

Broadband Voice, LLC
175 E. Capitol Street, Suite 175
Jackson, MS 39201
Phone: 844-926-6000

Exhibit A
Secretary of State

1043604.06

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ADD

Allison Lundergan Grimes
Kentucky Secretary of State
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COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
Business Filings
PO Box 718, Frankfort, KY 40602
(502) 584-3490
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 385) limited liability company (KRS 275) professional limited liability company (KRS 275) limited partnership (KRS 382) ltd cooperative assn. (KRS) statutory trust non-profit llc (KRS 275) cooperative assn. (KRS)

2. The name of the entity is Broadband Voice, 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 Mississippi

5. The date of organization is Mississsip 06/09/2008 and the period of duration is _____
(if left blank, the period of duration is considered perpetual.)

6. The mailing address of the entity's principal office is
736 S. President Street, Suite 106 Jackson MS 39201
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 Corporation Service Company

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
Gary Watts	736 S. President Street, Suite 106	Jackson	MS	39201
Sehwyn Ellis	736 S. President Street, Suite 106	Jackson	MS	39201

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 _____

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

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
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Please indicate which of the following best describes your business:

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Mining	<input checked="" 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 type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services		
<input type="checkbox"/> Other			

Signature of Authorized Representative: Gary Watts Gary Watts, Manager 12-31-2018
Printed Name & Title Date

I, Corporation Service Company, consent to serve as the registered agent on behalf of the business entity.

By: Janette Schurman Janette Schurman Asst. Secretary 1/2/19
Signature of Registered Agent Printed Name Title Date

(05/17)



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

BROADBAND VOICE, LLC

Registered the 9th day of June, 2008

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

601 Renaissance Way, Suite B
Ridgeland, MS 39157

And that the registered agent at that address is:

Mozingo, James R

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 2nd day of January, 2019

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN19061123

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>