

960551-TC

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DEPOSIT TREASURY RECEIPT DATE

1. LEGAL NAME OF THE APPLICANT

Edward DeMatteis

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

Edward DeMatteis

3. ADDRESS OF THE APPLICANT(S)

STREET 3300 N. State Rd #7 Box

CITY Hollywood, FL

STATE & ZIP FLORIDA 33021

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 _____

ADDRESS _____

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

DOCUMENTATION: Attach proof that fictitious name has been registered with the Florida Secretary of States Office.