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(Document Number)					
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RPORATION [%] Service Co	MPAN	r.									
			ACCOUN	T NO.	:	1200	00000	195			
			REFE	RENCE	:	1688	³⁹ 5~	A435	5598		
		A	UTHORIZ	ATION	:	d	frets	ele,	ran	ノ	
			COST	LIMIT	:	\$ 12	25.00				
ORDER DAT	'E :	June	e 9, 20	14							
ORDER TIM	E :	9:3	34 AM								
ORDER NO.	:	1688	895-050								
CUSTOMER	NO:	4	4355598								

FOREIGN FILINGS

NAME: HERITAGE CABLEVISION OF MASSACHUSETTS, LLC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray -- EXT# 62925

EXAMINER:

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Heritage Cablevision of Massachusetts, 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. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")

2.	Massachusetts	3.	04-2688819			
	(Jurisdiction under the law of which foreign limited liability company is organized)		(FEl number, if applicable)			
4.				20	2014	
	(Date first transacted business i (See sections 605.0904 & 605.090	n Fl)5, F	orida, if prior to registration.) .S. to determine penalty liability)		JUN	1
5.	1701 John F. Kennedy Blvd.				10	Ē
	Philadelphia, PA 19103		1911, a		AM	C
	(Street Addre	\$5 0	f Principal Office)	LO	ې	
6.	1701 John F. Kennedy Blvd.				် ကိ	

Philadelphia, PA 19103

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Comcast Cable Holdings, LLC, Senior Vice President

1701 John F. Kennedy Blvd.

Philadelphia, PA 19103

8. 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 oath of the translator must be submitted)

him

Signature of an authorized person

(In accordance with section 605.0203, 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 \$17.155, F.S.)

Arthur R, Block

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 Company is:

Heritage Cablevision of Massachusetts, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System	1	
·····	(Name)	- SSE 6
1200 South Pine Island	Road	PPF AN C
Florida Si	reet Address (P.O. Box NOT ACCEPTABLE)	- ONDA
Plantation	FI 33324	

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 605, Florida Statutes. Maria T: Chambers

Special Assistant Secretary orporation Sys nnt (Signature)

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



William Francis Galvin Secretary of the Commonwealth **The Commonwealth of Massachusetts** Secretary of the Commonwealth State Rouse, Boston, Massachusetts 02133

June 6, 2014

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

HERITAGE CABLEVISION OF MASSACHUSETTS, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on June 2, 2014.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: NONE

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: ARTHUR R. BLOCK, SENIOR VICE PRESIDENT, THOMAS J. DONNELLY, VICE PRESIDENT

The names of all persons authorized to act with respect to real property listed in the most recent filing are: ARTHUR R. BLOCK, SENIOR VICE PRESIDENT



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Villian Tranino Galicin

Secretary of the Commonwealth

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