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(Address)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

SEP 10 2014
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2014

CSC
COURTNEY WILLIAMS
TALLAHASSEE, FL

SUBJECT: COMCAST OF THE SOUTH, L.P.
Ref. Number: W14000053886

RESUBMIT

Please give original
submission date as file date.

We have received your document for COMCAST OF THE SOUTH, L.P. and the authorization to debit your account in the amount of \$1000.00. However, the document has not been filed and is being returned for the following:

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 314A00018837

2014 SEP -9 PM 9:15

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DEPARTMENT OF STATE
14 SEP -9 AM 11:05

file second
* do not separate
please *



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 280920 4355598

AUTHORIZATION :

COST LIMIT : \$1,000.00

ORDER DATE : September 3, 2014

ORDER TIME : 3:13 PM

ORDER NO. : 280920-005

CUSTOMER NO: 4355598

FOREIGN FILINGS

NAME: COMCAST OF THE SOUTH, L.P.

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

FILED
2014 SEP -9 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. Comcast of the South, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or L.L.L.P.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Delaware

State or Country of Formation

3. 12/31/1997

Date of Formation

4. Federal Employer Identification Number: 23-2994526

5. Name of Registered Agent for Service of Process and Florida Street Address:

C T Corporation System

1200 South Pine Island Road

Plantation, FL 33324

6. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

CT Corporation System

By: Margaret E. Routzahn
Signature of Registered Agent

MARGARET E. ROUTZAHN
Special Assistant Secretary

7. Principal Office:

1701 John F. Kennedy Boulevard

Philadelphia, PA 19103-2838

8. Mailing Address:

1701 John F. Kennedy Boulevard

Philadelphia, PA 19103-2838

9. If limited partnership is a limited liability limited partnership, check box ☐

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: COM South, LLC

MIY-0016

Name of General Partner:

Street Address: 1701 John F. Kennedy Boulevard

Philadelphia, PA 19103-2838

Street Address:

Mailing Address: 1701 John F. Kennedy Boulevard

Philadelphia, PA 19103-2838

Mailing Address:

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

Mailing Address:

Name of General Partner: _____ Name of General Partner: _____

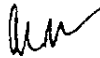
Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____
 (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

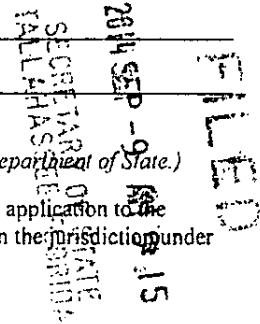
Signed this 3rd day of September, 2014.



Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75



Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMCAST OF THE SOUTH, L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF SEPTEMBER, A.D. 2014.

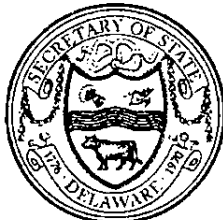
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COMCAST OF THE SOUTH, L.P." WAS FORMED ON THE THIRTY-FIRST DAY OF DECEMBER, A.D. 1997.

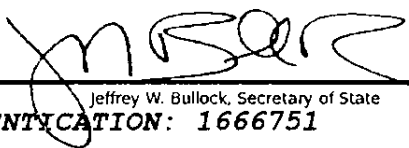
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2840706 8300

141136576

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1666751

DATE: 09-03-14