



December 19, 2016  
Via Overnight Delivery

Ms. Beth Salak, Director, Regulatory Analysis  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850

RECEIVED-FPSC  
2016 DEC 21 AM 9:04  
COMMISSION  
CLERK

RE: **Legacy Long Distance International, Inc.**  
**Application for Authority to Provide Pay Telephone within the State of Florida**

Dear Ms. Salak:

Enclosed for filing please find the original and one (1) copy of the Application for Authority to Provide Pay Telephone within the State of Florida submitted on behalf of Legacy Long Distance International, 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 407-740-3005 or via email to swarren@tminc.com. Thank you for your assistance in this matter.

Sincerely,

Sharon R. Warren  
Consultant to Legacy Long Distance International, Inc.

cc: Rafael Quinto (Via Email) - Legacy  
file: Legacy - Florida - Access  
tms: FLA1601

Enclosures  
SW/hr

**REDACTED**

COM \_\_\_\_\_  
AFD \_\_\_\_\_  
APA \_\_\_\_\_  
ECO \_\_\_\_\_  
ENG \_\_\_\_\_  
GCL \_\_\_\_\_  
IDM \_\_\_\_\_  
TEL 1 \_\_\_\_\_  
CLK \_\_\_\_\_

OFFICE OF  
TELECOMMUNICATIONS  
16 DEC 20 AM 9:20

# FLORIDA PUBLIC SERVICE COMMISSION

## OFFICE OF TELECOMMUNICATIONS

### APPLICATION FORM FOR AUTHORITY TO PROVIDE PAY TELEPHONE 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. 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 25-24.12 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**

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: Legacy Long Distance International, Inc.

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

N/A

4. Official mailing address:

Street/Post Office Box: 10833 Valley View, Suite 150

City: Cypress

State: CA

Zip: 90630

5. Florida address:

Street/Post Office Box: NRAI Services, Inc. 1200 South Pine Island Road

City: Plantation

State: FL

Zip: 33324

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: F97000003294

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, FS), if applicable. The Florida registration number is: \_\_\_\_\_

14. Provide **F.E.I. Number**: 77-0438268

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

(a) The application:

Name: Sharon R. Warren  
Title: Consultant  
Street Name & Number: 151 Southhall Lane, Suite 450  
Post Office Box: \_\_\_\_\_  
City: Maitland  
State: FL  
Zip: 32751  
Telephone No.: 407-740-3005  
Fax No.: 407-740-0613  
E-Mail Address: swarren@tminc.com  
Website Address: \_\_\_\_\_

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

Name: Rafael Quinto  
Title: Vice-President of Operations  
Street Name & Number: 10833 Valley View Street, Suite 150  
Post Office Box: \_\_\_\_\_  
City: Cypress  
State: CA  
Zip: 90630  
Telephone No.: 800-577-5534  
Fax No.: 800-700-1116  
E-Mail Address: rquinto@legacyinmate.com  
Website Address: \_\_\_\_\_

(c) Complaints/Inquiries from customers:

Name: Rafael Quinto

Title: Vice-President of Operations

Street/Post Office Box: 10833 Valley View Street, Suite 150

City: Cypress

State: CA

Zip: 90630

Telephone No.: 800-577-5534

Fax No.: 800-700-1116

E-Mail Address: rquinto@legacyinmate.com

Website Address:

**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.

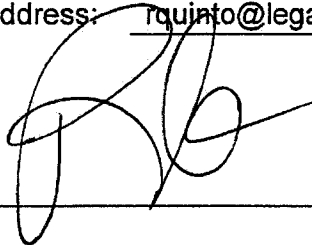
**APPLICANT ACKNOWLEDGEMENT:** By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application. I have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the 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: Rafael Quinto  
Title: Vice-President of Operations  
Telephone No.: 800-577-5534  
E-Mail Address: rquinto@legacyinmate.com

Signature:  Date: 12/16/16

**CERTIFICATE SALE OR TRANSFER**

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

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: \_\_\_\_\_



Technologies Management, Inc.  
P.O. Drawer 200  
Winter Park, FL 32790  
407-740-8575

Regions Bank

62071

12/19/2016

PAY TO THE  
ORDER OF

Florida Public Service Commission

\$ \*\*250.00

Two Hundred Fifty and 00/100\*\*\*\*\*

DOLLARS 6

Florida Public Service Commission  
Records & Reporting  
2540 Shumard Oaks Blvd.  
Tallahassee, FL 32302-1500

MEMO

Legacy Long Distance/Payphone Application



Technologies Management, Inc.

62071

Florida Public Service Commission  
514.000 · Reimbursable Client Expense Legacy Long Distance/Payphone Application

12/19/2016

250.00

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

Initials of person who forwarded check:

W. Stet  
12/20/16

Cash Operating Regio Legacy Long Distance/Payphone Application

250.00

16 DEC 20 AM 9:20  
OFFICE OF  
TELECOMMUNICATIONS