

981099-TC

DEPOSIT

DATE

D003

SEP 04 1998

1. Name of company:

Summit Communications of Sarasota, LC.

2. Name under which applicant will do business (fictitious name, etc.):

Summit Communications of Sarasota, LC.

3. Official mailing address (including street name & number, post office box, city, state, and zip code).

677 N. WASHINGTON BLVD  
SARASOTA FL 34236

4. Florida address (including street name & number, post office box, city, state, and zip code):

677 N. WASHINGTON BLVD  
SARASOTA FL 34236

5. Structure of organization:

- ( ) Individual
- ( ) General Partnership
- ( ) Other, \_\_\_\_\_
- (X) Corporation
- ( ) Limited Partnership

6. If incorporated in Florida, provide proof of authority to operate in Florida:

(a) Florida Secretary of State Corporate registration number: P97000001038  
P47000001038

7. If using fictitious name-d/b/a, provide proof of compliance with the fictitious name statute (Chapter 865.09 FS) to operate in Florida:

(a) Florida Fictitious Name registration number: \_\_\_\_\_

8. FEID Number (if applicable): 65-0731202

9. If individual, provide;

Name : \_\_\_\_\_

Title : \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

10. If applicant is a partnership, provide name, title and address of all partners and a copy of the partnership agreement.

a. Name : \_\_\_\_\_

Title : \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

b. Name : \_\_\_\_\_

Title : \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

11. Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name : WALTER J. SHACKLETT  
 Title : PRES.  
 Address: 677 N WASHINGTON BLVD.  
 City/State/Zip: SARASOTA FL 34236  
 Telephone No.: 941-952-5884 Fax No.: 941-957-3630  
 Internet E-Mail Address: \_\_\_\_\_  
 Internet Website Address: \_\_\_\_\_

(b) Official Point of Contact for the ongoing operations of the company:

Name : WALTER J. SHACKLETT  
 Title : PRES  
 Address: SAME  
 City/State/Zip: AS ABOVE  
 Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 Internet E-Mail Address: \_\_\_\_\_  
 Internet Website Address: \_\_\_\_\_

(c) Complaints/Inquiries from customers:

Name : JOSEPH A. MENDLERIA  
 Title : MANAGER  
 Address: 677 N. WASHINGTON BLVD  
 City/State/Zip: SARASOTA FL 34236  
 Telephone No.: 941 952-5884 Fax No.: 941-957-3630  
 Internet E-Mail Address: \_\_\_\_\_  
 Internet Website Address: \_\_\_\_\_

12. Indicate if applicant or any subsidiary, partner, officers, director, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, provide explanation.

N/A

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

NO

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

N/A

15. List the states in which the applicant:

a. is currently providing pay telephone service:

FLORIDA

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, rules, or orders. Explain circumstances:

NO

16. Please check (✓) the services that will be provided:

- LOCAL
- LONG DISTANCE
- COIN
- CALLING CARD
- CREDIT CARD
- OTHER (Describe)

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 100

18. How does the applicant intend to service and maintain each payphone (✓) (check all that apply)

- PERSONALLY
- FULL-TIME TECHNICIAN
- PART-TIME TECHNICIAN
- SERVICE/REPAIR/MAINTENANCE CONTRACT
- OTHER (Describe)

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19. Will each of the pay telephones to be installed provide access to all locally available long distance carriers via 10XXX+0, 1010XXX, 950-XXXX, and 1-800? (See Rule 25-24.515(6), F.A.C.)  Yes ( ) No

Explain: \_\_\_\_\_

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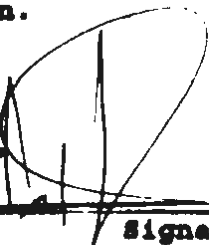
20. Will each of the pay telephones to be installed conform to subsections 4.29.2 - 4.29.4 and 4.29.8 of the American National Standard Specifications for Making Buildings and Facilities Accessible and Usable by Physically Handicapped People (Attachment F, ANSI STANDARDS) (See Rule 25-24.515(14), F.A.C.).

Yes ( ) No

**\*\* APPLICANT ACKNOWLEDGMENT STATEMENT \*\***

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
2. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business.
3. **SALES TAX:** I understand that a seven percent sales tax must be paid on intra and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

**UTILITY OFFICIAL:**

  
 \_\_\_\_\_  
 Signature  
 PRES  
 \_\_\_\_\_  
 Title

9-1-98  
 \_\_\_\_\_  
 Date  
941-952-5884  
 \_\_\_\_\_  
 Telephone No.

Address: 677 N. WASHINGTON BLVD  
SARASOTA FL 34236  
 \_\_\_\_\_

941 957-3630  
 \_\_\_\_\_  
 Fax No.

**ATTACHMENTS:**

- A - Affidavit
- B - Applicant Acknowledgment

**\*\* APPENDIX A \*\*****AFFIDAVIT**

By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$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 in the application within 10 days of the change.

Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "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, punishable as provided in s. 775.082 and s. 775.083."

**UTILITY OFFICIAL:**

Signature: \_\_\_\_\_

Date: 9-1-98Printed Name: WALTER J. ShucklettTitle: Pres.Address: 677 N WASHINGTON Rd.SARASOTA FL.34236.941-957-3630

Fax No.



**\*\* APPENDIX B \*\*****APPLICANT ACKNOWLEDGMENT**

Applicant: WALTER J. SHACKLETT  
SUMMIT COMMUNICATIONS OF FLORIDA, L.C.

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

Signature: 

Date: 9-1-98

Printed Name: WALTER J. SHACKLETT

Title: Pres

Address: 677 N. WASHINGTON BLVD Tel. No. 941-952-5884  
SHAKSOTTA FL Fax No. 941-957-3630  
34236

**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



## Department of State

I certify the attached is a true and correct copy of the Articles of Organization of SUMMIT COMMUNICATIONS OF SARASOTA, L.C., a limited liability company organized under the laws of the state of Florida, filed on September 19, 1997, as shown by the records of this office.

The document number of this limited liability company is L97000001038.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Nineteenth day of September, 1997



CR2EO22 (2-95)

*Sandra B. Northam*

Sandra B. Northam  
Secretary of State

97 SEP 19 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
Summit Communications of Sarasota, L.C.**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE I  
Name**

The name of the Limited Liability Company shall be Summit Communications of Sarasota, L.C. ("Company"). The principal place of business of the Company in Florida shall be Suite 705, 1800 Second Street, Sarasota, Florida 34236.

**ARTICLE II  
Duration**

The Company shall commence its existence on the date these Articles of Organization are filed with the Florida Department of State. The Company's existence shall terminate ten years from the date of filing these Articles of Organization with the Florida Department of State, unless the Company is earlier dissolved as provided in these Articles of Organization.

**ARTICLE III  
Purposes and Powers**

The general purpose for which the Company is organized is to transact any lawful business for which a limited liability company may be organized under the laws of the State of Florida. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

**ARTICLE IV  
Registered Office and Agent**

The name and street address of the registered agent of the Company in the State of Florida is Walter Shacklett, Suite 705, 1800 Second Street, Sarasota, Florida 34236.

**ARTICLE V  
Admission of new members and  
Assignability of interests**

No additional members shall be admitted to the Company except with the unanimous written consent of all the members of the Company and upon such terms and conditions as shall be determined by all the members. A member may assign his or her interest in the Company provided the assigning member obtains the prior written consent from a majority of the non-assigning members, but the assignee shall have no right to participate in the management of the business and affairs of the Company or become a member unless all the other members of the Company other than the member proposing to dispose of his or her interest approve of the proposed assignment by unanimous written consent.

**ARTICLE VI  
Termination of Existence**

The Company shall be dissolved upon the date set forth in Article II hereof, or upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or upon the occurrence of any other event that terminates the continued membership of a member of the Company, unless the business of the Company is continued by the unanimous consent of the remaining members, provided there are at least two (2) remaining members.

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS**

The undersigned member or authorized representative of a member of Summit Communications of Sarasota, L.C. deposes and says:

- 1) The above named Limited Liability Company has at least two members.
- 2) The total amount of cash contributed by the member(s) is \$ 250,000
- 3) If any, the agreed value of property other than cash contributed by member(s) is \$ N/A. A description of the property is attached and made a part hereto.
- 4) The total amount of cash or property anticipated to be contributed by member(s) is \$ 250,000. This total includes amounts from 2 and 3 above.

THE AFFIANT SAYS NOTHING FURTHER

Dated: 9. 17. 97

SUMMIT COMMUNICATIONS OF SARASOTA, INC.

By: [Signature]  
Affiant

STATE OF FLORIDA  
COUNTY OF SARASOTA

Sworn to (or affirmed) and subscribed before me this 17<sup>th</sup> day of September, 1997, by WALTER SHACKLETT, as President for Summit Communications of Sarasota, Inc., a Florida corporation, on behalf of the corporation.

NOTARY PUBLIC-State of Florida



NICOLE LONGRIDGE  
My Commission CC463330  
Expires May. 14, 1999  
Bonded by HAI  
800-422-1565

Sign [Signature]  
Print NICOLE LONGRIDGE

(Seal)

Personally known  OR Produced Identification   
Type of Identification Produced: \_\_\_\_\_

97 SEP 19 PM 12:11  
SECTION 101, STATE  
TALLAHASSEE, FLORIDA

ARTICLE VII  
Management

The Company shall be managed by a manager in accordance with the regulations adopted by the members for the management of the business and affairs of the Company. These regulations may contain any provision for the regulation and management of the affairs of the Company not inconsistent with the law or these Articles of Organization. The names and addresses of the Initial Manager who shall serve until the first annual meeting of the members or until its successors are elected and qualify is Summit Communications of Sarasota, Inc., whose address is 1800 Second Street, Suite 705, Sarasota, Florida 34236.

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these Articles of Organization at Sarasota, Florida, for the foregoing uses and purposes this 17<sup>th</sup> day of September, 1997.

SUMMIT COMMUNICATIONS OF SARASOTA, INC.

By:

  
Walter Shacklett, President

STATE OF FLORIDA  
COUNTY OF SARASOTA

Sworn to (or affirmed) and subscribed before me this 17<sup>th</sup> day of September, 1997, by Walter Shacklett, as President for Summit Communications of Sarasota, Inc., a Florida corporation, on behalf of the corporation.

NOTARY PUBLIC-State of Florida



NICOLE LONGRIDGE  
My Commission CC483330  
Expires May, 14, 1999  
Bonded by HAI  
800-422-1658

Sign  
Print

  
Nicole Longridge

(Seal)

Personally known  OR Produced Identification   
Type of Identification Produced:  
\_\_\_\_\_

ACCEPTANCE OF REGISTERED AGENT

The undersigned, being the person named in the Articles of Organization of Summit Communications of Sarasota, L.C., as the Registered Agent of this Limited Liability Company, hereby consents to his appointment as Registered Agent of the Company.

  
Registered Agent

**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is Summit Communications of Sarasota, L.C.

2. The name and address of the registered agent and office is:

Walter Shacklett

(Name)

1800 Second Street, Suite 705

(P.O. Box (if applicable))

Sarasota, Florida 34236

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Signature)

9.17.97

(Date)

97 SEP 19 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\* FLORIDA PUBLIC SERVICE COMMISSION \*\*****DIVISION OF COMMUNICATIONS**  
**BUREAU OF SERVICE EVALUATION****APPLICATION FORM**  
**for**  
**AUTHORITY TO PROVIDE PAY TELEPHONE SERVICE**  
**WITHIN THE STATE OF FLORIDA**

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**INSTRUCTIONS**

- A. This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- B. Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. Once completed, submit the original and two (2) copies of this form, the signed Applicant Acknowledgement Card, and a non-refundable application fee of \$100.00 to:

Florida Public Service Commission  
Division of Records and Reporting  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6770

- E. If you have questions about completing the form, contact:

Florida Public Service Commission  
Division of Communications  
Bureau of Certification and Evaluation  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6600

# SUMMIT COMMUNICATIONS

of Sarasota, Inc.

9-2-98

BARBARA BAILEY / P. S. C.

I am faxing you the completed set of forms as our application to provide pay telephone service, along with a copy of our current corporate annual report, and a copy of the check we will be sending.

ALL this of course will be placed in today's mail.

Again, I sincerely want to acknowledge your helping us through the "hurry" we found ourselves in yesterday. We truly appreciate you.

**RECEIVED**

SEP 04 1998

CMU

Thank you  
Joseph "Ang" Niendalera  
Manager

TOTAL PAGES - 18



850-411-6505

STATE OF FLORIDA



PUBLIC SERVICE COMMISSION

2540 Shumard Oak Boulevard  
CAPITAL CIRCLE OFFICE CENTER  
TALLAHASSEE, FLORIDA 32399-0850

FACSIMILE TRANSMITTAL COVER SHEET

DATE: 9-1-98

TO: Walter TITLE: \_\_\_\_\_

OFFICE/BUSINESS: Summit

TELEPHONE NO: ( ) \_\_\_\_\_ FAX NO: (941) 957-3630

FROM: B. Baiken

OFFICE/DIVISION: cmw

TELEPHONE NO: (850) 413-6505 FAX NO: (850) 413-6505

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NUMBER OF PAGES, INCLUDING THIS COVER SHEET: 11 pgs.

WALTER - Review these - fill in: the  
BLANKS - sign - see Hittes -  
ETC.

Ang

DEPOSIT DATE

D003 SEP 04 1998

1. Name of company;

Summit Communications of Sarasota, LC

2. Name under which applicant will do business (fictitious name, etc.):

Summit Communications of Sarasota, LC

3. Official mailing address (including street name & number, post office box, city, state, and zip code).

677 N. WASHINGTON BLVD  
SARASOTA FL 34236

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677 N. WASHINGTON BLVD  
SARASOTA FL 34236

5. Structure of organization;

( ) Individual (X) Corporation  
( ) General Partnership ( ) Limited Partnership  
( ) Other, \_\_\_\_\_

6. If incorporated in Florida, provide proof of authority to operate in Florida:

RECEIVED DATE  
9666 SEP-4 98

SUMMITT COMMUNICATIONS  
OF SARASOTA, INC.  
677 N. WASHINGTON BLVD.  
SARASOTA, FL 34236

639

PAY TO THE ORDER OF

Florida Public Service Commission

DATE 9-2-98

63-1269/631

One hundred

1 \$ 100

DOLLARS

The Huntington National Bank  
Orlando, Florida 32802



FOR Application - pay phone service