

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

#4868  
\$10000  
LAF

1. LEGAL NAME OF THE APPLICANT

William G. Flippo 960683-TC

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

Ward F Express Inc.

3. ADDRESS OF THE APPLICANT(S)

STREET

1323 Pierce St

CITY

Hollywood

STATE & ZIP

FL 33019

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:  
OWN NAME.

DOCUMENTATION: No other documentation needed.

3744  
DEPOSIT

TREAS. REC. DATE

B. PARTNERSHIP:

03.

JUN - 1961

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

\_\_\_\_\_

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

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

RECEIVED  
FLORIDA SECRETARY OF STATE  
MAY 31 AM 7:54  
MAIL ROOM