

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DEPOSIT TREAS. REC. DATE

1. LEGAL NAME OF THE APPLICANT

D363 ~~000000~~ AUG 20 '96

Luis M. Falero

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

96-0935-7C

A. CoinPhone Services, Inc.

3. ADDRESS OF THE APPLICANT(S)

STREET

P.O. Box 144384

CITY

Coral Gables, Florida 33134

STATE & ZIP

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

Luis M. Falero

ADDRESS

6135 N.W. 174 Terr.

Miami, Florida 33015

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: Luis M. Falero

TITLE: President

PHONE: (305) 448-4832

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.

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\_\_\_\_\_  
\_\_\_\_\_

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

None

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

None

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

None

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

None

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9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

No

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10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL	[ x ]
LONG DISTANCE	[ x ]
COIN	[ x ]
CALLING CARD	[ x ]
CREDIT CARD	[ x ]
OTHER, DESCRIBE	[ ]

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: Five (5)

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

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

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13. 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

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14. 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.)

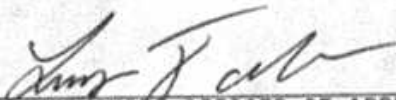
Yes

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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.



\_\_\_\_\_  
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)


DATE: \_\_\_\_\_

8/10/20

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Luis M. Falero/A. CoinPhone Services, Inc.

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

Signature 

Title President

Date 8/10/90

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.

# State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of A. COINPHONE SERVICES, INC., a Florida corporation, filed on August 1, 1996, as shown by the records of this office.

The document number of this corporation is P96000064658.

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capitol, this the  
Twelfth day of August, 1996



CR2EO22 (2-95)

*Sandra B. Northam*

Sandra B. Northam  
Secretary of State

**ARTICLES OF INCORPORATION**  
**OF**  
**A. COINPHONE SERVICES, INC.**

**ARTICLE I**

The name of the corporation shall be: A. COINPHONE SERVICES, INC.

**ARTICLE II**

The general nature of the business to be carried out by this corporation is:

1. To engage in any and all business permitted under the Florida Business Corporation Act.
2. To conduct such other business as may be incidental or advantageous to the operation of the business described in paragraph (I) hereof.
3. This corporation shall have the power to carry out any and all of its purposes, and said powers shall include, but not be limited to, the powers granted under Section 607.0302 of the Florida Business Corporation Act.
4. To do any and all things necessary, suitable, useful, proper or admissible for the accomplishment of any of the exercise of any of the powers herein set forth, whether specified or not, either alone or in connection with other firms, corporations, or individuals, either in this State or throughout the United States and elsewhere, and to do any other act or acts, thing or things incidental or pertinent to or connected with the business hereinbefore described, or any part or parts thereof, if not inconsistent with the laws of the United States, this State, or of any State.

**ARTICLE III**

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is ONE HUNDRED SHARES AT NO PAR VALUE.

**ARTICLE IV**

The amount of capital with which this corporation shall begin business is FIVE HUNDRED DOLLARS (\$500.00).



#### ARTICLE V

This corporation is to have perpetual existence.

#### ARTICLE VI

The initial street address of the principal offices of the corporation shall be:

P.O. Box 144384, Coral Gables, Florida 33114

#### ARTICLE VII

The names and post office addresses of the first board of directors who, subject to the provisions of these Articles of Incorporation, and the corporation laws of the State of Florida, shall hold office for the first year of the corporation's existence or until their successors are elected, and qualified are:

Luis M. Falero 6135 N.W. 174 Terrace, Miami, Florida 33015 PRESIDENT

Rosary P. Falero 6135 N.W. 174 Terrace, Miami, Florida 33015 SECRETARY-TREASURER

#### ARTICLE VIII

The number of directors of the corporation shall NOT BE LESS THAN TWO NOR MORE THAN EIGHT.

#### ARTICLE IX

The names and addresses of the subscribers to these ARTICLES OF INCORPORATION, and the number of shares that each agrees to take are:

Luis M. Falero 6135 N.W. 174 Terrace, Miami, Florida 33015 50 SHARES

Rosary P. Falero 6135 N.W. 174 Terrace, Miami, Florida 33015 50 SHARES

#### ARTICLE X

The designated Registered Office of the Corporation is:

6135 N.W. 174 Terrace, Miami, Florida 33015

The name of the designated registered agent, whose business address is identical with that of the registered office of the corporation is:

LUIS M. FALERO

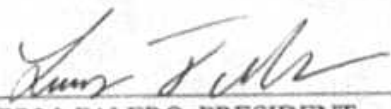
ARTICLE XI

Corporate existence shall commence on the date of the filing of the ARTICLES OF INCORPORATION.

ARTICLE XII

As stated in Article X of the Articles of Incorporation of A. CoinPhone Services, Inc.; I, Luis M. Falero, am the registered agent of the corporation and am familiar with and accept the duties and responsibilities as registered agent for said corporation.

We, the undersigned, do hereby make, subscribe, acknowledge and file these Articles of Incorporation, hereby certifying the facts herein stated are true, and accordingly set our hands and seal on this 30<sup>th</sup> day of July, 1996.

  
\_\_\_\_\_  
LUIS M. FALERO, PRESIDENT

  
\_\_\_\_\_  
ROSARY P. FALERO, SECRETARY-TREASURER

STATE OF FLORIDA )

COUNTY OF DADE )  
\_\_\_\_\_

On this 30 day of July, 1996 personally came before me the above mentioned individuals which are personally known to me and acknowledged the said Articles of Incorporation to be the act and deed of the signers, respectively, and that the facts herein stated are truly set forth.

  
\_\_\_\_\_  
NOTARY PUBLIC - STATE OF FLORIDA



INELVIS E SOCORRO  
My Commission CC377359  
Expires Jun. 01, 1998  
Bonded by ANB  
800-652-6878

LUIS M. FALERO  
6135 N.W. 174 TERRACE  
MIAMI, FLORIDA 33015

August 16, 1996

Florida Public Service Commission  
Gunter Building, 2540 Shumard Oak Blvd.  
Capital Circle Office Center  
Tallahassee, Fl. 32399-0850

To Whom It May Concern:

Enclosed please find an Application Form for Certificate to Provide Pay Telephone Service Within the State of Florida together with two copies of such document and a \$100 check for the application fee. If you have any questions, please call me at (305) 448-4832.

Thank you for your attention to this matter.

Very truly yours,



Luis M. Falero

LMF/rpf

Enclosures: As stated.

RECEIVED  
FLORIDA PUBLIC  
SERVICE COMMISSION  
96 AUG 19 PM 12:01  
MAIL ROOM

960935-TC

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C. CORPORATION: [x]

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NAME Luis M. Falero

ADDRESS 6135 N.W. 174 Terr.

Miami Florida 33015



LUIS M. FALERO 08-02-96  
ROSARY FALERO  
6135 NW 174th Terrace  
Miami, FL 33015

0130  
63-60/880

[ ]  
en registered with

Pay to the Order of Florida Public Service Comm. \$ 100.00  
One hundred & 00/100 Dollars

SUNTRUST

SunTrust Bank, Miami, N.A.  
Miami, FL (305) 891-8000

For Coin-Phone License

*[Signature]*