FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

		DEPUSIT	TREAS REC	DAIL
1.	LEGAL NAME OF THE APPLICANT	0 4 1 5	5	MX 53 20
	FRANCIS TUDHY			
2.	NAME UNDER WHICH THE APPLICANT WILL DO BU	SINESS		
	FRANNA INC			
3.	ADDRESS OF THE APPLICANT(S)			
	STREET 302 LAKEVIEW	DR III	2	
	CITY FT. LAUDER DAL	e		
	STATE & ZIP EL. 33325			
4.	TYPE OF ORGANIZATION (CHECK ONE)			
	A. INDIVIDUAL DOING BUSINESS UNDER HIS, OWN NAME.	/HER:	[]	
	DOCUMENTATION: No other documentation n	eeded.		
	B. PARTNERSHIP:		[]	
	DOCUMENTATION: Attach a copy of the par with the name and address of all partners	tnership a	greement,	and a list
25-27	C. CORPORATION:		14	
4. E. C.	DOCUMENTATION: Attach proof that artic filed with the Florida Secretary of Sta outside of Florida, attach proof from the applicant has authority to operate in Flor of Florida Registered Agent.	ate's Offic Florida Se	e. If incretary of	State that
. 57	NAME			
nii.	ADDRESS			
	D. DOING BUSINESS UNDER A FICTITIOUS N		[]	
	DOCUMENTATION: Attach proof that fictition the Florida Secretary of States Office.	us name has	been regi	stered with

FORM PSC/CMU 32 (R3-93) PAGE 2 OF 5 REQUIRED BY COMMISSION RULE NO. 25-24.511

US645 MAY 22 %

RESP	IDE NAME ONSIBLE	, TITLE, FOR COMMIS	AND SION	TELEPI CONTAC	IONE TS:	NUMBE	R OF	THE	INDI	VIDU	AL WH	0 19
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LIST A.	THE STA IS CUR HAS AF PROVID	TES IN WHICE RENTLY PROPERTIONS PLICATIONS	VIDIN	E APPL G PAY DING	TELEI TO BI	PHONE CERT	IFICA	TED		_		

9.	PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:
	LOCAL LONG DISTANCE COIN CALLING CARD CREDIT CARD OTHER, DESCRIBE
10.	PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 10-20
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
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.
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.)
	ves

APPLICANT ACKNOWLEDGEMENT CARD

Applicant	FRANCIS	THOHI		
Service Co	edge receipt an mmission's Rules ephone Service.	d understanding and Requirements	of the relating	Florida Public to my provision
	Fran	fre	> _	
	130/96		0	

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, 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 .



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 3, 1995

ANNA TUOHY 14041 SUMMERSVILLE PLACE DAVIE, FL 33325

The Articles of Incorporation for FRANNA, INC, were filed on January 31, 1995 and assigned document number P95000009195. Please refer to this number whenever corresponding with this office regarding the above corporation.

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 JAKUARY 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 INDENTIFICATION (FEI) NUMBER MUST BE SHOWN ON THE ANNUAL REPORT FORM PRIOR TO ITS FILING WITH THIS OFFICE. CONTACT THE INTERNAL REVENUE SERVICE TO INSURE THAT YOU RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT. TO OBTAIN A FEI NUMBER, CONTACT THE IRS 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.

Brendolyn Bruton, Corporate Specialist New Filings Section

Letter Number: 195A00004687

ARTICLES OF INCORPORATION

OF

FRANNA, INC.

1895 MI 31 ED

ARTICLE ONE

of the corporation is FRANNA, INC. The principal address of the corporation is: 14041 Summersville Place, Davie, Florida 33325.

ARTICLE TWO

The period of its duration is perpetual.

ARTICLE THREE

The purpose for which the corporation is organized is the transaction of any or all lawful business for which corporations may be incorporated under the Florida Corporation Act.

ARTICLE FOUR

The aggregate number of shares which the corporation shall have authority to issue is one hundred (100) of no par value.

ARTICLE FIVE

The corporation will not commence business until it has received for the issuance of shares consideration of the value of \$1,000.00 consisting of money, labor done or property actually received.

ARTICLE SIX

The street address of its initial registered office is 14041 Summersville Place Davie, Florida 33325, and the name of its initial registered agent at such address is ANNA TUOHY.

I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation.

ANNA TUOHY

	FLORIDA PAT TELEPHONE CERTIFIC	DIPOSIL TRE	A5 10 1	DAIL
1.	LEGAL NAME OF THE APPLICANT	0:1:.		
	FRANCIS TUOHY	10.52		
2.	NAME UNDER WHICH THE APPLICANT WILL DO B	USINESS		
	FRANNA INC			
3.	ADDRESS OF THE APPLICANT(S)			
	STREET 302 LAKEVIEW	DR I 102		
	CITY FT. LAUDER DA	Le.		
	STATE & ZIP FL. 3332			
4.	TYPE OF ORGANIZATION (CHECK ONE)			
	A. INDIVIDUAL DOING BUSINESS UNDER HI OWN NAME.	S/HER: [1	
	DOCUMENTATION: No other documentation	needed.		
	B. PARTNERSHIP:	ſ)	
	DOCUMENTATION: Attach a copy of the pa with the name and address of all partner	irtnership agree s.	ment,	and a list
	C. CORPORATION:	[•	1	
	DOCUMENTATION: Attach proof that artifuled with the Florida Secretary of Statistics of Florida, attach proof from the Lapplicant has authority to operate in Florida Registered Agent.	tate's Office. e Florida Secret	If it	ncorporated State that
	NAME			
<u>.</u> شد	ADDRESS			
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State of Florida

Commissioners: SUSAN F. CLARK, CHAIRMAN J. TERRY DEASON JULIA L. JOHNSON DIANE K. KIESLING JOE GARCIA



DIVISION OF RECORDS & REPORTING BLANCA S. BAYO DIRECTOR (904) 413-6770

Public Service Commission

May 28, 1996

Franna, Inc. c/o Francis Tuohy 302 Lakeview Drive, #102 Ft. Lauderdale, Florida 33325

Re: Docket No. 960639-TC

Dear Mr. Tuohy:

This will acknowledge receipt of an application for certificate to provide pay telephone service, by Franna, Inc., which was filed in this office on May 22, 1996 and assigned the above-referenced docket number. Appropriate staff members will be advised.

Sincerely,

Matilda Sanders

Commission Deputy Clerk