

# F00000002141

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Select Payphone Providers of America, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam: 00789-00644-00671

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

John Michael Senger  
(Name of Person)

Attorney  
(Firm/Company)

P.O. Box 1033  
(Address)

Traverse City, MI 49685  
(City/State/Zip)

100003186221-1  
-03/27/00-01147-008  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

W-8414

Should you need to call someone concerning this matter, please call:

John Michael Senger at (231) 941-7308  
(Name of Person) (Area Code & Daytime Telephone Number)

00 APR 17 AM 10:37  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

### STREET ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

### MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

MJH

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☒ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

March 29, 2000

JOHN MICHAEL SENGER  
P.O. BOX 1033  
TRAVERSE CITY, MI 49685

SUBJECT: SELECT PAYPHONE PROVIDERS OF AMERICA, INC.  
Ref. Number: W00000008414

We have received your document for SELECT PAYPHONE PROVIDERS OF AMERICA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges  
Document Specialist

Letter Number: 700A00017298

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Select Payphone Providers of America, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Nevada 3. 68-0448088  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3-1-00 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 310  
301 First St., Marysville, CA 95901  
(Current mailing address)

8. Service, maintain and operate pay telephones  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Daniel A. Jolitz

Office Address: 8023 Sheldon Rd., Unit #6  
Tampa, Florida, 33615  
(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Daniel A. Jolitz  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

00 APR 17 AM 10:37

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Chairman: John Welch

Address: 534 Washington  
Traverse City, MI 49686

Vice Chairman:

Address:

Director: Tracey Welch

Address: 534 Washington  
Traverse City, MI 49686

Director: Joan Jolitz

Address: 417 Barlow  
Traverse City, MI 49686

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: F. Peter Plaza

Address: <sup>310</sup>  
~~301~~ First St.  
Marysville, CA 95901

Vice President: Dawn Plaza

Address: <sup>310</sup>  
~~301~~ First St.  
Marysville, CA 95901

Secretary: John Welch

Address: 534 Washington  
Traverse City, MI 49686

Treasurer:

Address:

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

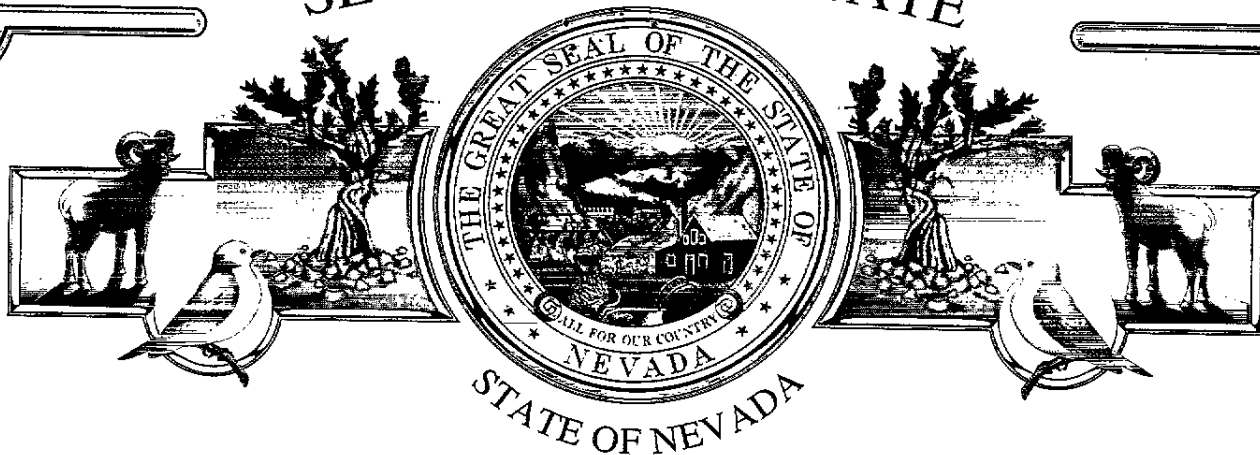
13.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

F. PETER PLAZA - PRESIDENT  
(Typed or printed name and capacity of person signing application)

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SELECT PAYPHONE PROVIDERS OF AMERICA, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 1, 2000, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on March 13, 2000.



*Dean Heller*

Secretary of State

By

*[Signature]*  
Certification Clerk