

EXHIBIT A

Articles of Organization from the Ohio Secretary of State
Certificate of Authorization from the Kentucky Secretary of State



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/12/2014	201416300527	ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO. (LCP)	125.00	0.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

SHUMAKER LOOP & KENDRICK, LLP
 ATTN: JENNA FELLER
 1000 JACKSON ST.
 TOLEDO, OH 43604

**STATE OF OHIO
 CERTIFICATE**

Ohio Secretary of State, Jon Husted
 2302772

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

BLOCK LINE SYSTEMS, LLC

and, that said business records show the filing and recording of:

Document(s)

ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO.

Effective Date: 06/11/2014

Document No(s):

201416300527



United States of America
 State of Ohio
 Office of the Secretary of State

Witness my hand and the seal of the
 Secretary of State at Columbus, Ohio this
 12th day of June, A.D. 2014.

Jon Husted

Ohio Secretary of State



Form 533A Prescribed by:
Ohio Secretary of State
JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Bussserv@OhioSecretaryofState.gov

Mall this form to one of the following:

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216

Expedite Filing (Two-business day processing
time requires an additional \$100.00).
P.O. Box 1390
Columbus, OH 43216

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$125

CHECK ONLY ONE (1) BOX

(1) Articles of Organization for Domestic
For-Profit Limited Liability Company
(115-LCA)

(2) Articles of Organization for Domestic
Nonprofit Limited Liability Company
(115-LCA)

Name of Limited Liability Company

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C." "Ltd.," or "Ltd"

Effective Date (The legal existence of the limited liability company begins upon the filing
(Optional) mm/dd/yyyy of the articles or on a later date specified that is not more than ninety days
after filing)

This limited liability company shall exist for
(Optional) Period of Existence

Purpose
(Optional)

****Note for Nonprofit LLCs**
The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided.

RECEIVED
SECRETARY OF STATE
2014 JUN 11 PM 3:02
CLIENT SERVICE CENTER

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member(s), manager(s) or representative(s) of

Block Line Systems, LLC

Name of Limited Liability Company

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is

Phillip H. Lee

Name of Agent

1000 Jackson Street

Mailing Address

Toledo

City

Ohio

State

43604

ZIP Code

ACCEPTANCE OF APPOINTMENT

The undersigned, Phillip H. Lee named herein as the statutory agent

Phillip H. Lee

Statutory Agent Name

for Block Line Systems, LLC

Name of Limited Liability Company

hereby acknowledges and accepts the appointment of agent for said limited liability company

Statutory Agent Signature *Phillip H. Lee*

Individual Agent's Signature / Signature on Behalf of Business Serving as Agent


By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.


Signature

By (if applicable)

Phillip H. Lee, Authorized Representative
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1105793.06
Michael G. Adams
Secretary of State
Received and Filed
7/27/2020 5:20:01 PM
Fee receipt: \$90.00

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

Certificate of Authority
Foreign Business Entity

FBE

Pursuant to the provisions of KRS Chapter 14A and KRS Chapter 275 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** limited liability company.
2. The name of the entity is **BLOCK LINE SYSTEMS, LLC.**
3. The name of the entity to be used in Kentucky is **BLOCK LINE SYSTEMS, LLC.**
4. The state or country under whose law the entity is organized is **Ohio.**
5. The date of organization is **6/11/2014.**
6. The mailing address of the entity's principal office is **2700 Oregon Rd, Northwood, OH 43619.**
7. The street address of the entity's registered office in Kentucky is **828 Lane Allen Rd Ste 219, Lexington, KY 40504** and the name of the registered agent in that office is **InCorp Services, Inc..**
8. The names and business addresses of the entity's representatives:

John Martin	2700 Oregon Rd, Northwood, OH 43619
Rick Mlcek	2700 Oregon Rd, Northwood, OH 43619
9. I certify that, as of the date of filing of this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.
10. This application will be effective on filing.

Signature of Authorized Representative:
John Martin

I, **InCorp Services, Inc.**, consent to serve as the Registered Agent on behalf of the business entity.

Signature of Registered Agent or individual signing on behalf of the company serving as Registered Agent:

Joanna Fernandez

EXHIBIT B

A notarized statement by John Martin, President, that BLOCK LINE SYSTEMS, LLC has not provided or collected for intrastate service and its Information Form for Telephone Utilities Operating Pursuant to KRS 278.541 through 278.544.

AFFIDAVIT

State of Ohio)
County of Wood) ss.

Richard J. Meek, being duly sworn, deposes and says, on behalf of the Applicant, that he/she is the CFO of BLOCK LINE SYSTEMS, LLC and that to the best of his knowledge and belief, BLOCK LINE SYSTEMS, LLC, has not provided service to the public in the Commonwealth of Kentucky nor has it ever received compensation for providing intrastate telecommunications services to the public in the Commonwealth of Kentucky.


Name: RICHARD J. MEEK
Title: CFO

Subscribed and sworn to before me, this 19th day of August, 20 20.

My commission expires: 5/23/2022.

Penny Kay Perrine
Notary Public

{seal}



PENNY KAY PERRINE
NOTARY PUBLIC - OHIO
MY COMMISSION EXPIRES 05-23-2022