



Your business
is our business.

3440 Blue Springs Rd. NW, Suite 503
Kennesaw, GA 30144
phone: 770-569-2105
internet: www.jsitel.com, e-mail: lchase@jsitel.com

DOCKET NO. 20210090-TX
FILED 4/27/2021
DOCUMENT NO. 03716-2021
FPSC - COMMISSION CLERK

April 27, 2021

VIA ELECTRONIC FILING

Adam J. Teitzman
Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Blvd
Tallahassee, FL 32399

Re: Knology of Florida, Inc.'s Conversion to Knology of Florida, LLC

Mr. Teitzam:

This letter is to provide notice to the Florida Public Service Commission that the entity Knology of Florida, Inc. has changed its name and converted to Knology of Florida, LLC.

On September 23, 2020 Knology of Florida, Inc. was granted a withdrawal certificate from the Florida Department of State, Division of Corporations (See Attachment A), and on that same day, Knology of Florida, LLC was granted authorization to conduct business in Florida (See Attachment B).

Please let me know if you have any questions or need any additional information.

Sincerely,

Lans Chase

Lans Chase
Director – Regulatory Affairs
John Staurulakis, Inc.
On Behalf of Knology of Florida, LLC

cc: Arlene Morgan, Knology of Florida, LLC
Gregory Fogleman, Florida Public Service Commission

Headquarters: 7852 Walker Drive, Suite 200
Greenbelt, MD 20770
phone: 301-459-7590, fax: 301-577-5575

Eagandale Corporate Center, Suite 310
1380 Corporate Center Curve, Eagan, MN 55121
phone: 651-452-2660, fax: 651-452-1909

Echelon Building II, Suite 200
9430 Research Blvd., Austin, TX 78759
phone: 512-338-0473, fax: 512-346-0822

547 South Oakview Lane
Bountiful, UT 84010
phone: 801-294-4576

Attachment A



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 23, 2020

CORPORATION SERVICE COMPANY

Re: Document Number F98000002669

Having fulfilled the requirements of section 607.1520 or 617.1520, F.S., on September 22, 2020, this Certificate of Withdrawal is hereby issued to KNOLOGY OF FLORIDA, INC., a Delaware corporation, in accordance with said statute. The corporation may now withdraw from the state of Florida.

Should you have any questions regarding this matter, please telephone (850) 245-6050, the Amendment Filing Section.

Claretha Golden
Regulatory Specialist II
Division of Corporations

Letter Number: 920A00018238

Account number: I20000000195

Amount charged: 35.00

Attachment A

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Knology of Florida, Inc.

(Name of Corporation)

F98000002669

(Document Number of Corporation (if known))

Delaware 5/11/1998

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

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This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:


7887 E. Belleview Ave Ste 1000

(Mailing Address)

Englewood, CO 80111

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

7-26-20

(Date)

Craig Martin

(Typed or printed name of person signing)

General Counsel, Secretary

(Title of person signing)

FILING FEE \$35

Attachment B



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 23, 2020

CSC

Qualification documents for KNOLOGY OF FLORIDA, LLC were filed on September 22, 2020, and assigned document number M20000008261. Please refer to this number whenever corresponding with this office.

Your limited liability company is authorized to transact business in Florida as of the file date.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Apply today with the IRS online at:

<https://sa.www4.irs.gov/modiein/individual/index.jsp>.

Please notify this office if the limited liability company address changes.

Should you have any questions regarding this matter, please contact this office at the address given below.

Mel Solomon
Senior Section Administrator
Registration Section
Division of Corporations

Letter Number: 620A00018241

Account number: I20000000195

Amount charged: 125.00

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Attachment B

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Knology of Florida, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kathryn E. Ford

Name of Person

Knology of Florida, LLC D/B/A WOW! Internet, Cable and Phone

Firm/Company

7887 E. Belleview Ave Ste 1000

Address

Englewood, CO 80111

City/State and Zip Code

Kathy.Ford@wowinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Arnold

720

479-3555

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$125.00 Filing Fee

\$130.00 Filing Fee &
Certificate of Status

\$155.00 Filing Fee &
Certified Copy

\$160.00 Filing Fee, Certificate
of Status & Certified Copy

Attachment B

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. Knology of 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 52-2098257
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 8/10/2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7887 E. Belleview Ave 6. 7887 E. Belleview Ave
(Street Address of Principal Office) (Mailing Address)

Ste 1000 Ste 1000

Englewood, CO 80111 Englewood, CO 80111

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

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2020 SEP 22 AM 9:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

Amanda E. Robinson
(Registered agent's signature)

Amanda Robinson
Asst. Vice President

Attachment B

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 checked="" type="checkbox"/> Manager	Name: <u>Teresa Elder, CEO</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Craig Martin, GC/Secretary</u>
<input type="checkbox"/> Member	Address: <u>7887 E. Belleview Ave</u>	<input type="checkbox"/> Member	Address: <u>7887 E. Belleview Ave</u>
<input type="checkbox"/> Authorized	<u>Ste 1000</u>	<input type="checkbox"/> Authorized	<u>Ste 1000</u>
Person	<u>Englewood, CO 80111</u>	Person	<u>Englewood, CO 80111</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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 2020 SEP 22 AM 9:46
 SECRETARY OF STATE
 PALM BEACH, FLORIDA

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

Kathryn E. Ford

Typed or printed name of signee

Attachment B
Delaware
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KNOLOGY OF 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 TENTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KNOLOGY OF FLORIDA, LLC" WAS FORMED ON THE EIGHTH DAY OF APRIL, A.D. 1998.

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




Jeffrey W. Bullock, Secretary of State

2881996 8300

SR# 20206661246

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

Authentication: 203438969

Date: 08-10-20