

ORIGINAL

060493-TC

FLORIDA PUBLIC SERVICE COMMISSION

CK# 42664

DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT

CK \$ 250.00

DEPOSIT DATE

APPLICATION FORM

7-12-06

661 JUL 13 2006

for

RT

AUTHORITY TO PROVIDE PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA

INSTRUCTIONS

- A. This form is used as an application for an original certificate and for approval of sale, assignment or transfer of an existing certificate. In the case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee (See Page 8).
- B. Print or type all responses to each item requested in the application. If an item is non applicable, please explain.
- C. Use a separate sheet for each answer which will not fit within the allotted space.
- D. Once completed, submit the original and two (2) copies of this form along with a non-refundable application fee of \$250.00 to:

Florida Public Service Commission
Division of the Commission Clerk and Administrative Services
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770

- E. A filing fee of \$250.00 is required for the sale, assignment or transfer of an existing certificate to another company (Chapter 25-24.512, F.A.C.).
- F. If you have questions about completing the form, contact:

Florida Public Service Commission
Division of Competitive Markets and Enforcement
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600



060493-TC

210 N. Park Ave.
Winter Park, FL
32789

July 11, 2006
Overnight Delivery

P.O. Drawer 200
Winter Park, FL
32790-0200

Ms. Blanca Bayo, Director
Division of the Commission Clerk & Administrative Services
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0870

Tel: 407-740-8575
Fax: 407-740-0613
tmi@tminc.com

RE: **Encartele, Inc.**
Application for a Certificate to Provide Pay Telephone Service
Within the State of Florida

Dear Ms. Bayo:

Enclosed for filing are the original and two (2) copies of the above-referenced application to provide pay telephone service in the State of Florida on behalf of Encartele, Inc. Also enclosed is Secretary of State documentation for the State of Florida and a check in the amount of \$250.00 to cover the application filing fee.

Please acknowledge receipt of this filing by date stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided. Any questions regarding this filing may be directed to my attention at (407) 740-3004 or via email at rnorton@tminc.com. Thank you for your assistance in this matter.

Sincerely,

Robin Norton
Consultant to Encartele, Inc.

RN/bc

Enclosures

cc: Donald Peeler, Encartele
file: Encartele - FL - Payphone
tms: FLp0601

DOCUMENT NUMBER - DATE

06121 JUL 13 06

FPSC - COMMISSION CLERK

FLORIDA PUBLIC SERVICE COMMISSION
DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT

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for
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1. **This is an application for (check one):**

- Original certificate** (new company)
- Approval of transfer of existing certificate:** Example, a non-certificated company purchases an existing company and desires to retain the original certificate authority rather than apply for a new certificate.
- Approval of Assignment of existing Certificate:** Example, a certificated company purchases an existing company and desires to retain the existing certificate of authority and tariff.
- Approval for transfer of control:** Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. **Name of company:**

Encartele, Inc.

3. **Name under which applicant will do business (fictitious name, etc.):**

Encartele, Inc.

4. **Official mailing address:**

Street/Post Office Box: 9850 Nicholas Street, Suite 150
City: Omaha
State & Zip Nebraska 68114

5. **Florida Address:** Not applicable

Street/Post Office Box:
City:
State & Zip

6. **Structure of organization:**

- | | |
|---|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation |
| <input checked="" type="checkbox"/> Foreign Corporation | <input type="checkbox"/> Foreign Partnership |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Other | |

7. **If individual**, provide: Not applicable
Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:
8. **If incorporated in Florida, Provide proof of authority to operate in Florida:** Not applicable
9. **If foreign corporation, provide proof of authority to operate in Florida:** The Florida Secretary of State Corporate Registration Number is:

The Florida Secretary of State Corporate Registration Number is: F05000005578
10. **If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, FS) to operate in Florida.** The Florida Secretary of State Fictitious Name Registration Number: Not applicable
11. **If a limited liability partnership, please provide proof of registration to operate in Florida.** The Florida Secretary of State Corporate Registration Number is: Not applicable
12. **If a partnership provide, name, title and address of all partners and a copy of the partnership agreement:** Not applicable
Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:
13. **If a foreign limited partnership, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS) if applicable.** The Florida Registration Number is:

Not applicable
14. **Provide F.E.I. Number (if applicable):**

86-1116129

15. Who will serve as liaison to the commission with regard to the following?

- (a) The application:
- | | |
|-------------------------|-------------------------------|
| Name: | Robin Norton |
| Title: | Consultant to Encartele, Inc. |
| Street/Post Office Box: | 210 N. Park Avenue |
| City: | Winter Park, Florida |
| State: | Florida |
| Zip: | 32789 |
| Telephone No.: | 407-740-3004 |
| Fax No.: | 407-740-0613 |
| E-Mail Address: | rmorton@tminc.com |
| Website Address: | not applicable |
- (b) Official Point of Contact for ongoing company:
- | | |
|-------------------------|---------------------------------|
| Name: | Brenda Cortes |
| Title: | Accountant |
| Street/Post Office Box: | 9850 Nicholas Street, Suite 150 |
| City: | Omaha |
| State: | Nebraska |
| Zip: | 68114 |
| Telephone No.: | 402-342-0945 |
| Fax No.: | 402-342-1001 |
| E-Mail Address: | Brenda.cortes@encartele.net |
| Website Address: | www.encartele.net |
- (c) Complaints/Inquiries form Customers: Official Point of Contact for ongoing company
- | | |
|-------------------------|---------------------------------|
| Name: | Brenda Cortes |
| Title: | Accountant |
| Street/Post Office Box: | 9850 Nicholas Street, Suite 150 |
| City: | Omaha |
| State: | Nebraska |
| Zip: | 68114 |
| Telephone No.: | 402-342-0945 |
| Fax No.: | 402-342-1001 |
| E-Mail Address: | Brenda.cortes@encartele.net |
| Website Address: | www.encartele.net |

16. List the states in which the applicant:

- (a) has operated as a Pay Telephone Service provider"
Encartele is currently operating as an inmate services provider in IA, KS, KY, MO and NE.
- (b) has applications pending to be certificated as a Pay Telephone provider.
Applications for inmate services provider authority are currently pending in GA, TX, and WY.
- (c) is certificated to operate as a Pay Telephone Service provider.

Encartele is an authorized inmate services provider in IA, KS, KY, NE, MO and VA.

- (d) Has been denied authority to operate as a pay telephone provider and the circumstances involved.

None

- (e) Has had regulatory penalties imposed for violations of telecommunications statutes, and the circumstances involved. Explain circumstances.

None

- (f) Has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

None

17. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

- (a) **adjudged bankrupt, mentally incompetent (and not had his or her competency restored), or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, provide explanation.**

No officer, director or stockholder of the Company has been adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime. No officer, director or stockholder of the Company is involved in proceedings which may result in such action.

- (b) **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

- (c) **an officer, director, partner, or stockholder 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 officer, director, partner, subsidiary, or stockholder of the Company is an officer, director or stockholder in any other Florida certificated pay telephone company.

THIS PAGE MUST BE COMPLETED AND SIGNED

REGULATORY ASSESSMENT FEE: I understand that all telephone companies must pay a regulatory assessment fee. Regardless of the gross operating revenue of a company, a minimum annual assessment fee, as defined by the Commission, is required.

RECEIPT AND UNDERSTANDING OF RULES: I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to the provisioning of pay telephone service (PATS) in Florida.

APPLICANT ACKNOWLEDGMENT: By my signature below, I, the undersigned officer, attest to the accuracy of the information contained I this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternation access vendor service in the State of Florida. I 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.

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.**"

COMPANY OWNER OR OFFICIAL

Print Name J. Scott Moreland
Title Executive Vice President
Telephone No.: 402-342-0945
E-mail Address: scott.moreland@encartele.net

Signature:  Date: 6/27/2006

CERTIFICATE SALE, TRANSFER
OR
ASSIGNMENT STATEMENT

As current holder of Florida Public Service Commission Certificate Number _____, I have reviewed this application and join in the petitioner's request for a

- Sale
- Transfer
- Assignment

of the certifiatge

NOT APPLICABLE

COMPANY OWNER OF OFFICER

Print Name:
Title:
Street/Post Office Box:
City:
State
Zip:
Telephone No.:
Fax No.:
E-Mail Address:

Signature: _____

Date: _____

Attachment I

Encartele, Inc.

Certificate of Authority

to transact business within the State of Florida



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 29, 2005

BRENDA CORTES
ENCARTELE, INC.
2615 HARNEY STREET
OMAHA, NE 68131

Qualification documents for ENCARTELE, INC. were filed on September 19, 2005 and assigned document number F05000005578. Please refer to this number whenever corresponding with this office.

Your corporation is now qualified and authorized to transact business in Florida as of the file date.

The certification you requested is enclosed.

A corporation 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 1-800-829-3676 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 any questions regarding this matter, please contact this office at the address given below.

Michelle Hodges
Document Specialist
Registration/Foreign Qualification
Division of Corporations

Letter Number: 505A00059366

State of Florida



Department of State

I certify from the records of this office that ENCARTELE, INC., is a corporation organized under the laws of Nebraska, authorized to transact business in the State of Florida, qualified on September 19, 2005.

The document number of this corporation is F05000005578.

I further certify that said corporation has paid all fees due this office through December 31, 2005, and its status is active.

I further certify that said corporation 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
Twenty-ninth day of September, 2005



CR2EO22 (2-03)

Glenda E. Hood
Glenda E. Hood
Secretary of State