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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
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SECRETARY OF STATE
TALLAHASSEE, FL

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2021 NOV -4 AM 11:51

TALLAHASSEE, FL 32301

Foreign Limited Liability Company
Hargray of Tallahassee LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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. Hargray of Tallahassee LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Delaware 3. Not applicable
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Not applicable
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 210 E. Earll Drive
(Street Address of Principal Office)
Phoenix, AZ 85012

6. 210 E. Earll Drive
(Mailing Address)
Phoenix, AZ 85012

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:
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 application, 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.

C T Corporation System
By: Meredith Hellwig, Assistant Secretary
(Registered agent's signature)

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SECRETARY OF STATE
TALLAHASSEE, FL

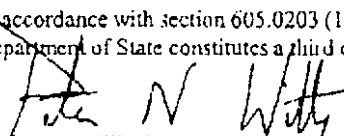
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Cable One, Inc.	<input type="checkbox"/> Manager	Name: Julia M. Taulis
<input checked="" type="checkbox"/> Member	Address: 210 E. Earl Drive	<input type="checkbox"/> Member	Address: 210 E. Earl Drive
<input type="checkbox"/> Authorized	Phoenix, AZ 85012	<input checked="" type="checkbox"/> Authorized	Phoenix, AZ 85012
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Christopher D. Boone	<input type="checkbox"/> Manager	Name: Steven S. Cochran
<input type="checkbox"/> Member	Address: 210 E. Earl Drive	<input type="checkbox"/> Member	Address: 210 E. Earl Drive
<input checked="" type="checkbox"/> Authorized	Phoenix, AZ 85012	<input checked="" type="checkbox"/> Authorized	Phoenix, AZ 85012
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Peter N. Witty	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 210 E. Earl Drive	<input type="checkbox"/> Member	Address:
<input checked="" type="checkbox"/> Authorized	Phoenix, AZ 85012	<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.



Signature of an authorized person.
Peter N. Witty, Vice President and Secretary

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HARGRAY OF TALLAHASSEE 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 THIRD DAY OF NOVEMBER, A.D. 2021.

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



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

6360059 8300

SR# 20213697375

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

Authentication: 204591051

Date: 11-03-21