

Bepartment of State

Certificate of Franchise Authority

I certify that Secure Vision, LLC identification number CV24-0048 issued on 10/16/24, is hereby granted authority to provide cable and/or video service in the following service area(s) as amended on 09/30/25:

Service areas are described in the attached true and correct copy of the document.

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 Thirtieth day of September 2025.



CR2E022 (01-11)

Cord Byrd

Secretary of State

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

1)	Name of Certificate holder SecureVision, LLC		
2)	Address of Certificate holder: 22728 Canal Road, Suite D, Orange Beach, AL 36561		
Escam Gulf B	Statement of Amendment(s): a) Change in Service Area. Notification of business days after first providing service and effective date of Florida Statutes, and effective date of include all service areas.) List existing attached pages if necessary beach, and Perreeze; Polk County to include: Davenport; Walton County to	f Commencement is required rice in each additional areas. the area consistent with s.610 Commencement of Operation g areas first and new areas la	Please .104(2)(e)5 ns. (Please st. Use
	b) Notice of Transfer of Interest. Notification days following completion of transfer. any successor in interest.		
	c) Other: (change of address or contact pe	erson)	FILED 2025 SEP 30 AM SECRETARY OF STALL ADVISED FOR
	d) Notice to Terminate Service. Effective Date:		99. 5.
	Robert Kleban - CEO	MIL	09/24/2025
	Printed Name and Title	Signature	Date

Division of Corporations, Cable and/or Video Franchising PO Box 6327, Tallahassee, Florida 32314

CF04(05/17)



September 25, 2025

Cable and/or Video Franchising Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

RE: Application to Amend a State-Issued Certificate of Franchise Authority for Cable and/or Video Service

Dear Sir or Madam

Enclosed please find the completed Application to Amend a State-Issued Certificate of Franchise Authority for Cable and/or Video Service to include the required \$35.00 processing fee. If there is anything additional required, please let me know at your earliest convenience.

Sincerely,

Jennifer Mucray

Chief of Staff



RON DESANTIS Governor CORD BYRD
Secretary of State

September 30, 2025

Ms. Jennifer Murray Chief of Staff Secure Vision, LLC 22728 Canal Road, Suite D Orange Beach, Alabama 36561

Re:

Secure Vision, LLC

CV24-0048

Dear Ms. Murray:

We received your request to amend your State-Issued Certificate of Franchise Authority for cable and/or video service. Your amendment has been accepted. An amended certificate is attached.

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 Lefeavers Video and/or Cable Franchise Section

Encl.



CW24-0048

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Dusiness Eshih Nesse)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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