

### Department of State

## Certificate of Franchise Authority

I certify that Zito West Holding, LLC, identification number CV20-0038, issued on 07/02/2020, is hereby granted authority to provide cable and/or video service in the following service area(s):

Marion County, Florida, in whole or in part. Sumter County, Florida, in whole or in part.

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 Second day of July 2020.



CR2E022 (01-11)

Laurel M. Lee Secretary of State

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

Street address of the principal place of bus 102 South Main Street, Coudersport, PA 16915	iness of the cable and/or video service prov
Federal employer identification number or	the Department of State's document numb
61-1693124	
Name, address, and business telephone num	mber of an officer, partner, owner, member or video service provider to whom question
Name, address, and business telephone numanager as a contact person for the cable of	mber of an officer, partner, owner, member
Name, address, and business telephone numanager as a contact person for the cable concerns may be addressed:	mber of an officer, partner, owner, member
Name, address, and business telephone numanager as a contact person for the cable concerns may be addressed:  Name: Colin Higgin	mber of an officer, partner, owner, member or video service provider to whom question
Name, address, and business telephone numanager as a contact person for the cable of concerns may be addressed:  Name: Colin Higgin Title: Vice President	mber of an officer, partner, owner, member or video service provider to whom question
Name, address, and business telephone numanager as a contact person for the cable of concerns may be addressed:  Name: Colin Higgin Title: Vice President	mber of an officer, partner, owner, member or video service provider to whom question

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

CF10 (5/17)

Tr. /	State-Issued Cable Franchise) AFFIDAVIT				
	State-Issued Cable Franchise)  AFFIDAVIT  ATE OF EXAMPLA PENNSYLVANIA				
	UNTY OF POTTER				
	Colin Higgin, am employed with Zito West Holding, LLC in an cial capacity as (officer, partner, owner, managing member) Vice 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				
	rect:				
1)	affidavit for a certificate of franchise authority.				
2)	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)	regarding the placement and maintenance of communications facilities in the public rights-of-way that are generally				
5)	applicable to providers of communications services in accordance with s. 337.401, Florida Statutes.  The description of the service area consistent with s. 610.104(2)(e) 5a & b, Florida Statutes, for which the applications are applications of the service area consistent with s. 610.104(2)(e) 5a & b, Florida Statutes, for which the applications are applications of the service area consistent with s. 610.104(2)(e) 5a & b, Florida Statutes, for which the applications are applications of the service area consistent with s. 610.104(2)(e) 5a & b, Florida Statutes, for which the applications are applications.				
	seeks a certificate of franchise authority is:				
	Marion County, Florida, in whole or in part.  Sumter County, Florida, in whole or in part.				
	Sumter County, Florida, in whole or in part.				
6) Applicant's principal place of business: 102 South Main Street, Coudersport, PA 16915					
	Names of the applicant's principal executive officers: James Rigas, Co-President and Colin Higgin, Vice President				
Physical address sufficient for purposes of Chapter 48, Florida Statutes: 7265 SW Hwy 200, Ocala, FL					
7) 8) 9)	The applicant will file with the Department of State a notice of commencement of service within (5) five Business days after first providing service in each area described.  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				
	Colin Higgin, Vice President				
c	Printed Name and Title				
Swo	rn to affirmed and subscribed before me on this $26^{+1}$ day of $\sqrt{100}$ day of $\sqrt{100}$ $\sqrt{100}$ $\sqrt{100}$ $\sqrt{100}$				
БУ _	, personally known or produced identification (Name of Affiant) type of identification produced				
Prin (SE)	t, type or stamp name of notary and commission expiration Megon E Taylor, June 2, 2022				

monwealth of Pennsylvania - Notary Seal MEGAN E TAYLOR - Notary Public Potter County My Commission Expires Jun 2, 2022 Commission Number 1224339

(SEAL)



Ron DeSantis

Governor

Laurel M. Lee Secretary of State

July 2, 2020

Colin Higgin Vice President Zito West Holding, LLC 102 South Main Street Coudersport, PA 16915

Re:

Zito West Holding, LLC

CV20-0038

Dear Mr. Higgin:

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



# 0120-003

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

Office Use Only



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