1	LEGAL NAME OF THE APPLICANT	i. Inc.	990312-7
2	NAME UNDER WHICH THE APPLICANT	ILL DO BUSIN	IESS
	Omega. One Telecommunica	hims	
3	ADDRESS OF THE APPLICANT(S)	and the second sec	69
	STREET 5447 (enter St	1999	
	CITY Jupiter		-
8	STATE & ZIP CODE FL 33458	16.	175
4	TYPE OF ORGANIZATION (CHECK ONE)	۲.	
	A. INDIVIDUAL DOING BUSINESS UNDER OWN NAME:	HIS/HER	()
	DOCUMENTATION: No other documentation	needed.	
	B. PARTNERSHIP:		· (-)
	DOCUMENTATION: Attach a copy of the partners and address of all partners.	ership agreem	ent, and a list with the
(C. CORPORATION:		()
	CUMENTATION: Attach proof that articles of in Florida Secretary of State's Office. If incorpora from the Florida Secretary of State that applica Florida and provide name and address of Flori	ted outside of int has authori	Florida, attach proof ty to operate in
	NAME: Michael Pasner		
	ADDRESS Comey Word lesher	Damon	
	4420 Beacon Circl	2	
	West Palm Brach, 1	33407	
		- m + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +	
	BUC SERVICE COMMISSION/CMU 32 (R3-83) ID BY COMMISSION RULE NO. 25-24 511 9		
		DOC	UMENT NUMBER-DATE



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

8618423626

February 25, 1999

COONEY, WARD, LESHER & DAMON, P.A. ATTN: SHEILLA F. FERREIRA 4420 BEACON CIRLCE, SUITE 100 WEST PALM BEACH, FL 33407

Qualification documents for JEDI, 1NC. doing business in Florida as OMEGA ONE TELECOMMUNICATIONS, INC. were filed on February 25, 1999 and assigned document number F99000001076. Please refer to this number whenever corresponding with this office.

Your corporation is now qualified and authorized to transact business in Florida as of the file date.

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. If you do not already have an FEI number, please apply NOW with the Internal Revenue 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 this matter, please telephone (850) 487-6091, the Foreign Qualification/Tax Lien Section.

Agnes Lunt Document Specialist Division of Corporations

Letter Number: 099A00008801

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

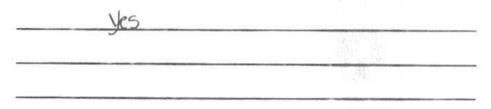
D. DOING BUSINESS UNDER A FICTITIOUS NAME: ()

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:	AME: Terry Phillips			
TITLE:	Secretary			
PHONE:	561- 575-0298			

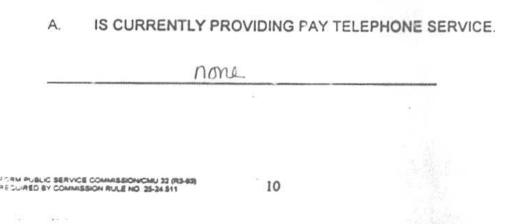
6. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELED PAY TELEPHONE CERTIFICATES.



7 IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

had Puyphoke co. Rex Telecommunications 16/16 cert

8 LIST THE STATES IN WHICH THE APPLICANT:



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

and the second

 61.55 	none	a faith a start first and a start a start a start a	
C. TELEPHON	HAS BEEN DENIED AUTHORI IE PROVIDER. EXPLAIN CIRCU		•
	nme		
	· · · ·		
	HAS HAD REGULATORY PENA S OF TELECOMMUNICATIONS ANCES.		
	none		
e veret s			
PARTNERSI MENTALLY	INCOMPETENT, OR FOUND GL WHETHER SUCH ACTIONS MA	HAVE BEEN ADJUDGED BANKRU	JPT ,

/10	ne	
(a) (a) (a)		
FORM PUBLIC SERVICE COMMISSION/CMU 32 (R3-93) RECURED BY COMMISSION RULE NO. 25-34 511	11	
REQUIRED BY COMMISSION RULE NO. 25-24.511	11	

- 10. 0

a a a a a a a

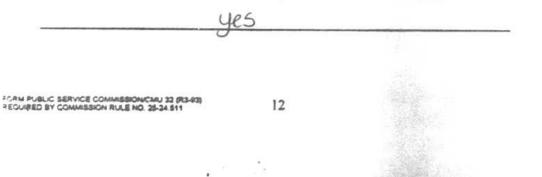
LOCAL	
LONG DISTANCE	
COIN	
CALLING CARD	
CREDIT CARD	
OTHER, DESCRIBE	

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 25

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

PERSONALLY
FULL-TIME TECHNICIAN
SERVICE/REPAIR/MAINTENANCE CONTRACT
local to south for da will be
handled personally, outside
by contract

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.



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.)

ye	25		
•		10.4287	
		100 C	
a a			
FORM PUBLIC SERVICE COMMISSION/CMU 32 (R3-83) RECURED BY COMMISSION RULE NO. 25-24.511	13		



Applicant Chiga Che Telecommunications

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

Signature: _	alex Villo	
Title:	PRESIDENT	
Date:	318199	
		and the second

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.

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 LAGREE 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)

3/8/99 DATE

PORM PUBLIC SERVICE COMMISSION/CMU 32 (R3-83) RECURED BY COMMISSION RULE NO. 25-24 \$11

			Contraction of the second s	
	🔘	DEPOSIT	MAR 1 1 1990	ACHMENT B
	FLORIDA PAY TELEPHO	NE CERTIFI	ICATE APPLIC	ATION
	LEGAL NAME OF THE APPLIC	CANT_Jedi	Inc.	
ŝ	NAME UNDER WHICH THE A	PPLICANT WILL	DO BUSINESS	
	Omega. One Teleco	municat	ims	
	ADDRESS OF THE APPLICAN	T(S)	. 199	65
	STREET 5447 (enter 5	it		
	CITY Jupiter			, = . · .
	STATE & ZIP CODE	33458		
4	TYPE OF ORGANIZATION (CH	ECK ONE)	√ `	
	A. INDIVIDUAL DOING BUSIN OWN NAME:	IESS UNDER H	IS/HER ()	
	DOCUMENTATION: No other do	ocumentation ne	eded.	
	B. PARTNERSHIP:		-[]	
	DOCUMENTATION: Attach a cop name and address of all partners		hip agreement, and	a list with the
	C. CORPORATION:		()	
D	OCUMENTATION: Attach proof the Florida Secretary of State's Office from the Florida Secretary of Stat Florida and provide name and ad	a. If incorporated that applicant	outside of Florida, has authority to ope	attach proof
PAYTO	JEDI, INC. P.O. BOX 572 JUPITER, FL 33458	MIRALTY BANK	0485	_
THE ORDER Florida	Public Service Commission and 00/100	Date 3/8/1 \$ **100.00		
			DOLLARS Interview	-
	二、"如果你。 第二章			
PSC Pay Memo	phone License for Omega One Commulcatio		Service States and Service States	NT NUMBER-DATE
				CORDS/REPORTING