

TO: Qualification/Tax Lien Section Division of Corporations			
SUBJECT: PAY TELEDHEAST ANY (Name of corporation - mil	DERICA (TI) IN	С	_
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for Florida", "Certificate of Existence", and check are su foreign corporation to transact business in Florida.	or Authorization to Tran- bmitted to register the al	sact Business in bove referenced	
Please return all correspondence concerning this matt		300001	601993
JAMES D (D)	ILKIN3	-10/06/950 *****78.75	01019007 *****78.75
(Name of Pers	ion)		
- PAY TELEPHONE	HMERICH LT	<u>n. </u>	
Firm/Compa	ny) 746	200	SECRE
MCKSON, MS	39236 2	766 =	FILED
(City/State/Zij	p)	/ WV	S = 1
Should you good to golf and a land		<u>د</u> د	ATE STIONS
Should you need to call someone concerning this matter	r, please call:	120,725	yrith
(Name of Person)	_ at ((OU/) (Area Code & Daytime	e Telephone Numbe	<u>//</u>

COURIER ADDRESS:

Qualification/Tax Lien Sec. 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

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:

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" 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.)	words	or
2. MISSISSIPOI (State or country under the law of which it is incorporated) 3. Applied For (FEI number, if applicable)		
4. 9-3-87 (Date of Incorporation) 5. 2086 (Duration: Year corp. will cease to exist or "p		
6. December 1995 (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)	erpetu	a l")
7. P.O. Box 12766	95 OCT	SECRE
Jack-son, MS 39236 - 2766 (Current mailing address)	-6	FILED
8. Provide Pay Telephone Service (Purpose(s) of corporation authorized in home state or country to be carried out in the state of	1 8: 36	STATE
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box Nacceptable)	OT	<u> </u>
Name: CT Corporation Company		
Office Address: 1200 S. Pine Island Road		
Plantation, Florida, 33324 10. Registered agent's accentance: (Zip Code)		
10. Registered agent's acceptance: (Zip Code)		
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 provisional statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent.	ons of with	r
(See a Hocked) (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.

ACCEPTANCE OF APPOINTMENT

RE: PAY TELEPHONE AMERICA LTD.

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: September 29, 1995

C T CORPORATION SYSTEM

Bonnie L. Harmon

Assistant Secretary

95 CCT -6 AM 8: 36

SECRETARY OF STATE

12. Names and additiones of collicers and/or directions: (Street indirect ONLY P.O. NOT enceptable) A. D. ECTORS (Street address only P.O. Box NOT acceptable)		
Chairman: Kurt R. Harrington		- 05
Address: 39 W. Montgomery Avenue Pockville	<u>- 1 MD - </u>	2085
Vice Chairman:		
Address:		
Director:		
Address:		
	35 A	i i
Director:	8. 28E	i
Address:	-6	<u> </u>
		<u></u>
B. OFFICERS (Street at dress only- P. O. Box NOT acceptable)	37 STA	4
President: James Di Wilkins	36 36	9
Address: 1013 North Flowood Drive	<u>5</u>	8
Flowed, MS 39208		
Vice President: Kurt R. Harrington		
Address: 39 W. Montgomery Avenue		
Rockiile, MD 20850		
ecretary/ Treasurer Lincoln M. McGinnis		
ddress: 1013 North Floward Drive		
Floward, ms 39208		
reasurer:		
.ddress:		
OTE: If necessary, you may attach an addendum to the application listing additional fficers and/or directors.		
(Signature of Chairman, Vice Chairman, of any officer listed in number 12 of the application)		
(Signature of Chamman, vice Chairman, or any officer listed in number 12 of the application) Lincoln M. MCGinnis, Secretary Treas (Typed or printed name and cape sity of person signing application)	·/	

State of Mississippi

Office of the Secretary of State
Dick Molpus, Secretary of State
Jackson, Mississippi

CERTIFICATE OF EXISTENCE/AUTHORITY

I, DICK MOLPUS, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on September 03,1987 the state of Mississippi issued Charter/Certificate of Authority to:

PAY TELEPHONE AMERICA, LTD.

That the state of incorporation is MISSISSIPPI.

That the period of duration is 99 years.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual REPORT HAS BEEN DELIVERED TO THE SECRETARY OF STATE'S OFFICE.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

Given under my hand and seal of office September 22,1995

DICK MOLPUS Secretary of State



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