

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT Hitsu, Inc. 981200-TC

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS _____

Stockton Street Amoco

3. ADDRESS OF THE APPLICANT(S)

STREET 643 Stockton Street

CITY Jacksonville

STATE & ZIP CODE Florida, 32204

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: (x)

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 _____

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION
98 SEP 22 AM 8 14
MAIL ROOM

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

D. DOING BUSINESS UNDER A FICTITIOUS NAME (X)

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: Hitesh Patel
TITLE: President/Owner
PHONE: 904/384-4661

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.

N/A

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE.

None - Applying for Florida

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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 INCOMPETENT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

N/A

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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: 10

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

PERSONALLY	<input type="checkbox"/>
FULL-TIME TECHNICIAN	<input 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.)

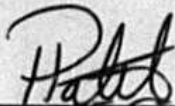
Yes

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14. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.292 - 4.294 and 4.298 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: 9/17/98

APPLICANT ACKNOWLEDGMENT

Applicant: Hitsu, Inc.

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: _____

9/17/98

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.

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of HITSU, INC., a Florida corporation, filed on July 29, 1993, as shown by the records of this office.

The document number of this corporation is P93000054175.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Third day of August, 1993



CR2EO22 (2-91)



Jim Smith
Secretary of State



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

August 3, 1993

E.K. Williams & Co.
6061 Merrill Road
Jacksonville, FL 32211

The Articles of Incorporation for HITSU, INC. were filed on July 29, 1993, and assigned document number P9300054175. Please refer to this number whenever corresponding with this office.

Enclosed is the certification requested.

A corporation annual report will be due this office between January 1 and May 1 of next year. 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 questions regarding corporations, please contact this office at the address given below.

Kanut Khosla
Corporate Specialist
New Filings Section
Division of Corporations

Letter Number: 793A00126485

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ARTICLES OF INCORPORATION

OF

FILED

1993 JUL 29 AM 7:31

The undersigned, acting as the incorporator of a corporation under the Florida General Corporation Act, adopts the following Articles of Incorporation for such corporation:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

Name: The name and address of the Corporation is: _____

HITSU, Inc. 2020 Wells Rd Apt 17B Orange Park, FL 32073

ARTICLE II

REGISTERED OFFICE AND REGISTERED AGENT: The street address of the initial registered office is: _____

6061 Merrill Rd. Jacksonville, FL 32211

and the name of the initial registered agent is:

Harold Elkins

I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation.

Harold Elkins

ARTICLE III

DURATION: The existence of this Corporation shall begin on Date of Filing, and thereafter the Corporation shall have perpetual existence.

PURPOSE: The purpose of the Corporation is to engage in any lawful act or activity for which corporations may be now or hereafter organized under the laws of the State of Florida.

CAPITAL STOCK: The Corporation is authorized to issue only one class of stock. The total number of shares authorized shall be 10000 and the par value of each share is .01.

ARTICLE VI

BOARD OF DIRECTORS: The initial board of director(s) shall consist of 3 member(s). The name and mailing address of the person who is to serve as director is:

Name: Hitesh Patel, Arvindbhai A. Patel, Radhaben A. Patel

Address: 2020 Wells Rd Apt 17B Orange Park, FL 32073

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1993 JUL 29 AM 7:31

FILED

ARTICLE VII

INCORPORATOR: The name and address of the incorporator is:

Name: Harold Elkins

Address: 6061 Merrill Rd, Jacksonville, FL 32211

The undersigned being the sole incorporator above named signs and acknowledges these Articles of Incorporation at Jacksonville, Florida on the 27 day of July, 1993.

Harold Elkins
Incorporator (Signature)

STATE OF FLORIDA
COUNTY OF Duval

Before me, the undersigned authority, personally appeared Harold Elkins

Who is to me well known to be the person described in and who subscribed to the above Articles of Incorporation, and he did freely and voluntarily acknowledge before me according to law that he made and subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and my official seal, at Jacksonville in said County and State this 27th day of July, 1993.

Brianne J. Clemons
Notary Public

STATE OF FLORIDA
NOTARY PUBLIC, STATE OF FLORIDA

My commission expires: My Commission Expires July 30, 1993

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Stockton Street Amoco

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CITY Jacksonville

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DOCUMENT NUMBER - DATE
10482 SEP 22 98
FPSC-RECORDS/REPORTING



HITSU INC.
DBA STOCKTON STREET AMOCO
904-384-4661
643 STOCKTON STREET
JACKSONVILLE, FL 32204

3567

PAY TO THE ORDER OF PUBLIC SERVICE COMMISSION \$ 100.00

9/17/98

63-4/630 19

One hundred & 00/100 only DOLLARS

Barnett 001-019
6622 Southpoint Drive South
Jacksonville, Florida 32216

FOR Pay Phone @ Cong Pt.

Hitsu