

1. Name of company or name of individual (not fictitious name or d/b/a):  
MLV COMMUNICATIONS INC.

2. Name under which applicant will do business (fictitious name, etc.):  
MLV COMMUNICATIONS INC.

3. Official mailing address:  
Street: 114 ARECA DR.  
P.O. Box: \_\_\_\_\_  
City: MULBERRY  
State: FL. Zip: 33860

4. Florida address:  
Street: 114 ARECA DR.  
P.O. Box: \_\_\_\_\_  
City: MULBERRY  
State: FL. Zip: 33860

5. Structure of organization:  
 Individual  
 Corporation  
 General Partnership  
 Limited Partnership  
 Other: \_\_\_\_\_

6. If incorporated in Florida, provide proof of authority to operate in Florida:  
Florida Secretary of State  
Corporate Registration Number: PO1000039472

7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

Florida Fictitious Name  
Registration Number: \_\_\_\_\_

8. F.E.I. Number (if applicable): \_\_\_\_\_

9. If individual, provide:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

10. If partnership, provide name, title and address of all partners and a copy of the partnership agreement:

a. Name: MARIE PHILLIPS

Title: PRESIDENT/CEO

Address: 114 ARECA DR.

City/State/Zip: MULBERRY, FL. 33860

Telephone No.: 863-869-9540 Fax No.: 863-869-7692

Internet E-Mail Address: PhillipsMarie@msn.com

Internet Website Address: \_\_\_\_\_

10. Partnership (continued)

b. Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Internet E-Mail Address: \_\_\_\_\_  
Internet Website Address: \_\_\_\_\_

11. Who will serve as liaison to the Commission with regard to the following?

a. The application:

Name: MARK MILLER  
Title: VICE PRESIDENT  
Address: 77 WINDSOR LN.  
City/State/Zip: MULBERRY, FL 3386  
Telephone No.: 863-869-8633 Fax No.: 863-869-9692  
Internet E-Mail Address: up2zero2@aol.com  
Internet Website Address: \_\_\_\_\_

b. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: MARK MILLER  
Title: VICE PRESIDENT  
Address: 77 WINDSOR LN.  
City/State/Zip: MULBERRY, FL 33860  
Telephone No.: 863-869-8633 Fax No.: 863-869-9692  
Internet E-Mail Address: UP2ZERO2@aol.com  
Internet Website Address: \_\_\_\_\_

12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.

If so, provide explanation: NO

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13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

NO

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14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

NO

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15. List other states in which the applicant:

a. Is currently providing pay telephone service.

NONE

b. Has applications pending to be certified 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, rules, or orders. Explain circumstances.

NO

16. Please check (✓) the services that will be provided:

(✓) LOCAL

(✓) LONG DISTANCE

(✓) COIN

(✓) CALLING CARD

(✓) CREDIT CARD

( ) OTHER (Describe) \_\_\_\_\_

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 13

18. How does the applicant intend to service and maintain each payphone? Check (✓) all that apply.

- PERSONALLY
  - FULL-TIME TECHNICIAN
  - PART-TIME TECHNICIAN
  - SERVICE/REPAIR/MAINTENANCE CONTRACT
  - OTHER (Describe) SUB-CONTRACTOR - MARK MILLER
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19. Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

- Yes
  - No Explain: \_\_\_\_\_
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20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

- Yes
  - No Explain: \_\_\_\_\_
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## \*\*APPLICANT FEE/TAX STATEMENT\*\*

- REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 of one percent of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
- GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra- and interstate business.
- SALES TAX:** I understand the a seven percent sales tax must be paid on intra- and interstate revenues.
- APPLICATION FEE:** I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

### UTILITY OFFICIAL:

THOMAS P. PHILLIPS  
Print Name

Thomas P. Phillips  
Signature

PRESIDENT  
Title

5-23-01  
Date

863-869-7540  
Telephone No.

863-869-7642  
Fax No.

Address: 114 Avenida  
Melberry, Fla  
33860

Check received with filing and forwarded to Fiscal for deposit.  
Fiscal to forward a copy of check to RAR with proof of deposit.

Initials of person who forwarded check:

*SPM*

## ACKNOWLEDGMENT\*\*

By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and addresses listed in the application within 10 days of the change.

Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "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, punishable as provided in s. 775.082 and s. 775.083."

### UTILITY OFFICIAL:

MARIE B. Phillips  
Print Name

Marie Phillips  
Signature

President  
Title

5-22-01  
Date

863-869-89540  
Telephone No.

863-869-9692  
Fax No.

Address: 114 Arcadia Dr.  
Mulberry, Fla.  
33860

RECEIVED  
MAY 23 2001



**\*\*APPLICANT ACKNOWLEDGMENT\*\***

Applicant: Marie Phillips

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

MARIE O. Phillips  
Print Name

Marie Phillips  
Signature

President  
Title

5-22-01  
Date

863-869-9540  
Telephone No.

863-869-9692  
Fax No.

Address: 114 Arcadia Dr.  
Mulberry, Fla.  
33860

**THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF 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 MLV COMMUNICATIONS, INC., a Florida corporation, filed on April 12, 2001, as shown by the records of this office.

The document number of this corporation is P01000038472.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Seventeenth day of April, 2001



CR2EO22 (1-99)

*Katherine Harris*

Katherine Harris  
Secretary of State



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

April 17, 2001

FRANK J. ROUSE, ESQ.  
680 EAST MAIN STREET  
SUITE 201  
BARTOW, FL 33830

The Articles of Incorporation for MLV COMMUNICATIONS, INC. were filed on April 12, 2001 and assigned document number P01000038472. 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/UNIFORM BUSINESS 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/UNIFORM BUSINESS REPORT ON TIME MAY RESULT IN ADMINISTRATIVE DISSOLUTION OF YOUR CORPORATION.**

**A FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER MUST BE SHOWN ON THE ANNUAL REPORT/UNIFORM BUSINESS 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/UNIFORM BUSINESS 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/UNIFORM BUSINESS REPORT NOTICES REACH YOU.**

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

Doris Brown, Document Specialist  
New Filings Section

Letter Number: 501A00022584