

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF AMENDED STATE FRANCHISE

I, **Brian P. Kemp**, the Secretary of State of the State of Georgia, hereby certify under the seal of my office that **HARGRAY OF GEORGIA INC**, license number **VF09-0003** issued on **05-08-2009**, is hereby granted nonexclusive authority to provide cable service and/or video service in the following service area(s) effective **10/17/2014**, as amended in the application filed on **09/25/2014**.

Service area(s) as described in the attached true and correct copy of the application.

I further certify that nonexclusive authority to construct, maintain, and operate facilities along, across, or on the public right of way in the delivery of cable service or video service, subject to the applicable federal and state laws and regulations, including municipal and county ordinances and regulations, regarding the placement and maintenance of facilities in the right of way that are generally applicable to all users of the public right of way and specifically including Chapter 9 of Title 25, the "Georgia Utility Facility Protection Act," is hereby granted.

The required fees as provided by Title 36 of the Official Code of Georgia Annotated have been paid. The state franchise of the above-named entity is amended upon issuance of this certificate and shall expire ten (10) years from the original date of issuance, subject to renewal.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on 10/15/2014.



A handwritten signature in black ink, appearing to read 'B. P. Kemp', written in a cursive style.

Brian P. Kemp
Secretary of State



Brian P. Kemp
Secretary of State

**OFFICE OF SECRETARY OF STATE
CORPORATIONS DIVISION**

313 West Tower
2 Martin Luther King Jr. Dr.
Atlanta, GA 30334
(404) 656-2817
sos.georgia.gov/corporations

2014 SEP 25 PM 1:04

SECRETARY OF STATE
CORPORATIONS DIVISION

**TRANSMITTAL INFORMATION
GEORGIA CABLE/VIDEO STATE FRANCHISE**

IMPORTANT

Remember to include your e-mail address when completing this transmittal form.

Providing your e-mail address allows us to notify you via e-mail when we receive your filing and when we take action on your filing. Please enter your e-mail address on the line below. Thank you.

E-Mail: julie.serafino@htc.hargray.com

NOTICE TO APPLICANT: PRINT PLAINLY OR TYPE REMAINDER OF THIS FORM

1. Hargray of Georgia, Inc.

Company Name of Cable/Video Service Provider (List exactly as it appears in documents)

856 William Hilton Pkwy., Bldg. C, Hilton Head Island, SC 29938

Company's Mailing Address

2. Julie A. Serafino, Staff Attorney

843-341-1568

Name and title of person filing state franchise application (certificate will be mailed to this person at address below.)

Telephone Number

856 William Hilton Pkwy., Bldg. C

Address

Hilton Head Island

SC

29938

City

State

Zip Code

3. Mail the following items to the Secretary of State at the above address:

- 1) This transmittal form;
- 2) Application for State Franchise (Form GAVFL001);
- 3) A valid Certificate of Existence or Certificate of Authority, if applicable; and
- 4) Filing fee of \$500.00 payable to Secretary of State. Filing fees are NON-refundable.

Signature of Authorized Person: _____

Date: 9/26/2014

Print Name: Julie A. Serafino

Request certificates and obtain entity information via the Internet: sos.georgia.gov/corporations



Brian P. Kemp
Secretary of State

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**APPLICATION TO AMEND
A STATE FRANCHISE**

Personally appeared before me the undersigned being duly sworn according to law, and swears to the facts contained in this application. Pursuant to O.C.G.A. § 36-76-5, as amended, the undersigned hereby applies to amend a state franchise.

1. The name of the certificate holder is:

Hargray of Georgia, Inc.

2. The license number of the certificate holder is:

VF09-0003

3. Statement of Amendment(s):

a. Change in Service Area:

Pursuant to O.C.G.A 76-36-5 (4)(d), a cable service provider or video service provider may modify its service area covered by the state franchise by notifying the Secretary of State of changes to the service area, with a copy provided to each affected municipal or county governing authority, **at least 20 days** prior to the effective date of such change. Such notification shall contain a geographic description of the new service area or areas and a list of each municipal or county governing authority within the service area. The service areas are described below and/or on an attached 8.5" x 11" map labeled as "Exhibit A."

This service area change is effective on 10/17/2014.
(MM/DD/YYYY)

Change in Service Area Description:

Collins, GA

___ b. Change in Principal Place of Business Address and/or Officer(s):

The principal place of business of the certificate holder is:

The principal executive officer(s) of the certificate holder are: *(Attach additional sheet if necessary.)*

<i>Name</i>	<i>Title</i>	<i>Address</i>

4. The certificate holder certifies that a copy of this application has been provided to each affected municipal or county governing authority at least 20 days prior to the effective date of the change.
5. The certificate holder agrees to comply will all applicable federal and state laws and regulations, including municipal and county ordinances and regulations regarding the placement and maintenance of facilities in the public right of way that are generally applicable to all users of the public right of way and specifically including O.C.G.A. Chapter 9 of Title 25, the 'Georgia Utility Facility Protection Act.'
6. The certificate holder agrees to pay to each affected local governing authority a franchise fee established by such local governing authority which shall not exceed the maximum percentage rate permitted in 47 U.S.C. Section 542(b) of the applicant's gross revenues received from the provision of cable service or video service to subscribers located within the service area. Such franchise fee shall be paid directly to each affected local governing authority within 30 days after the last day of each calendar quarter.

Submitted this 26 day of September, 2014.

[Handwritten Signature]

Signature of Officer/General Partner

David H. Armistead

Print Name

GC/Secretary

Title

856 William Hilton Pkwy, Bldg. C, Hilton Head Island, SC 29938

Address

843-341-1568

Telephone Number

State of South Carolina

County of Beaufort

Sworn to and subscribed before me this 26TH day of SEPTEMBER, 2014.

Melody J. Tolford
Notary Public Signature

My Commission expires: MAY 27, 2018

MELODY J. TOLFORD
Notary Public, State of South Carolina
My Commission Expires May 27, 2018

2014 SEP 25 PM 1:05
SECRETARY OF STATE
CORPORATIONS DIVISION

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 053190974
CONTROL NUMBER : 0127251
DATE INC/AUTH/FILED: 06/12/2001
JURISDICTION : SOUTH CAROLINA
PRINT DATE : 11/15/2005
FORM NUMBER : 211

JONES PATTERSON SIMPSON & NEWTON
JODIE BORGER
P.O. BOX 7049
HILTON HEAD ISLAND, SC 29938

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

HARGRAY OF GEORGIA, INC.
A FOREIGN PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox

Cathy Cox
Secretary of State