



COMMONWEALTH OF KENTUCKY
MICHAEL ADAMS, SECRETARY OF STATE

0921451.06 mmullins
WTH
Michael G. Adams
Kentucky Secretary of State
Received and Filed:
4/20/2020 9:44 AM
Fee Receipt: \$40.00

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

Certificate of Withdrawal
(Foreign Business Entity)

WFE

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

1. The name of the business entity is AuraVox LLC
(The name must be identical to the name on record with the Secretary of State.)

2. The state or country of formation is Texas

3. The Secretary of State may forward to the business entity at the following street address any process served on the Secretary of State and commits to notify the Secretary of State of any future changes to this address:

4151 SW Erwy #507 Houston TX 77027
Street Address (No Post Office Box Numbers) City State Zip Code

4. The business entity is not transacting business in the Commonwealth and surrenders its authority to transact business in the Commonwealth or pursuant to KRS 14A.9-010(7) the business entity is a foreign insurer with a certificate of authority from the commissioner of the Department of Insurance.

5. The business entity revokes the authority of its registered agent to accept service of process on its behalf and appoints the Secretary of State as its agent for service of process in any proceeding based on a cause of action arising during the time it was authorized to transact business in the Commonwealth. The business entity shall notify the Secretary of State in the future of any change in its mailing address.

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 effective date is _____.

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

[Signature]
Signature of Authorized Representative

Charles Jimenez
Printed Name

3/6/2020
Date

Auravox, LLC
8711 Fallbrook Drive
Houston, TX 77064
Phone: (713) 979-9356

May 8, 2015

Kentucky Public Service Commission
211 Sower Blvd.
P.O. Box 615
Frankfort, KY 40602

RECEIVED

MAY 26 2015

PUBLIC SERVICE
COMMISSION

RE: Application for Authority to Operate as a VoIP Provider by Auravox, LLC

Dear Staff,

Auravox, LLC hereby submits the following information in accordance with the Administrative Case Nos. 359 and 370 as they wish to provide **Fixed VoIP** service in the state of Kentucky:

Company Information:

Auravox, LLC
8711 Fallbrook Drive
Houston, TX 77064
Phone: 713-979-9356

Customer Service Contact:

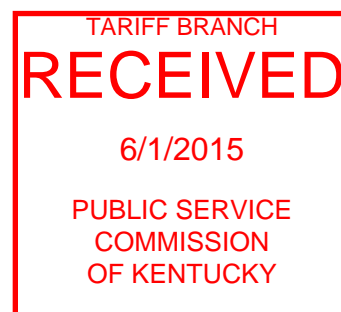
Neely Roper
Auravox, LLC
8711 Fallbrook Drive
Houston, TX 77064
Phone: 713-979-9356

Regulatory Contact

Mark Lammert CPA c/o Compliance Solutions, Inc.
740 Florida Central Parkway, Suite 2028
Longwood, FL 32750
Phone: 407-260-1011
FAX: 407-260-1033
mark@csilongwood.com

A copy of Auravox, LLC Articles of Organization has been attached as Exhibit A.

Auravox, LLC has not provided or collected for intrastate service in Kentucky prior to filing this notice of intent. Auravox, LLC does not seek to provide operator assisted services to traffic aggregators as defined in Administrative Case No. 330.

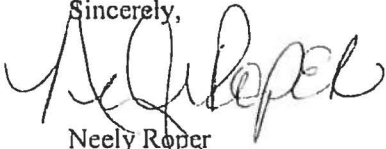


Auravox, LLC
8711 Fallbrook Drive
Houston, TX 77064
Phone: (713) 979-9356

Auravox, LLC will not be providing a tariff as they are a VoIP provider. In addition, Auravox, LLC is not requesting CLEC authority as they are a VoIP provider and no interconnection agreement is required.

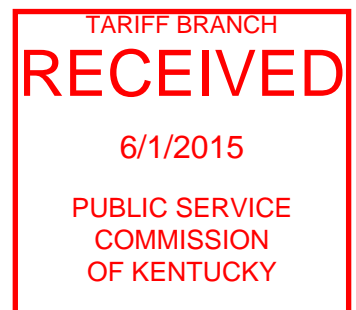
Please do not hesitate to contact Mark Lammert if you have any questions or concerns.

Sincerely,



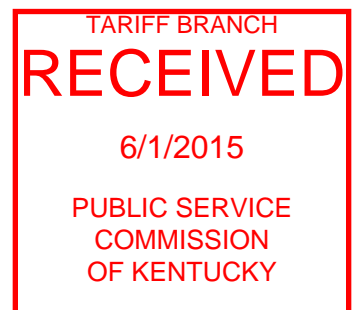
Neely Roper
Controller
Auravox, LLC

cc: Mark Lammert, Compliance Solutions, Inc.



Auravox, LLC
8711 Fallbrook Drive
Houston, TX 77064
Phone: (713) 979-9356

Exhibit A
Articles of Organization



0921451.06

amcra
ADD

Allison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
5/7/2015 11:58 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) 684-3490
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 368 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 368). limited liability company (KRS 275). professional limited liability company (KRS 275). limited partnership (KRS 362).

2. The name of the entity is Auravox, 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 Texas

5. The date of organization is 4/27/2012 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
8711 Fallbrook Drive, Houston, TX 77064
Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
421 West Main Street, 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 CSC-Lawyers Incorporating Service Company

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

Debbie Harryman Member 8711 Fallbrook Drive, Houston, TX 77064
Name Street or P.O. Box City State Zip Code

Melissa Munoz Member 8711 Fallbrook Drive, Houston, TX 77064
Name Street or P.O. Box City State Zip Code

Wayne Harryman Member 8711 Fallbrook Drive, Houston, TX 77064
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. 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] Neely Roper, Asst. Secy 5/5/15
Printed Name & Title Date

CSC-Lawyer's Incorporating Service Company

I, _____ consent to serve as the registered agent on behalf of the business entity.

Type/Print Name of Registered Agent

By: [Signature] Maria Long Asst. Secretary 5/5/15
Signature of Registered Agent Printed Name Title Date

(01/12)

RECEIVED
6/1/2015
PUBLIC SERVICE
COMMISSION
OF KENTUCKY



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

Statement of Consent of Registered Agent
 (Domestic or Foreign Business Entity)

CRA

Pursuant to the provisions of KRS 14A and KRS Chapter 271B, 273, 274, 275, 362 or 386, the undersigned applicant consents to act as registered agent on behalf of the business entity named below and, for that purpose, submits the following statements:

1. The business entity is
- a corporation (KRS 271B, KRS 273 or KRS 274)
 - a limited liability company (KRS 275)
 - a limited partnership (KRS 362)
 - a limited liability partnership (KRS 382)
 - a business trust (KRS 386)

2. The name of the business entity is Auravox, LLC

3. The state or country of incorporation, organization or formation is Texas

4. The name of the initial registered agent is CSC-Lawyers Incorporating Service Company

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

421 West Main Street, Frankfort, KY 40601

Street Address (No Post Office Box Numbers)	City	State	Zip Code
<u>421 West Main Street, Frankfort, KY 40601</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 Kentucky that the foregoing is true and correct.

<u>CSC-Lawyers Incorporating Service Company</u>		
By: <u><i>Maria Long</i></u>	<u>Maria Long</u>	<u>Asst. Secretary</u>
Signature of Registered Agent	Printed Name	Title

