

Bepartment of State

## Certificate of Franchise Authority

I certify that Atlantic Broadband Finance, L.L.C. on behalf of its affiliate Atlantic Broadband (Miami), L.L.C., identification number CV07-0015, issued on 9/25/07, is hereby granted authority to provide cable and/or video service in the following service area(s):

Miami-Dade County, CUID FL0529 and CUID FL0413

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 Twenty-Fifth day of September, 2007

THE STATE OF THE S

CR2EO22 (01-07)

Kurt S. Browning Secretary of State



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

	treet address of the principal place of business of the cable and/or video service provider 681 Kennedy Cswy, Miami Beach, FL 33141
_	
	ederal employer identification number or the Department of State's document number: EIN: 20-0226773
m	ame, address, and business telephone number of an officer, partner, owner, member, or lanager as a contact person for the cable or video service provider to whom questions or oncerns may be addressed:
N	ame: Donna Garofano
T	it[e:_ Vice President, Government & Regulatory Affairs
	ddress: Atlantic Broadband, 1 Batterymarch Park #405, Quincy, MA 01880

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

CF01 (6/07)

E. (State- Issued Cable Franchise)		_
STATE OF Massachusetts	AFFIDAVIT	ľ
COUNTY OF Norfolk		
as (officer, partner, owner, managing me	ember) Officer	and do hereby attest to the affirm that the following statements are true
and correct:		
affidavit for a certificate of franchise	e authority. mely file with the Federal C	oter 610, F.S., to file this application and communications Commission all forms
3) The applicant agrees to comply such state laws and rules are not in capplicable state law.	with all applicable federal and conflict with or superseded by	nd state laws and regulations, to the extent by the provisions of Chapter 610, F.S., or other
regulations regarding the placement that are generally applicable to prov	and maintenance of commuiders of communications see a consistent with s. 610.10	alles and municipal and county ordinances and inications facilities in the public rights-of-way rvices in accordance with s. 337.401, F.S. 4 (2)(e) 5a & b, F.S., for which the applicant
Service Area:		Legal Entity:
Miami-Dade County, CUID FL0529	and CUID FL0413	Atlantic Broadband (Miami) LLC
6) Applicant's principal place of bu		efe, CEO; Edward T. Holleran, Jr., President & COO
realites of the applicant 3 principal c	Accutive officers. Barra of the	ore, ore, remain in a remain of the remain o
Street Address sufficient for purpose	es of Chapter 48, F.S.: 1681	Kennedy Cswy, Miami Beach, FL 33141
business days after first providing 8) The applicant will notify the De	ng services in each area desc partment of State of any cha mply with the Federal Com	
Patrick Bratton, CFO	(	Denha
Printed Name and Title		Signature
Sworn to affirm and subscribe before m  ☑Personally known OR ☐ Produced Id  Type of Identification Produced:	entification	ber , 20 07 , by Patrick Bratton  SUZANNE L. GOLDBERG  NOTARY PUBLIC  Commonwealth of Massachusetts
Suzanne L. Goldberg, January 29, 2010		My Commission Expires on January 29, 2010
Name of Notary Public and Commiss	ion Expiration Date	0 1
Notary Public In and For the State of M CF02 (7/07)	assachusetts	Augure L Holdberg

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP	200104720232
(Business Entity Name)  (Document Number)	
Certified Copies Certificates of Status  Special Instructions to Filing Officer:	09/21/0701015001 **10035.0 0

Office Use Only