

**FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION**

1. LEGAL NAME OF THE APPLICANT Ama C. Cejudo

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS \_\_\_\_\_

Telemareck Communication, Inc.

3. ADDRESS OF THE APPLICANT(S)

STREET 6979 NW 84th Av.

CITY Miami

STATE & ZIP CODE Florida, 33166

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: Telemareck Communication, Inc.

ADDRESS 6979 N.W. 84 Av.

Miami, Florida 33166

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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: Ans C. Ceidoo

TITLE: owner / President

PHONE: 305-5926642 /

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.

N/A

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.

N/A

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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.

N/A

D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES, EXPLAIN CIRCUMSTANCES.

N/A

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.

N/A

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10. PLEASE CHECK  THE SERVICES THAT WILL BE PROVIDED:

- LOCAL
  - LONG DISTANCE
  - COIN
  - CALLING CARD
  - CREDIT CARD
  - OTHER, DESCRIBE  1800 \_\_\_\_\_
- 

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

\_\_\_\_\_ 10 phones \_\_\_\_\_

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

- PERSONALLY
  - FULL-TIME TECHNICIAN
  - PART-TIME TECHNICIAN
  - SERVICE/REPAIR/MAINTENANCE CONTRACT
  - OTHER DESCRIBE
- 
- 
- 

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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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

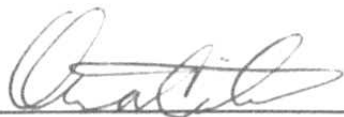
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I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT, I AM AWARE THAT PURSUANT TO S. 837.06, FLORIDA STATUTE, 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.




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

DATE: Nov 03/98

APPLICANT ACKNOWLEDGMENT

Applicant Ana Cristina Criado.

**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: owner / President

Date: Nov 03 / 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.**

# State of Florida



The seal of the State of Florida, featuring a central figure holding a torch and a scale, surrounded by a wreath and the motto 'IN GOD WE TRUST'.

## Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of TELEMARECK COMMUNICATION, INC., a Florida corporation, filed on October 29, 1998, as shown by the records of this office.

I further certify the document was electronically received under FAX audit number H98000020148. This certificate is issued in accordance with section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this corporation is P98000092085.

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
Twenty-ninth day of October, 1998

Authentication Code: 298A00053074-102998-P98000092085-1/1



CR2EO22 (1-95)



A handwritten signature in cursive script, reading 'Sandra B. Northam'.

Sandra B. Northam  
Secretary of State





FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

October 29, 1998

TELEMARECK COMMUNICATION, INC.  
6979 NORTHWEST 84TH AVENUE  
MIAMI, FL 33166

The Articles of Incorporation for TELEMARECK COMMUNICATION, INC. were filed on October 29, 1998, and assigned document number P98000092085. Please refer to this number whenever corresponding with this office.

Enclosed is the certification requested. To be official, the certification for a certified copy must be attached to the original document that was electronically submitted and filed under FAX audit number H98000020148.

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.

Michelle Milligan  
Document Specialist  
New Filings Section  
Division of Corporations

Letter Number: 298A00053074

H98-20148

## ARTICLES OF INCORPORATION

Article 1: Name of Corporation: TELEMARECK COMMUNICATION, INC.

Address of Corporation: 6979 NORTHWEST 84th AVENUE  
MIAMI, FL 33166

Article 2: CAPITAL STOCK: The number of shares which the corporation has authorized to be outstanding at any one time is 1,000 , with a par value of \$1.00 .  
(PAR VALUE IS NOT REQUIRED).

Article 3: REGISTERED AGENT: ANA CRISTINA CRIADO

REGISTERED OFFICE: 6979 NORTHWEST 84th AVENUE  
MIAMI, FL 33166

\* I am familiar with and hereby accept the duties and responsibilities as Registered Agent for said corporation.

10 / 29 / 98  
Date



Signature of Registered Agent

Article 4: The Board of Directors are: (Board of Directors is NOT REQUIRED).

First listed is President, second is Vice President, then Secretary/Treasurer.

1. ANA CRISTINA CRIADO, 6979 NORTHWEST 84th AVENUE, MIAMI, FL 33166
- 2.
- 3.

Article 5: The NAME and ADDRESS of the INCORPORATOR is:

ANA CRISTINA CRIADO  
6979 NORTHWEST 84th AVENUE  
MIAMI, FL 33166



In witness whereof, I have subscribed my name:

Signature of Incorporator

H98-20148

DEPOSIT

DATE

D030

NOV 09 1998

ATTACHMENT B

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT Ana C. Criado

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS \_\_\_\_\_

Telemareck Communication, Inc.

3. ADDRESS OF THE APPLICANT(S) \_\_\_\_\_

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CITY Miami

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DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

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ESTHER VITAL  
ANA CRISTINA CRIADO  
6423 SW 114TH AVE. PH. 305-271-2279  
MIAMI, FL 33173-1088

63-6413/2670  
1794299488

120

DATE 11/3/98

PAY TO THE ORDER OF

Florida Public Service Commission 100 <sup>00</sup>/<sub>100</sub>  
one hundred <sup>00</sup>/<sub>100</sub> DOLLARS

Washington Mutual

Washington Mutual Bank, FA  
Washington & Country Financial Center 1745  
11895 Sherrill Lane 1-800-196-7000  
Miami, FL 33183 24 hour Customer Service

NOTES

DOCUMENT NUMBER-DATE  
12561 NOV-68  
PSC-RECORDS/REPORTING