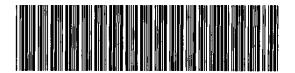
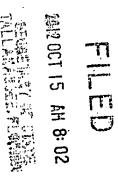


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Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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J. BRYAN
OCT 16 2012
EXAMINER



ACCOUNT NO. : I2000000195					
REFERENCE : 380667 5123330					
AUTHORIZATION : melsele man					
COST LIMIT : (\$ 125.00					
ORDER DATE: October 15, 2012 ORDER TIME: 12:23 PM					
ORDER NO. : 380667-005					
CUSTOMER NO: 5123330					
FOREIGN FILINGS	TALLAS				
NAME: COX ADVANCED SERVICES FLORIDA, LLC	CT 15 AM 8: 02				
XXXX QUALIFICATION (TYPE: LL)					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING					
CONTACT PERSON: Troy Todd EXT# 62940					

EXAMINER:

COVER LETTER

Division of Corporati	ions	
SUBJECT:	Cox Advanced Services Florida, LLC	
	Name of Limited Liability Company	
	Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifica litted to register the above referenced foreign limited liability company to transact business in Florida.	
Please return all correspondence	ce concerning this matter to the following:	
	Barbara Williamson	
·	Name of Person	
	Cox Enterprises, Inc.	
	Firm/Company	
	6205 Peachtree Dunwoody Road	77
······································	Address	7
	्रिक्	1 1
	Atlanta, GA 30328	1
	Atlanta, GA 30328 City/State and Zip Code	٠
	E-mail address: (to be used for future annual report notification)	
For further information concern	ning this matter, please call:	
Barbara Williamson	n at (678) 645-0841	
Nam	ne of Person Area Code & Daytime Telephone Number	
MAILING ADDRES Division of Corporatio Registration Section	Division of Corporations Registration Section	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
, 1 analiassee, 115 32314	Tallahassee, FL 32301	
Enclosed is a check for the \$125.00 Filing Fee [

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREXEN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 Cox Advanced Services Florida, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") 2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 4, 10/10/2012 5. perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 1400 Lake Hearn Drive, Atlanta, GA (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: CoxCom, LLC 1400 Lake Hearn Drive Atlanta, GA 30319 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Home Security line of business Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.) Shauna Sullivan Muhl

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Co	ompany is:	
Cox Advanced Services Florida, LLC	·	·
If unavailable, the alternate to be used in	n the state of Florida is:	
The name and the Florida street addr	ess of the registered agent and office are:	, 500
e e		
Corporation Service Co	mpany	
	(Name)	5
1201 Hays Street		3
Florida Street	Address (P.O. Box NOT ACCEPTABLE)	Č,
Tallahassee	FL 32301	2
	City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Corporation Service Company

Troy Todd
as its agent

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "COX ADVANCED SERVICES FLORIDA, LLC"
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 FIFTEENTH DAY OF OCTOBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COX ADVANCED SERVICES FLORIDA, LLC" WAS FORMED ON THE TENTH DAY OF OCTOBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5225772 8300

121127462

DATE: 10-15-12

CATION: 9914848

AUTHENT

Jeffrey W. Bullock, Secretary of State

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