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November 18, 2013
Via Overnight Delivery

COMMISSION
CLERK

Florida Public Service Commission
Office of Commission Clerk
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

RE: Combined Public Communications, Inc.
Application for Authority to Provide Pay Telephone Service within the State of Florida

Dear Ms. Cole:

Enclosed for filing please find the original and one (1) copy of the Application for Authority to Provide Pay Telephone Service within the State of Florida submitted on behalf of Combined Public Communications, Inc.

A check in the amount of \$250.00 is enclosed to cover the 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 for that purpose.

Any questions you may have regarding this filing should be directed to my attention at 407-740-3004 or via email to Rnorton@tminc.com. Thank you for your assistance in this matter.

Sincerely,

Robin Norton
Consultant to Combined Public Communications, Inc.

cc: Melody C. Weil - CPC
file: CPC - Florida
tms: FLp1300

Enclosures
RN/lm

Check received with filing and forwarded to [unclear] for deposit. Please to forward deposit information to Records.

Initials of person who forwarded check:

COM _____
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CLK TLNG

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 of authority rather than apply for a new certificate.

2. Name of company: Combined Public Communications, Inc.

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

Combined Public Communications, Inc.

4. Official mailing address:

Street/Post Office Box: P.O. Box 76573
City: Highland Heights
State: KY
Zip: 41076

5. Florida address:

Street/Post Office Box: National Registered Agents, Inc.
City: Plantation
State: Florida
Zip: 33324

6. Structure of organization:

- | | |
|--|---|
| <input type="checkbox"/> Individual | <input checked="" type="checkbox"/> Corporation |
| <input type="checkbox"/> Foreign Corporation | <input type="checkbox"/> Foreign Partnership |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Other, <u>please specify:</u> | |

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: N/A

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

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: N/A

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

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

Name: N/A
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 (Section 620.1901, FS), if applicable. The Florida registration number is: N/A

14. Provide **F.E.I. Number**: 31-1421854

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

(a) The application:

Name: Robin Norton
Title: Consultant to Combined Public Communications, Inc.
Street Name & Number: 2600 Maitland Center Parkway, Suite 300
Post Office Box: _____
City: Maitland
State: FL
Zip: 32751
Telephone No.: 407-740-3004
Fax No.: 407-740-0613
E-Mail Address: Rnorton@tminc.com
Website Address: www.tminc.com

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

Name: Melody Weil
Title: President
Street Name & Number: _____
Post Office Box: P.O. Box 76573
City: Highland Heights
State: KY
Zip: 41076
Telephone No.: 859-547-5446
Fax No.: 859-441-1790
E-Mail Address: mweil@combinedpublic.com
Website Address: www.cpcjail.com

(c) Complaints/Inquiries from customers:

Name: Melody Weil
Title: President
Street/Post Office Box: P.O. Box 76573
City: Highland Heights
State: KY
Zip: 41076
Telephone No.: 859-547-5446
Fax No.: 859-441-1790
E-Mail Address: mweil@combinedpublic.com
Website Address: www.cpcjail.com

THIS PAGE MUST BE COMPLETED AND SIGNED

REGULATORY ASSESSMENT FEE: As stated in Rule 25-4.0161, Regulatory Assessment Fees; Telecommunications Companies, 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. 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."***

I understand that any false statements can result in being denied a certificate of authority in Florida.

COMPANY OWNER OR OFFICER

| | |
|-----------------|--------------------------|
| Print Name: | Melody Weil |
| Title: | President |
| Telephone No.: | 859-547-5446 |
| E-Mail Address: | mweil@combinedpublic.com |

Signature: Melody Weil Date: 11/15/2013

Attachment A
Secretary of State Authority

--Pending--
To be provided upon receipt