

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

**DIVISION OF REGULATORY OVERSIGHT  
CERTIFICATION SECTION**

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

020162-TC

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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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1. Name of company or name of individual (not fictitious name or d/b/a):  
PHONE 1 SMART LLC

2. Name under which applicant will do business (fictitious name, etc.):  
N/A

3. Official mailing address:  
Street: \_\_\_\_\_  
P.O. Box: 114009  
City: MIAMI  
State: FL Zip: 33111

4. Florida address:  
Street: 100 N Biscayne Blvd. Suite 2500  
P.O. Box: \_\_\_\_\_  
City: MIAMI  
State: FL Zip: 33132

5. Structure of organization:  
 Individual  
 Corporation  
 General Partnership  
 Limited Partnership  
 Other: LIMITED LIABILITY CORPORATION

6. If incorporated in Florida, provide proof of authority to operate in Florida:  
**Florida Secretary of State**  
**Corporate Registration Number: MO1000002713**

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:** N/A

8. F.E.I. Number (if applicable): 52-2362654

9. If individual, provide:

**Name:** N/A

**Title:** N/A

**Address:** N/A

**City/State/Zip:** N/A

**Telephone No.:** N/A **Fax No.:** N/A

**Internet E-Mail Address:** N/A

**Internet Website Address:** N/A

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

1. **Name:** N/A

**Title:** N/A

**Address:** N/A

**City/State/Zip:** N/A

**Telephone No.:** N/A **Fax No.:** N/A

**Internet E-Mail Address:** N/A

**Internet Website Address:** N/A

**10. Partnership (continued)**

2. Name: N/A  
Title: N/A  
Address: N/A  
City/State/Zip: N/A  
Telephone No.: N/A Fax No.: N/A  
Internet E-Mail Address: N/A  
Internet Website Address: N/A

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

1. The application:

Name: DARIO ECHEVERRY  
Title: OPERATIONS MANAGER  
Address: 100 N BISCAYNE Blvd. Suite 2500  
City/State/Zip: MIAMI - FL 33132  
Telephone No.: 305-371-3300 Fax No.: 305-382-6075  
Internet E-Mail Address: info@mtgphone.com  
Internet Website Address: www.Phone4Smart.com

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

Name: GABRIEL CASAS  
Title: MANAGER  
Address: 100 N BISCAYNE Blvd Suite 2500  
City/State/Zip: MIAMI - FL 33132  
Telephone No.: 305-382-4712 Fax No.: 305-382-6075  
Internet E-Mail Address: info@mtgphone.com  
Internet Website Address: www.Phone4Smart.com

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: N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**15. List other states in which the applicant:**

1. Is currently providing pay telephone service.

N/A

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

N/A

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

N/A

4. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

N/A

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

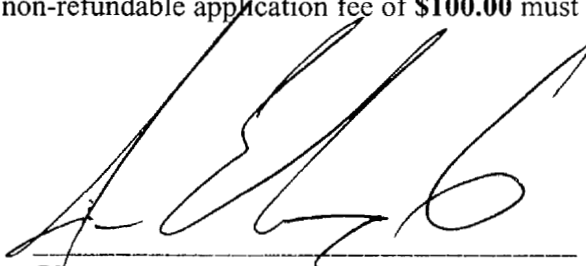
**\*\*APPLICANT FEE/TAX STATEMENT\*\***

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:**

DARIO ECHEVERRY

Print Name



Signature

OPERATIVE MANAGER

Title

02/21/02

Date

305-371-8300

Telephone No.

305-382-6075

Fax No.

Address: PO Box 114009

MIAMI - FL 33111



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

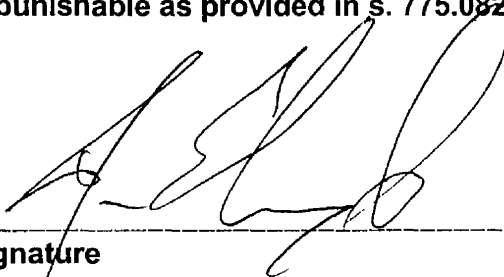
By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable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

DARIO ECHEVERRY  
Print Name

  
Signature

OPERATIVE MANAGER  
Title

02/21/02  
Date

305-371-3300  
Telephone No.

305-382-6075  
Fax No.

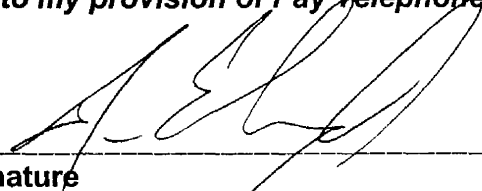
Address: PO Box 114009  
MIAMI-FL 33111  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Applicant: Phone 1 Smart LLC.

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

DARIO Echeverry  
Print Name

  
Signature

OPERATIVE MANAGER  
Title

02/21/02  
Date

305-391-3300  
Telephone No.

305-382-6075  
Fax No.

Address: PO Box 114009

MIAMI-FL 33111

**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.**

**FLORIDA DEPARTMENT OF STATE****Katherine Harris**  
Secretary of State

December 6, 2001

**CSC**  
**SUSIE KNIGHT**

Qualification documents for PHONE 1 SMART LLC were filed on December 6, 2001, and assigned document number M01000002713. Please refer to this number whenever corresponding with this office.

Your limited liability company is now qualified and authorized to transact business in Florida as of the file date. In accordance with section 608.406(2), F.S., the name of this limited liability company is filed with the Department of State for public notice only and is granted without regard to any other name recorded with the Division of Corporations.

A limited liability company annual report/uniform business report will be due this office between January 1 and May 1 of the year following the calendar year of the file date. A Federal Employer Identification (FEI) number will be required before this report can be filed. If you do not already have an FEI number, please apply NOW with the Internal Revenue by calling 1-800-829-3876 and requesting form SS-4.

Please be aware if the limited liability company address changes, it is the responsibility of the corporation to notify this office.

Should you have any questions regarding this matter, please telephone (850) 245-6051, the Registration and Qualification Section.

Trevor Brumbley  
Document Specialist  
Division of Corporations

Letter Number: 401A00064464

Account number: 072100000032

Amount charged: 125.00