

Certificate of Franchise Authority

I certify that NuVu, LLC, identification number CV09-0027, issued on 12/15/2009, is hereby granted authority to provide cable and/or video service in the following service area(s):

The unincorporated areas of Lee County, the unincorporated areas of Collier County, the city of Naples, the city of Bonita Springs and the city of Fort Myers.

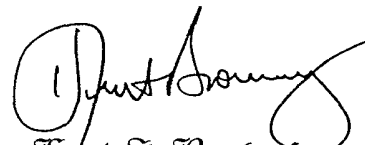
I further certify that authority to construct, maintain, and operate facilities through, upon, over, and under any public right-of-way or waters, subject to the applicable governmental permitting or authorization from the Board of Trustees of the Internal Improvement Trust Fund, is hereby granted.

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 Fifteenth day of December 2009.



CR2EO22 (01-07)


Kurt S. Browning
Secretary of State



FLORIDA DEPARTMENT of STATE

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CABLE AND/OR VIDEO
FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

- A. Official name of the cable or video service provider:
NuVu, LLC
- B. Street address of the principal place of business of the cable and/or video service provider:
28901 Trails Edge Blvd #203
Bonita Springs, FL 34134
- C. Federal employer identification number or the Department of State's document number:
27-1078379
- D. Name, address, and business telephone number of an officer, partner, owner, member, or manager as a contact person for the cable or video service provider to whom questions or concerns may be addressed:
Name: William Gaston, Jr.
Title: President
Address: 28901 Trails Edge Blvd #203
Naples, FL 34134
Business telephone number: 239-992-6888, 239-571-1671
- E. Duly executed affidavit attached (notarized and signed by an officer, partner, owner or managing member).

This application and affidavit must be submitted with an application fee of \$10,000.00 and an accompanying fee of \$35.00 and mailed to the State-Issued Certificate of Franchise Authority for Cable and/or Video Service at the following address:

MAILING ADDRESS:

Cable and/or Video Franchising
Division of Corporations
PO Box 5678
Tallahassee, Florida 32314

STREET ADDRESS:

Cable and/or Video Franchising
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

E. (State- Issued Cable Franchise)

STATE OF Florida
COUNTY OF Collier

AFFIDAVIT

I, William R. Gaston, Jr., am employed with NuVu, LLC. in an official capacity as (officer, partner, owner, managing member) president 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, F.S., 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 services 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, F.S., or other applicable state law.
- 4) The applicant agrees to comply with all the 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, F.S.
- 5) The description of the service area consistent with s. 610.104 (2)(e) 5a & b, F.S., for which the applicant seeks a certificate of franchise authority is:

The unincorporated areas of Lee County, the unincorporated areas of Collier County, the city of Naples, the city of Bonita Springs, and the city of Fort Myers.

6) Applicant's principal place of business: 28901 Trails Edge Blvd #203, Bonita Springs, FL 34134

Names of the applicant's principal executive officers: William R. Gaston Sr. CEO, William R. Gaston Jr. President

Street Address sufficient for purposes of Chapter 48, F.S.: 28901 Trails Edge Blvd #203, Bonita Springs, FL 34134

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

William R. Gaston Jr., President

Printed Name and Title


Signature

Sworn to affirm and subscribe before me on this 14th day of December, 20 09, by William Gaston

☒ Personally known OR ☐ Produced Identification

(Name of Affiant)

Type of Identification Produced: _____

Kathryn B Hubert - 7.11.10
Name of Notary Public and Commission Expiration Date



Notary Public In and For the State of Florida

CF02 (7/07)


Signature



**STATE OF FLORIDA
DEPARTMENT OF STATE**

CHARLIE CRIST
Governor

KURT S. BROWNING
Secretary of State

December 15, 2009

Mr. William Gaston, Jr.
President
NuVu, LLC
28901 Trails Edge Blvd #203
Bonita Springs, Florida 34134

Re: NuVu, LLC
CV09-0027

Dear Mr. Gaston:

Your application and affidavit for a State-Issued Certificate of Franchise Authority for cable and/or video service has been accepted and processed. Enclosed is your Certificate of Franchise Authority.

The Federal Communication Commission's Cable Act Reform 47 C.F.R. 76.952 states that "all cable operators must provide to the subscribers the name, mailing address and phone number of the franchising authority, unless the franchising authority in writing request that cable operator to omit such information."

Since we are not authorized to regulate cable activities, the Department of State, Cable and/or Video Franchise Section, requests certificate holders to omit the department's name and contact information from the monthly billing inserts to subscribers. The Department of State does not have any authority to resolve customer service complaints. In 2009 the Department of Agriculture and Consumer Services will be responsible for responding to customers' complaints.

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

(Rebekah White)

Video and/or Cable Franchise Section
Enclosures



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

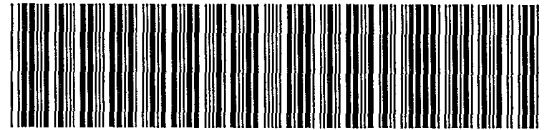
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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