

DATE DEPOSIT

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JAN 12 2015 4 8 8

FLORIDA PUBLIC SERVICE COMMISSION

OFFICE OF TELECOMMUNICATIONS

CK # 1336
\$ 250.00
12-29-14
RR

APPLICATION FORM

FOR

AUTHORITY TO PROVIDE PAY TELEPHONE 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 6).
- B. Print or type all responses to each item requested in the application. 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 one copy of this form along with a non-refundable application fee of **\$250.00** to:

**Florida Public Service Commission
Office of Commission Clerk
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
Office of Telecommunications
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600**

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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 of authority rather than apply for a new certificate.

2. Name of company: Florida Payphone Operations, Inc.

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

Florida Payphone Operations, Inc.

4. Official mailing address:

Street/Post Office Box: 1314 E Las Olas Blvd, #625

City: Ft Lauderdale

State: FL

Zip: 33301

5. Florida address:

Street/Post Office Box: 1314 E Las Olas Blvd, #625

City: Ft Lauderdale

State: FL

Zip: 33301

6. Structure of organization:

Individual

Foreign Corporation

General Partnership

Other, please specify:

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:

9. **If foreign corporation**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: F14000005465

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 (Section 620.1901, F.S.), if applicable. The Florida registration number is:

14. Provide F.E.I. Number: 47-2505124

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

(a) The application:

Name: Michael Tague
Title: Consultant
Street Name & Number:
Post Office Box: PO Box 4189
City: Louisville
State: KY
Zip: 40204
Telephone No.: 502-815-7171
Fax No.: 502-815-7001
E-Mail Address: tague@AmericanCLEC.com
Website Address: www.AmericanCLEC.com

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

Name: John Cory
Title: Manager
Street Name & Number: 650 E Paslisade Av, Ste 101
Post Office Box:
City: Englewood Cliffs
State: NJ
Zip: 07632
Telephone No.: 866-234-8160
Fax No.:
E-Mail Address: jcory@nj.rr.com
Website Address:

(c) Complaints/Inquiries from customers:

Name: Cust Service
Title:
Street/Post Office Box: 1314 E Las Olas Blvd, #625
City: Ft Lauderdale
State: FL
Zip: 33301
Telephone No.: 917-406-1614
Fax No.:
E-Mail Address: ppoltd@nj.rr.com
Website Address:

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. 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: Sheldon MacDonald
Title: Owner
Telephone No.: 917-406-1614
E-Mail Address: ppoltd@nj.rr.com

Signature: Sheldon MacDonald Date: 12/22/14
Title: _____