FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION 97/139-TC

1.	LEGAL NAME OF THE APPLICANT	DEPOSIT DATE			
	TARIR A. KHAN	D602 * AUG 28 19			
2.	NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS NASIM INC. D/B/A TOUCH OF	CLASS Coin Laund			
3.	ADDRESS OF THE APPLICANT(S)				
	STREET 1151 W 68 Street	t			
	city Hialeah #				
	STATE & ZIP Florida 33014				
4.	TYPE OF ORGANIZATION (CHECK ONE)				
	A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER: OWN NAME.	[]			
	DOCUMENTATION: No other documentation needed.				
	B. PARTNERSHIP:	[]			
35	DOCUMENTATION: Attach a copy of the partnership with the name and address of all partners.	ip agreement, and a list			
1/	C. CORPORATION:	W			
,	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.				
	NAKE				
	ADDRESS				
	D. DOING BUSINESS UNDER A FICTITIOUS NAME: DOCUMENTATION: Attach proof that fictitious name the Florida Secretary of States Office.	[] has been registered with			

FORM PSC/CRU 32 (R3-93) PAGE 2 OF 6 REQUIRED BY CONGISSION BULE NO. 25-26.511

DOCUMENT NUMBER-DATE
08740 AUG 28 5

5.	PROVI	DE MAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS				
DACE		HSTBLE FOR COMMISSION CONTACTS:				
28 1997	MAME:	"SOJARIO A KHAN				
100 00	TITLE	PRESIDENT				
	PHONE	(305) 558-3161				
6.	THE C	PPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN ASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF DA? 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.					
		A / /A				
		NA				
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 TELEPHON PROVIDER.					
		NONE				
e .	c.	HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.				
		NONE				

		TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.
	FOUND	E INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP IDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS HE TROM PENDING PROCEEDINGS.
	DI FACI	C CUECK THE SERVICES THAT WILL BE PROVIDED:
•	LOCAL LONG I COIN CALLII CREDI	DISTANCE NG CARD T CARD , DESCRIBE
	LOCAL LONG I COIN CALLII CREDI' OTHER	DISTANCE []

13.	WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+O, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.		
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		

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 AMARE 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.

	(164	2.13	
(SIGNATURE OF OW		-11)
DATE:	8/26		¥

APPLICANT ACKNOWLEDGEMENT CARD

Applicant	TARIR A KHAN	
Service Commi	e receipt and understanding of the Florida Put ssion's Rules and Requirements relating to my provis	olic
Signature	/ Meny	
Title	President	
Date	8-26-97	

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.



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

November 30, 1993

CAPITAL CONNECTION, INC. 417 E VIRGINIA ST SUITE 1 TALLAHASSEE, FL 32301

The Articles of Incorporation for NASIM, INC. were filed on November 30, 1993, and assigned document number P93000081649. Please refer to this number whenever corresponding with this office.

Enclosed is the certification requested.

A corporation annual report will be due this office between January 1 and May 1 of the year following the calendar year of the file date year. A Federal Employer Identification (FEI) number will be required before this report can be filed. Please apply NOW with the Internal Revenue Service by calling 1-800-829-3676 and requesting form SS-4.

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

Should you have questions regarding corporations, please contact this office at the address given below.

Judy Eure Corporate Specialist New Filings Section Division of Corporations

Letter Number: 093A00140072



Bepartment of State

I certify the attached is a true and correct copy of the Articles of Incorporation of NASIM, INC., a Florida corporation, filed on November 30, 1993, as shown by the records of this office.

The document number of this corporation is P93000081649.

Sthen under mp hand and the Great Seal of the State of Florida, at Tallahassee, the Capital, this the Thirtieth day of November, 1993

CR2EO22 (2-91)

Ji Smoth

Jim Smith Secretary of State

ARTICLES OF INCORPORATION

DA KAN 30 KAN 20

OF

NASIM, INC.

The undersigned subscriber hereby associates himself to form a corporation under the laws of the State of Florida,
and states as follows:

ARTICLE I. NAME OF CORPORATION

The name of this corporation is: NASIM, INC.

ARTICLE II. PURPOSES OF CORPORATION

The purpose of this corporation is to engage in each and every aspect of corporate business.

ARTICLE III. CORPORATE CAPITAL

This corporation shall begin business with not less than five hundred and no cents dollars (\$500.007.

ARTICLE IV. NUMBER OF SHARES

This corporation is authorized to have five hundred shares of common stock with a par value of one dollar (\$1.00) per share.

ARTICLE V. CORPORATE EXISTENCE.

This corporation shall exist perpetually.

ARTICLE VI. REGISTERED OFFICE

The registered office of this corporation is 1151 West 68th Street, Hisland, Florida -- and the post office address

of this corporation is 1151 West 68th Street, Hialeah, Florida

ARTICLE VII. DIRECTOR

This corporation shall have one director. The number of directors may be changed from time to time by the directors and shareholders of the corporation.

ARTICLE VIII. NAME OF DIRECTOR

The name and address of the Board of Director of this corporation are:

Name

Address

TARIQ KHAN

1151 West 68th Street Hialeah, Plorida--33014 Suntise, Plorida--33351

ARTICLE IX. STOCKHOLDERS

The name, address and number of shares of the stockholders of this corporation are:

Name

Address

Number of Shares

500

TARIQ KAHN

1151 West 68th Street Hialeah, Florida--33014

ARTICLE X: AMENDMENTS

These Articles of Incorporation may be amended by stockholders presented to the by the Board of Directors.

ARTICLE XI. REGISTERED AGENT

The registered agent of this corporation is: TARIQ
KHAN, whose address is 1151 West 68th Street, Hisleah, Florida--

I, TARIQ KHAN, do hereby accept the position of registered agent of NASIM, INC. and further agree to perform such duties faithfully and according to law.

I am a permanent resident of Dade County, Plorida, and I reside at 1151 West 68th Street, Hialeah, --Florida 33014.

DATED this21st day of November,1993.

TARIO KHAN Registered Agent

SWORN AND SUBSCRIBED before he at Miami, Dade Co-

unty, Plorida, this21st day of hovember, 1993.

My commission expires: December 25, 1993

TARIQ KHAN

Subscriber/Registered Agent

STATE OF FLORIDA COUNTY OF DADE

authorized in the County of Dade and State of Florida to take acknowledgments personally appeared, TARIQ KHAN, and personally known and who after first by me being duly sworn upon oath and says that he is a subscriber and registered agent of this corporation and that he has executed the foregoing Articles of Incorporation freely and voluntarily for the purposes therein expressed.

TARIQ KHAN

SWORN AND SUBSCRIBED before me at Miami, Dade

County, Florida, this21st dayofNovember, 1993.

NOTARY (PUBLIC -- STATE OF FLORIDA

My commission expires: December 25, 1993

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION 971138-TC

1.	LEGAL NAME OF THE APPLICANT	DEPOSIT	DATE
	TARIG A. KHAN	D602*	AUG 2 8 1997
2. 3.	NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS NASIM TAC. D/B/A TOUCH OF ADDRESS OF THE APPLICANT(S) STREET CITY STATE & ZIP 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 partnershi with the name and address of all partners. C. CORPORATION: DOCUMENTATION: Attach proof that articles of filed with the Florida Secretary of State's O outside of Florida, attach proof from the Florida applicant has authority to operate in Florida and of Florida Registered Agent. NAME	CLASS Co	and a list have been corporated State that
	ADDRESS		
PAY TO THE ORDER OF	NASIM, INC. DBA TOUCH OF CLASS COIN LAUNDRY 1151 W. 68TH ST. HIALEAH, FL 33014 Florida Public Service Communication and Columbia	B-26-	1592 1997 \$ 100 %
PENNON !	DOCUMENT NUMBER-DATE # Document Number-DATE # How into macron Service # Service Application Fee 08740 AUG 285		arug .