

Department of State

### Certificate of Franchise Authority

I certify that LiveOak Fiber, LLC identification number CV22-0045, issued on October 24, 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 Twenty Fourth day of October, 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

fficial name of the cable or video service provider:
iveOak Fiber, LLC
treet address of the principal place of business of the cable and/or video service provider 501 Merchants Way
iceville, FL 32578
ederal employer identification number or the Department of State's document number: 8-2822251

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: Rob Johnson		220
Title: Chief Development Officer	20	30
Address: 1501 Merchants Way	12 7	
Niceville, FL 32578	<u> </u>	F
	್ವ	70
Business telephone number: 214-491-8223	-0	
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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) STATE OF FLORIDA COUNTY OF OKALOOSA

#### **AFFIDAVIT**

	dob Johnson , am employed with LiveOak Fiber, I	LC		_ in an			
	cial capacity as (officer, partner, owner, managing member) Chief Develop		d do herel				
	facts stated herein from my personal knowledge. I hereby swear and affirm	m that the following state	ements are	e true a	nd		
	rect:  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.  The applicant agrees to comply with all applicable federal and state laws	and regulations to the e	extent such	n state			
	laws and rules are not in conflict with or superseded by the provisions of applicable state law.						
4)	The applicant agrees to comply with all state laws and rules and municip regarding the placement and maintenance of communications facilities in				lv		
	applicable to providers of communications services in accordance with s			<i>G</i>	-5		
5)	The description of the service area consistent with s. 610.104(2)(e) 5a &			applica	nt		
	seeks a certificate of franchise authority is:			N3			
	Okaloosa County, Florida		12 (1)	2022			
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			25	<u> </u>	3.,		
			- F 1	0			
	Names of the applicant's principal executive officers: Rob Johnson, Steve	e Smith, Jody Craft					
	Physical address sufficient for purposes of Chapter 48, Florida Statutes:	1501 Merchants Way, Ni	ceville, FL	325			
7) 8) 9) 10)	the Emergency Alert System.  Signature	ess or contact person.  Commission's rules and		ns of			
	Rob Johnson, Chief Developm						
	Printed Name a						
	forn to affirmed and subscribed before me on this day of		, 20 22	,			
By_	Rob Johnson , personally known	or produced identification					
	(Name of Affiant) type of identification prount, type or stamp name of notary and commission expiration NACO		Adols!				
CF1	TRACY L ENGLERT-POE Notary Public - State of Florida Commission # HH 292028 My Comm. Expires Aug 6, 2026		) 2				

My Comm. Expires Aug 6, 2026



RON DESANTIS
Governor

**CORD BYRD**Secretary of State

October 24, 2022

Rob Johnson Chief Development Officer LiveOak Fiber, LLC 1501 Merchants Way Niceville, FL 32578

Re: LiveOak Fiber, LLC

CV22-0045

Dear Mr. Johnson:

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

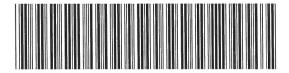
Video and/or Cable Franchise Section Enclosures



# CV22-0045

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(requester o riamo)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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Office Use Only



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SECRETARY OF STATE