



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. ADAMS, SECRETARY OF STATE**

**1532046.06**

tsemones  
ADD

**Michael G. Adams**  
**Kentucky Secretary of State**  
 Received and Filed:  
 1/13/2026 12:36 PM  
 Fee Receipt: \$90.00

**Division of Business Filings**  
 P.O. Box 718  
 Frankfort, KY 40602  
 (502) 564-3490  
[www.sos.ky.gov](http://www.sos.ky.gov)

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

Pursuant to the provisions of KRS 14A – 030 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:
- |                          |                     |                                     |                                  |                          |                                        |
|--------------------------|---------------------|-------------------------------------|----------------------------------|--------------------------|----------------------------------------|
| <input type="checkbox"/> | profit corporation  | <input type="checkbox"/>            | nonprofit corporation            | <input type="checkbox"/> | professional limited liability company |
| <input type="checkbox"/> | business trust      | <input checked="" type="checkbox"/> | limited liability company        | <input type="checkbox"/> | statutory trust                        |
| <input type="checkbox"/> | limited partnership | <input type="checkbox"/>            | ltd cooperative association      | <input type="checkbox"/> | other                                  |
| <input type="checkbox"/> | non-profit llc      | <input type="checkbox"/>            | professional service corporation |                          |                                        |

2. The name of the entity is Broadview Networks, LLC  
 (The name must be identical to the name on record in the state where the entity was formed.)

3. The name of the entity to be used in Kentucky is (if applicable): \_\_\_\_\_  
 (Only provide if name on line 2 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 07/15/2025 and the period of duration is \_\_\_\_\_  
 (If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
2101 Riverfront Drive, Ste A Little Rock AR 72202  
 Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is  
315 High 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):

|                         |                                     |                    |              |                 |
|-------------------------|-------------------------------------|--------------------|--------------|-----------------|
| <u>Kenny Gunderman</u>  | <u>2101 Riverfront Drive, Ste A</u> | <u>Little Rock</u> | <u>AR</u>    | <u>72202</u>    |
| <b>Name</b>             | <b>Street or P.O. Box</b>           | <b>City</b>        | <b>State</b> | <b>Zip Code</b> |
| <u>Daniel Heard</u>     | <u>2101 Riverfront Drive, Ste A</u> | <u>Little Rock</u> | <u>AR</u>    | <u>72202</u>    |
| <b>Name</b>             | <b>Street or P.O. Box</b>           | <b>City</b>        | <b>State</b> | <b>Zip Code</b> |
| <u>Michelle Simpson</u> | <u>2101 Riverfront Drive, Ste A</u> | <u>Little Rock</u> | <u>AR</u>    | <u>72202</u>    |
| <b>Name</b>             | <b>Street or P.O. Box</b>           | <b>City</b>        | <b>State</b> | <b>Zip Code</b> |

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 the box if manager-managed: ☒

13. Check the box, if applicable: This entity is a retailer of authorized nicotine vapor products as defined by KRS 438.305(2). ☐

Michelle Simpson  
 Signature of Authorized Representative  
Michelle Simpson, VP & Asst. Corp Se 1/9/2026  
 Printed Name & Title Date

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

Michelle L. Abbott Michele L. Abbott Asst. Vice President 01/12/2026  
 Signature of Registered Agent Printed Name Title Date



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

|                  |                              |             |       |          |
|------------------|------------------------------|-------------|-------|----------|
| Kenny Gunderman  | 2101 Riverfront Drive, Ste A | Little Rock | AR    | 72202    |
| Name             | Street or P.O. Box           | City        | State | Zip Code |
| Daniel Heard     | 2101 Riverfront Drive, Ste A | Little Rock | AR    | 72202    |
| Name             | Street or P.O. Box           | City        | State | Zip Code |
| Michelle Simpson | 2101 Riverfront Drive, Ste A | Little Rock | AR    | 72202    |
| Name             | Street or P.O. Box           | City        | State | Zip Code |

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Michelle Simpson Michelle Simpson, VP & Asst. Corp Se 1/9/2026  
 Signature of Authorized Representative Printed Name & Title Date

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Michelle L. Abbott Michelle L. Abbott Asst. Vice President 01/12/2026  
 Signature of Registered Agent Printed Name Title Date

(7/25)

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