

FLORIDA PUBLIC SERVICE COMMISSION

080429 - TC

DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT

APPLICATION FORM
for
AUTHORITY TO PROVIDE PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA

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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 and appendices. If an item is not applicable, please explain.
- C. Use a separate sheet for each answer which will not fit 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

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 COMMISSION CLERK

- 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

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward deposit information to Records.

Initials of person who forwarded check:

[Handwritten initials]

FORM PSC/CMP-32 (01/06)
 Required by Commission Rule Nos. 25-24.511
 and 25-24.512

Note: To complete this interactive form using your computer, use the tab key to navigate between data entry fields.

DOCUMENT NO. DATE
 05645-08 6/30/08
 FPSC - COMMISSION CLERK

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:

CLS Billing Services Inc

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

CLS Billing Services, Inc.

4. Official mailing address:

Street/Post Office Box: *11055 90th Terrace N*
City: *Seminole*
State: *FL*
Zip: *33772*

5. Florida address:

Street/Post Office Box: *11055 90th Terrace N.*
City: *Seminole*
State: *FL*
Zip: *33772*

6. Structure of organization:

- Individual
- Foreign Corporation
- General Partnership
- Other,

- Corporation
- Foreign Partnership
- Limited Partnership

7. **If individual**, provide:

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. The Florida Secretary of State corporate registration number is: *067162900407*

9. **If foreign corporation**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is:

10. **If using fictitious name (d/b/a)**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida. The Florida Secretary of State fictitious name registration number is:

11. **If a limited liability partnership**, please proof of registration to operate in Florida. The Florida Secretary of State registration number is:

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

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:

14. Provide F.E.I. Number(if applicable):

15. Who will serve as liaison to the Commission in regard to the following?

(a) The application:

Name: Cheryl Lynn Sweeney
Title: President
Street name & number: 11055 90th Terrace N
Post office box:
City: Seminole
State: FL
Zip: 33772
Telephone No.: 727-954-7144
Fax No.: 201-716-3429
E-Mail Address: cheryl@clsbilling.com
Website Address: www.clsbilling.com

(b) Official point of contact for the ongoing operations of the company:

Name: Same as above
Title:
Street name & number:
Post office box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

(c) Complaints/Inquiries from customers:

Name: Same as above
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

16. List the states in which the applicant:

(a) has operated as a Pay Telephone Service provider.

None

(b) has applications pending to be certificated as a Pay Telephone Service provider.

No

(c) is certificated to operate as a Pay Telephone Service provider.

No

(d) has been denied authority to operate as a Pay Telephone Service provider and the circumstances involved.

No

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

No

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

No

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

(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 telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

No

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 ACKNOWLEDGEMENT: By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative 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 Officer

Print Name:

Title:

Telephone No.:

E-Mail Address:

Signature:

Cheryl Lynn Surney
President
727 954 7144
cheryl@clsbilling.com
Cheryl Lynn Surney

Date:

6-23-08

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 certificate.

Company Owner or Officer

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

Signature: _____

Date: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2007

CLS BILLING SERVICES, INC.
9117 PARK BOULEVARD NORTH
SEMINOLE, FL 33777

Subject: **CLS BILLING SERVICES, INC.**

REGISTRATION NUMBER: **G07162900407**

This will acknowledge the filing of the above fictitious name registration which was registered on June 11, 2007. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Fictitious Name Section
Division of Corporations

Letter No. 007A00039454

FOR ASSISTANCE CALL US AT:
1-800-829-1040

CL5 BILLING SERVICES INC
% SWEENEY L CHERYL
01545 LAKE VISTA DR
SEMINOLE FL 33772

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 76-0708699. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 1120

03/15/2003

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a determination on your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply.

Checked by Mr Sweeney

**ARTICLES OF INCORPORATION
OF
CLS Billing Services Inc.**

The undersigned, acting as incorporator of a corporation under Chapter 607 of the Florida Statutes, adopts the following Articles of Incorporation for such corporation:

FIRST: Name. The name of the corporation is CLS Billing Services Inc.

SECOND: Principal Office. The principal address of the corporation is:

10545 Lake Vista Dr.
Seminole, FL 33772

THIRD: Duration. The period of its duration is perpetual.

FOURTH: Purpose. The purpose for which the corporation is organized is to transact any or all lawful business for which corporations may be incorporated under Chapter 607 of the Florida Statutes.

FIFTH: Shares. The aggregate number of shares which the corporation will have authority to issue is 150 (one hundred fifty) shares of common stock, each share with a par value of \$1.00 (one dollar).

SIXTH: Initial Officers. The name and address of the initial officer is:

Cheryl Lynn Sweeney (President)
10545 Lake Vista Dr.
Seminole, FL 33772

SEVENTH: The number of directors constituting the initial board of directors is one, and the name and address of the person who is to serve as director until the first annual meeting of shareholders or until their successors are elected and shall qualify are:

Cheryl Lynn Sweeney
10545 Lake Vista Dr.
Seminole, FL 33772

EIGHTH: The name and address of the incorporator is:

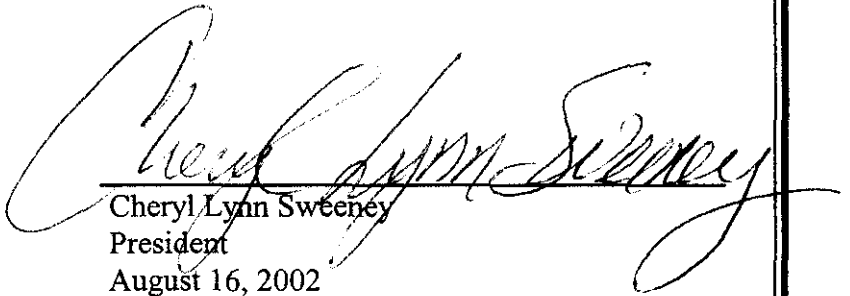
Cheryl Lynn Sweeney
10545 Lake Vista Dr.
Seminole, FL 33772

**CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE**

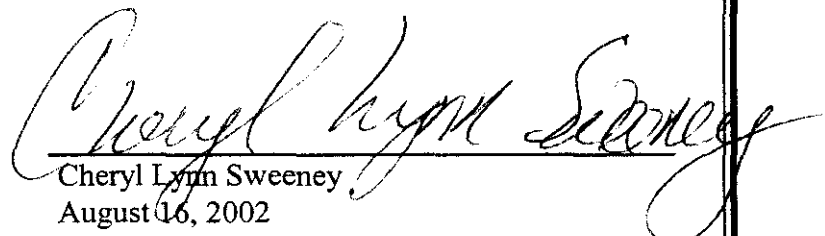
Pursuant to the provisions of Section 607.325 of the Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating its registered agent/registered office in the State of Florida:

1. The name of the corporation is CLS Billing Services Inc..
2. The name and address of the registered agent and office is:

Cheryl Lynn Sweeney
10545 Lake Vista Dr.
Seminole, FL 33772


Cheryl Lynn Sweeney
President
August 16, 2002

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 607.325 of the Florida Statutes.


Cheryl Lynn Sweeney
August 16, 2002

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation August 16, 2002.

Cheryl Lynn Sweeney

State of Florida

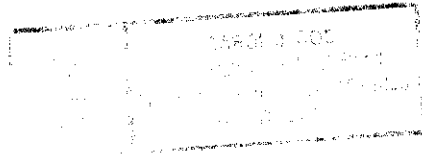
County of Pinellas:

The attached Articles of Incorporation for CLS Billing Services Inc. were hereby acknowledged and sworn to before me August 16, 2002 by Cheryl Lynn Sweeney. Cheryl Lynn Sweeney is personally known to me.

January 11, 2005

[Signature]
Notary Public Carol S. Coe

My Commission Expires: 7-16-2006



CHERYL SWEENEY
() -

CITY OF SEMINOLE
LOCAL BUSINESS TAX RECEIPT
License Year October 1, 2007 to September 30, 2008

No: 151
Date: 10/01/2007

FEE	TRANSFER	PENALTY	TOTAL
\$25.00	\$0.00	\$0.00	\$25.00

Business: **CLS BILLING SERVICES
11055 90TH TERRACE N
SEMINOLE, FL 33772**

Classification: HOME OCCUPATION

Mailing Address:

**CHERYL SWEENEY
11055 90TH TER
SEMINOLE, FL 33772**



A penalty will be imposed on any persons failing to post this certificate conspicuously in place of business or for not reviewing by September 30. This certificate is transferrable only under conditions stated in Chapter 13, Municipal Code of Ordinances. This local business tax receipt does not constitute an endorsement, approval or disapproval of the holder's skill or competence or for the compliance or noncompliance of the holder with other laws, regulations or standards.

Cheryl Cabral-Rodde

Licensing Official

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SHALL BE POSTED CONSPICUOUSLY IN PLACE OF BUSINESS