

02016h-TC

ORIGINAL
CK 784296957

\$100.00
MC

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: **DEPOSIT** **DATE**
D1812 FEB 27 2002
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: MO10000002713

AUS _____
CAF _____
CMP _____
COM _____
CTR _____
ECR _____
GCL _____
OPC _____
MMS _____
SEC 1
OTH _____

Form PSC/CMU-32 (02/99)
Required by Commission Rule Nos. 25-24.510 & 25-24.511
File Name: cmu-32.doc

DOCUMENT NUMBER - DATE
02282 FEB 27 08
FPSC-COMMISSION CLERK