

**CELLUTEL, INC.**

One East Broward Boulevard - Suite 700  
Barnett Bank Plaza  
Fort Lauderdale, Florida 33301

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Telephone (954) 713-2820  
Facsimile (954) 713-2894

July 27, 1998

Florida Public Service Commission  
Betty Easley Bldg., c/o Records & Reporting  
2540 Shumard Oak Blvd.  
Capital Circle Office Center  
Tallahassee, Florida 32399-0850

**Re: Florida Pay Telephone Certificate Application  
Cellutel, Inc.**

To: Public Service Commission:

Please find enclosed the original, plus two (2) copies of the Florida Pay Telephone Certificate Application as well as the Applicant Acknowledgment Card.

Additionally, please find enclosed the application fee in the amount of \$100.00.

We look forward to hearing from you in the near future. Thank you very much for your assistance in this matter.

Sincerely,



Jonathan S. Friedman  
Vice President.

RECEIVED  
PUBLIC SERVICE COMMISSION  
JUL 30 AM 9 29  
TALLAHASSEE

DOCUMENT NUMBER-DATE

~~00028~~ JUL 30 8

FPSC-RECORDS/REPORTING

DEPOSIT  
D 821

DATE  
JUL 29 1998

ATTACHMENT B

## FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT CELLUTEL, INC.
2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS CELLUTEL, INC.
3. ADDRESS OF THE APPLICANT(S)  
STREET ONE EAST BROWARD BLVD. SUITE 700  
CITY FORT LAUDERDALE, FL  
STATE & ZIP CODE FLORIDA

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: CELLUTEL, INC.

ADDRESS ONE EAST BROWARD BLVD. SUITE 700  
FORT LAUDERDALE, FLORIDA 33301

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D. DOING BUSINESS UNDER A FICTITIOUS NAME: ( )

DOCUMENTATION: Attach proof that a fictitious name(s) has been registered with the Florida Secretary of States Office.

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

NAME: JONATHAN S. FRIEDMAN

TITLE: VICE PRESIDENT

PHONE: (954) 713-2820

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 CANCELED 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  
\_\_\_\_\_

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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

9. 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 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	<input checked="" type="checkbox"/>
LONG DISTANCE	<input checked="" type="checkbox"/>
COIN	<input checked="" type="checkbox"/>
CALLING CARD	<input checked="" type="checkbox"/>
CREDIT CARD	<input checked="" type="checkbox"/>
OTHER, DESCRIBE	<input type="checkbox"/> _____

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11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 50

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

PERSONALLY	<input checked="" type="checkbox"/>
FULL-TIME TECHNICIAN	<input type="checkbox"/>
PART-TIME TECHNICIAN	<input type="checkbox"/>
SERVICE/REPAIR/MAINTENANCE CONTRACT	<input type="checkbox"/>
OTHER DESCRIBE	<input type="checkbox"/>

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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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# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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

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FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

July 20, 1998

CELLUTEL, INC.  
ONE E. BROWARD BLVD, STE 700  
FORT LAUDERDALE, FL 33301

The Articles of Incorporation for CELLUTEL, INC. were filed on July 20, 1998, and assigned document number P98000063529. Please refer to this number whenever corresponding with this office.

This document was electronically received and filed under FAX audit number H98000013308.

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

Sincerely,  
Michelle Milligan  
Document Specialist  
New Filings Section  
Division of Corporations

Letter Number: 398A00038336

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.

*Jonathan Friedman, Vice President of Cellotel, Inc.*

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

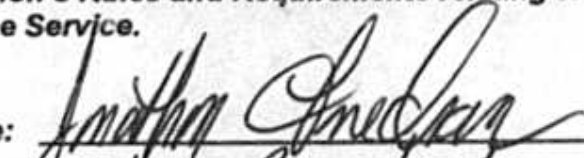
DATE: 7/27/98



APPLICANT ACKNOWLEDGMENT

Applicant CELLUTEL, 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: Vice President

Date: 7/27/98

**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.**

980968-7C

DEPOSIT DATE  
D821 JUL 29 1998

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CELLUTEL, INC ONE EAST BROWARD BLVD., SUITE 700 FORT LAUDERDALE, FLA 33301		0086
PAY TO THE ORDER OF <u>FLORIDA PUBLIC SERVICE COMMISSION</u>		DATE <u>JULY 27, 1998</u>
<u>One Hundred</u>		\$ <u>100.00</u>
<b>Barnett</b> 009-019 One East Broward Blvd. Ft. Lauderdale, Florida 33301		DOLLARS <input checked="" type="checkbox"/>
FOR <u>Application fee</u>		<u>Matthew Friedman</u>