

1080079.06

sburgin  
ADD

Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
12/11/2019 11:21 AM  
Fee Receipt: \$90.00



COMMONWEALTH OF KENTUCKY  
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings  
Business Filings  
PO Box 718, Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

Certificate of Authority  
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 and 386 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

- 1. The entity is a :  profit corporation (KRS 271B)  nonprofit corporation (KRS 273)  professional service corporation (KRS 274)
- business trust (KRS 386).  limited liability company (KRS 275)  professional limited liability company (KRS 275)
- limited partnership (KRS 362).  ltd cooperative assn. (KRS)  statutory trust
- non-profit llc (KRS 275)  cooperative assn. (KRS)

2. The name of the entity is AMERICAN TELEPHONE COMPANY, LLC  
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): \_\_\_\_\_  
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is New York

5. The date of organization is June 16, 2006 and the period of duration is perpetual  
(If left blank, the period of duration is considered perpetual.)

6. The mailing address of the entity's principal office is 4001 N. Rodney Parham Rd.	Little Rock	AR	72212
Street Address	City	State	Zip Code

7. The street address of the entity's registered office in Kentucky is 828 Lane Allen Road, Suite 219	Lexington	KY	40504
Street Address (No P.O. Box Numbers)	City	State	Zip Code

and the name of the registered agent at that office is Registered Agent Solutions, Inc.

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):				
Tony Thomas (Pres/CEO/Mgr)	4001 N. Rodney Parham Rd.	Little Rock	Ar	72212
Name	Street or P.O. Box	City	State	Zip Code
Kristi Moody (SVP/GC/Sec/Mgr)	4001 N. Rodney Parham Rd.	Little Rock	AR	72212
Name	Street or P.O. Box	City	State	Zip Code
Bob Gunderman (CFO/Treasurer)	4001 N. Rodney Parham Rd.	Little Rock	AR	72212
Name	Street or P.O. Box	City	State	Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:

12. If a limited liability company, check box if manager-managed:

13. This application will be effective upon filing, unless a delayed effective date and/or time is provided.

The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is upon filing

Please indicate the Kentucky county in which your business operates:  
County: Fayette

*To complete the following, please shade the box completely.*

Please indicate the size of your business: <input checked="" type="checkbox"/> Small (Fewer than 50 employees) <input type="checkbox"/> Large (50 or more employees)	Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership: <input type="checkbox"/> Women-Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned
--	---

Please indicate which of the following best describes your business:

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Mining	<input type="checkbox"/> Services	<input type="checkbox"/> Construction
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance, Insurance, Real Estate
<input type="checkbox"/> Public Administration	<input checked="" type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services		
<input type="checkbox"/> Other			

	Michelle Simpson, VP & Asst Corp Sect	December 9, 2019
Signature of Authorized Representative	Printed Name & Title	Date

I, Registered Agent Solutions, Inc., consent to serve as the registered agent on behalf of the business entity.

	Adam Saldana	Asst. Secretary	12/10/19
Signature of Registered Agent	Printed Name	Title	Date

(05/17)

Trey Grayson  
Secretary of State  
Received and Filed

09/26/2007 1:48:20 PM

Fee Receipt: \$90.00

Kentucky Secretary of State  
TREY GRAYSON

Division of Corporations  
BUSINESS FILINGS

Application for Certificate of Authority

FCO

P.O. Box 718  
Frankfort, KY 40602  
(502) 564-2848  
http://www.sos.ky.gov/

Pursuant to the provisions of KRS Chapter 271B, 273 or 274, the undersigned hereby applies for authority to transact business in Kentucky on behalf of the corporation named below and for that purpose submits the following statements:

1. The corporation is  a business corporation (KRS 271B)  a nonprofit corporation (KRS 273)  a professional service corporation (KRS 274).

2. The name of the corporation is Broadview Networks, Inc.

3. The name of the corporation to be used in Kentucky is \_\_\_\_\_

4. New York is the state or country under whose law the corporation is incorporated.

5. June 5, 1991 is the date of incorporation and the period of duration is perpetual

6. The street address of the corporation's principal office is 800 Westchester Ave., Suite N501, Rye Brook, NY 10573

7. The street address of the corporation's registered office in Kentucky is Kentucky Home Life Building, Louisville KY 40202  
and the name of the registered agent at that office is CT Corporation System

8. The names and usual business addresses of the corporation's current officers and directors are as follows.

President	Michael K. Robinson	President & CEO	800 Westchester Ave., Ste N501, Rye Brook, NY 10573
	Corey Rinker	Treasurer	800 Westchester Ave., Ste N501, Rye Brook, NY 10573
Vice-President	Terrance J. Anderson	Executive Vice President	800 Westchester Ave., Ste N501, Rye Brook, NY 10573
	Charles C. Hunter	Secretary	800 Westchester Ave., Ste N501, Rye Brook, NY 10573
Secretary	Steven F. Tunney	Chairman	800 Westchester Ave., Ste N501, Rye Brook, NY 10573
	Peter Barris	Director	800 Westchester Ave., Ste N501, Rye Brook, NY 10573
Treasurer	Robert M. Manning	Director	800 Westchester Ave., Ste N501, Rye Brook, NY 10573
Directors	B. Hagen Seville	Director	800 Westchester Ave., Ste N501, Rye Brook, NY 10573
	John S. Patton Jr.	Director	800 Westchester Ave., Ste N501, Rye Brook, NY 10573
	Samuel G. Rubenstein	Director	800 Westchester Ave., Ste N501, Rye Brook, NY 10573
	David C. Rubera	Director	800 Westchester Ave., Ste N501, Rye Brook, NY 10573

9. If a professional service corporation, all the individual shareholders, not less than one half of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. A certificate of existence duly authenticated by the Secretary of State accompanies this application.

11. This application will be effective upon filing, unless a delayed effective date and/or time is specified.

Charles C. Hunter, RVP, Secy, Gen Counsel  
Type of Print Name & Title

Date 8-10 2007

CT Corporation System consent to serve as the registered agent on behalf of the corporation.

CT Corporation System  
Type of Print Name & Title

FCO (0807)

(See attached sheet for instructions)

Document No.: DN2007168381  
Loaded By: BROADVIEW NETWORKS  
Recorded On: 10/18/2007 10:45:55  
Total Fees: 11.00  
Transfer Tax: .00

County Clerk: BORDIE HULSEMAN JEFF CO KYI  
Deputy Clerk: EVERAY  
END OF DOCUMENT

ANN J. WILLIAMS  
Assistant Vice President



**0300362.06** BALimonos  
AMD  
Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
1/15/2014 11:35 AM  
Fee Receipt: \$40.00

**COMMONWEALTH OF KENTUCKY**  
**ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Amended Certificate of Authority (Foreign Business Entity) <span style="float: right;">FCA</span>
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Pursuant to the provisions of KRS Chapter KRS 14A and 271B, 273, 274, 275, 362 or 386 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

- The business entity is:
 

<input checked="" type="checkbox"/> profit corporation (KRS 271B).	<input type="checkbox"/> nonprofit corporation (KRS 273).
<input type="checkbox"/> professional service corporation (KRS 274).	<input type="checkbox"/> business trust (KRS 386).
<input type="checkbox"/> limited liability company (KRS 275).	<input type="checkbox"/> limited partnership (KRS 362).
<input type="checkbox"/> professional limited liability company (KRS 275).	
- The name of the company is: Business Telecom, Inc.  
(The name must be identical to the name on record with the Secretary of State.)
- It is an entity organized and existing under the laws of the state or country of North Carolina
- The entity received authority to transact business in Kentucky on 05/11/1992
- The entity has changed its (check all that apply)
 

<input checked="" type="checkbox"/>	Domicile name to <u>Business Telecom, LLC</u>
<input type="checkbox"/>	Name to be used in Kentucky to _____
<input type="checkbox"/>	Jurisdiction of organization to _____
<input type="checkbox"/>	Period of duration _____
<input checked="" type="checkbox"/>	Form of organization <u>Convert into a Limited Liability Company</u>

6. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_  
(Delayed effective date and/or time)

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

	Samuel R. DeSimone, Jr.	Executive VP, General Counsel and Secretary	1/16/14
Signature of Authorized Representative	Printed Name	Title	Date

Multi-page document. Select page: 1 2 3

440105



BOB BABBAGE  
SECRETARY OF STATE

APPLICATION FOR CERTIFICATE OF AUTHORITY

Pursuant to the provisions of the Kentucky Revised Statutes, the undersigned hereby applies for the authority to transact business in the state of Kentucky on behalf of said corporation and for that purpose submits the following statement:

The corporate entity is  for profit, stock (KRS 271B)  
 non-profit, non-stock (KRS 273)  
 a professional service corporation (KRS 274)

RECORDED  
OCT 19 11 30 AM '07  
JBC

The name of the corporation is UCS of Kentucky, Inc

The name of the corporation to be used in Kentucky is UCS of Kentucky, Inc

(if "real name" is unavailable for use).

MO is the state or country under whose law it is incorporated.

MO is the date of incorporation and the duration is perpetual or for a total of \_\_\_\_\_ years.

The address of its principal office is 431 West Main Street

The street address of its registered office in Kentucky is 431 West Main Street  
Frankfort Kentucky 40601

and the name of its registered agent at that office is UCS of Kentucky, Inc

The names and usual business addresses of its current officers and directors are as follows:

President \_\_\_\_\_  
Vice President \_\_\_\_\_  
Secretary \_\_\_\_\_  
Treasurer \_\_\_\_\_  
Directors \_\_\_\_\_

(If necessary, attach continuation sheet)

This application is accompanied by a Certificate of Existence (or document of similar import) Duly Authenticated by the Secretary of State or other official having custody of corporate records in the state or country under whose law it is incorporated.

Dated: September 21, 2007  
John D. Babbage

IN SIGNATURE & TITLE  
V. GIBBS WALKER  
PRINT OR TYPE NAME & TITLE

(SEE REVERSE SIDE FOR INSTRUCTIONS)

SSC-101(8/92)

Multi-page document. Select page: 1 [2](#) [3](#)

Multi-page document. Select page: 1 [2](#)



**COMMONWEALTH OF KENTUCKY**  
**ELAINE N. WALKER, SECRETARY OF STATE**

**0604241.06**

bschell  
AMD

Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
10/29/2012 11:59 AM  
Fee Receipt: \$40.00

Division of Business Filings  
Business Filings  
PO Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

Amended Certificate of Authority  
(Foreign Business Entity)

FCA

Pursuant to the provisions of KRS Chapter KRS 14A and 271B, 273, 274, 275, 362 or 386 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

1. The business entity is:
- profit corporation (KRS 271B).
  - professional service corporation (KRS 274).
  - limited liability company (KRS 275).
  - professional limited liability company (KRS 275).
  - nonprofit corporation (KRS 273).
  - business trust (KRS 386).
  - limited partnership (KRS 362).

2. The name of the company is: DeltaCom, Inc.  
(The name must be identical to the name on record with the Secretary of State.)

3. It is an entity organized and existing under the laws of the state or country of Alabama

4. The entity received authority to transact business in Kentucky on 01/24/2005

5. The entity has changed its (check all that apply)

- Domicile name to DeltaCom, LLC
- Name to be used in Kentucky to \_\_\_\_\_
- Jurisdiction of organization to \_\_\_\_\_
- Period of duration \_\_\_\_\_
- Form of organization convert into an LLC

6. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_  
(Delayed effective date and/or time)

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Samuel R. DeSimone, Jr.  
Signature of Authorized Representative

Samuel R. DeSimone, Jr.,  
Printed Name

Executive VP, General Counsel and Secretary  
Title

10/23/12  
Date

(04/11)

Multi-page document. Select page: 1 [2](#)



**COMMONWEALTH OF KENTUCKY**  
**TREY GRAYSON, SECRETARY OF STATE**

<b>0628434.09</b>	amcray WTH
Trey Grayson, Secretary of State Received and Filed: 5/12/2010 11:53 AM Fee Receipt: \$40.00	

**Division of Corporations**  
**Business Filings**  
 PO Box 718  
 Frankfort, KY 40602  
 (502) 564-3490  
 www.sos.ky.gov

**Certificate of Withdrawal**  
**(Foreign Corporation)**

**FCW**

Pursuant to the provisions of KRS Chapter 271B, 273 or 274, the undersigned hereby applies for a certificate of withdrawal on behalf of the corporation named below and, for that purpose, submits the following statements:

1. The corporation is  a profit corporation (KRS 271B).  
 a nonprofit corporation (KRS 273).  
 a professional service corporation (KRS 274).
2. The name of the corporation is McLeodUSA Telecommunications Services, Inc.  
 (The name of the corporation or fictitious name adopted for use in Kentucky.)
3. The state or country of incorporation is Iowa
4. The corporation received authority to transact business in Kentucky on 12/27/2005
5. The corporation is not transacting business in Kentucky.
6. The corporation hereby surrenders the authority to transact business in Kentucky.
7. The corporation hereby revokes the authority of its registered agent in Kentucky to accept service of process on its behalf and hereby appoints the Secretary of State as its agent for service of process in any proceeding based upon any cause of action arising during the time it was authorized to transact business in Kentucky.
8. The street address to which the Secretary of State may mail a copy of any process served is:  
Pinehurst Centre Building, 477 Viking Drive, Suite 210, Virginia Beach, VA 23452  

<b>Street Address (No P.O. Box Numbers)</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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9. The corporation hereby commits to notify the Secretary of State in the future of any change in the mailing address set forth in question 8 above.
10. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_  
 (Delayed effective date and/or time)

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

	S. Shane Turley, Vice President	4-21-10
Signature of Authorized Party	Printed Name & Title	Date

## DOCUMENT TRANSMITTAL

DATE: 05-12-2015

FROM: CT CORP- IL

REF: Network Telephone, LLC

MESSAGE:

Please see attached paperwork on the above referenced entity. If you have any questions regarding this transmittal, please do not hesitate to contact me.

Thank you for this opportunity to be of service to you and your firm



FRANKLIN COUNTY  
A109 PG521

0453630.06 dcornish  
AMD  
Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
5/6/2015 2:13 PM  
Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY  
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Amended Certificate of Authority (Foreign Business Entity)	FCA
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Pursuant to the provisions of KRS Chapter KRS 14A and 271B, 273, 274, 275, 362 or 386 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

- The business entity is:
 

<input checked="" type="checkbox"/> profit corporation (KRS 271B).	<input type="checkbox"/> nonprofit corporation (KRS 273).
<input type="checkbox"/> professional service corporation (KRS 274).	<input type="checkbox"/> business trust (KRS 386).
<input type="checkbox"/> limited liability company (KRS 275).	<input type="checkbox"/> limited partnership (KRS 362).
<input type="checkbox"/> professional limited liability company (KRS 275).	
- The name of the company is: Network Telephone Corporation  
(The name must be identical to the name on record with the Secretary of State.)
- It is an entity organized and existing under the laws of the state or country of Florida
- The entity received authority to transact business in Kentucky on 03/13/1998
- The entity has changed its (check all that apply)
 

<input checked="" type="checkbox"/> Domicile name to <u>Network Telephone, LLC</u>
<input checked="" type="checkbox"/> Name to be used in Kentucky to <u>Network Telephone, LLC</u>
<input type="checkbox"/> Jurisdiction of organization to _____
<input type="checkbox"/> Period of duration _____
<input checked="" type="checkbox"/> Form of organization <u>Limited Liability Company</u>
- This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_  
(Delayed effective date and/or time)

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

<u>Kristi Moody</u> Signature of Authorized Representative	Kristi Moody, Senior Vice President & Corporate Secretary	<u>5-1-15</u> Date
	Printed Name	Title

## DOCUMENT TRANSMITTAL

DATE: 05-12-2015

FROM: CT CORP- IL

REF: PaeTec Communications, LLC

MESSAGE:

Please see attached paperwork on the above referenced entity. If you have any questions regarding this transmittal, please do not hesitate to contact me.

Thank you for this opportunity to be of service to you and your firm

FRANKLIN COUNTY  
A109 PG522

0458402.06 dcornish  
AMD  
Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
5/6/2015 2:14 PM  
Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY  
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Amended Certificate of Authority (Foreign Business Entity)	FCA
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Pursuant to the provisions of KRS Chapter KRS 14A and 271B, 273, 274, 275, 362 or 386 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and; for that purpose, submits the following statements:

- The business entity is:
 

<input checked="" type="checkbox"/> profit corporation (KRS 271B).	<input type="checkbox"/> nonprofit corporation (KRS 273).
<input type="checkbox"/> professional service corporation (KRS 274).	<input type="checkbox"/> business trust (KRS 386).
<input type="checkbox"/> limited liability company (KRS 275).	<input type="checkbox"/> limited partnership (KRS 362).
<input type="checkbox"/> professional limited liability company (KRS 275).	
- The name of the company is: PaeTec Communications, Inc.  
(The name must be identical to the name on record with the Secretary of State.)
- It is an entity organized and existing under the laws of the state or country of Delaware
- The entity received authority to transact business in Kentucky on 06/24/1998
- The entity has changed its (check all that apply)
 

<input checked="" type="checkbox"/> Domicile name to <u>PaeTec Communications, LLC</u>
<input checked="" type="checkbox"/> Name to be used in Kentucky to <u>PaeTec Communications, LLC</u>
<input type="checkbox"/> Jurisdiction of organization to _____
<input type="checkbox"/> Period of duration _____
<input checked="" type="checkbox"/> Form of organization <u>Limited Liability Company</u>

6. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_  
(Delayed effective date and/or time)

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

<u>Kristi Moody</u> Signature of Authorized Representative	Kristi Moody, Senior Vice President & Corporate Secretary	<u>5-1-15</u> Date
---	---	-----------------------

DOCUMENT NO: 429721  
RECORDED: May 07, 2015 02:31:00 PM  
TOTAL FEES: \$11.00  
COUNTY CLERK: JEFF HANCOCK  
DEPUTY CLERK: LADONNA STAMPER  
COUNTY: FRANKLIN COUNTY  
BOOK: A109 PAGES: 522 - 522

Multi-page document. Select page: 1 2

**0922259.06** amcray  
ADD  
Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
5/18/2015 2:28 PM  
Fee Receipt: \$90.00



COMMONWEALTH OF KENTUCKY  
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Authority (Foreign Business Entity)	FBE
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Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 and 386 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a :  profit corporation (KRS 271B),  nonprofit corporation (KRS 273),  professional service corporation (KRS 274),  
 business trust (KRS 386),  limited liability company (KRS 275),  professional limited liability company (KRS 275),  
 limited partnership (KRS 362).

2. The name of the entity is Talk America, LLC  
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable):  
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Delaware

5. The date of organization is 12/12/2014 and the period of duration is perpetual  
(If left blank, the period of duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
4001 Rodney Parham Road Little Rock AR 72212  
Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is  
306 W. Main Street, Suite 512, Frankfort KY 40601  
Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is C T Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Name	Street or P.O. Box	City	State	Zip Code
Anthony W. Thomas (Manager)	4001 Rodney Parham Road	Little Rock	AR	72212
John P. Fletcher (Manager)	4001 Rodney Parham Road	Little Rock	AR	72212

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:

12. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_  
(Delayed effective date and/or time)

Signature of Authorized Representative [Signature] John P. Fletcher, Manager 5/18/15  
Printed Name & Title Date

I, C T Corporation System, consent to serve as the registered agent on behalf of the business entity.  
Type/Print Name of Registered Agent

By: [Signature] Samantha Jones Assistant Secretary 5/6/2015  
Signature of Registered Agent Printed Name Title Date

KY019 - 01/16/2012 Wolters Kluwer Online

Multi-page document. Select page: 1 2

## DOCUMENT TRANSMITTAL

DATE: 05-12-2015

FROM: CT CORP- IL

REF: The Other Phone Company, LLC

MESSAGE:

Please see attached paperwork on the above referenced entity. If you have any questions regarding this transmittal, please do not hesitate to contact me.

Thank you for this opportunity to be of service to you and your firm

FRANKLIN COUNTY  
A109 PG523

0454550.06 dcornish  
AMD  
Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
5/6/2015 2:15 PM  
Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY  
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Amended Certificate of Authority (Foreign Business Entity)	FCA
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Pursuant to the provisions of KRS Chapter KRS 14A and 271B, 273, 274, 275, 362 or 386 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

1. The business entity is:  profit corporation (KRS 271B);  nonprofit corporation (KRS 273).  
 professional service corporation (KRS 274);  business trust (KRS 386).  
 limited liability company (KRS 275);  limited partnership (KRS 362).  
 professional limited liability company (KRS 275).

2. The name of the company is: The Other Phone Company Inc.  
(The name must be identical to the name on record with the Secretary of State.)

3. It is an entity organized and existing under the laws of the state or country of Florida

4. The entity received authority to transact business in Kentucky on: 04/01/1998

5. The entity has changed its (check all that apply)
- Domicile name to The Other Phone Company, LLC
  - Name to be used in Kentucky to The Other Phone Company, LLC
  - Jurisdiction of organization to \_\_\_\_\_
  - Period of duration \_\_\_\_\_
  - Form of organization Limited Liability Company

6. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_  
(Delayed effective date and/or time)

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

 Signature of Authorized Representative	Kristi Moody, Senior Vice President & Corporate Secretary Printed Name Title	<u>5-1-15</u> Date
---	---	-----------------------

(01/12)

DOCUMENT NO: 429722  
RECORDED: May 07, 2015 02:31:00 PM  
TOTAL FEES: \$11.00  
COUNTY CLERK: JEFF HANCOCK  
DEPUTY CLERK: LADONNA STAMPER  
COUNTY: FRANKLIN COUNTY

0761125.06 mstratton  
ADD  
Trey Grayson, Secretary of State  
Received and Filed:  
4/16/2010 12:40 PM  
Fee Receipt: \$90.00



COMMONWEALTH OF KENTUCKY  
TREY GRAYSON, SECRETARY OF STATE

Division of Corporations Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	<b>Certificate of Authority</b> (Foreign Limited Liability Company)	<b>FLC</b>
---	--	------------

Pursuant to the provisions of KRS Chapter 275, the undersigned hereby applies for authority to transact business in Kentucky on behalf of the limited liability company named below and, for that purpose, submits the following statements:

- The company is  a limited liability company (LLC) or  a professional limited liability company (PLLC).
- The name of the limited liability company is US LEC of Tennessee LLC
- The name of the limited liability company to be used in Kentucky is \_\_\_\_\_  
(Only provide if "real name" is unavailable for use; otherwise leave blank).
- The state or country of organization is DE
- The date of organization 11/14/1997 and, if the limited liability company has a specific date of dissolution, the latest date upon which the limited liability company is to dissolve is \_\_\_\_\_

6. The street address of the registered office in Kentucky is:

<u>306 W. Main Street, Suite 512,</u>	<u>Frankfort,</u>	<u>KY</u>	<u>40601</u>
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code

7. The name of the registered agent at that office is C T Corporation System

8. The principal address of the limited liability company is:

<u>600 Willowbrook Office Park</u>	<u>Fairport</u>	<u>NY</u>	<u>14450</u>
Street Address or Post Office Box Numbers	City	State	Zip Code

9. The names and mailing addresses of the current members/managers:

<u>Paetec Communications, Inc - 600 Willowbrook Office Park</u>	<u>Fairport</u>	<u>NY</u>	<u>14450</u>
Name	Street Address or Post Office Box Numbers	City	State
<u>Paetec Communications, Inc - 600 Willowbrook Office Park</u>	<u>Fairport</u>	<u>NY</u>	<u>14450</u>
Name	Street Address or Post Office Box Numbers	City	State

10. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_  
(Delayed effective date and/or time)

I certify that, as of the date of filing this application, the above-named limited liability company validly exists as a limited liability company under the laws of the jurisdiction of its formation.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

	<u>S. Shane Turley - Authorized Party</u>	<u>04/07/2010</u>
Signature of Member, Manager or Authorized Party	Printed Name & Title	Date

I, C T Corporation System, consent to serve as the registered agent on behalf of the limited liability company.

<u>C T Corporation System</u>	<u>JAMES M. NEWSOME</u>	<u>4/15/10</u>
By: Signature of Registered Agent	Printed Name & Title	Date

09/09



# Delaware

*The First State*

FRANKLIN COUNTY  
A77 PG 720

PAGE 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "US LEC OF TENNESSEE 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 FIFTEENTH DAY OF APRIL, A.D. 2010.

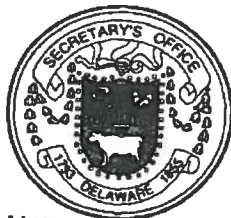
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

DOCUMENT NO: 356504  
RECORDED ON: APRIL 16, 2010 02:55:10PM  
TOTAL FEES: \$11.00  
COUNTY CLERK: GUY ZEIGLER  
COUNTY: FRANKLIN COUNTY CLERK  
DEPUTY CLERK: ANITA WHITAKER  
BOOK A77 PAGES 719 - 720

719-720 AW

2821392 8300

100388463



You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7933906

DATE: 04-15-10



COMMONWEALTH OF KENTUCKY  
TREY GRAYSON  
SECRETARY OF STATE

Trey Grayson  
Secretary of State  
Received and Filed  
05/05/2006 11:55:02 AM  
Fee Receipt: \$40.00



APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

Pursuant to the provisions of KRS Chapter 271B, 273 or 274, the undersigned hereby applies for an amended certificate of authority on behalf of the corporation named below and for that purpose submits the following statements:

- 1. The corporation is  a business corporation (KRS 271B).  
 a nonprofit corporation (KRS 273).  
 a professional service corporation (KRS 274).

2. Alltel Holding Corporate Services, Inc.  
(Name of corporation or fictitious name adopted for use in Kentucky)

is a corporation organized and existing under the laws of the state or country of Delaware  
and received authority to transact business in Kentucky on 12/15/2005

3. The corporation's name in the state or country of incorporation has been changed to  
Windstream Communications, Inc.

The name of the corporation to be used in Kentucky is  
\_\_\_\_\_  
(If "real name" is unavailable for use)

4. The corporation's period of duration has been changed to No Change

5. The corporation's state or country of incorporation has been changed to No Change

6. A certificate of existence duly authenticated by the Secretary of State accompanies this application.

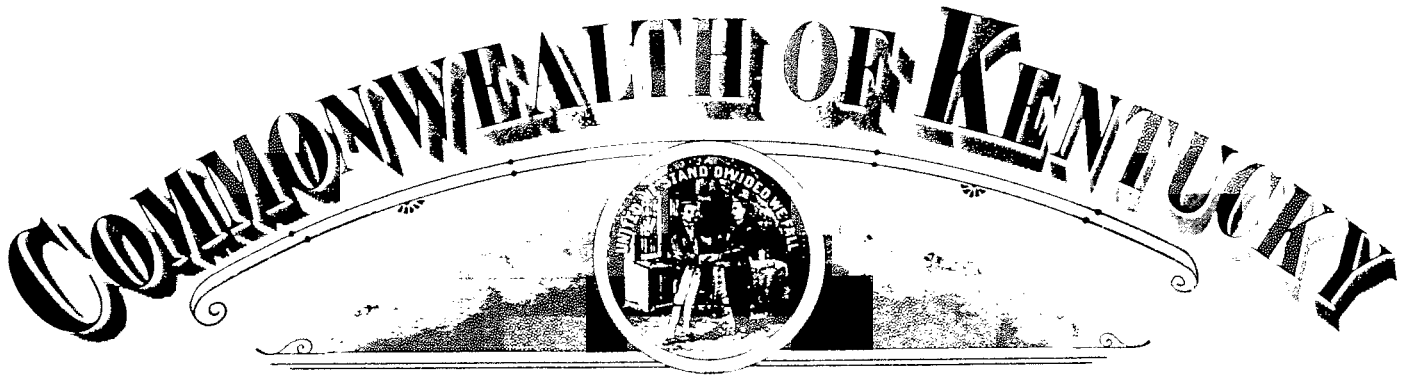
7. This application will be effective upon filing, unless a delayed effective date and/or time is specified:

\_\_\_\_\_  
(Delayed effective date and/or time)

John Fletcher  
Signature

John R. Fletcher, Executive Vice President  
Type or Print Name & Title

Date: May 1, 2006



**Trey Grayson**  
**Secretary of State**

**Certificate of Authorization**

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**WINDSTREAM COMMUNICATIONS, INC.**

, a corporation organized under the laws of the state of Delaware, is authorized to transact business in the Commonwealth of Kentucky, and received the authority to transact business in Kentucky on December 15, 2005.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that an application for certificate of withdrawal has not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 5<sup>th</sup> day of May, 2006.



*Tn6z*

Trey Grayson  
Secretary of State  
Commonwealth of Kentucky  
mstratton/0627735

# Delaware

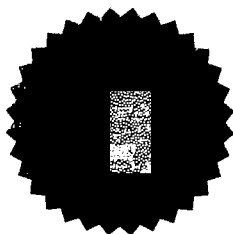
PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WINDSTREAM COMMUNICATIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF MAY, A.D. 2006.

4055100 8300

060401650



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4710713

DATE: 05-02-06



COMMONWEALTH OF KENTUCKY  
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

0604238.06 AMCRAY  
AMD  
Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
8/30/2019 11:37 AM  
Fee Receipt: \$40.00

Division of Business Filings Business Filings PO Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Amended Certificate of Authority (Foreign Business Entity)	FCA
---	---	-----

Pursuant to the provisions of KRS Chapter KRS 14A and 271B, 273, 274, 275, 362 or 386 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

1. The business entity is:
- |   |   |
|---|---|
| <input type="checkbox"/> profit corporation (KRS 271B)                    | <input type="checkbox"/> nonprofit corporation (KRS 273). |
| <input type="checkbox"/> professional service corporation (KRS 274).      | <input type="checkbox"/> business trust (KRS 386).        |
| <input checked="" type="checkbox"/> limited liability company (KRS 275).  | <input type="checkbox"/> limited partnership (KRS 362).   |
| <input type="checkbox"/> professional limited liability company (KRS 275) | <input type="checkbox"/> statutory trust (KRS 386)        |
| <input type="checkbox"/> limited cooperative association                  | <input type="checkbox"/> non-profit LLC (KRS 275).        |
| <input type="checkbox"/> cooperative association                          |   |

2. The name of the company is: Earthlink Carrier, LLC  
(The name must be identical to the name on record with the Secretary of State.)

3. It is an entity organized and existing under the laws of the state or country of Delaware

4. The entity received authority to transact business in Kentucky on 1/24/2005

5. The entity has changed its (check all that apply)
- |   |
|---|
| <input checked="" type="checkbox"/> Domicile name to <u>Windstream FiberNet, LLC</u>  |
| <input type="checkbox"/> Name to be used in Kentucky to _____   |
| <input type="checkbox"/> Jurisdiction of organization to _____  |
| <input type="checkbox"/> Period of duration _____   |
| <input type="checkbox"/> Form of organization _____   |
| <input type="checkbox"/> Management type: <input checked="" type="checkbox"/> Member managed <input type="checkbox"/> Manager managed |

6. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_  
(Delayed effective date and/or time)

Please indicate the county in which your business operates: County: _____	
<i>To complete the following, please shade the box completely.</i>	
Please indicate the size of your business: <input checked="" type="checkbox"/> Small (Fewer than 50 employees) <input type="checkbox"/> Large (50 or more employees)	Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership: <input type="checkbox"/> Women-Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned
Please indicate which of the following best describes your business:	
<input type="checkbox"/> Agriculture <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Public Administration <input type="checkbox"/> Other	<input type="checkbox"/> Mining <input type="checkbox"/> Retail Trade <input checked="" type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services <input type="checkbox"/> Services <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Finance, Insurance, Real Estate

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

	Michelle Simpson	VP & Asst. Corp. Sect.	8/21/2019
Signature of Authorized Representative	Printed Name	Title	Date

**ARTICLES OF  
ORGANIZATION  
OF  
WINDSTREAM KDL, LLC**

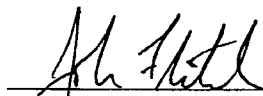
Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

- ARTICLE I:** The name of the limited liability company is Windstream KDL, LLC.
- ARTICLE II:** The street address of the limited liability company's initial registered office in Kentucky is 306 West Main Street, Suite 512, Frankfort, Kentucky 40601, and the name of the initial registered agent at that office is CT Corporation System.
- ARTICLE III:** The mailing address of the limited liability company's initial principal office is 4001 Rodney Parham Road, Little Rock, Arkansas 72212.
- ARTICLE IV:** The limited liability company is to be managed by managers.
- ARTICLE V:** The previous name of this limited liability company was Windstream KDL, Inc., a Kentucky corporation (the "Corporation"). The Corporation was converted into the limited liability company pursuant to Chapter 275 of the Kentucky Limited Liability Company Act. Upon conversion the Corporation had 1,000 shares of common stock outstanding, all of which were entitled to vote, as a single voting group, on the plan of conversion, and all of which were voted in favor of the plan of conversion. The number of votes cast in favor of the plan of conversion was sufficient for approval.
- ARTICLE VI:** This application shall become effective on the 1st day of January, 2015, at 1:01 a.m., Eastern Time.

[SIGNATURE PAGES FOLLOW]

IN WITNESS WHEREOF, the Corporation has caused these articles of organization to be signed by a duly authorized officer thereof as of the date first written above.

**WINDSTREAM KDL, INC.**

By:   
Name: John P. Fletcher  
Title: Executive Vice President, Secretary &  
General Counsel

THE UNDERSIGNED, as the registered agent identified in Article II of the Articles of Organization of Windstream KDL, LLC (the "Company"), hereby consents to serve the Company in that capacity until such time as such appointment is terminated or until the undersigned resigns in accordance with the Kentucky Limited Liability Company Act.

**CT CORPORATION SYSTEM**

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Kentucky Secretary of State  
TREY GRAYSON**

Division of Corporations  
BUSINESS FILINGS

P.O. Box 718  
Frankfort, KY 40602  
(502) 564-2848  
<http://www.sos.ky.gov/>

Statement of Consent of  
Registered Agent

CRA

Pursuant to the provisions of KRS Chapter 271B, 273, 275, 362 or 386, the undersigned hereby consents to act as registered agent on behalf of the business entity named below and for that purpose submits the following statements:

The business entity is  a corporation (KRS 271B or KRS 273)  
 a limited liability company (KRS 275)  
 a limited partnership (KRS 362)  
 a limited liability partnership (KRS 362)  
 a business trust (KRS 386)

The name of the business entity is

Windstream KDL. LLC

The state or country of incorporation, organization or formation is Kentucky

The name of the initial registered agent is

C T Corporation System

The street address of the registered office address in Kentucky is

306 W. Main Street, Suite 512

Frankfort

KY

40601

Street

City

State

Zip Code

Signature of registered agent

Katherine Lackey, Asst. Secy.

Type or Print Name & Title, if applicable

Date: December 23rd, 2014



**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State**

Alison Lundergan Grimes  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Certificate of Authorization**

Authentication number: 154383  
Visit <https://app.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**WINDSTREAM KENTUCKY EAST, LLC**

, a limited liability company authorized under the laws of the state of Delaware, is authorized to transact business in the Commonwealth of Kentucky, and received the authority to transact business in Kentucky on June 13, 2008.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that an application for certificate of withdrawal has not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 25<sup>th</sup> day of August, 2014, in the 223<sup>rd</sup> year of the Commonwealth.



*Alison Lundergan Grimes*

Alison Lundergan Grimes  
Secretary of State  
Commonwealth of Kentucky  
154383/0707420

**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State**

---

Alison Lundergan Grimes  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Certificate of Existence**

---

Authentication number: 153294  
Visit <https://app.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

---

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**WINDSTREAM KENTUCKY WEST, LLC**

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is March 8, 1954 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 25<sup>th</sup> day of July, 2014, in the 223<sup>rd</sup> year of the Commonwealth.



---

Alison Lundergan Grimes  
Secretary of State  
Commonwealth of Kentucky  
153294/0183453



**COMMONWEALTH OF KENTUCKY  
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

**0478678.06**

AMCRAY  
AMD

Allison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
8/30/2019 11:34 AM  
Fee Receipt: \$40.00

Division of Business Filings  
Business Filings  
PO Box 718, Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

**Amended Certificate of Authority  
(Foreign Business Entity)**

**FCA**

Pursuant to the provisions of KRS Chapter KRS 14A and 271B, 273, 274, 275, 362 or 386 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

1. The business entity is:
- |   |   |
|---|---|
| <input type="checkbox"/> profit corporation (KRS 271B)                    | <input type="checkbox"/> nonprofit corporation (KRS 273). |
| <input type="checkbox"/> professional service corporation (KRS 274).      | <input type="checkbox"/> business trust (KRS 386).        |
| <input checked="" type="checkbox"/> limited liability company (KRS 275).  | <input type="checkbox"/> limited partnership (KRS 362).   |
| <input type="checkbox"/> professional limited liability company (KRS 275) | <input type="checkbox"/> statutory trust (KRS 386)        |
| <input type="checkbox"/> limited cooperative association                  | <input type="checkbox"/> non-profit LLC (KRS 275).        |
| <input type="checkbox"/> cooperative association                          |   |

2. The name of the company is: Earthlink Business, LLC  
(The name must be identical to the name on record with the Secretary of State.)

3. It is an entity organized and existing under the laws of the state or country of Delaware.

4. The entity received authority to transact business in Kentucky on 8/12/1999.

5. The entity has changed its (check all that apply)
- Domicile name to Windstream New Edge, LLC
  - Name to be used in Kentucky to \_\_\_\_\_
  - Jurisdiction of organization to \_\_\_\_\_
  - Period of duration \_\_\_\_\_
  - Form of organization \_\_\_\_\_
  - Management type:  Member managed  Manager managed

6. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_  
(Delayed effective date and/or time)

Please indicate the county in which your business operates: County: _____	
<i>To complete the following, please shade the box completely.</i>	
Please indicate the size of your business: <input checked="" type="checkbox"/> Small (Fewer than 50 employees) <input type="checkbox"/> Large (50 or more employees)	Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership: <input type="checkbox"/> Women-Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned
Please indicate which of the following best describes your business:	
<input type="checkbox"/> Agriculture <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Public Administration <input type="checkbox"/> Other	<input type="checkbox"/> Mining <input type="checkbox"/> Retail Trade <input checked="" type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services
<input type="checkbox"/> Services <input type="checkbox"/> Manufacturing	<input type="checkbox"/> Construction <input type="checkbox"/> Finance, Insurance, Real Estate

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

	Michelle Simpson	VP & Asst. Corp. Sect.	8/31/2019
Signature of Authorized Representative	Printed Name	Title	Date

**ARTICLES OF  
ORGANIZATION  
OF  
WINDSTREAM NORLIGHT, LLC**


Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

- ARTICLE I:** The name of the limited liability company is Windstream Norlight, LLC.
- ARTICLE II:** The street address of the limited liability company's initial registered office in Kentucky is 306 West Main Street, Suite 512, Frankfort, Kentucky 40601, and the name of the initial registered agent at that office is CT Corporation System.
- ARTICLE III:** The mailing address of the limited liability company's initial principal office is 4001 Rodney Parham Road, Little Rock, Arkansas 72212.
- ARTICLE IV:** The limited liability company is to be managed by managers.
- ARTICLE V:** The previous name of this limited liability company was Windstream Norlight, Inc., a Kentucky corporation (the "Corporation"). The Corporation was converted into the limited liability company pursuant to Chapter 275 of the Kentucky Limited Liability Company Act. Upon conversion the Corporation had 1,000 shares of common stock outstanding, all of which were entitled to vote, as a single voting group, on the plan of conversion, and all of which were voted in favor of the plan of conversion. The number of votes cast in favor of the plan of conversion was sufficient for approval.
- ARTICLE VI:** This application shall become effective on the 1st day of January, 2015, at 1:01 a.m., Eastern Time.

[SIGNATURE PAGES FOLLOW]

IN WITNESS WHEREOF, the Corporation has caused these articles of organization to be signed by a duly authorized officer thereof as of the date first written above.

**WINDSTREAM NORLIGHT, INC.**

By:   
Name: John P. Fletcher  
Title: Executive Vice President, Secretary &  
General Counsel

THE UNDERSIGNED, as the registered agent identified in Article II of the Articles of Organization of Windstream Norlight, LLC (the "Company"), hereby consents to serve the Company in that capacity until such time as such appointment is terminated or until the undersigned resigns in accordance with the Kentucky Limited Liability Company Act.

**CT CORPORATION SYSTEM**

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Kentucky Secretary of State  
TREY GRAYSON**

Division of Corporations  
BUSINESS FILINGS

P.O. Box 718  
Frankfort, KY 40602  
(502) 564-2848  
<http://www.sos.ky.gov/>

Statement of Consent of  
Registered Agent

CRA

Pursuant to the provisions of KRS Chapter 271B, 273, 275, 362 or 386, the undersigned hereby consents to act as registered agent on behalf of the business entity named below and for that purpose submits the following statements:

The business entity is  a corporation (KRS 271B or KRS 273)  
 a limited liability company (KRS 275)  
 a limited partnership (KRS 362)  
 a limited liability partnership (KRS 362)  
 a business trust (KRS 386)

The name of the business entity is

Windstream Norlight. LLC

The state or country of incorporation, organization or formation is Kentucky

The name of the initial registered agent is

C T Corporation System

The street address of the registered office address in Kentucky is

306 W. Main Street, Suite 512

Frankfort

KY

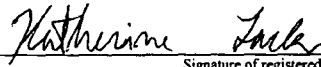
40601

Street

City

State

Zip Code



Signature of registered agent

Katherine Lackey, Asst. Secy.

Type or Print Name & Title, if applicable

Date: December 23rd, 2014

**DOCUMENT TRANSMITTAL**

DATE: 05-12-2015

FROM: CT CORP- IL

REF: Windstream NTI, LLC

MESSAGE:

Please see attached paperwork on the above referenced entity. If you have any questions regarding this transmittal, please do not hesitate to contact me.

Thank you for this opportunity to be of service to you and your firm



1  
AOI

FRANKLIN COUNTY  
A109 PG525

0684549.06 dcornish  
AMD  
Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
5/6/2015 2:17 PM  
Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY  
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Amended Certificate of Authority (Foreign Business Entity)	FCA
---	---	-----

Pursuant to the provisions of KRS Chapter KRS 14A and 271B, 273, 274, 275, 362 or 386 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

- The business entity is:
 

<input checked="" type="checkbox"/> profit corporation (KRS 271B).	<input type="checkbox"/> nonprofit corporation (KRS 273).
<input type="checkbox"/> professional service corporation (KRS 274).	<input type="checkbox"/> business trust (KRS 386).
<input type="checkbox"/> limited liability company (KRS 275).	<input type="checkbox"/> limited partnership (KRS 362).
<input type="checkbox"/> professional limited liability company (KRS 275).	
- The name of the company is: Windstream NTI, Inc.  
(The name must be identical to the name on record with the Secretary of State.)
- It is an entity organized and existing under the laws of the state or country of Wisconsin
- The entity received authority to transact business in Kentucky on 02/01/2008
- The entity has changed its (check all that apply)
 

<input checked="" type="checkbox"/>	Domicile name to <u>Windstream NTI, LLC</u>
<input checked="" type="checkbox"/>	Name to be used in Kentucky to <u>Windstream NTI, LLC</u>
<input type="checkbox"/>	Jurisdiction of organization to _____
<input type="checkbox"/>	Period of duration _____
<input checked="" type="checkbox"/>	Form of organization <u>Limited Liability Company</u>

6. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_  
(Delayed effective date and/or time)

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

	Kristi Moody, Senior Vice President & Corporate Secretary Printed Name: _____ Title: _____ Date: <u>5-1-15</u>
Signature of Authorized Representative	

(01/12)

DOCUMENT NO: 429724  
RECORDED: May 07, 2015 02:32:00 PM  
TOTAL FEES: \$11.00  
COUNTY CLERK: JEFF HANCOCK  
DEPUTY CLERK: LADONNA STAMPER  
COUNTY: FRANKLIN COUNTY

BOOK: A109 PAGES: 525 - 525

## DOCUMENT TRANSMITTAL

DATE: 05-12-2015

FROM: CT CORP- IL

REF: Windstream NuVox, LLC

MESSAGE:

Please see attached paperwork on the above referenced entity. If you have any questions regarding this transmittal, please do not hesitate to contact me.

Thank you for this opportunity to be of service to you and your firm

FRANKLIN COUNTY  
A109 PG526

0597868.06 dcornish  
AMD  
Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
5/6/2015 2:18 PM  
Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY  
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings  
Business Filings  
PO Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.scs.ky.gov

Amended Certificate of Authority  
(Foreign Business Entity) FCA

Pursuant to the provisions of KRS Chapter KRS 14A and 271B, 273, 274, 275, 362 or 386 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

- 1. The business entity is:
  - profit corporation (KRS 271B).
  - professional service corporation (KRS 274).
  - limited liability company (KRS 275).
  - professional limited liability company (KRS 275).
  - nonprofit corporation (KRS 273).
  - business trust (KRS 386).
  - limited partnership (KRS 362).

2. The name of the company is: Windstream NuVox, Inc.  
(The name must be identical to the name on record with the Secretary of State.)

3. It is an entity organized and existing under the laws of the state or country of Delaware

4. The entity received authority to transact business in Kentucky on 10/26/2004

5. The entity has changed its (check all that apply)
- Domicile name to Windstream NuVox, LLC
  - Name to be used in Kentucky to Windstream NuVox, LLC
  - Jurisdiction of organization to \_\_\_\_\_
  - Period of duration \_\_\_\_\_
  - Form of organization Limited Liability Company

6. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_  
(Delayed effective date and/or time)

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Kristi Moody Kristi Moody, Senior Vice President & Corporate Secretary 5-1-15  
Signature of Authorized Representative Printed Name Title Date

DOCUMENT NO: 429725  
RECORDED: May 07, 2015 02:32:00 PM  
TOTAL FEES: \$11.00  
COUNTY CLERK: JEFF HANCOCK  
DEPUTY CLERK: LADONNA STAMPER  
COUNTY: FRANKLIN COUNTY

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