

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

ORIGINAL  
FILE COPY

DEPOSIT TREAS REC DATE

1. LEGAL NAME OF THE APPLICANT  
MARSHA O. MELVIN 0302 APR 23 '96 960519-TC

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS  
MELTEL CO.

3. ADDRESS OF THE APPLICANT(S)  
STREET 2168 MARQUETTE AVE  
CITY SANFORD  
STATE & ZIP FL 32773

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 \_\_\_\_\_

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 PUBLIC  
SERVICE COMMISSION  
96 APR 22 AM 9:22  
MAIL ROOM

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

NAME: MARSHA O. MELVIN  
TITLE: PRESIDENT  
PHONE: 407-328-1257

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.

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

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

N/A

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

N/A

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

9. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL  
LONG DISTANCE  
COIN  
CALLING CARD  
CREDIT CARD  
OTHER, DESCRIBE

[X]  
[X]  
[X]  
[X]  
[X]

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

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

[X]  
[ ]  
[ ]  
[ ]

12. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA 10XXX+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.

*Marsha O Melvin*

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

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

*4/18/96*

**APPLICANT ACKNOWLEDGEMENT CARD**

Applicant MARSHA O. MELVIN

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

Signature Marsha O. Melvin

Title President

Date 4/19/94

**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 MELTEL COMPANY, a Florida corporation, filed on April 9, 1996, as shown by the records of this office.

The document number of this corporation is P96000030595.

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



CR2EO22 (2-95)

*Sandra B. Mortman*

Sandra B. Mortman  
Secretary of State

**ARTICLES OF INCORPORATION**

**OF**

**MELTEL COMPANY**

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, do hereby adopt the following Articles of Incorporation:

**ARTICLE I**

**NAME**

The name of the corporation is:

**MELTEL COMPANY**

The principal place of business of this corporation shall be 2168 Marquette Avenue, Sanford, Florida 32773.

**ARTICLE II**

**DURATION**

The duration of the corporation is perpetual.

**ARTICLE III**

**NATURE OF BUSINESS**

This corporation may engage in or transact any of all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

**ARTICLE IV**

**CAPITAL STOCK**

The aggregate number of shares which the corporation is authorized to issue is 7,500 shares of common stock. Such shares shall be of a single class and shall have a par value of \$1.00 per share.

**ARTICLE V**

**INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the

corporation is 2168 Marquette Avenue, Sanford, Florida 32773, and the name of its initial registered agent is Marsha Melvin.

#### ARTICLE VI

##### INITIAL BOARD OF DIRECTORS

The number of directors constituting the initial board of directors is one. The number of directors may be increased or decreased from time to time in accordance with the Bylaws but shall never be less than one (1). The name and address of the initial director of the corporation is as follows:

Marsha Melvin  
2168 Marquette Avenue  
Sanford, Florida 32773

#### ARTICLE VII

##### INCORPORATORS

The name and address of each incorporator is as follows:

Al A. Cheneler, Esquire  
2265 Lee Road, Suite 125  
Winter Park, Florida 32789

#### ARTICLE VIII

##### OFFICERS

The name and address of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

President - Marsha Melvin  
Secretary - Marsha Melvin  
Treasurer - Marsha Melvin

#### ARTICLE IX INDEMNIFICATION

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

ARTICLE X

BYLAWS

The power to adopt, alter, amend or repeal Bylaws shall be vested in the board of directors of this corporation.

ARTICLE XI

AMENDMENT OF ARTICLES OF INCORPORATION

These Articles of Incorporation may be amended at any time by a resolution adopted by a majority vote of the board of directors at any annual or special meeting, provided at least ten (10) days written notice is given to each director of the time and place of the meeting and the purpose thereof. Any amendment to the Articles of Incorporation so made must be approved by a majority vote of the shareholders of the corporation.

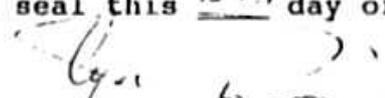
IN WITNESS WHEREOF, the undersigned have signed these Articles of Incorporation on this 23<sup>rd</sup> day of March, 1996.

  
\_\_\_\_\_  
Al A. Cheneler, Esquire  
2265 Lee Road, Suite 153  
Winter Park, Florida 32789

STATE OF FLORIDA  
COUNTY OF ORANGE

Before me personally appeared AL A. CHENELE, to me well known and known to me to be the person described in and who executed the foregoing Articles of Incorporation and acknowledged to and before me that he executed said instrument for the purpose therein expressed.

WITNESS my hand and official seal this 24<sup>th</sup> day of March, 1996.

  
\_\_\_\_\_  
Notary Public, State of Florida

DESIGNATION OF REGISTERED AGENT

MELTEL COMPANY, desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Incorporation, at Sanford, Florida, had and does by

these presents name Marsha Melvin as its agent to accept service of process within this State.

ACCEPTANCE OF DESIGNATION OF REGISTERED AGENT

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

DATED this 28 day of March, 1996.

Marsha Melvin

Marsha Melvin  
Registered Agent

960579-TZ

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DEPOSIT TREATY DATE

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MARSHA D. MELVIN

APR 23 96

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

MELTEL CO.

3. ADDRESS OF THE APPLICANT(S)

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NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

96 APR 22 AM 9 22  
RECEIVED

UNITED STATES POSTAL MONEY ORDER

FLORIDA PUBLIC SERVICE  
COMM. CHECKWRITER  
SERIAL NUMBER YEAR MONTH DAY POST OFFICE U.S. DOLLARS AND CENTS  
1000.00  
PAY TO THE ORDER OF MARSHA MELVIN  
ADDRESS 2168 MARQUETTE AVE  
SANFORD FL 32773  
NEGOTIABLE ONLY IN THE U.S. AND POSSESSIONS

in registered with

DOCUMENT NUMBER-DATE  
04635 APR 23 96  
FPSC-RECORDS/REPORTING