



# NATIONAL TELEPHONE COMPANY, INC.

4300 Alpha Road • Suite 106  
Dallas, TX 75244

ORIGINAL

August 13, 2001

Florida Public Service Commission  
Division of Records and Reporting  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399-0850

Re: Application Form for Certificate to Provide Pay Telephone Service Within  
the State of Florida

011103-TC

Dear Sir or Madam:

Enclosed please find the above-referenced Application form plus two (2) copies as per  
the enclosed instructions in the application, and a check in the amount of \$100.00 for the  
filing fee.

Also enclosed please find a photocopy of the Application by Foreign Limited Liability  
Company for Authorization to Transact Business in Florida as well as a photocopy of the  
form from the State of Florida, Department of State.

Should you have any further questions, or need additional information, please contact me  
at the number provided below.

Sincerely,

Debbie Fore  
Telecommunications Coordinator  
(972) 991-7877, XT. 12  
972-991-7879 (FAX)

Enclosures

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:  
DBM

DOCUMENT NUMBER-DATE

10047 AUG 16 2001



**\*\*FLORIDA PUBLIC SERVICE COMMISSION\*\***

**DIVISION OF REGULATORY OVERSIGHT  
CERTIFICATION SECTION**

011103-TC

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE  
PAY TELEPHONE SERVICE  
WITHIN THE STATE OF FLORIDA**

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**INSTRUCTIONS**

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ Print or type all responses to each item requested in the application. If an item is not applicable, please explain. Pages 8, 9 and 10 must be completed and signed.
- ◆ Use a separate sheet for each answer which will not fit within the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form and a non-refundable application fee of \$100.00 to:

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Florida Public Service Commission  
Division of Records and Reporting ✓  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6770

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- ◆ If you have questions about completing the form, contact:

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Florida Public Service Commission  
Division of Regulatory Oversight  
Certification Section  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6480

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DOCUMENT NUMBER-DATE  
10047 AUG 16 2008  
FPSC-COMMISSION CLERK

1. Name of company or name of individual (not fictitious name or d/b/a):  
National Telephone Company, L.L.C.

2. Name under which applicant will do business (fictitious name, etc.):  
\_\_\_\_\_

3. Official mailing address:  
Street: 4300 Alpha Road, Ste. 106  
P.O. Box: \_\_\_\_\_  
City: Dallas  
State: TX Zip: 75244

4. Florida address:  
Street: \_\_\_\_\_  
P.O. Box: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

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: 833061

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:

1. **Name:** \_\_\_\_\_

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

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

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

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

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

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

**10. Partnership (continued)**

2. 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?

1. The application:

Name: Debbie Fore  
Title: Telecommunications Coordinator  
Address: 4300 Alpha Rd., Ste. 106  
City/State/Zip: Dallas, TX 75244  
Telephone No.: 972-991-7877 Fax No.: 972-991-7879  
Internet E-Mail Address: <sup>XT: 12</sup>telecoin@swbell.net  
Internet Website Address: \_\_\_\_\_

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

Name: Debbie Fore  
Title: Telecommunications Coordinator  
Address: 4300 Alpha Rd., Ste 106  
City/State/Zip: Dallas, TX 75244  
Telephone No.: 972-991-7877 Fax No.: 972-991-7879  
Internet E-Mail Address: <sup>XT: 12</sup>telecoin@swbell.net  
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:

1. Is currently providing pay telephone service.

\_\_\_\_\_  
Texas, Louisiana, New Mexico ..  
\_\_\_\_\_

2. Has applications pending to be certified as a pay telephone provider.

Alabama, Arizona, Arkansas, California, Florida, Georgia, Idaho, Illinois, Iowa, Kansas, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Virginia, Washington, Wisconsin, Wyoming

3. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

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

4. 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: 100

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) \_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**\*\*APPLICANT FEE/TAX STATEMENT\*\***

1. 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.
2. 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.
3. SALES TAX: I understand the a **seven percent** sales tax must be paid on intra- and interstate revenues.
4. APPLICATION FEE: I understand that a non-refundable application fee of **\$100.00** must be submitted with the application.

**UTILITY OFFICIAL:**

ALBERT F. MOKRY  
Print Name

Albert F. Mokry  
Signature

MANAGING PARTNER  
Title

5/14/01  
Date

972-991-7877  
Telephone No.

972-991-7876  
Fax No.

Address: 4300 Alpha Dr. Suite #106  
Dallas, Texas 75244

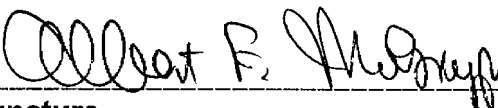
**\*\*ACKNOWLEDGMENT\*\***

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:**

<u>ALBERT F. MOKRY JR.</u>	<u></u>
Print Name	Signature
<u>MANAGING PARTNER</u>	<u>5/14/01</u>
Title	Date
<u>972-991-7877</u>	<u>972-991-7876</u>
Telephone No.	Fax No.
Address: <u>4300 Alpha Dr. Suite #106</u>	
<u>DALLAS, TEXAS 75244</u>	

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

Applicant: National Telephone Company,  
L.W.C.

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

ALBERT F. MOKRY JR.  
Print Name  
MANAGING PARTNER  
Title  
972-991-7877  
Telephone No.  
4300 Alpha Rd., Ste 106  
Address: Dallas, TX 75244

Albert F. Mokry Jr.  
Signature  
April 30<sup>th</sup>, 2001  
Date  
972-991-7879  
Fax No.

**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.**

04-30-01 03:27pm From: Ward Abel & Associates PC  
04/28/2001 02:42 FAX 512 460 8000

972-980-8725

002/002  
T-950 P.01/02 F-110  
0002/002

04-25-01 12:38pm From: Ward Abel & Associates PC

972-980-8725

T-922 P.01/01 F-020

Form **SS-4**  
(Rev. April 2000)

### Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0043

Department of the Treasury  
Internal Revenue Service

Keep a copy for your records.

**1** Name of applicant (legal name) (see instructions) **75-2935513**  
**NATIONAL TELEPHONE COMPANY, L.L.C.**

**2** Trade name of business (if different from name on line 1)

**3** Executor, trustee, "care of" name

**4a** Mailing address (street address) (room, apt., or suite no.)  
**4300 ALPHA ROAD, SUITE 106**

**4b** City, state, and ZIP code  
**DALLAS, TEXAS 75244**

**4c** Business address (if different from address on lines 4a and 4b)

**4d** City, state, and ZIP code

**5** County and state where principal business is located  
**DALLAS COUNTY, TEXAS**

**6** Name of principal officer, general partner, grantor, owner, or trustee - SSN or ITIN may be required (see instructions)  
**ALBERT F. MOKRY**

**7a** Type of entity (Check only one box.) (see instructions)  
 Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> National Guard	<input type="checkbox"/> Plan administrator (SEN)
<input type="checkbox"/> REMIC	<input type="checkbox"/> Farmer's cooperative	<input checked="" type="checkbox"/> Other corporation (specify) <b>NEW BUSINESS - 2 members</b>
<input type="checkbox"/> State/local government		<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization		<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify)		(enter GEN if applicable)
<input type="checkbox"/> Other (specify)		

**8a** If a corporation, name the state or foreign country (if applicable) where incorporated  
 State: **TEXAS** Foreign country:

**9** Reason for applying (Check only one box.) (see instructions)

<input checked="" type="checkbox"/> Started new business (specify type)	<input type="checkbox"/> Banking purpose (specify purpose)
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type)
<input type="checkbox"/> Created a pension plan (specify type)	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type)
	<input type="checkbox"/> Other (specify)

**10** Date business started or acquired (month, day, year) (see instructions)  
**04/02/2001**

**11** Closing month of accounting year (see instructions)  
**DECEMBER**

**12** First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)  
**01/02/02**

**13** Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during this period, enter -0- (see instructions)

Nonagricultural	Agricultural	Household
1	0	0

**14** Principal activity (see instructions) **PAY TELEPHONES**

**15** Is the principal business activity manufacturing?  
 If "Yes," principal product and raw material used

**16** To whom are most of the products or services sold? Please check one box.  
 Public (retail)  Other (specify)  Business (wholesale)  N/A

**17a** Has the applicant ever applied for an employer identification number for this or any other business?  
 Note: If "Yes," please complete lines 17b and 17c.  
 Yes  No

**17b** If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
 Legal name: Trade name:

**17c** Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.  
 Approximate date when filed (mo., day, year): City and state where filed: Previous EIN:

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code): **(972) 991-7877**  
 Fax telephone number (include area code): **(972) 980-6725**

Name and title (Please type or print clearly): **ALBERT F. MOKRY, MANAGER**

Signature: Date: **4/25/01**

*Please fax EFN back.*

*NEW BUSINESS - 2 members*

Notes: Do not write below this line. For official use only.

Please leave blank	Over	Int	Case	Date	Reason for applying
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## Internal Revenue Service

Austin Service Center  
3651 S IH-35 Austin, TX 78741

## Fax Transmision Cover Sheet

Number of pages \_\_\_\_\_ including this cover sheet.

To: ALBERT F. MOKEY Date: \_\_\_\_\_Fax Number: 972-980-6725 Office Phone: \_\_\_\_\_

From:

Tele-TIN Stop 6181AUSC

Phone Number: (512) 460-0332

Fax Number (512 460-8000)

Dear Taxpayer:

1.  Attached is the completed and approved Form(s) SS-4 with the Employer Identification Number assigned. Please forward to the person or business addressed above.
2.  Please see the attached letter.
3.  We have received your request for an Employer Identification Number (EIN) for the above taxpayer. We do not have any record that you are authorized to receive information about their account. You will need to contact the taxpayer. The EIN has been assigned and was mailed (*allow 2 weeks*) or faxed (*allow 5 days*) directly to them.
4.  If the Limited Liability Company is filing Form 8832, please mail Form SS-4 and Form 8832 to Philadelphia Service Center, Entity Control, Stop 334PSC, PO Box 245, Bensalem, PA 19020. A fax or photocopy is not acceptable.
5.  If you are a non-resident alien and do not pay employees, file excise taxes, have no ATF filing, and you are doing business in the United States, you need to prepare a Form W-7 (*Application for IRS Individual Taxpayer Identification Number*). The completed form should be mailed to: Philadelphia Service Center, ITIN Unit DP 426, PO Box 447, Bensalem, PA 19020.
6.  We are sorry, but we were unable to assign an Employer Identification Number for the above taxpayer. The Form 2848, Power of Attorney and Declaration of Representative, did not specify Form SS-4, and the Form 2848 did not include either the signature of an authorized taxpayer (*line 9*) or the representative (*Part II*).
7.  We are returning your Form SS-4. We no longer assign Employer Identification Numbers to "Miller Trusts" or "Income Trusts". For this type of trust you must use the Grantor's or Settlor's social security number.
8.  We are returning your Form SS-4. We no longer assign Employer Identification Numbers to "Revocable Grantor Trusts", where the grantor and trustee are the same. For this type of trust you must use the grantor's social security number. (*See Form 1041 instructions*). If the statement above does not fit your circumstances, please re-fax your Form SS-4 specifying "revocable" or irrevocable" and correct Line 7 if necessary.

This communication is intended for the sole use of the individual to whom it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient or the employee or agent for delivering the communication to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication may be strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone call, and return the communication at the address above via the United States Postal Service. Thank you.



The State of Texas

Secretary of State

APR. 5, 2001

RECEIVED

APR 12 2001

KUPERMAN DRP MOUER ALBERS  
811 BARTON SPRINGS RD #730  
AUSTIN ,TX 78704

RE:  
NATIONAL TELEPHONE COMPANY, L.L.C.

FILING NUMBER 07087076-22

IT HAS BEEN OUR PLEASURE TO APPROVE AND PLACE ON RECORD THE ARTICLES OF ORGANIZATION THAT CREATED YOUR COMPANY. WE EXTEND OUR BEST WISHES FOR SUCCESS IN YOUR NEW VENTURE.

AS A LIMITED LIABILITY COMPANY, YOU ARE SUBJECT TO STATE TAX LAWS. THE COMPTROLLER OF PUBLIC ACCOUNTS WILL BE CONTACTING YOUR REGISTERED AGENT REGARDING PAYMENT OF FRANCHISE TAXES.

IF WE CAN BE OF FURTHER SERVICE AT ANY TIME, PLEASE LET US KNOW.

VERY TRULY YOURS,



*Henry Cuellar*

Henry Cuellar, Secretary of State





The State of Texas  
Secretary of State

CERTIFICATE OF ORGANIZATION  
OF  
NATIONAL TELEPHONE COMPANY, L.L.C.  
FILING NUMBER 07087076

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.

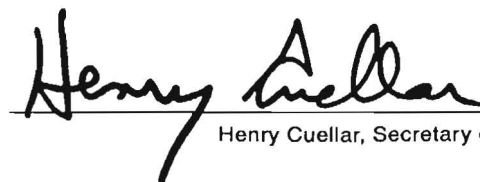
ACCORDINGLY, THE UNDERSIGNED, AS SECRETARY OF STATE, AND BY VIRTUE OF THE AUTHORITY VESTED IN THE SECRETARY BY LAW, HEREBY ISSUES THIS CERTIFICATE OF ORGANIZATION.

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 APR. 2, 2001

EFFECTIVE APR. 2, 2001



  
Henry Cuellar, Secretary of State

Form 205  
(revised 9/00)

This space reserved for office use.



Return in Duplicate to:  
Secretary of State  
P.O. Box 13697  
Austin, TX 78711-3697  
FAX: 512/463-5709  
  
Filing Fee: \$200

**Articles of Organization  
Pursuant to Article  
1528n, Texas Limited  
Liability Company Act**

**Article I - Name**

The name of the limited liability company is as set forth below:

NATIONAL TELEPHONE COMPANY, L.L.C.

The name of the entity must contain the words "Limited Liability Company" or "Limited Company," or an accepted abbreviation of such terms. The name must not be the same as, deceptively similar to or similar to that of an existing corporate, limited liability company, or limited partnership name on file with the secretary of state. A preliminary check for "name availability" is recommended.

**Article 2 - Registered Agent and Registered Office (Select and complete either A or B and complete C.)**

A. The initial registered agent is an organization (cannot be company named above) by the name of:

OR

B. The initial registered agent is an individual resident of the state whose is set forth below.

First Name	M.I.	Last Name	Suffix
HAMILTON		RIAL	III

C. The business address of the registered agent and the registered office address is:

Street Address	City	TX	Zip Code
811 Barton Springs Road, #730	Austin		78704

**Article 3 - Management**

A.  The limited liability company is to be managed by managers. The names and addresses of the initial managers are set forth below:

OR (Select either option A or option B; do not select both.)

B.  The limited liability company will not have managers. Management of the company is reserved to the members. The names and addresses of the initial members are set forth below:

**Manager/Member Name and Address Information**

**MANAGER/MEMBER 1**

LEGAL ENTITY: The manager/member is a legal entity named:

INDIVIDUAL: The manager/member is an individual whose name is set forth below:

First Name	M.I.	Last Name	Suffix
SHANNON	K.	MCDUGAL	

ADDRESS OF MANAGER/MEMBER 1:

Street Address	City	State	Zip Code
4000 Oak Meadow Drive	Plano	TX	75093

**MANAGER/MEMBER 2**

LEGAL ENTITY: The manager/member is a legal entity named:

INDIVIDUAL: The manager/member is an individual whose name is set forth below:

First Name	M.I.	Last Name	Suffix



ADDRESS OF MANAGER/MEMBER 2:			
Street Address	City	State	Zip Code
MANAGER/MEMBER 3:			
LEGAL ENTITY: The manager/member is a legal entity named:			
INDIVIDUAL: The manager/member is an individual whose name is set forth below.			
First Name	M.I.	Last Name	Suffix
ADDRESS OF MANAGER/MEMBER 3:			
Street Address	City	State	Zip Code

**Article 4 – Duration**

The period of duration is perpetual.

**Article 5 – Purpose**

The purpose for which the company is organized is for the transaction of any and all lawful business for which limited liability companies may be organized.

**Supplemental Provisions/Information**

Text Area

**Organizer**

The name and address of the organizer is set forth below.

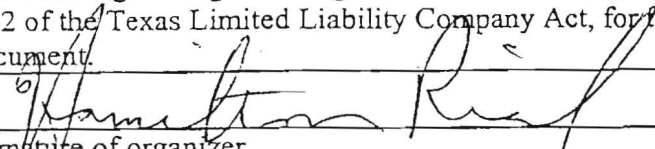
Name

HAMILTON RIAL

Street Address	City	State	Zip Code
811 Barton Springs Rd. #730	Austin	TX	78704

**Execution**

The undersigned organizer signs these articles of organization subject to the penalty imposed by article 9.02 of the Texas Limited Liability Company Act, for the submission of a false or fraudulent document.

  
Signature of organizer

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. NATIONAL TELEPHONE COMPANY, L.L.C. (Name of foreign limited liability company)

2. TEXAS (Jurisdiction under the law of which foreign limited liability company is organized)

3. 75-2935513 (FEI number, if applicable)

4. 4/5/2001 (Date of Organization)

5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")

6. N/A upon qualification (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 4300 Alpha Rd., Ste. 106 Dallas, TX 75244 (Street address of principal office)

8. If limited liability company is a manager-managed company, check here [X]

9. The name and usual business addresses of the managing members or managers are as follows:

- Shannon McDougal, President, 4300 Alpha Rd., Ste. 106, Dallas, TX 75244
Albert F. Mokry, Jr., Managing Partner, 4300 Alpha Rd., Ste. 106 Dallas TX 75244

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: private payphone provider

Handwritten signature of Albert F. Mokry, Jr.

Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Albert F. Mokry, Jr. Typed or printed name of signer

FILED 01 AUG -1 PM 4:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA

1. The name of the Limited Liability Company is:

NATIONAL TELEPHONE COMPANY, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

Edwin F. Blanton

(Name)

825 Thomasville Road

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee,

FL

32303

City/State/Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 as provided for in Chapter 608, F.S..*



(Signature)

- \$ 100.00 Filing Fee for Application
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)

# State of Florida



Department of State

I certify from the records of this office that NATIONAL TELEPHONE COMPANY, L.L.C., is a Texas limited liability company authorized to transact business in the State of Florida, qualified on August 1, 2001.

The document number of this limited liability company is M01000001748.

I further certify that said limited liability company has paid all fees due this office through December 31, 2001, and its status is active.

I further certify that said limited liability company has not filed a Certificate of Withdrawal.

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



CH2EO22 (1-99)

*Katherine Harris*  
Katherine Harris  
Secretary of State