

# State of Florida



Department of State

## Certificate of Franchise Authority

I certify that CMN-RUS, Inc. d/b/a MetroNet, identification number CV19-0037 issued on 06/13/2019 is hereby granted authority to provide cable and/or video service in the following service area(s):

The municipality of Tallahassee and the surrounding unincorporated areas of Leon County.

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 Thirteenth day of June, 2019.



*Laurel M. Lee*

Laurel M. Lee

Secretary of State

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

1. Official name of the cable or video service provider:  
CMN-RUS, Inc. d/b/a MetroNet  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. Street address of the principal place of business of the cable and/or video service provider:  
3701 Communications Way  
Evansville, IN 47715  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Federal employer identification number or the Department of State's document number:  
01-0784990  
\_\_\_\_\_
  
4. 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: Randy Kiesel  
Title: Regulatory Manager  
Address:  
3701 Communications Way  
Evansville, IN 47715  
Business telephone number: 812.759.7807
  
5. Duly executed affidavit attached (notarized and signed by an officer, partner, owner or managing member).

FILED  
2015 JUL 13 AM 8:37  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

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 6327  
Tallahassee, Florida 32314

**OVERNIGHT COURIER:**  
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 Leon

**AFFIDAVIT**

I, Kevin Stelmach, am employed with CMN-RUS, Inc. d/b/a MetroNet in an official capacity as (officer, partner, owner, managing member) Executive V.P. & General Manager 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:

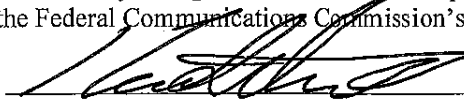
The municipality of Tallahassee and the surrounding unincorporated areas of Leon County

6) Applicant's principal place of business: 3701 Communications Way, Evansville, IN 47715

Names of the applicant's principal executive officers: John Cinelli, President  
Kevin Stelmach, Executive Vice President & General Manager

Physical address sufficient for purposes of Chapter 48, Florida Statutes: National Registered Agents, Inc.,  
1200 South Pine Island Road, Plantation, FL 33324

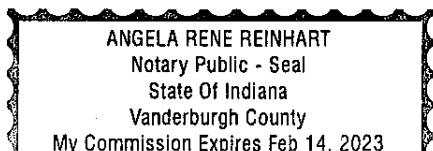
- 7) The applicant will file with the Department of State a notice of commencement of service within (5) five
- 8) Business days after first providing service in each area described.
- 9) The applicant will notify the Department of State of any change of address or contact person.
- 10) The applicant's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

  
Signature  
Kevin Stelmach, Executive Vice President & General Manager

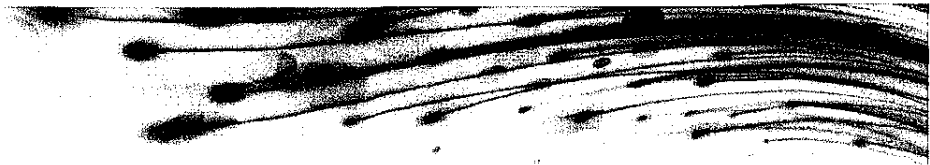
Printed Name and Title

Sworn to affirmed and subscribed before me on this 12<sup>th</sup> day of June, 2019,  
By Kevin Stelmach, personally known  or produced identification \_\_\_\_\_  
(Name of Affiant) type of identification produced \_\_\_\_\_

Print, type or stamp name of notary and commission expiration February 14, 2023  
(SEAL)



**METRONET**  
THE POWER OF FIBER



*Via FedEx*

June 12, 2019

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

**Re: Application for a State-Issued Certificate of Franchise Authority to Provide Cable and/or Video Services in Florida**

To Whom It May Concern:

CMN-RUS, Inc. d/b/a MetroNet is an overbuilder of fiber that provides broadband, video, telephony and security services to residences and businesses. MetroNet intends to enter the Florida market beginning with the municipality of Tallahassee and the surrounding unincorporated areas of Leon County. In support of this project, MetroNet hereby files the following enclosed documents:

1. Application for a State-Issued Certificate of Franchise Authority to Provide Cable and/or Video Services in Florida.
2. Signed and notarized affidavit.
3. Check for \$10,035.00 (\$10,000.00 application fee and \$35.00 accompanying fee).

If you have any questions, please do not hesitate to contact me directly.

Very truly yours,

Randy Kiesel  
Regulatory Manager

Enclosures

3701 Communications Way, Evansville, IN 47715  
(812) 759-7807  
www.metronetinc.com



**STATE OF FLORIDA  
DEPARTMENT OF STATE**

**Ron DeSantis**  
*Governor*

**Laurel M. Lee**  
*Secretary of State*

June 13, 2019

Randy Kiesel  
Regulatory Manager  
Metronet  
3701 Communications Way  
Evansville, IN 47715

Re: CMN-RUS, Inc. d/b/a MetroNet  
CV19-0037

Dear Mr. Kiesel:

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. The Department of Agriculture and Consumer Services is 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



CV 19-37

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

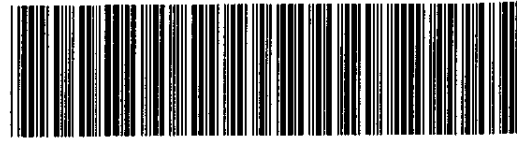
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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06/13/19--01013--001 \*\*10035.00

FILED RECEIVED  
2019 JUN 13 AM 8:38 2019 JUN 13 PM 12:58  
SECRETARY OF STATE SECRETARY OF STATE  
TALLAHASSEE, FL TALLAHASSEE, FL