

Department of State

Certificate of Franchise Authority

I certify that Centric Fiber Florida, LLC dba Centric Fiber identification number CV22-0044, issued on July 12, 2022, is hereby granted authority to provide cable and/or video service in the following service area(s):

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 twelfth day of July, 2022.



CR2E022 (01-11)

Cord Byrd
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 business of the cable a Pinellas Plaza	and/or video service provid
2524 Burnsed Blvd.	
The Villages, FL 32163	
Federal employer identification number or the Department of 87-3092101	State's document numbe
87-3092101	
Name, address, and business telephone number of an officer,	partner, owner, member,
Name, address, and business telephone number of an officer, manager as a contact person for the cable or video service pro-	partner, owner, member,
Name, address, and business telephone number of an officer,	partner, owner, member,
Name, address, and business telephone number of an officer, manager as a contact person for the cable or video service pro-	partner, owner, member,
Name, address, and business telephone number of an officer, manager as a contact person for the cable or video service proconcerns may be addressed:	partner, owner, member,
Name, address, and business telephone number of an officer, manager as a contact person for the cable or video service proconcerns may be addressed: Name: Jason Palmenberg	partner, owner, member,
Name, address, and business telephone number of an officer, manager as a contact person for the cable or video service proconcerns may be addressed: Name: Jason Palmenberg Title: Chief Technology Officer	partner, owner, member,

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 PO Box 5678 Tallahassee, Florida 32314

OVERNIGHT COURIER:

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

AFFIDAVIT

E. (State-Issued Cable Franchise)
STATE OF FLORIDA
COUNTY OF Sumter

	ason Palmenberg , a	am employed with Centric Fiber Florida, LLC	in		
an c	official capacity as (officer, partner, owr	ner, managing member) managing member	and do		
	•	my personal knowledge. I hereby swear and a	ffirm that the following		
	ements 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 franch				
2)		file with the Federal Communications Commiss	ion all forms required by		
	that agency in advance of offering cab				
3)		all applicable federal and state laws and regulation			
		with or superseded by the provisions of Chapte	r 610, Florida Statutes, or		
45	other applicable state law.		11		
4)		all state laws and rules and municipal and county			
		nd maintenance of communications facilities in			
	Statutes.	ers of communications services in accordance v	vith s. 337.401, Florida		
5)		existent with a 610 104(2)(a) 50 % h. Florida St	estutes for which the		
5)	applicant seeks a certificate of franchis	nsistent with s. 610.104(2)(e) 5a & b, Florida St	atutes, for which the		
	Sumter and Lake counties	se duffority is.			
			P.5		
			- B C		
			50 ² 7		
			71-5		
			300		
			(7)		
6)	Applicant's principal place of business	s:			
0)	Pinellas Plaza	s			
	2524 Burnsed Blvd., The Villages, FL 32163	1000-10			
	Names of the applicant's principal exe	ecutive officers:			
	Jason Palmenberg, Robert Barnwell IV				
	Physical address sufficient for purpose	es of Chapter 48, Florida Statutes:			
	Pinellas Plaza, 2524 Burnsed Blvd., The Villages, Fl	L 32163			
7)		tment of State a notice of commencement of ser	vice within (5) five		
8)	Business days after first providing serv				
8) The applicant will notify the Department of State of any change of address or contact person.9) The applicant's system shall comply with the Federal Communications Commission's rules an					
9)		vith the Federal Communications Commission's	s rules and regulations of		
1	the Emergency Alert System.	Jason Palmenberg Digitally signed by, Date: 2022.07.02.1	Jason Palmenberg		
		Signature	3:05:15 -05'00'		
		Jason Palmenberg, Chief Technology Officer			
		Printed Name and T	itle		
Sw	orn to affirmed and subscribed before m		. 20 22		
	Jason Palmenberg		ed identification		
-	(Name of Affiant)	type of identification produced			
Pri		mmission expiration Tammie Kromar 11/20/2022			
(SE	EAL)		01		
CF	10 (06/13) TAMMIE KR		ASIM P		
	My Notary ID #	11310057	1 junia		



RON DESANTIS
Governor

CORD BYRDSecretary of State

July 12, 2022

Jason Palmenberg Chief Technology Officer 61 Carlton Woods Dr. Bldg. 2, Suite 100 The Woodlands, TX 77382

Re: Centric Fiber Florida, LLC dba Centric Fiber CV22-0044

Dear Mr. Palmenberg:

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.

Mel Solomon

Video and/or Cable Franchise Section Enclosures



(Requestor's Name) (Address)		
(Address)	900390682199	
(City/State/Zip/Phone #)		
(Business Entity Name)		
(Document Number) Certified Copies Certificates of Status	07/12/2201026001 **10035.00	
Special Instructions to Filing Officer:		

Office Use Only

JUL 13 2022 M. SOLOMON