

State of Florida



Department 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):

Bay County Including: Callaway, Lynn Haven, Mexico Beach, Panama City, Panama City Beach, Parker, Springfield, Okaloosa County Including: Crestview, Destin, Fort Walton Beach, Laurel Hill, Mary Esther, Niceville, ValParaiso.

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 Sixteenth day of October 2024.



CR2E022 (01-11)

Cord Byrd
Secretary of State

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

1. Official name of the cable or video service provider:
SecureVision, LLC

2. Street address of the principal place of business of the cable and/or video service provider:
22728 Canal Rd, Suite D
Orange Beach AL 36561

3. Federal employer identification number or the Department of State's document number:
20-5545458

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: Robert P Kleban
Title: CEO
Address: 22728 Canal Rd, Suite D
Orange Beach AL 36561

Business telephone number: 251-967-4455

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

RECEIVED
OCT 15 2024

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 Baldwin

AFFIDAVIT

I, Robert P Kleban, am employed with SecureVision, LLC in an official capacity as (officer, partner, owner, managing member) 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 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 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.
- 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) The applicant agrees to comply with all state laws and rules and municipal and county ordinances and regulations regarding the placement and maintenance of communications facilities in the public rights-of-way that are generally applicable to providers of communications services in accordance with s. 337.401, Florida Statutes.
- 5) The description of the service area consistent with s. 610.104(2)(e) 5a & b, Florida Statutes, for which the applicant seeks a certificate of franchise authority is:

Bay County including, Callaway Lynn Haven Mexico Beach Panama City Panama City Beach Parker Springfield

Okaloosa County including, Crestview Destin Fort Walton Beach Laurel Hill Mary Esther Niceville Valparaiso

- 6) Applicant's principal place of business: SecureVision, LLC

22728 Canal Rd, Suite D

Orange Beach AL 36561

Names of the applicant's principal executive officers: _____

Physical address sufficient for purposes of Chapter 48, Florida Statutes: _____

Corporation Service Company, 1201 Hays Street, Tallahassee, FL 32301

- 7) The applicant will file with the Department of State a notice of commencement of service within (5) five
- 8) Business days after first providing service in each area described.
- 9) 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

Robert P Kleban CEO

Printed Name and Title

Sworn to affirmed and subscribed before me on this 8th day of October, 2024,

By Valerie Cohen, personally known ☒ or produced identification _____
(Name of Affiant) type of identification produced _____

Print, type or stamp name of notary and commission expiration _____

(SEAL)

RECEIVED

VALERIE COHEN
State of Alabama - Notary Public
My Commission Expires
Aug. 17, 2026

OCT 15 2024



FLORIDA DEPARTMENT *of* STATE

RON DESANTIS
Governor

CORD BYRD
Secretary of State

October 16, 2024

Mr. Robert P. Kleban
CEO
Secure Vision, LLC
22728 Canal Rd., Suite D
Orange Beach, AL 36561

Re: Secure Vision, LLC
CV24-0048

Dear Mr. Kleban:

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 Lefeavers

Video and/or Cable Franchise Section
Enclosures

CV24-0048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

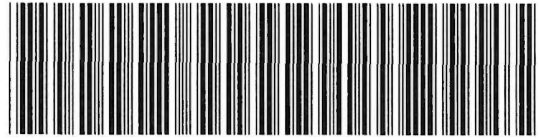
(Document Number)

Certified Copies _____

Certificates of Status _____

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