	LEGAL NAME OF THE APPLICANT SM 106 Limited	4800
	NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS	-
	Same as above	
10	ADDRESS OF THE APPLICANT(S)	
	STREET 4300 N. University Drive, D-103	98 16
	CITY Lauderhill, FL 33351	W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	STATE & ZIP CODE	MAIL ROS
	TYPE OF ORGANIZATION (CHECK ONE) ✓	0 12 %
	A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER () OWN NAME:	7
	DOCUMENTATION: No other documentation needed.	
	B. PARTNERSHIP: (X)	
	DOCUMENTATION: Attach a copy of the partnership agreement, and name and address of all partners.	a list with the
	C. CORPORATION:	
000	CUMENTATION: Attach proof that articles of incorporation have been Florida Secretary of State's Office. If incorporated outside of Florida, from the Florida Secretary of State that applicant has authority to ope Florida and provide name and address of Florida Registered Agent.	attach proof
	NAME: William M. Murphy	-
	ADDRESS 800 Riviera Isle	_
	Ft. Lauderdale, Florida 33301	-

	D. DOING	BUSINESS UNDER A FICTITIOUS NAME: ()
		ATION: Attach proof that a fictitious name(s) has been registered da Secretary of States Office.
5. WHO		IAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL BLE FOR COMMISSION CONTACTS:
	NAME:	William M. Murphy
	TITLE:	President
	PHONE:	954-746-2221
SHAF	OR IN THE C REHOLDER OF PHONE CERT	ANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ASE OF A CLOSELY HELD CORPORATION ANY THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY IFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ELED PAY TELEPHONE CERTIFICATES.
		NO
7. CERT		VER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE DER AND CERTIFICATE NUMBER.
	2	N/A
8.	LIST THE ST	ATES IN WHICH THE APPLICANT
	A. IS CUF	RENTLY PROVIDING PAY TELEPHONE SERVICE.
		NONE

HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY ELEPHONE PROVIDER.
NO NO
C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY ELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.
NO
D, HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES, EXPLAIN CIRCUMSTANCES.
NO
PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETENT, OR FOUND GUILTY OF ANY FELONY OR OF ANY PRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.
NO

10.	PLEASE CHECK √ THE	SERVICES THAT WILL BE	PROVIDED:
	LOCAL LONG DISTANCE COIN CALLING CARD CREDIT CARD OTHER, DESCRIBE	조 조 조 조 스	
PLAN	NS TO PLACE IN THE FIF	F PAY TELEPHONE INSTRU RST YEAR: ONE	
	PHONE? √ PERSONALLY FULL-TIME TECHNICIAN PART-TIME TECHNICIAN SERVICE/REPAIR/MAIN OTHER DESCRIBE	N N	& • • • • • • • • • • • • • • • • • • •
PRO	VIDE ACCESS TO ALL LO	TELEPHONES WHICH YOU DCALLY AVAILABLE LONG I 0 1-800? (See Rule 25-24.51	DISTANCE CARRIERS

14.	WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL
	CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and - 4.29.8 OF THE AMERICAN
	NATIONAL STANDARD SPECIFICATIONS FOR MAKING BUILDINGS AND
	FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED
	PEOPLE (ATTACHMENT F ANSI STANDARDS) (See Rule 25-24.515(14),
	F.A.C.)
	YES
	169
001100	

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.

Will Wlenger

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 4 30 98

APPLICANT ACKNOWLEDGMENT

Applicant	SMIOG LTD AFT LTD PARTHERSH	cip
	edge receipt and understanding of the Florida Public Service Rules and Requirements relating to my provision of Pay	
Telephone Se	vice.	
Signature:	William Warge	
Title:	PRESIDENT SM CORP G.P.	
Date:	4(30/98.	

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.



Bepartment of State

I certify from the records of this office that SM 106, LTD., is a Limited Partnership organized under the laws of the State of Florida, filed on November 1, 1985.

The document number of this Limited Partnership is A21139.

I further certify said Limited Partnership has paid all filing fees due this office through December 31, 1997, and its status is active.

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capital, this the Twenty-third day of January, 1997



CR2EO22 (1-95)

Sandra B. Mortham

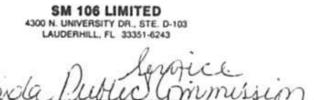
Sandra B. Mortham Secretary of State

ATTACHMENT B

980612-TC

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

	NAME UNDER WHICH THE APPLICANT WILL DO BUS	SINESS		
	Same as above		_	
	ADDRESS OF THE APPLICANT(S)			
	STREET 4300 N. University Drive, D-103			
	CITY Lauderhill, FL 33351			÷
	STATE & ZIP CODE			
	TYPE OF ORGANIZATION (CHECK ONE) √			MAILTON
	A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME:	ţ	1	60
	DOCUMENTATION: No other documentation needed.			
į	B. PARTNERSHIP:	(X)	
	DOCUMENTATION: Attach a copy of the partnership agre name and address of all partners.	ement,	and	a list
	C. CORPORATION:	1)	



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Prodrican Bank

Lauderfull Office 4499 N. University Dr

FPSC-RECORDS/REPORTING