

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

RECEIVED  
FLORIDA PUBLIC  
SERVICE COMMISSION  
APR -9 AM 10:23  
MAIL ROOM  
4/9/96  
Jaf  
\$100.00  
#109

1. LEGAL NAME OF THE APPLICANT  
Ahimelech Israel
2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS  
Zayin Incorporated
3. ADDRESS OF THE APPLICANT(S)
 

STREET	<u>5800 Barnes Rd., S. #190</u>
CITY	<u>Jacksonville</u>
STATE & ZIP	<u>Florida 32218</u>
4. TYPE OF ORGANIZATION (CHECK ONE)
 

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER: OWN NAME.	<input type="checkbox"/>
DOCUMENTATION: No other documentation needed.	
B. PARTNERSHIP:	<input type="checkbox"/>
DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.	
C. CORPORATION:	<input checked="" type="checkbox"/>
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	<u>N/A - Copy of Articles of Incorporation</u>
ADDRESS	<u>Certification attached.</u>
D. DOING BUSINESS UNDER A FICTITIOUS NAME:	<input type="checkbox"/>
DOCUMENTATION: Attach proof that fictitious name has been registered with the Florida Secretary of States Office.	

3683

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

NAME: Ahimelech Israel  
TITLE: President  
PHONE: 904-730-8883

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.

N/A

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.

No.

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

None. This is the first application for Certification.

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: 25

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.

*Shimelch Israel*  
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 04-05-96

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Ahimelech Israel

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

Signature Ahimelech Israel

Title President

Date 04-05-96

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

Sandra B. Mortham  
Secretary of State

March 15, 1996

AHIMELECH ISRAEL  
5800 BARNES ROAD SOUTH  
SUITE #190  
JACKSONVILLE, FL

The Articles of Incorporation for ZAYIN INCORPORATED were filed on March 15, 1996 and assigned document number P96000023657. Please refer to this number whenever corresponding with this office regarding the above corporation. The certification you requested is enclosed.

PLEASE NOTE: COMPLIANCE WITH THE FOLLOWING PROCEDURES IS ESSENTIAL TO MAINTAINING YOUR CORPORATE STATUS. FAILURE TO DO SO MAY RESULT IN DISSOLUTION OF YOUR CORPORATION.

**A CORPORATION ANNUAL REPORT MUST BE FILED WITH THIS OFFICE BETWEEN JANUARY 1 AND MAY 1 OF EACH YEAR BEGINNING WITH THE CALENDAR YEAR FOLLOWING THE YEAR OF THE FILING DATE NOTED ABOVE AND EACH YEAR THEREAFTER. FAILURE TO FILE THE ANNUAL REPORT ON TIME MAY RESULT IN ADMINISTRATIVE DISSOLUTION OF YOUR CORPORATION.**

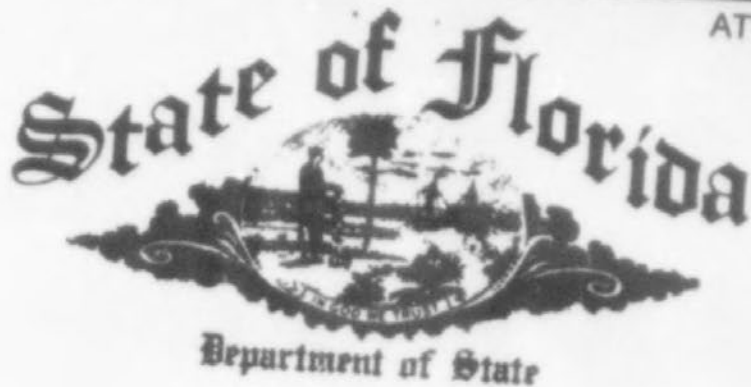
**A FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER MUST BE SHOWN ON THE ANNUAL REPORT FORM PRIOR TO ITS FILING WITH THIS OFFICE. CONTACT THE INTERNAL REVENUE SERVICE TO RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT AT 1-800-829-3676 AND REQUEST FORM SS-4.**

**SHOULD YOUR CORPORATE MAILING ADDRESS CHANGE, YOU MUST NOTIFY THIS OFFICE IN WRITING, TO INSURE IMPORTANT MAILINGS SUCH AS THE ANNUAL REPORT NOTICES REACH YOU.**

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

Dana Farmer, Document Specialist  
New Filings Section

Letter Number: 896A00011839



I certify the attached is a true and correct copy of the Articles of Incorporation of ZAYIN INCORPORATED, a Florida corporation, filed on March 15, 1996, as shown by the records of this office.

The document number of this corporation is P96000023657.



CR2EO22 (2-95)

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
Fifteenth day of March, 1996

Sandra B. Northam  
Secretary of State



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NAME N/A - Copy of Articles of Incorporation

ADDRESS Certification attached.

ZAYIN INCORPORATED  
904-730-8883  
5800 BARNES RD. S. NO. 190  
JACKSONVILLE, FL 32216

109

04-07 96

834/530  
18

PAY TO THE  
ORDER OF

Florida Public Service Commission

\$ 100.00

One Hundred & 00/100 -

DOLLARS



901-416  
9822 Southpoint Drive South  
Jacksonville, Florida 32216

FOR Certification For Pay Phone Ser.

DOCUMENT NUMBER DATE

04097 APR-96

FPSC-RECORDS/REPORTING