

# State of Florida



Department of State

## Certificate of Franchise Authority

I certify that Florida Fiber Networks, LLC, as successor of interest to identification number CV10-0029 issued on 12/08/10, to Florida Cable, Inc., is hereby granted authority to provide cable and/or video service in the following service area(s) as amended on 10/14/2015:

State of Florida.

I further certify that authority to construct, maintain, and operate facilities through, upon, over, and under any public right-of-way or waters, subject to the applicable governmental permitting or authorization from the Board of Trustees of the Internal Improvement Trust Fund, is hereby granted.

This grant of authority is subject to lawful operation of the cable or video service by the applicant or its successor in interest.

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capitol, this the Fourteenth day of October, 2015.



CR2EO22 (1-11)

*Ken Detzner*

Ken Detzner  
Secretary of State

**APPLICATION TO AMEND A STATE-ISSUED CERTIFICATE OF FRANCHISE  
AUTHORITY FOR CABLE AND/OR VIDEO SERVICE**

1) Name of Certificate holder Florida Cable, Inc.

2) Address of Certificate holder: 23505 SR 40, Astor, FL

3) Statement of Amendment(s):

a) Change in Service Area. Notification of Commencement is required within five business days after first providing service in each additional areas. Please provide a description of the new service area consistent with s.610.104(2)(e)5 Florida Statutes, and effective date of Commencement of Operations. (Please include all service areas.) List existing areas first and new areas last. Use attached pages if necessary

b) Notice of Transfer of Interest. Notification is required within fourteen business days following completion of transfer. Please provide the name and address of any successor in interest.

Florida Fiber Networks  
301 South Collins Street, Suite 105  
Plant City, FL 33563

c) Other: (change of address or contact person)

d) Notice to Terminate Service.

Effective Date: \_\_\_\_\_

David S. Suarez, CEO  
Printed Name and Title

  
Signature

10.13.15  
Date

E. (State-Issued Cable Franchise)

AFFIDAVIT

STATE OF FLORIDA

COUNTY OF Hillsborough

I, David S. Suarez, am employed with Florida Fiber Networks in an official capacity as (officer, partner, owner, managing member) managing member and do hereby attest to the facts stated herein from my personal knowledge. I hereby swear and affirm that the following statements are true and correct:

- 1) The applicant is fully qualified under the provisions of Chapter 610, Florida Statutes, to file this application and affidavit for a certificate of franchise authority.
- 2) The applicant has filed or will timely file with the Federal Communications Commission all forms required by that agency in advance of offering cable or video service in this state.
- 3) The applicant agrees to comply with all applicable federal and state laws and regulations, to the extent such state laws and rules are not in conflict with or superseded by the provisions of Chapter 610, Florida Statutes, or other applicable state law.
- 4) The applicant agrees to comply with all state laws and rules and municipal and county ordinances and regulations regarding the placement and maintenance of communications facilities in the public rights-of-way that are generally applicable to providers of communications services in accordance with s. 337.401, Florida Statutes.
- 5) The description of the service area consistent with s. 610.104(2)(e) 5a & b, Florida Statutes, for which the applicant seeks a certificate of franchise authority is:

State of Florida

6) Applicant's principal place of business: 301 South Collins Street, Suite 105  
Plant City FL 33563

Names of the applicant's principal executive officers: David S. Suarez CEO  
David R. Orshan CMO

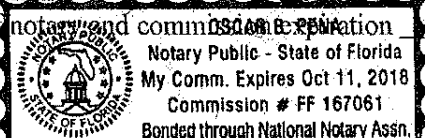
Physical address sufficient for purposes of Chapter 48, Florida Statutes:  
301 South Collins Street, Suite 105, Plant City, FL 33563

- 7) The applicant will file with the Department of State a notice of commencement of service within (5) five
- 8) Business days after first providing service in each area described.
- 8) The applicant will notify the Department of State of any change of address or contact person.
- 9) The applicant's system shall comply with the Federal Communications Commission's rules and regulations of the Emergency Alert System.

[Signature]  
Signature  
David S. Suarez, CEO  
Printed Name and Title

Sworn to affirmed and subscribed before me on this 15 day of October, 2015.  
By David S. Suarez, personally known \_\_\_\_\_ or produced identification DL  
(Name of Affiant) type of identification produced C620-177-65-00 4-0

Print, type or stamp name of notary and commission expiration  
(SEAL)  
CF10 (06/13)



Oct 11, 2018



STATE OF FLORIDA  
DEPARTMENT OF STATE

RICK SCOTT  
*Governor*

Ken Detzner  
*Secretary of State*

October 14, 2015

David S. Suarez, CEO  
Florida Cable, Inc.  
301 South Collins Street, Suite 105  
Plant City, Florida 33563

Re: Florida Fiber Networks, LLC  
CV10-0029

Dear Mr. Suarez:

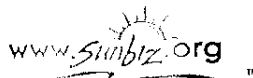
We received your Notice of Transfer of Interest regarding CV10-0029. A State-Issued Certificate of Franchise Authority for cable and/or video service issued on 12/08/2010, to Florida Fiber Networks, LLC. Your Notice of Transfer of Interest has been accepted. An amended certificate is attached.

Further, in regards to The Federal Communication Commission's Cable Act Reform 47 C.F.R. ss. 76.952, 76.1602 and 76.1603, The Department of State, respectfully requests that the certificate holders omit the department's name and contact information on any billing, notice or information provided to subscribers. The department's function is in a ministerial capacity only.

If you should have any questions, please call us at (850) 245-6010.

Rebekah A. White  
Video and/or Cable Franchise Section

Encl.



2010-0029

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

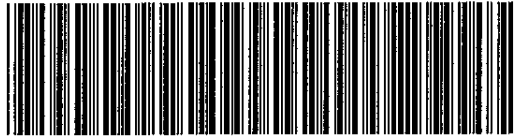
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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