

**FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION**

1. LEGAL NAME OF THE APPLICANT RITA MILLER

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

TRIPLEX TELEPHONE COMMUNICATIONS, INC.

3. ADDRESS OF THE APPLICANT(S)

STREET 3905 TYNDALL HWY. NO. 216

CITY PANAMA CITY

STATE & ZIP CODE FLORIDA 32404

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: RITA MILLER

ADDRESS TRIPLEX TELEPHONE COMMUNICATIONS, INC

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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: RITA MILLER

TITLE: PRESIDENT

PHONE: (850) 814-9558

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.

NO  
\_\_\_\_\_

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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.

*NO*

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

*NO*

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*

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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"/> _____

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

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

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

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

# 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*

---

---

---

---

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.

*Rita Miller*

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

DATE 3 AUG 98

**APPLICANT ACKNOWLEDGMENT**

Applicant RITA MILLER with TRIPLEX TELEPHONE COMMUNICATIONS, 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: Rita Miller

Title: President

Date: 3 Aug 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.**



**Department of State**

I certify the attached is a true and correct copy of the Articles of Incorporation of TRIPLEX TELEPHONE COMMUNICATIONS, INC., a Florida corporation, filed on August 3, 1998, as shown by the records of this office.

The document number of this corporation is P98000067634.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Third day of August, 1998



CR2EO22 (2-95)

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

**Sandra B. Northam**  
Secretary of State

**ARTICLES OF INCORPORATION  
OF**

**TRIPLEX TELEPHONE COMMUNICATIONS, INC**

**FILED**  
98 AUG -3 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, acting as incorporator of a corporation under the Florida General Corporation Act (Florida Statutes, Chapter 607), adopts the following Articles of Incorporation for such corporation:

**ARTICLE I. CORPORATE NAME**

The name of this corporation is **TRIPLEX TELEPHONE COMMUNICATIONS, INC.**

**ARTICLE II. DURATION**

The period of the corporation's duration shall be perpetual.

**ARTICLE III. PURPOSE**

The purpose or purposes for which this corporation is organized are to engage in any activity or business which are not inconsistent with the law.

**ARTICLE IV. PRINCIPAL OFFICE**

The principal place of business of this corporation is 390 S. Tyndall Parkway, Suite No. 216, Panama City, Florida 32404, with a mailing address of the same.

**ARTICLE V. CAPITAL STOCK**

The maximum number of shares this corporation is authorized to issue is One Thousand (1,000), with each share having a par value of One Dollar (\$1.00), all of which shall be common shares. All common shares shall be identical with each other in every respect and the holders thereof shall be entitled to one vote for each share on all matters on which shareholders have the right to vote.

**ARTICLE VI. INITIAL REGISTERED AGENT AND OFFICE**

The name and address of the initial registered agent are RITA MILLER at 390 S. Tyndall Parkway, Suite No. 216, Panama City, Florida 32404.

**ARTICLE VII. INCORPORATORS**

The name and street address of the incorporator of these articles of incorporation are the following: RITA MILLER at 390 S. Tyndall Parkway, Suite No. 216, Panama City, Florida 32404.

**ARTICLE VIII. DIRECTORS**

The corporation shall have one director initially. The number of directors may be increased or decreased from time to time by the bylaws, but shall never be less than one. The name and street address of the initial director are the following: RITA MILLER at 390 S. Tyndall Parkway, Suite No. 216, Panama City, Florida 32404.

IN WITNESS WHEREOF, the undersigned incorporator and subscriber has executed these Articles of Incorporation on this 3<sup>rd</sup> day of August, 1998.

*Rita Miller*  
RITA MILLER  
Incorporator

STATE OF FLORIDA  
COUNTY OF BAY

The foregoing instrument was sworn to or affirmed and signed before me by RITA MILLER on this \_\_\_\_\_ day of August, 1998.

\_\_\_\_\_  
Signature of NOTARY PUBLIC  
STATE OF FLORIDA

\_\_\_\_\_  
Printed Name of NOTARY PUBLIC

RITA MILLER was  
\_\_\_\_ Personally Known  
\_\_\_\_ Produced Identification  
\_\_\_\_ Type of Identification Produced \_\_\_\_\_

**ACKNOWLEDGMENT BY REGISTERED AGENT**

Having been named to accept service of process for the above-stated corporation, at the place designated in the Articles of Incorporation, I hereby agree to act in this capacity, and agree to comply with the provisions of all relevant Florida Statutes relative to keeping said office open.

*Rita Miller*

\_\_\_\_\_  
RITA MILLER  
Registered Agent

FILED

98 AUG -3 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEPOSIT

DATE

D 8 2 4

AUG 0 4 1998

ATTACHMENT B

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT RITA MILLER

980982-TC

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

TRIPLEX TELEPHONE COMMUNICATIONS, INC.

3. ADDRESS OF THE APPLICANT(S)

STREET 3905 TYNDALL PKWY. NO. 216

CITY PANAMA CITY

STATE & ZIP CODE FLORIDA 32404

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: RITA MILLER

RITA MILLER  
3905 TYNDALL PKWY. NO 216  
PANAMA CITY, FL 32404  
FDL M460 727 56-915 1 EXP 11 15-98  
850-814-9558 DOB 11 15-58

DATE 3 Aug 98

778

70NS, INC

PAY TO THE ORDER OF Public Service Commission \$ 100.00

One hundred dollars and 00/100 DOLLARS

PANHANDLE EDUCATORS FEDERAL CREDIT UNION  
2718 HIGHWAY 77  
Panama City, FL 32405-4408

Rita Miller

DOCUMENT NUMBER-DATE

08155 AUG-3 98

98 AUG -4 AM 9 20  
MAIL ROOM