

State of Florida



Department of State

Certificate of Franchise Authority

I certify that Optical Telecommunications Inc., identification number CV15-0034, issued on 07/07/15, is hereby granted authority to provide cable and/or video service in the following service area(s):

All municipalities & unincorporated areas within Miami-Dade County, All municipalities & unincorporated areas within Broward County, All municipalities & unincorporated areas within Palm Beach County, All municipalities & unincorporated areas within Monroe County, All municipalities & unincorporated areas within Collier County, All municipalities and unincorporated areas within Hillsborough County, All municipalities & unincorporated areas within Marion County, All municipalities & unincorporated areas within Martin County, All municipalities & unincorporated areas within St. Lucie County, All municipalities & unincorporated areas within Pinellas County, All municipalities & unincorporated areas within Sarasota County, All municipalities & unincorporated areas within Charlotte.

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, Tallahassee, the Capitol, this the Seventh day of July 2015.



CR2EO22 (1-11)

Ken Detzner
Ken Detzner
Secretary of State



FLORIDA DEPARTMENT of STATE

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RECEIVED
CORPORATION
DIVISION OF CORPORATIONS
JUL 17 1998
TALLAHASSEE, FLORIDA

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

A. Official name of the cable or video service provider:

Optical Telecommunications Inc.

B. Street address of the principal place of business of the cable and/or video service provider:

1360 South Dixie Highway
Suite 200
Coral Gables, FL 33146

C. Federal employer identification number or the Department of State's document number:
56-2465023

D. 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: Mario M. Bustamante
Title: CEO
Address: 1360 South Dixie Highway
Suite 200
Coral Gables, FL 33146
Business telephone number: 786-787-7777

E. 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
PO Box 5678
Tallahassee, Florida 32314

STREET ADDRESS:
Cable and/or Video Franchising
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

E. (State- Issued Cable Franchise)

STATE OF Florida
COUNTY OF Miami-Dade

AFFIDAVIT

I, Mario M. Bustamante, am employed with Optical Telecommunications Inc. in an official capacity as (officer, partner, owner, managing member) Chief Executive Officer 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, F.S., 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 services 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, F.S., or other applicable state law.
- 4) The applicant agrees to comply with all the 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, F.S.
- 5) The description of the service area consistent with s. 610.104 (2)(e) 5a & b, F.S., for which the applicant seeks a certificate of franchise authority is:

All Municipalities & Unincorporated Areas within Miami-Dade County, All Municipalities & Unincorporated Areas within Broward County, All Municipalities & Unincorporated Areas within Palm Beach County, All Municipalities & Unincorporated Areas within Monroe County, All Municipalities & Unincorporated Areas within Collier County, All Municipalities & Unincorporated Areas within Hillsborough County, All Municipalities & Unincorporated Areas within Marion County, All Municipalities & Unincorporated Areas within Martin County, All Municipalities & Unincorporated Areas within St. Lucie County, All Municipalities & Unincorporated Areas within Pinellas County, All Municipalities & Unincorporated Areas within Sarasota County, All Municipalities & Unincorporated Areas within Charlotte.

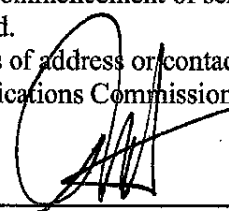
6) Applicant's principal place of business: 1360 South Dixie Highway Suite 200 Coral Gables, FL 33146

Names of the applicant's principal executive officers: Mario M. Bustamante, CEO; Luis Rodriguez, President and COO; Juan T. O'Naghten, General Counsel.

Street Address sufficient for purposes of Chapter 48, F.S.: 1360 South Dixie Highway Suite 200 Coral Gables, FL 33146
Resident Agent Juan T. O'Naghten 2950 SW 27th Avenue Suite 100, Miami, FL 33133

- 7) The applicant will file with the Department of State a notice of commencement of services within five business days after first providing services in each area described.
- 8) The applicant will notify the Department of State of any changes of address or contact person.
- 9) The applicant's systems shall comply with the Federal Communications Commission's rules and regulations of the Emergency Alert System.

Mario M. Bustamante, CEO
Printed Name and Title

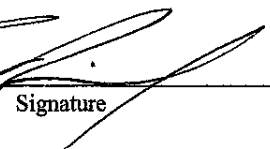

Signature

Sworn to affirm and subscribe before me on this 1st day of July, 2015, by Mario M. Bustamante
 Personally known OR Produced Identification (Name of Affiant)

Type of Identification Produced: N/A
Eric Riveron - 1/12/2018
Name of Notary Public and Commission Expiration Date



Notary Public In and For the State of Florida
CF02 (7/07)


Signature



**STATE OF FLORIDA
DEPARTMENT OF STATE**

RICK SCOTT
Governor

Ken Detzner
Secretary of State

July 7, 2015

Mario M. Bustamante
CEO
Optical Telecommunications Inc.
1360 South Dixie Highway Suite 200
Coral Gables, Florida 33146

Re: Optical Telecommunications Inc.
CV15-0034

Dear Mr. Bustamante:

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 White

Video and/or Cable Franchise Section
Enclosures



[Empty rectangular box]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

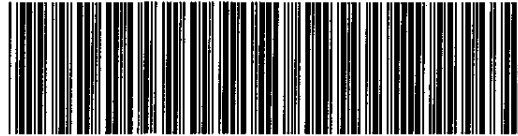
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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