

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DATE
MAY 07 1986
960568-TC

1. LEGAL NAME OF THE APPLICANT

Billie Kay Hartley

ORIGINAL
FILE COPY

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

B.K.Hartley

3. ADDRESS OF THE APPLICANT(S)

STREET 1886 Seminole Rd.

CITY Atlantic Beach Florida 32233

STATE & ZIP Florida 32233

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:

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 _____

ADDRESS N/A

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

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