

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

960352-TC

1. LEGAL NAME OF THE APPLICANT  
Scott Allen Segal

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS  
SAS-MAR telecom INC.

3. ADDRESS OF THE APPLICANT(S)  
STREET 1951 meadowood ter  
CITY DAVIE  
STATE & ZIP FLA 33325

4. TYPE OF ORGANIZATION (CHECK ONE)  
A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER: [ ]  
OWN NAME.

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP: [ ]

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION: [x]

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

NAME SAS-MAR telecom INC

ADDRESS 1051 meadowood terr  
DAVIE FL 33325

D. DOING BUSINESS UNDER A FICTITIOUS NAME: [ ]

DOCUMENTATION: Attach proof that fictitious name has been registered with the Florida Secretary of States Office.

5. PROVIDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME: Scott Segal  
TITLE: President  
PHONE: 305) 424 8530

6. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.

No

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

X  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

FLA n

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

No

C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

no  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.

No

9. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL  
LONG DISTANCE  
COIN  
CALLING CARD  
CREDIT CARD  
OTHER, DESCRIBE

[  
[  
[  
[  
[

10. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 20-30.

11. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

PERSONALLY  
FULL-TIME TECHNICIAN  
PART-TIME TECHNICIAN  
SERVICE/REPAIR/MAINTENANCE CONTRACT  
OTHER, DESCRIBE

[  
[  
[  
[

12. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.) yes

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-24.515(14), F.A.C.) yes

I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT. I AM AWARE THAT PURSUANT TO s. 837.06, FLORIDA STATUTE, 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. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION. ALSO, I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$50.00 PER CALENDAR YEAR), FILE AN ANNUAL PAY TELEPHONE SERVICE REPORT, AND PAY GROSS RECEIPTS TAX. FURTHERMORE, I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.

Scott A. Pres  
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 3/1/96

**APPLICANT ACKNOWLEDGEMENT CARD**

Applicant Scott Segal

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Services.

Signature Scott Segal

Title Pres

Date 3/1/96

**THIS MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.**

**PLEASE READ!!!**

ATTACHMENT B

FLORIDA PUBLIC SERVICE COMMISSION

Application Form

FOR

Certificate to Provide Pay Telephone Service

Within the State of Florida

- A. This form is used for an original application for a certificate to provide pay telephone service within the State of Florida.
- B. A \$100 non-refundable application fee along with the enclosed Applicant Acknowledgement Card must be completed and accompany the application before processing will begin.
- C. If the answer to question #2 is a Fictitious Name or Corporate Name, documentation from the Secretary of States office must accompany your application.
- D. Once a certificate has been granted, regulatory assessment fees will be due for that calendar year regardless of whether or not pay telephones have been installed.
- E. When completing the application, respond to each item. If an item is not applicable, explain why. Failure to respond to any item will result in the application being returned and a delay in the application process.
- F. Use a separate sheet for each answer which will not fit the allotted space.
- G. If you have any questions about completing the form, contact the Certificate Section at (904) 413-6556.
- H. Once completed, the original plus five (5) copies of this form, along with \$100 application fee, are to be submitted to:

Florida Public Service Commission  
Gunter Building, 2540 Shumard Oak Boulevard  
Capital Circle Office Center  
Tallahassee, FL 32399-0850

RECEIVED  
MAR 19 8 29 AM '96  
ADMINISTRATION  
MAIL ROOM



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

February 14, 1996

BVM ACCOUNTING & FINANCE  
6691 PEMBROKE RD  
PEMBROKE PINES, FL 33023

The Articles of Incorporation for SASMAR TELECOM, INC. were filed on February 9, 1996, effective February 12, 1996 and assigned document number P96000013754. Please refer to this number whenever corresponding with this office regarding the above corporation.

**PLEASE NOTE: COMPLIANCE WITH THE FOLLOWING PROCEDURES IS ESSENTIAL TO MAINTAINING YOUR CORPORATE STATUS. FAILURE TO DO SO MAY RESULT IN DISSOLUTION OF YOUR CORPORATION.**

**A CORPORATION ANNUAL REPORT MUST BE FILED WITH THIS OFFICE BETWEEN JANUARY 1 AND MAY 1 OF EACH YEAR BEGINNING WITH THE CALENDAR YEAR FOLLOWING THE YEAR OF THE FILING DATE NOTED ABOVE AND EACH YEAR THEREAFTER. FAILURE TO FILE THE ANNUAL REPORT ON TIME MAY RESULT IN ADMINISTRATIVE DISSOLUTION OF YOUR CORPORATION.**

**A FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER MUST BE SHOWN ON THE ANNUAL REPORT FORM PRIOR TO ITS FILING WITH THIS OFFICE. CONTACT THE INTERNAL REVENUE SERVICE TO INSURE THAT YOU RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT. TO OBTAIN A FEI NUMBER, CONTACT THE IRS AT 1-800-829-3676 AND REQUEST FORM SS-4.**

**SHOULD YOUR CORPORATE MAILING ADDRESS CHANGE, YOU MUST NOTIFY THIS OFFICE IN WRITING, TO INSURE IMPORTANT MAILINGS SUCH AS THE ANNUAL REPORT NOTICES REACH YOU.**

Should you have any questions regarding corporations, please contact this office at the address given below.

Garrett Blanton, Document Specialist  
New Filings Section

Letter Number: 096A00006461

ARTICLES OF INCORPORATION  
OF  
SASHAR TELECOM. INC.

FILED  
96 FEB -9 AM 9:57  
STATE OF FLORIDA

ARTICLE 1 - Name

The name of this corporation is SASHAR TELECOM. INC.

ARTICLE 11 - Duration

This corporation shall have perpetual existence, commencing on FEBRUARY 12th, 1996.

EFFECTIVE DATE:  
Feb 12, 1996

ARTICLE 111 - Purpose

This corporation is organized for the purpose of transacting any or all lawful business.

ARTICLE IV - Capital Stock

This corporation is authorized to issue 1,000 shares of \$1.00 par value common stock, which shall be designated "Common Shares."

ARTICLE V - Initial Registered Office and Agent

The street address of the initial registered office of this corporation is 1051 Meadow Terrace, Davie, Florida 33325 and the name of the initial registered agent of this corporation at that address is SCOTT A. SEGAL.

The principal address and registered office address of this Corporation are the same.

ARTICLE VI - Initial Board of Directors

This corporation shall have ONE (1) director initially. The number of directors may be either increased or diminished from time to time by the bylaws, but shall never be less than ONE (1). The name and address of the initial directors of this corporation are:

SCOTT A. SEGAL, PRESIDENT

1051 Meadow Terrace  
Davie, Fl 33325

ARTICLE VII- Incorporator

The name and address of the person signing these articles is:

PRESIDENT  
SCOTT A. SEGAL  
1051 Meadow Terrace  
Davie, Fl 33325



ARTICLE VIII - By Laws

The power to adopt, alter, or repeal bylaws shall be vested in the board of directors and the shareholders.

ARTICLE IX - Indemnification

The corporation shall indemnify any office of director, or any former officer or director, to the full extent permitted by law.

ARTICLE X - Amendment

This corporation reserves the right to amend or repeal any provisions contained in these articles of incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscribers has executed these articles of incorporation this 12th February 1996

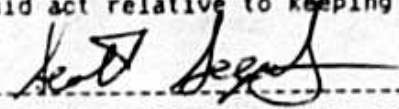
  
SCOTT A. SEGAL, Pres.

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 48,091, Florida Statutes, the following is submitted, in compliance with said Act:  
First- SASHAR TELECOM, INC. desiring to organize under the laws of the State of Florida with its principal office, as indicated in the articles of incorporation at City of DAVIE, County of Broward, State of Florida, has named SCOTT A. SEGAL, 1051 Meadow Terrace, Davie, County of Broward, State of Florida, as its agent to accept services of process within this state.

ACKNOWLEDGEMENT:

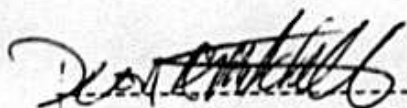
Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said act relative to keeping open said office.

BY:   
SCOTT A. SEGAL (Resident Agent)

(STATE OF FLORIDA  
COUNTY OF BROWARD)

Before me, a notary public authorized to take acknowledgments in the state and county set forth above, personally appeared SCOTT A. SEGAL, known to me and known by me, to be the person who executed the foregoing articles of incorporation, and he acknowledged before me that he executed those articles of incorporation.

IN WITNESS WHEREOF. I have herunto set my hand and  
affixed my official seal, in the state and county aforesaid, this  
12th February, 1996.



Notary Public, State of Florida  
at Large:

My Commission Expires:



0275

MAR 20 '96

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

960352-TC

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Scott Allen Segal

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

SAS-MAR telecom INC.

3. ADDRESS OF THE APPLICANT(S)

STREET 1951 McADAMWOOD TER  
CITY DAVIE  
STATE & ZIP FLA 33325

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OWN NAME.

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NAME SAS-MAR telecom INC

ADDRESS 1051 McADAMWOOD TERR

THIS DOCUMENT CONTAINS AN ERASURE SENSITIVE FACE. ATTEMPTED ALTERATIONS WILL APPEAR WHITE

15-932152864

PAY ONLY **100.00**

ONE HUNDRED DOLLARS 00 CENTS

AGENT 300281

Service Center

Issued by Scott Segal

American Express Travel Related Services Company, Inc.

en registered with

DOCUMENT NUMBER-DATE

03246 MAR 19 96

FPSC-RECORDS/REPORTING