISSOLUTION OF YOUR CORPORATION.**

**A FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER MUST BE SHOWN ON THE ANNUAL REPORT FORM PRIOR TO ITS FILING WITH THIS OFFICE. CONTACT THE INTERNAL REVENUE SERVICE TO RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT AT 1-800-829-3676 AND REQUEST FORM SS-4.**

**SHOULD YOUR CORPORATE MAILING ADDRESS CHANGE, YOU MUST NOTIFY THIS OFFICE IN WRITING, TO INSURE IMPORTANT MAILINGS SUCH AS THE ANNUAL REPORT NOTICES REACH YOU.**

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

Kathy Hyman, Document Specialist  
New Filings Section

Letter Number: 797A00004555

# State of Florida



## Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of COMPUJET TELECOMMUNICATIONS INC., a Florida corporation, filed on January 23, 1997, as shown by the records of this office.

The document number of this corporation is P97000008514.

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capitol, this the  
Twenty-ninth day of January, 1997



CR2EO22 (2-95)

*Sandra B. Northam*

Sandra B. Northam  
Secretary of State

**ARTICLES OF INCORPORATION**

**OF**

**Compujet Telecommunications Inc.**

FILED  
'97 JAN 23 11 10 30  
SECRET  
TALLAHASSEE FLORIDA

**ARTICLE I**

The name of the corporation shall be

**Compujet Telecommunications Inc.**

**With corporate Address at:**

**22511 SW 66th Ave #B210**

**Boca Raton, FL 33428**

**ARTICLE II**

The corporation may engage in any activity or business permitted under the laws of the United States and of this state.

**ARTICLE III**

1. The maximum number of shares of stock which this corporation is authorized to have outstanding at any time shall be five hundred (500) shares of common stock having \$1 00 par value.

2. The capital stock may be paid for with property, labor or services, at just valuation to be fixed by the incorporators, or by the directors at a meeting called for such purpose or at the organization meeting.

3. Property, labor or services may also be purchased or paid for with the capital stock at a just valuation of said property, labor or services, to be fixed by the directors of the company. Stock in other corporation or going business may be purchased by the corporation in return for issuance of its capital stock and said purchase shall be on basis and for such consideration and the issuance of so much of the capital stock as directors of the company may decide.

**ARTICLE IV**

Except as otherwise provided by law, the entire voting power of the election of directors and for all other purposes shall be vested exclusive in the holders of the outstanding common stock.

**ARTICLE V**

The existence of the corporation is perpetual

**ARTICLE VI**

The street address of the initial registered office of this corporation is

**22511 SW 66th Ave #B210  
Boca Raton, Fl. 33428**

And the initial registered agent of this corporation at the above is

**Joseph D. Pierre**

**ARTICLE VII**

The business of the corporation shall be managed by a board of directors consisting of not less than one or more than nine persons

**ARTICLE VIII**

The names and addresses of members of the board of directors who, unless provided by articles of incorporation or by the bylaws, shall hold office for first year of existence of the corporation, or until their successors are elected or appointed and have qualified, are as follows

**NAMES**

**ADDRESSES**

**Joseph D. Pierre**

**22511 SW 66th Ave #B210  
Boca Raton, Fl. 33428**

**ARTICLE IX**

The names and street addresses of the parties signing the articles of incorporation as subscribers are as follows:

**NAMES**

**ADDRESSES**

Joseph D. Pierre

22511 SW 66th Ave #B210  
Boca Raton, FL 33428

**ARTICLE X**

The board of directors shall be elected at the annual meeting of the shareholders of the corporation by a majority vote of those shareholders attending said meeting in person or by proxy

**ARTICLE XI**

Shares of the capital stock of this corporation shall be issued initially to the following persons and in the amount set opposite their names.

**NAME**

**SHARES**

Joseph D. Pierre

300

**ARTICLE XII**

The corporation shall indemnify any officer or director or any former officer or director, to the full extent of the law.

**ARTICLE XIII**

Every shareholder upon the sale of any cash of any new stock of this corporation of the same kind, class, or series as that which he already, hold, shall have the right to purchase his pro rata share thereof at the price at which it is offered to others.

**ARTICLE XIV**

This corporation reserves the right to amend or repeal any provision contained in these articles of incorporation or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

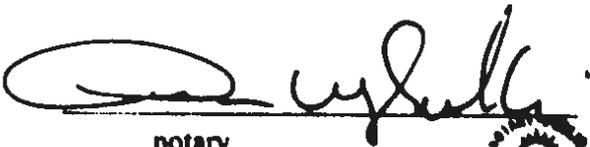
IN WITNESS WHEREOF, the undersigned subscribers have executed these ARTICLES of INCORPORATION this 22 day of January 1997.

  
\_\_\_\_\_  
Joseph D. Pierre

STATE OF FLORIDA,  
COUNTY OF BROWARD.

I HEREBY CERTIFY that this day, before me, an officer duly authorized in the state aforesaid and in the county aforesaid to take acknowledgments, personally appeared Joseph D Pierre , to me known to be the person described in and who executed the foregoing instrument and he/she acknowledged before me that he executed the same.

WITNESS my hand and seal in the county and state last aforesaid this 22 day of January, 1997.



notary



DON WYSOCKI  
My Commission 0088472  
Expires Oct. 18, 1998

my commission expires on, \_\_\_\_\_

FILED  
97 JAN 23 AM 10:30  
SECRET  
TALLAHASSEE FLORIDA

**ACKNOWLEDGMENT:**

Having been named initial registered agent for the above-stated corporation at the initial registered office designated, I hereby accept to act in this capacity and agree to comply with the provisions of chapter 607, Florida Statutes, relative to keeping open said office.

  
\_\_\_\_\_  
Joseph D. Pierre  
REGISTERED AGENT



DEPOSIT

DOE

D 8 2 3

AUG 03 1998

ATTACHMENT B

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

750979-TC

- 1. LEGAL NAME OF THE APPLICANT COMPUJET TELECOMMUNICATIONS INC.
- 2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS COMPUJET TELECOMMUNICATIONS INC.
- 3. ADDRESS OF THE APPLICANT(S)  
 STREET 2855 S. UNIVERSITY DR  
 CITY DAVIE FL  
 STATE & ZIP CODE FL 33328

- 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. Provide name and address of Florida Registered Agent.

DOCUMENT NUMBER - DATE  
08152 AUG-38  
FSC OF TELEPHONE REPORTING

**COMPUJET TELECOMMUNICATIONS, INC.** 1001  
 22511 S.W. 68TH AVE., #B-210 561-487-3475  
 BOCA RATON, FL 33438

PAY TO THE ORDER OF Public Service Commission (PATS) DATE July 27<sup>th</sup> 98 \$ 100.00  
One Hundred 00 DOLLARS

**FIRST UNION** First Union National Bank  
 Boca Raton, Florida  
 24 Hour Information Service  
 1-800-786-1012

FOR (PATS)

*[Signature]*