

# State of Florida



Department of State

## Certificate of Franchise Authority

I certify that IQ Fiber, LLC, identification number CV21-0040, issued on 09/09/2021, is hereby granted authority to provide cable and/or video service in the following service area(s):

ALL MUNICIPALITIES AND UNINCORPORATED AREAS WITHIN DUVAL COUNTY,  
ALL MUNICIPALITIES AND UNINCORPORATED AREAS WITHIN NASSAU COUNTY,  
ALL MUNICIPALITIES AND UNINCORPORATED AREAS WITHIN CLAY COUNTY,  
ALL MUNICIPALITIES AND UNINCORPORATED AREAS WITHIN ST. JOHNS 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 Ninth day of September 2021.



*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:  
IQ Fiber, LLC  
\_\_\_\_\_  
\_\_\_\_\_
2. Street address of the principal place of business of the cable and/or video service provider:  
25 North Market Street, Suite 123  
Jacksonville, FL 32202  
\_\_\_\_\_
3. Federal employer identification number or the Department of State's document number:  
87-0930528  
\_\_\_\_\_
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: Ted Schremp  
Title: Chief Executive Officer  
Address: 25 North Market Street, Suite 123  
Jacksonville, FL 32202  
  
Business telephone number: 904-289-1000 Ext. 4
5. 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  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Cable and/or Video Franchising  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

E. (State-Issued Cable Franchise)

AFFIDAVIT

STATE OF FLORIDA

COUNTY OF Duval

I, Ted W Schremp, am employed with IQ Fiber, LLC in an official capacity as (officer, partner, owner, managing member) Chief Executive Officer 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:  
All Municipalities and Unincorporated Areas within Duval County, All Municipalities and Unincorporated Areas within Nassau County, All Municipalities and Unincorporated Areas within Clay County, All Municipalities and Unincorporated Areas within St. Johns County.

- 6) Applicant's principal place of business: 25 North Market Street, Suite 123 Jacksonville FL 32202

Names of the applicant's principal executive officers: Ted Schremp, Chief Executive Officer, Kimberly Smithers, Chief Marketing Officer

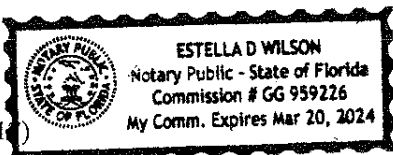
Physical address sufficient for purposes of Chapter 48, Florida Statutes: 25 North Market Street, Suite 123 Jacksonville FL 32202

- 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.

Ted W. Schremp  
Signature  
Ted W. Schremp, Chief Executive Officer

Sworn to affirmed and subscribed before me on this 8 day of September, 2021.  
By Ted W. Schremp, personally known Y or produced identification Y  
(Name of Affiant) type of identification produced FDL

Print, type or stamp name of notary and commission expiration March 20, 2024  
(SEAL)



CF10 (5/10)

Subscribed and sworn before me, this 8 day of September, 2021, at Duval County, State of Florida

Estella D Wilson  
(Signature)  
NOTARY PUBLIC



**STATE OF FLORIDA  
DEPARTMENT OF STATE**

**Ron DeSantis**  
*Governor*

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

September 9, 2021

Ted Schremp  
Chief Executive Officer  
IQ Fiber, LLC  
25 North Market Street, Suite 123  
Jacksonville, FL 32202

Re: IQ Fiber, LLC  
CV21-0040

Dear Mr. Schremp:

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



CVA-0040

(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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