WINDSTREAM SERVICES, LLC

4001 Rodney Parham Road Little Rock, Arkansas 72212

Cesar Caballero Senior Regulatory Counsel

501.748.7142 cesar.caballero@windstream.com



September 8, 2015

Office of Commission Clerk Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0850

Re: Notice of Entity Conversions

Dear Clerk:

Intellifiber Networks, Inc., LDMI Telecommunications, Inc., Network Telephone Corp., PAETEC Communications, Inc., The Other Phone Company, Windstream Communications, Inc., Windstream Florida, Inc., Windstream KDL, Inc., Windstream Norlight, Inc., Windstream NTI, Inc. and Windstream NuVox, Inc. hereby notify the Florida Public Service Commission ("Commission") of the following name changes.

Intellifiber Networks, Inc., authorized to provide local exchange services pursuant to Certificate No. 8012 and interexchange telecommunications services pursuant to IXC Registration No. TI604, hereby notifies the Commission of its conversion to a limited liability company and its name change to Intellifiber Networks, LLC. Attached hereto is a copy of the Amended Application filed with the Florida Secretary of State's Office.

LDMI Telecommunications, Inc., authorized to provide interexchange telecommunications services pursuant to IXC Registration No. TI425, hereby notifies the Commission of its conversion to a limited liability company and its name change to LDMI Telecommunications, LLC. Attached hereto is a copy of the Amended Application filed with the Florida Secretary of State's Office.

Network Telephone Corp. is authorized to provide local exchange services pursuant to Certificate No. 5613 and interexchange telecommunications services pursuant to IXC Registration No. TJ119, hereby notifies the Commission of its conversion to a limited liability company and its name change to Network Telephone, LLC. Attached hereto is a copy of the Amended Application filed with the Florida Secretary of State's Office.

PAETEC Communications, Inc., authorized to provide local exchange services pursuant to Certificate No. 5756 and interexchange telecommunications services pursuant to IXC Registration No. TJ132, hereby notifies the Commission of its conversion to a limited liability

RECEIVED TYSE

company and its name change to PAETEC Communications, LLC. Attached hereto is a copy of the Amended Application filed with the Florida Secretary of State's Office.

The Other Phone Company, authorized to provide local exchange services pursuant to Certificate No. 4099 and interexchange telecommunications services pursuant to IXC Registration No. TI619, hereby notifies the Commission of its conversion to a limited liability company and its name change to The Other Phone Company, LLC. Attached hereto is a copy of the Amended Application filed with the Florida Secretary of State's Office.

Windstream Communications, Inc., authorized to provide interexchange telecommunications services pursuant to IXC Registration No. TK045, hereby notifies the Commission of its conversion to a limited liability company and its name change to Windstream Communications, LLC. Attached hereto is a copy of the Amended Application filed with the Florida Secretary of State's Office.

Windstream Florida, Inc., authorized to provide local exchange services pursuant to Certificate No. 10 and pay telephone services pursuant to PATS Certificate No. 5942, hereby notifies the Commission of its conversion to a limited liability company and its name change to Windstream Florida, LLC. Attached hereto is a copy of the Amended Application filed with the Florida Secretary of State's Office.

Windstream KDL, Inc., authorized to provide local exchange services pursuant to Certificate No. 8717, hereby notifies the Commission of its conversion to a limited liability company and its name change to Windstream KDL, LLC. Attached hereto is a copy of the Amended Application filed with the Florida Secretary of State's Office.

Windstream Norlight, Inc., authorized to provide local exchange services pursuant to Certificate No. 8064 and interexchange telecommunications services pursuant to IXC Registration No. TJ756, hereby notifies the Commission of its conversion to a limited liability company and its name change to Windstream Norlight, LLC. Attached hereto is a copy of the Amended Application filed with the Florida Secretary of State's Office.

Windstream NTI, Inc., authorized to provide local exchange services pursuant to Certificate No. 8722 and interexchange telecommunications services pursuant to IXC Registration No. TI680, hereby notifies the Commission of its conversion to a limited liability company and its name change to Windstream NTI, LLC. Attached hereto is a copy of the Amended Application filed with the Florida Secretary of State's Office.

Windstream NuVox, Inc., authorized to provide local exchange services pursuant to Certificate No. 5638 and interexchange telecommunications services pursuant to IXC Registration No. TI680, hereby notifies the Commission of its conversion to a limited liability company and its name change to Windstream NuVox, LLC. Attached hereto is a copy of the Amended Application filed with the Florida Secretary of State's Office.

Please date stamp the enclosed extra copy and return it in the self-addressed stamped envelope provided. Should you have any questions concerning this filing, please do not hesitate to contact me.

Respectfully submitted, Cusux Cutalls O

Cesar Caballero

Exhibits



May 15, 2015

FLORIDA DEPARTMENT OF STATE Division of Corporations

INTELLIFIBER NETWORKS, LLC 4001 RODNEY PARHAM ROAD LITTLE ROCK, AR 72212

Qualification documents for INTELLIFIBER NETWORKS, LLC were filed on May 14, 2015, and assigned document number M15000003788. Please refer to this number whenever corresponding with this office.

Your limited liability company is authorized to transact business in Florida as of the file date.

This document was electronically received and filed under FAX audit number H15000117807.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Apply today with the IRS online at:

https://sa.www4.irs.gov/modiein/individual/index.jsp.

Please notify this office if the limited liability company address changes.

Should you have any questions regarding this matter, please contact this office at the address given below.

Michelle Milligan Senior Section Administrator Registration Section Division of Corporations

Letter Number: 815A00010273

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

| SUBJECT: Intelli | fiber Networks, | LLC | | | | | | |
|-------------------------|------------------------------|---------------------|-------------|--------------------------|-----------|---------|--------------------|--|
| | | | of Limited | Liability Co | ompany | | | |
| | | | | | | | | n Florida," Certificate nsact business in Flori |
| Please return all cor | respondence co | ncerning this matt | er to the i | ollowing: | | | | |
| c | Γ Corporation | | | | | | | |
| | | | Nai | ne of Perso | n | | | |
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| _ | ····· | | Fin | m/Company | | | | |
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| | | | | Address | | | | |
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| | | | City/Sta | ite and Zip (| Code | | | |
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| _ | | E-mail address: (| to be used | for future as | nnual rep | ort not | ification) | |
| For further information | tion concerning | this matter, please | call: | | | | | |
| | | | | | | | | |
| | Name of | Contact Person | | _ at (Are | o Cade |) | Daytime Telephone | Number |
| | | Comact 1 Cr3011 | | | | | Daytimo releptione | · · · · · · · · · · · · · · · · · · · |
| | G ADDRESS: f Corporations | | | of Corpor | | | | |
| Registratio | | | | ion Section | | | | |
| P.O. Box (| | | Clifton E | | | | | |
| Tallahasse | e, FL 32314 | | | ecutive Ce see, FL 32 | | cle | | |
| Enclosed is a ch | eck for the fo | llowing amoun | ıt: | | | | | |
| | | □ \$130.00 Filing | | | | g Fee & | | ling Fee, Certificate |

FL057 - 01/16/2014 Wolters Kluwer Online

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. Intellifiber Networks, LLC |
|--|
| (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") |
| 2. Virginia 3. 54-1861675 |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) |
| 4. upon qualification |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) |
| 5. 4001 Rodney Parham Road, Little Rock, AR 72212 |
| (Street Address of Principal Office) |
| |
| 6. 4001 Rodney Parham Road, Little Rock, AR 72212 |
| |
| (Mailing Address) |
| 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: |
| Anthony W. Thomas, Manager, 4001 Rodney Parham Road, Little Rock, AR 72212 |
| John P. Fletcher, Manager, 4001 Rodney Parham Road, Little Rock, AR 72212 |
| |
| |
| 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) |
| M. Hett |
| Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) |
| John P. Fletcher, Manager |
| Typed or printed name of signee |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liability Company is: | | |
|---|---|---|
| Intellifiber Network | s, LLC | |
| If unavailable, the | e alternate to be used in the | state of Florida is: |
| 2. The name and | the Florida street address of | f the registered agent and office are: |
| | C T Corporation System | |
| • | | (Name) |
| | 1200 South Pine Island Road | |
| - | Florida Street Addr | ess (P.O. Box NOT ACCEPTABLE) |
| _ | Plantation | FL 33324 |
| | | City/State/Zip |
| liability company registered agent of statutes relating t | at the place designated in th and agree to act in this capac to the proper and complete p | o accept service of process for the above stated limited his certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and tered agent as provided for in Chapter 605, Florida |
| <u>B</u> | O (Signat | ture) |
| | Samantha Jones, Asst. Secretary | , C T Corporation System |
| | \$ 100.00 \$ 25.00 | Filing Fee for Application Designation of Registered Agent |
| | \$ 30.00 | Certified Copy (optional) |
| | \$ 5.00 | Certificate of Status (optional) |

Commonbrealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Intellifiber Networks, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is January 1, 2015; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

PORATION COLINISSION SION 1903

Signed and Sealed at Richmond on this Date: April 8, 2015

Joel H. Peck, Clerk of the Commission

CISECOM

Document Control Number: 1504085927



May 15, 2015

FLORIDA DEPARTMENT OF STATE Division of Corporations

LDMI TELECOMMUNICATIONS, LLC 4001 RODNEY PARHAM ROAD LITTLE ROCK, AR 72212

Qualification documents for LDMI TELECOMMUNICATIONS, LLC were filed on May 14, 2015, and assigned document number M15000003796. Please refer to this number whenever corresponding with this office.

Your limited liability company is authorized to transact business in Florida as of the file date.

This document was electronically received and filed under FAX audit number H15000117810.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Apply today with the IRS online at:

https://sa.www4.irs.gov/modiein/individual/index.jsp.

Please notify this office if the limited liability company address changes.

Should you have any questions regarding this matter, please contact this office at the address given below.

Michelle Milligan
Senior Section Administrator
Registration Section
Division of Corporations
Letter Number: 115A00010281

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

| | : LDMI Telecommunications, LLC | | |
|-------------------------------|---|---|---|
| SUBJECT | Name | e of Limited Liability Company | |
| | | | Manager Duckeys in Elected II Considerate of |
| Existence, a | ed "Application by Foreign Limited Liab and check are submitted to register the ab | pove referenced foreign limited liab | Transact Business in Florida," Certificate of ility company to transact business in Florida. |
| Please retur | rn all correspondence concerning this ma | tter to the following: | |
| | CT Corporation | | |
| | | Name of Person | |
| | | Firm/Company | |
| | | . , | |
| | | Address | |
| | | | |
| | | City/State and Zip Code | |
| | | | |
| | E-mail address: | : (to be used for future annual report no | incation) |
| | information concerning this matter, plea | se call: | |
| For further | | | |
| For further | | | |
| For further | Name of Contact Person | at () | Daytime Telephone Number |
| _ | | | Daytime Telephone Number |
| <u>M</u> | IAILING ADDRESS: | STREET ADDRESS: | Daytime Telephone Number |
| <u>M</u> D | IAILING ADDRESS: ivision of Corporations | STREET ADDRESS: Division of Corporations | Daytime Telephone Number |
| <u></u> M D R | IAILING ADDRESS: ivision of Corporations egistration Section | STREET ADDRESS: Division of Corporations Registration Section | Daytime Telephone Number |
| <u>M</u> D Ro P. | IAILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 | STREET ADDRESS: Division of Corporations Registration Section Clifton Building | Daytime Telephone Number |
| <u>M</u> D Ro P. | IAILING ADDRESS: ivision of Corporations egistration Section | STREET ADDRESS: Division of Corporations Registration Section | Daytime Telephone Number |
| M D Re P. | IAILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | Daytime Telephone Number |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

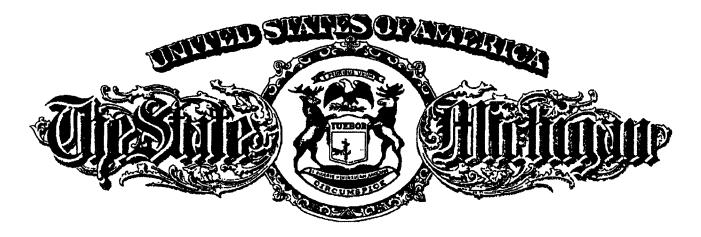
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. LDMI Telecommunications, LLC | |
|--|---|
| (Name of Foreign Limited Liability Company; must incl | ude "Limited Liability Company," "L.L.C.," or "LLC.") |
| | |
| | ransacting business in Florida. The alternate name must include "Limited |
| Liability Company," "L.L.C," or "LLC.") | |
| 2. Michigan | 3, 38-2940840 |
| (Jurisdiction under the law of which foreign limited liability company is organized) | (FEI number, if applicable) |
| 4. upon qualification | |
| (Date first transacted business in | Florida, if prior to registration.) 5, F.S. to determine penalty liability) |
| | , |
| 5. 4001 Rodney Parham Road, Little Rock, AR 72212 | |
| | |
| (Street Address | ss of Principal Office) |
| · · | , |
| 6. 4001 Rodney Parham Road, Little Rock, AR 72212 | |
| | |
| (Mai | ling Address) |
| · | |
| 7. The name, title or capacity and address of the per | son(s) who has/have authority to manage is/are: |
| and the second of the second o | iul- Beal. AD 79313 |
| Anthony W. Thomas, Manager, 4001 Rodney Parham Road, L | MIC ROCK, AR 72212 |
| John P. Fletcher, Manager, 4001 Rodney Parham Road, Little | Rock. AR 72212 |
| John F. Fletcher, Wanager, 4007 Rouney Laman Roue, 28th | |
| | |
| | |
| 8. Attached is an original certificate of existence, no | more than 90 days old, duly authenticated by the official |
| having custody of records in the jurisdiction under the | ne law of which it is organized. (A photocopy is not |
| acceptable. If the certificate is in a foreign language, | a translation of the certificate under oath of the translator |
| must be submitted) | |
| 11. | |
| AL ALL | <u></u> |
| Signature of | an authorized person |
| (In accordance with section 605.0203, F.S., the execution of this document co am aware that any false information submitted in a document to the Department | institutes an affirmation under the penalties of perjury that the facts stated herein are true. I ant of State constitutes a third degree felony as provided for in s.817.155, F.S.) |
| John P. Fletcher, Manager | |
| Typed or print | ed name of signee |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name | of the Limited Liability Compa | ny is: | | |
|--|---|--|--|--|
| LDMI Telecom | nmunications, LLC | | | |
| If unavailable, the alternate to be used in the state of Florida is: | | | | |
| 2. The name | and the Florida street address o | f the registered agent and office are: | | |
| | C T Corporation System | | | |
| | | (Name) | | |
| | 1200 South Pine Island Road | | | |
| | Florida Street Addi | ress (P.O. Box NOT ACCEPTABLE) | | |
| | Plantation | FL 33324 | | |
| | | City/State/Zip | | |
| liability comp registered ag statutes relat | pany at the place designated in the tent and agree to act in this capa ing to the proper and complete p | o accept service of process for the above stated limited his certificate, I hereby accept the appointment as city. I further agrce to comply with the provisions of all performance of my duties, and I am familiar with and tered agent as provided for in Chapter 605, Florida | | |
| | By: Jamaul our (Signa Samantha Jones, Asst. Secretary | ture) y, C T Corporation System | | |
| | \$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00 | Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional) | | |





This is to Certify That

LDMI TELECOMMUNICATIONS, LLC

was validly organized on May 15, 1990 as a Limited Liability Company. Said Limited
Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 9th day of April, 2015

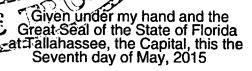
Alan J. Schefke, Director Corporations, Securities & Commercial Licensing Bureau



Bepartment of State

l certify from the records of this office that a Certificate of Conversion was filed on December 19, 2014, effective October 22, 1997, converting NETWORK TELEPHONE CORPORATION, to form NETWORK TELEPHONE, LLC, the resulting limited liability company.

The document number of the resulting limited liability company is 114000 193744.



CR2EO22 (1-11)

Ken Detson

Secretary of State



Bepartment of State

I certify the attached is a true and correct copy of the Articles of Conversion, and Articles of Organization, filed on December 19, 2014, effective January 1, 2015, with an organizational date deemed effective October 22, 1997, for NETWORK TELEPHONE, LLC, the resulting Florida Limited Liability Company, as shown by the records of this office.

The document number of this entity is L14000193744

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Ninth day of April, 2015

CR2EO22 (1-11)

En Petzner Ren Betzner Secretary of State

Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

| Network Telephone Corporation (Enter Name | e of Other Business Entity) |
|---|--|
| | entity type. Example: corporation, limited partnership, eral partnership, common law or business trust, etc.) |
| First organized, formed or incorporated un | nder the laws of Florida |
| on October 22, 1997 | (Enter state, or if a non-U.S. entity, the name of the country) |
| (date of organization, formation or incorporati | ion) |
| 3. The name of the Florida Limited Liabi | lity Company as set forth in the attached Articles of Organization: |
| Network Telephone, LLC | |
| (Enter Name of Flori | da Limited Liability Company) |
| date this document is filed by the Florid | ter the effective date: 1/1/15 to date of receipt or filed date nor more than 90 days after the la Department of State; AND 2) must be the same as the effective rganization, if an effective date is listed therein.) |
| | |

Page 1 of 2



| Signed th | his <u>17th </u> | day of December | 20 <u>14</u> . |
|------------------------|--|---|--------------------------------------|
| | | | mited Liability Company: |
| Cianatus | a of Authoria | ed Representative: | M 4/H |
| Drinted N | same: John B | cd Representative: | Title: Manager |
| Liniten t | Mille, GOINT F | . I lotoriej | Tille: Mariager |
| | | f of Other Business Entity | See below for required signature(s). |
| Signature | : Is—s. John G | . Fletcher | Tid. EVA Soc & C.C. |
| Printed N | ame: Julii F | . Fieldler | Title: EVP, Sec. & G.C. |
| Cionatur | •• | <u> </u> | |
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| Signatur |); !a—a: | | Title: |
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| If Florid | a Corporatio | m• | |
| | | , Vice Chairman, Director, | or Officer. |
| | | have not been selected, an | |
| | | • | |
| | a General Pa of one Gene | rtnership or Limited Lia) ral Partner. | bility Partnership: |
| | | rtnership or Limited Liab neral Partners. | pility Limited Partnership: |
| All other Signature | rs: of an author | ized person. | · |
| Fees: | | | |
| A | Articles of Co | nversion: | \$25.00 |
| | | la Articles of Organization | |
| | Certified Copy | | \$30.00 (Optional) |
| | Certificate of | | \$5.00 (Optional) |
| • | 7 | | Atita (abusimi) |

Page 2 of 2



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Compan | y is: | |
|---|---|--|
| Network Telephone, LLC | | |
| | Liability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street address of the | he principal office of the Limited | Liability Company is: |
| Principal Office Address: | Mailing Address: | |
| 4001 Rodney Parham Road | 4001 Rodney Parham F | Road |
| Little Rock, AR 72212 | Little Rock, AR 72212 | |
| 1200 South Pine Isla | em Name | · |
| Plantation, | FL 33324 | |
| City | Zip | |
| • | ted in this certificate, I hereby acco apacity. I further agree to comply lete performance of my duties, and as registered agent as provided for | ept the appointment as with the provisions of all d I am familiar with and |
| (CON | TINUED) | 92 2 7 |

Page 1 of 2

2014 DEC 19 AM II: 17

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|--|--|
| "MGR" = Manager | |
| MGR | Anthony W. Thomas |
| | 4001 Rodney Parham Road |
| | Little Rock, AR 72212 |
| MGR | John P. Fletcher |
| | 4001 Rodney Parham Road |
| • | Little Rock, AR 72212 |
| | |
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| fective date is listed, the date mudays after the date of filing.) | the date of filing: 1/1/15 . (OPTIONAL) ust be specific and cannot be more than five business days p |
| LE V: Effective date, if other than fective date is listed, the date mu | |
| LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) LE VI: Other provisions, if any. | |
| LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: | est be specific and cannot be more than five business days p |
| LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem accordance with section 605 020 | ber or an authorized representative of a member 20 |
| LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem accordance with section 605 020 stitutes an affirmation under the positive section of the positive date of the positive section of the positive date of the positive da | ber or an authorized representative of a member as a statutes, the execution of this document enalties of perjury that the facts stated herein are true. |
| LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem accordance with section 605 020 stitutes an affirmation under the paraware that any false information | ber or an authorized representative of a member as a submitted in a document to the Department of State as a submitted in a submitted i |
| LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem accordance with section 605 020 stitutes an affirmation under the provisions are that any false information stitutes a third degree felony as provided the section of the provisions at the section as a firmation as provided the section of the provided that any false information stitutes a third degree felony as provided the section of th | ber or an authorized representative of a member as a statutes, the execution of this document enalties of perjury that the facts stated herein are true. |
| LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mem accordance with section 605 020 stitutes an affirmation under the parameter of the | ber or an authorized representative of a member 20 3 (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true submitted in a document to the Department of State 3 (2) (2) (2) (2) (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 |
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| LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem accordance with section 605 020 stitutes an affirmation under the parameter of a mem aware that any false information stitutes a third degree felony as properties. John P. Fletcher | ber or an authorized representative of a member 20 3 (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true submitted in a document to the Department of State 3 (2) (2) (2) (2) (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 |



May 15, 2015

FLORIDA DEPARTMENT OF STATE Division of Corporations

PAETEC COMMUNICATIONS, LLC 4001 RODNEY PARHAM ROAD LITTLE ROCK, AR 72212

Qualification documents for PAETEC COMMUNICATIONS, LLC were filed on May 14, 2015, and assigned document number M15000003795. Please refer to this number whenever corresponding with this office.

Your limited liability company is authorized to transact business in Florida as of the file date.

This document was electronically received and filed under FAX audit number H15000117811.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Apply today with the IRS online at:

https://sa.www4.irs.gov/modiein/individual/index.jsp.

Please notify this office if the limited liability company address changes.

Should you have any questions regarding this matter, please contact this office at the address given below.

Michelle Milligan Senior Section Administrator Registration Section Division of Corporations

Letter Number: 615A00010280

COVER LETTER

| | ration Section on of Corporation | s | | | | |
|------------------------------|--|---|--|---|--|-------------|
| SUBJECT: Pa | eTec Communica | tions, LLC | | | | |
| SUBSECT: | | | of Limited | d Liability Company | | |
| | | | | | Transact Business in Fk bility company to transac | |
| Please return all | correspondence c | oncerning this matt | er to the | following: | | |
| | CT Corporation | | | | | |
| | | | Na | ame of Person | | |
| | | | Fi | rm/Company | | |
| | | | , | | | |
| | | | | Address | | |
| | | | | | | |
| | | | City/St | tate and Zip Code | | |
| | | E-mail address: (| to be used | for future annual report no | otification) | |
| For further info | mation concerning | g this matter, please | call: | | | |
| | | | | _at () | | |
| | Name o | f Contact Person | | at () Area Code | Daytime Telephone Num | per |
| Divisio Registr P.O. B | ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314 | | Division Registra Clifton 2661 Ex | ET ADDRESS: n of Corporations ation Section Building xecutive Center Circle ssee, FL 32301 | | |
| | check for the f 5.00 Filing Fee | ollowing amoun ☐ \$130.00 Filing Certificate of S | Fee & | S155.00 Filing Fee Certified Copy | & □ \$160.00 Filing of Status & Cen | |

FL057 - 01/16/2014 Wolters Khower Online

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1 PaeTec Communications, LLC | |
|---|---|
| (Name of Foreign Limited Liability Company; must inc | lude "Limited Liability Company," "L.L.C.," or "LLC.") |
| (If name unavailable, enter alternate name adopted for the purpose of Liability Company," "L.L.C," or "LLC.") | transacting business in Florida. The alternate name must include 'Limited |
| 2. Delaware | 3. 16-1551095 |
| (Jurisdiction under the law of which foreign limited liability company is organized) | (FEI number, if applicable) |
| 4. upon qualification (Data first transacted business i | n Florida, if prior to registration.) |
| | 5, F.S. to determine penalty liability) |
| 5. 4001 Rodney Parham Road, Little Rock, AR 72212 | |
| (Street Addre | ss of Principal Office) |
| 6. 4001 Rodney Parham Road, Little Rock, AR 72212 | ' ' |
| 6. Housey Fariam Road, Edite Rock, The 12212 | |
| | |
| (Mai | ling Address) |
| 7. The name, title or capacity and address of the pe | rson(s) who has/have authority to manage is/are; |
| Anthony W. Thomas, Manager, 4001 Rodney Parham Road, I | Little Rock, AR 72212 |
| John P. Fletcher, Manager, 4001 Rodney Parham Road, Little | Rock, AR 72212 |
| | |
| having custody of records in the jurisdiction under the | e more than 90 days old, duly authenticated by the official he law of which it is organized. (A photocopy is not a translation of the certificate under oath of the translator |
| (In accordance with section 605.0203, F.S., the execution of this document co | an authorized person onstitutes an affirmation under the penalties of perjury that the facts stated herein are true. I ent of State constitutes a third degree felony as provided for in s.817.155, F.S.) |
| John P. Fletcher, Manager | |
| Typed or print | ed name of signee |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| | of the Limited Liability Compa | ny is: | |
|--|---|---|------------------------------------|
| PaeTec Commi | unications, LLC | | |
| If unavailable | e, the alternate to be used in the | state of Florida is: | |
| 2. The name | and the Florida street address of | f the registered agent and office are: | |
| | C T Corporation System | | |
| | | (Name) | |
| | 1200 South Pine Island Road | | |
| | | ress (P.O. Box NOT ACCEPTABLE) | |
| | | | |
| | Plantation | FL 33324 | |
| | | City/State/Zip | |
| liability comp registered ag statutes relati | oany at the place designated in the ent and agree to act in this capacing to the proper and complete p | o accept service of process for the above stands certificate, I hereby accept the appointm toity. I further agree to comply with the proverserormance of my duties, and I am familiar tered agent as provided for in Chapter 605, | ent as visions of a with and |
| | By: Jamanyong | | |
| | U (Signal Samantha Jones, Asst. Secretary | ture) | |
| | Samanna Jones, Assi. Secretary | , C 1 Corporation System | |
| | \$ 100.00 | Filing Fee for Application | |
| | \$ 25.00 \$ 30.00 | 0 0 | |
| | \$ 5.00 | Certificate of Status (optional) | |
| | | | |

Delaware

PAGE .

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PAETEC COMMUNICATIONS, 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 EIGHTH DAY OF APRIL, A.D. 2015.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

2901942 8300

150483957

AUTHENTY CATION: 2273371

DATE: 04-08-15

You may verify this certificate online at corp. delaware.gov/authver.shtml



Bepartment of State

I certify from the records of this office that a Certificate of Conversion was filed on December 19, 2014, effective April 22, 1996, converting THE OTHER PHONE COMPANY, INC., to form THE OTHER PHONE COMPANY, LLC, the resulting limited liability company.

The document number of the resulting limited liability company is 114000193768.



CR2EO22 (1-11)

Ken Deton

Ren Hetzn**e**r Secretary of State



Department of State

I certify the attached is a true and correct copy of Articles of Organization of THE OTHER PHONE COMPANY, LLC, a limited liability company, organized under the laws of the State of Florida, filed on December 19, 2014, April 22, 1996, as shown by the records of this office.

The document number of this company is £14000193768.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Ninth day of April, 2015

CR2EO22 (1-11)

Secretary of State

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Compan | ıy is: |
|---|---|
| The Other Phone Company, LLC (Must end with the words "Limited") | Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the | he principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 4001 Rodney Parham Road Little Rock, AR 72212 | 4001 Rodney Parham Road Little Rock, AR 72212 |
| ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of | tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are: |
| CT Corporation Syste | em |
| h | Name |
| 1200 South Pine Isla Florida street address | nd Road (P.O. Box <u>NOT</u> acceptable) |
| Plantation, | FL 33324 |
| City | Zip |
| liability company at the place designat registered agent and agree to act in this co statutes relating to the proper and comp | and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S |

C T Corporation System

Registered Agent's Signature (REQUIRED)

Katherine Lackey - Asst. Sec.

(CONTINUED)

Page 1 of 2

| | ne name and address of each person ompany: | n authorized to manage and control the Limite | d Liability | |
|---|--|---|---------------------------------|--|
| 77 | itle: MBR" = Authorized Member MGR" = Manager | Name and Address: | | |
| | IGR | Anthony W. Thomas | | |
| | | 4001 Rodney Parham Road | | |
| | | Little Rock, AR 72212 | | |
| M | IGR . | John P. Fletcher | | |
| | | 4001 Rodney Parham Road | | |
| | • | Little Rock, AR 72212 | | |
| | | | | |
| | | | | |
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| | | | | |
| ARTICLI | se attachment if necessary) V: Effective date, if other than the | e date of filing: 1/1/15 (O | PTIONAL) | |
| If an effe to or 90 d | EV: Effective date, if other than the | e date of filing: 1/1/15 (O) be specific and cannot be more than five by | PTIONAL) usiness day | /s prio |
| If an effe to or 90 d | EV: Effective date, if other than the ctive date is listed, the date must ays after the date of filing.) | e date of filing: 1/1/15 be specific and cannot be more than five by | PTIONAL) usiness day | 's prior |
| If an effeto or 90 d | EV: Effective date, if other than the ctive date is listed, the date must ays after the date of filing.) EVI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member of a m | of an authorized representative of a memory of perjury that the facts stated herein are abmitted in a document to the Department of S | iber. | rs prior |
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| (If an effeto or 90 de ARTICLI R (In a const I am | EV: Effective date, if other than the ctive date is listed, the date must ays after the date of filing.) EVI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member coordance with section 605.0203 (itutes an affirmation under the pen aware that any false information suitutes a third degree felony as provued. | of an authorized representative of a memory of perjury that the facts stated herein are abmitted in a document to the Department of S | nber. locument | SECRE TAR DIVISION OF C |
| (If an effeto or 90 de ARTICLI R (In a const I am | EV: Effective date, if other than the ctive date is listed, the date must ays after the date of filing.) EVI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member occordance with section 605.0203 (itutes an affirmation under the pen aware that any false information suitutes a third degree felony as provided by John P. Fletcher | fr of an authorized representative of a memory of perjury that the facts stated herein are abmitted in a document to the Department of Stated for in s.817.155, F.S.) | aber. locument e true. State 12 | SECRE JARY COUNTY OF COR |
| (If an effeto or 90 de ARTICLI R (In a const I am | EV: Effective date, if other than the ctive date is listed, the date must ays after the date of filing.) EVI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member of a m | of an authorized representative of a memory of perjury that the facts stated herein are abmitted in a document to the Department of Stated for in s.817.155, F.S.) The period of printed name of signee | iber. | SECRE IARY OF CORPOR |
| (If an effeto or 90 de ARTICLI R (In a const I am | EV: Effective date, if other than the ctive date is listed, the date must ays after the date of filing.) EVI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member of a m | fr of an authorized representative of a memory of perjury that the facts stated herein are abmitted in a document to the Department of Stated for in s.817.155, F.S.) | aber. locument e true. State 12 | SECRETARY OF STATE OF CORPORATE |
| (If an effeto or 90 d | EV: Effective date, if other than the ctive date is listed, the date must ays after the date of filing.) EVI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member of a m | To f an authorized representative of a mem I) fb), Florida Statutes, the execution of this of alties of perjury that the facts stated herein are abmitted in a document to the Department of Stided for in s.817.155, F.S.) The ped or printed name of signee of Organization and Designation | aber. locument e true. State 12 | SECRE TARY OF STATE OIVISION OF CORPORATION |
| (If an effeto or 90 d | EV: Effective date, if other than the ctive date is listed, the date must ays after the date of filing.) EVI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member of a m | fr of an authorized representative of a mem 1) (b), Florida Statutes, the execution of this of alties of perjury that the facts stated herein are altimitted in a document to the Department of Strided for in s.817.155, F.S.) The ped or printed name of signee of Organization and Designation ai) | aber. locument e true. State 12 | SECRE IARY OF STAIL DIVISION OF CORPORATIONS |

Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Plorida Statutes.

| . The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: The Other Phone Company, Inc. P940003449916 |
|---|
| (Enter Name of Other Business Entity) |
| . The "Other Business Entity" is a corporation |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| irst organized, formed or incorporated under the laws of Florida |
| April 22, 1996 (Enter state, or if a non-U.S. entity, the name of the country) |
| (date of organization, formation or incorporation) |
| . The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| The Other Phone Company, LLC |
| (Enter Name of Florida Limited Liability Company) |
| . If not effective on the date of filing, enter the effective date: 1/1/15 The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the ate this document is filed by the Florida Department of State; AND 2) must be the same as the effective ate listed in the attached Articles of Organization, if an effective date is listed therein.) |
| . The plan of conversion has been approved in accordance with all applicable statutes. |

Page 1 of 2

FILEO
SECRETARY OF STAIL
DIVISION OF CORPORATIONS

| Signed this 17th day of December | 20 <u>14</u> |
|---|--|
| Signature of Authorized Representative of Lim | ited Liability Company: |
| Signature of Authorized Representative:Printed Name: John P. Fletcher | fitle: Manager |
| Signature(s) on behalf of Other Business Entity: | [See below for required signature(s).] |
| Signature: AL 7/W | |
| Printed Name: John P. Fletcher | Title: EVP, Sec. & G.C. |
| Signature: | |
| Printed Name: | Title: |
| | |
| Signature:Printed Name: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| | |
| Signature: | mt.1 |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| | |
| If Florida Corporation: | 0.00 |
| Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir | |
| If Directors or Officers have not been selected, an in | icorporator must sign. |
| <u>If Florida General Partnership or Limited Liabil</u> Signature of one General Partner. | ity Partnership: |
| If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners. | ity Limited Partnershin: |
| All others: Signature of an authorized person. | |
| Fccs: | |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) |
| | |

Page 2 of 2

SECRETARY OF STATE DIVISION OF CORPORATIONS



May 15, 2015

FLORIDA DEPARTMENT OF STATE Division of Corporations

WINDSTREAM COMMUNICATIONS, LLC 4001 RODNEY PARHAM ROAD LITTLE ROCK, AR 72212

Qualification documents for WINDSTREAM COMMUNICATIONS, LLC were filed on May 14, 2015, and assigned document number M15000003794. Please refer to this number whenever corresponding with this office.

Your limited liability company is authorized to transact business in Florida as of the file date.

This document was electronically received and filed under FAX audit number H15000117814.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Apply today with the IRS online at:

https://sa.www4.irs.gov/modiein/individual/index.jsp.

Please notify this office if the limited liability company address changes.

Should you have any questions regarding this matter, please contact this office at the address given below.

Michelle Milligan Senior Section Administrator Registration Section Division of Corporations

Letter Number: 215A00010279

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: Windstream Communications, LLC | |
| Name of Limited Liability Company | |
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Busin Existence, and check are submitted to register the above referenced foreign limited liability company to | ess in Florida," Certificate of o transact business in Florida |
| Please return all correspondence concerning this matter to the following: | |
| CT Corporation | ····· |
| Name of Person | |
| Firm/Company | |
| Finizeonpany | |
| Address | |
| | |
| City/State and Zip Code | DEALERS OF THE PROPERTY OF THE |
| | ···· |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| at () | |
| Name of Contact Person Area Code Daytime Teleph | one Number |
| MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations | |
| Registration Section Registration Section | |
| P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle | |
| Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 | |
| | 0 Filing Fee, Certificate lus & Certified Copy |
| | |

FL057 - 01/16/2014 Wolters Kluwer Online

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. Windstream Communications, LLC |
|--|
| (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Lianited Liability Company," "L.L.C," or "LLC.") |
| 2. Delaware 3. 20-3767982 |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) |
| 4. upon qualification |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) |
| 5. 4001 Rodney Parham Road, Little Rock, AR 72212 |
| (Street Address of Principal Office) |
| 6. 4001 Rodney Parham Road, Little Rock, AR 72212 |
| 6. 4001 Rodney Parliam Road, Little Rock, AR 72212 |
| |
| (Mailing Address) |
| 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: |
| Anthony W. Thomas, Manager, 4001 Rodney Parham Road, Little Rock, AR 72212 |
| John P. Fletcher, Manager, 4001 Rodney Parham Road, Little Rock, AR 72212 |
| |
| 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) |
| Ah Alth |
| Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. If am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) |
| John P. Fletcher, Manager |
| Typed or printed name of signee |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liability Company is: |
|--|
| Windstream Communications, LLC |
| If unavailable, the alternate to be used in the state of Florida is: |
| 2. The name and the Florida street address of the registered agent and office are: |
| C T Corporation System |
| (Name) |
| 1200 South Pine Island Road |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) |
| Plantation FI 33324 |
| City/State/Zip |
| Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes. |
| By: (Signature) Samantha Jones, Asst. Secretary, C T Corporation System |
| \$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) |

Delaware

PAGE :

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "WINDSTREAM COMMUNICATIONS, 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 EIGHTH DAY OF APRIL, A.D. 2015.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

4055100 8300

150484420

AUTHENTICATION: 2273635

DATE: 04-08-15

You may verify this certificate online at corp.delaware.gov/authver.shtml

February 26, 2015

CT

Re: Document Number L15000035433

The Articles of Conversion and Articles of Organization were filed February 25, 2015, effective February 28, 2015, with an organizational date deemed effective December 4, 1953, for WINDSTREAM FLORIDA, LLC, the resulting Florida Limited Liability Company.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added. It is your responsibility to remember to file your annual report in a timely manner.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Contact the IRS at 1-800-829-4933 for an SS-4 form or go to www.irs.gov.

Should you have any further questions concerning this matter, please feel free to call (850) 245-6051, the Registration Filing Section.

Justin M Shivers Regulatory Specialist II Division of Corporations

Letter Number: 815A00004013

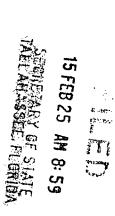
Articles of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

| Stream Florida, Inc. (Enter Name of Other Business Entity) | |
|--|---------------|
| ne "Other Business Entity" is a corporation | |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) | |
| organized, formed or incorporated under the laws of Florida | |
| ecember 4, 1953 (Enter state, or if a non-U.S. entity, the name of the | he country) |
| ate of organization, formation or incorporation) | |
| ne name of the Florida Limited Liability Company as set forth in the attached Articles of C |)rganization: |
| dstream Florida, LLC | |
| | |
| (Enter Name of Florida Limited Liability Company) | |
| (Enter Name of Florida Limited Liability Company) not effective on the date of filing, enter the effective date: 2/28/2015 effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 day this document is filed by the Florida Department of State; AND 2) must be the same a listed in the attached Articles of Organization, if an effective date is listed therein.) | |

Page 1 of 2



| Signed this 24th day of February | 20 15 |
|--|---|
| Signature of Authorized Representative of | |
| Signature of Authorized Representative: Printed Name: John P. Fletcher | Title: Manager |
| Signature(s) on behalf of Other Business Enti | ity: [See below for required signature(s).] |
| Signature: Multitute | |
| Printed Name: John P. Fletcher | Title: EVP, Sec. & G.C. |
| V | |
| Signature: | m'.1 |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title |
| Trințod Ivanio. | |
| Signature: | |
| Printed Name: | Title: |
| | |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title |
| Timed Ivano. | |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Directo | or, or Officer. |
| If Directors or Officers have not been selected, | an Incorporator must sign. |
| If Florida General Partnership or Limited Li Signature of one General Partner. | iability Partnership: |
| If Florida Limited Partnership or Limited Li Signatures of <u>ALL</u> General Partners. | iability Limited Partnership: |
| All others: Signature of an authorized person. | |
| Fees: | |

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: 15 FEB 25 AM 8: 59

\$25.00

\$125.00 \$30.00 (Optional) \$5.00 (Optional)



February 26, 2015

CT

Re: Document Number L15000035433

The Articles of Conversion and Articles of Organization were filed February 25, 2015, effective February 28, 2015, with an organizational date deemed effective December 4, 1953, for WINDSTREAM FLORIDA, LLC, the resulting Florida Limited Liability Company.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added. It is your responsibility to remember to file your annual report in a timely manner.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Contact the IRS at 1-800-829-4933 for an SS-4 form or go to www.irs.gov.

Should you have any further questions concerning this matter, please feel free to call (850) 245-6051, the Registration Filing Section.

Justin M Shivers
Regulatory Specialist II
Division of Corporations

Letter Number: 815A00004013

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | • | |
|--|--|--|
| The name of the Limited Liability Company | y 1S: | |
| Windstream Florida, LLC | | |
| (Must end with the words "Limited L | ciability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: | | 7:14% 0 |
| The mailing address and street address of th | e principal office of the Limited | Liability Company is: |
| Principal Office Address: | Mailing Address: | |
| 4001 Rodney Parham Road | 4001 Rodney Parham R | load |
| Little Rock, AR 72212 | Little Rock, AR 72212 | |
| ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its own F business entity with an active Florida registration.) | Registered Agent. You must designate an in- | it's Signature: dividual or another |
| The name and the Florida street address of t | the registered agent are: | |
| CT Corporation Syste | em | |
| N | lame | |
| 1200 South Pine Islan | nd Road | |
| Florida street address (| (P.O. Box NOT acceptable) | |
| Plantation, | FL 33324 | |
| City | Zip | |
| Registered Agent's Katherine La | ed in this certificate, I hereby acce apacity. I further agree to comply lete performance of my duties, and as registered agent as provided for | ept the appointment as with the provisions of all d I am familiar with and |
| Par | ge1of2 | 22 5 |

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|--|--|
| "MGR" = Manager MGR | Anthony W. Thomas |
| | 4001 Rodney Parham Road Little Rock, AR 72212 |
| MGR | John P. Fletcher 4001 Rodney Parham Road |
| | Little Rock, AR 72212 |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| • | the date of filing: 2/28/2015 (OPTIONAL) ast be specific and cannot be more than five business days prio |
| RTICLE V: Effective date, if other than f an effective date is listed, the date mu | the date of filing: 2/28/2015 (OPTIONAL) ast be specific and cannot be more than five business days prio |
| RTICLE V: Effective date, if other than f an effective date is listed, the date mu or 90 days after the date of filing.) | the date of filing: 2/28/2015 (OPTIONAL) ust be specific and cannot be more than five business days prio |
| RTICLE V: Effective date, if other than f an effective date is listed, the date must or 90 days after the date of filing.) RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: | M 1utt |
| RTICLE V: Effective date, if other than f an effective date is listed, the date must or 90 days after the date of filing.) RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.020 constitutes an affirmation under the provision of the pro | aber or an authorized representative of a member of 3(1) (b), Florida Statutes, the execution of this document of statutes of perjury that the facts stated herein are true. |

ARTICLE IV-

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2



May 15, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WINDSTREAM KDL, LLC 4001 RODNEY PARHAM ROAD LITTLE ROCK, AR

Qualification documents for WINDSTREAM KDL, LLC were filed on May 14, 2015, and assigned document number M15000003790. Please refer to this number whenever corresponding with this office.

Your limited liability company is authorized to transact business in Florida as of the file date.

This document was electronically received and filed under FAX audit number H15000117815.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Apply today with the IRS online at:

https://sa.www4.irs.gov/modiein/individual/index.jsp.

Please notify this office if the limited liability company address changes.

Should you have any questions regarding this matter, please contact this office at the address given below.

Michelle Milligan Senior Section Administrator Registration Section Division of Corporations

Letter Number: 815A00010274

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

| то: | Registration Section Division of Corporatio | ns | | |
|-----------|--|--|--|--|
| SUBJE | CT: Windstream KDL, | LLC | | <i>,</i> |
| | | Name of Limit | ted Liability Company | |
| | | | | Transact Business in Florida," Certificate of ility company to transact business in Florida. |
| Please r | eturn all correspondence | concerning this matter to th | e following: | |
| | CT Corporation | | | |
| | | 7 | Name of Person | |
| | | ! | Firm/Company | |
| | | | Address | |
| | *** | | | |
| | | City/ | State and Zip Code | |
| | | E-mail address: (to be use | ed for future annual report not | tification) |
| For furti | her information concerning | g this matter, please call: | | |
| | | | at () Area Code | Daytime Telephone Number |
| | Name | of Contact Person | Area Code | Daytime Telephone Number |
| | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | Divisi Regist Cliftor 2661 I | ET ADDRESS: on of Corporations ration Section in Building Executive Center Circle assec, FL 32301 | |
| Enclos | ed is a check for the s | Following amount: ☐ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filing Fee & Certified Copy | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. | Windstream KDL, LLC |
|----------|---|
| | (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") |
| | 'name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited ability Company," "L.L.C," or "L.L.C.") |
| 2. | Kentucky 3. 61-1196739 |
| | (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) |
| 4. | |
| | (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) |
| 5. | 4001 Rodney Parham Road, Little Rock, AR 72212 |
| | (Street Address of Principal Office) |
| , | 4001 Rodney Parham Road, Little Rock, AR 72212 |
| 6. | 4001 Rouney Laman Road, Sittle Rock, AR 72212 |
| | |
| | (Mailing Address) |
| 7 | . The name, title or capacity and address of the person(s) who has/have authority to manage is/are: |
| Α | nthony W. Thomas, Manager, 4001 Rodney Parham Road, Little Rock, AR 72212 |
| _ | 1. P. Clark March 400 P. L. P. L. P. L. York P. L. A.P. 20010 |
| | ohn P. Fletcher, Manager, 4001 Rodney Parham Road, Little Rock, AR 72212 |
| | |
| ha ac | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official aving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not exceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator ust be submitted) |
| | Signature of an authorized person accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) |
| | John P. Fletcher, Manager |
| | Typed or printed name of signee |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liability Company is: | |
|--|---|
| Windstream KDL, LLC | |
| If unavailable, the alternate to be used in the state of Florida is: | |
| 2. The name and the Florida street address of the registered agent and office are: | |
| C T Corporation System | |
| (Name) | - |
| 1200 South Pine Island Road | |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | - |
| Plantation FL 33324 | |
| City/State/Zip | - |
| Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the pistatutes relating to the proper and complete performance of my duties, and I am familia accept the obligations of my position as registered agent as provided for in Chapter 60 Statutes. | tment as rovisions of all ar with and |
| By: (Signature) | |
| Samantha Jones, Asst. Secretary, C T Corporation System | |
| \$ 100.00 Filing Fee for Application | |
| \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) | |
| \$ 5.00 Certificate of Status (optional) | |

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: 162492

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 KDL, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is April 13, 1990 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 8th day of April, 2015, in the 223rd year of the Commonwealth.



Misor Sundergan Orimes

Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

162492/0271651



May 15, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WINDSTREAM NORLIGHT, LLC 4001 RODNEY PARHAM ROAD LITTLE ROCK, AR 72212

Qualification documents for WINDSTREAM NORLIGHT, LLC were filed on May 14, 2015, and assigned document number M15000003791. Please refer to this number whenever corresponding with this office.

Your limited liability company is authorized to transact business in Florida as of the file date.

This document was electronically received and filed under FAX audit number E15000117816.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Apply today with the IRS online at:

https://sa.www4.irs.gov/modiein/individual/index.jsp.

Please notify this office if the limited liability company address changes.

Should you have any questions regarding this matter, please contact this office at the address given below.

Michelle Milligan Senior Section Administrator Registration Section Division of Corporations

Letter Number: 915A00010275

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

| UBJECT: Windstream | Norlight, LLC | on of I instead I tability Co | |
|---|--|--|--|
| | Nan | ne of Limited Liability Company | |
| | | | ransact Business in Florida," Certificat lity company to transact business in Flo |
| lease return all correspon | ndence concerning this ma | atter to the following: | |
| CT Con | poration | | |
| | | Name of Person | |
| | | Firm/Company | |
| | | | |
| | | Address | |
| | | | |
| | | City/State and Zip Code | |
| | | City/State and Zip Code | |
| | E-mail address | · | fication) |
| or further information co | | s: (to be used for future annual report noti | fication) |
| or further information co | E-mail address | s: (to be used for future annual report noti | fication) |
| or further information co | oncerning this matter, plea | s: (to be used for future annual report noti | |
| | Name of Contact Person | at () Area Code | fication) Daytime Telephone Number |
| MAILING ADI | Name of Contact Person | ase call: at () Area Code | |
| | Name of Contact Person ORESS: porations | at () Area Code | |
| MAILING ADI Division of Corp Registration Sec P.O. Box 6327 | Name of Contact Person ORESS: porations tion | ase call: at () Area Code STREET ADDRESS: Division of Corporations Registration Section Clifton Building | |
| MAILING ADI Division of Corp Registration Sec | Name of Contact Person ORESS: porations tion | ase call: at () Area Code STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle | |
| MAILING ADI Division of Corp Registration Sec P.O. Box 6327 Tallahassee, FL | Name of Contact Person ORESS: porations tion 32314 | ase call: at () Area Code STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | |
| MAILING ADI Division of Corp Registration Sec P.O. Box 6327 Tallahassee, FL | Name of Contact Person ORESS: borations tion 32314 for the following amo | ase call: at (| Daytime Telephone Number |
| MAILING ADI Division of Corp Registration Sec P.O. Box 6327 Tallahassee, FL | Name of Contact Person ORESS: porations tion 32314 | ase call: at (| Daytime Telephone Number |
| MAILING ADI Division of Corp Registration Sec P.O. Box 6327 Tallahassee, FL | Name of Contact Person ORESS: borations tion 32314 for the following amog Fee \$\square\$ \$130.00 Filin | ase call: at (| Daytime Telephone Number |
| MAILING ADI Division of Corp Registration Sec P.O. Box 6327 Tallahassee, FL | Name of Contact Person ORESS: borations tion 32314 for the following amog Fee \$\square\$ \$130.00 Filin | ase call: at (| Daytime Telephone Number |
| MAILING ADI Division of Corp Registration Sec P.O. Box 6327 Tallahassee, FL | Name of Contact Person ORESS: borations tion 32314 for the following amog Fee \$\square\$ \$130.00 Filin | ase call: at (| Daytime Telephone Number |
| MAILING ADI Division of Corp Registration Sec P.O. Box 6327 Tallahassee, FL | Name of Contact Person ORESS: borations tion 32314 for the following amog Fee \$\square\$ \$130.00 Filin | ase call: at (| Daytime Telephone Number |
| MAILING ADI Division of Corp Registration Sec P.O. Box 6327 Tallahassee, FL | Name of Contact Person ORESS: borations tion 32314 for the following amog Fee \$\square\$ \$130.00 Filin | ase call: at (| Daytime Telephone Number |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| ı. | Windstream Norlight, LLC |
|-----------|--|
| | (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") |
| | 'name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited ability Company," "L.L.C," or "LLC.") |
| 2. | Kentucky 3. 61-0927928 |
| | (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) |
| 4. | upon qualification |
| | (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) |
| 5. | 4001 Rodney Parham Road, Little Rock, AR 72212 |
| | (Street Address of Principal Office) |
| | · · · · · · · · · · · · · · · · · · · |
| 6. | 4001 Rodney Parham Road, Little Rock, AR 72212 |
| | |
| | (Mailing Address) |
| 7 | The name, title or capacity and address of the person(s) who has/have authority to manage is/are: |
| Α | nthony W. Thomas, Manager, 4001 Rodney Parham Road, Little Rock, AR 72212 |
| Je | ohn P. Fletcher, Manager, 4001 Rodney Parham Road, Little Rock, AR 72212 |
| | |
| h: | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official aving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ecceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator sust be submitted) |
| | Al that |
| (li an | Signature of an authorized person accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true, a ware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) |
| | John P. Fletcher, Manager |
| | Typed or printed name of signee |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

| Windstream Norlight, LLC | |
|--|--------------------------------------|
| If unavailable, the alternate to be used in the state of Florida is: | |
| 2. The name and the Florida street address of the registered agent and office are: | |
| C T Corporation System | |
| (Name) | |
| 1200 South Pine Island Road | |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | |
| Plantation FL 33324 | |
| City/State/Zip | |
| Having been named as registered agent and to accept service of process for the above staliability company at the place designated in this certificate, I hereby accept the appointm registered agent and agree to act in this capacity. I further agree to comply with the prostatutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 605, Statutes. | ent as visions of all with and |
| By: Jamanyour | |
| O (Signature) | |
| Samantha Jones, Asst. Secretary, C T Corporation System | |
| \$ 100.00 Filing Fee for Application | |
| \$ 25.00 Designation of Registered Agent | |
| \$ 30.00 Certified Copy (optional) | |
| \$ 5.00 Certificate of Status (optional) | |

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: 162493

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 NORLIGHT, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is December 21, 1977 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 8th day of April, 2015, in the 223rd year of the Commonwealth.



Mison Lundergan Grimes

Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

162493/0085590



Division of Corporations

May 15, 2015

WINDSTREAM NTI, LLC 4001 RODNEY PARHAM ROAD LITTLE ROCK, AR 72212

Qualification documents for WINDSTREAM NTI, LLC were filed on May 14, 2015, and assigned document number M15000003792. Please refer to this number whenever corresponding with this office.

Your limited liability company is authorized to transact business in Florida as of the file date.

This document was electronically received and filed under FAX audit number H15000117817.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Apply today with the IRS online at:

https://sa.www4.irs.gov/modiein/individual/index.jsp.

Please notify this office if the limited liability company address changes.

Should you have any questions regarding this matter, please contact this office at the address given below.

Michelle Milligan Senior Section Administrator Registration Section Division of Corporations

Letter Number: 515A00010276

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

| | COVEREDITER |
|---|---|
| TO: Registration Section Division of Corporations | |
| SUBJECT: Windstream NTI, LLC | |
| | Name of Limited Liability Company |
| | ed Liability Company for Authorization to Transact Business in Florida," Certificate r the above referenced foreign limited liability company to transact business in Floridathis matter to the following: |
| CT Corporation | |
| | Name of Person |
| · · · · · · · · · · · · · · · · · · · | Firm/Company |
| | Address |
| | City/State and Zip Code |
| | |
| E-mail ad | ddress: (to be used for future annual report notification) |
| For further information concerning this matter | r, please call: |
| | |
| | at () erson Area Code Daytime Telephone Number |
| Name of Contact Per | rson Area Code Daytime Telephone Number |
| MAILING ADDRESS: | STREET ADDRESS: |
| Division of Corporations | Division of Corporations |
| Registration Section | Registration Section |
| P.O. Box 6327 | Clifton Building |
| Tallahassee, FL 32314 | 2661 Executive Center Circle |
| | Tallahassee, FL 32301 |
| Enclosed is a check for the following | amount: |
| ☐ \$125.00 Filing Fee ☐ \$130.00 | 0 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate cate of Status Certified Copy of Status & Certified Copy |
| | |
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| 014 Walters Kluwer Online | |

FL057 - 01/16/2014 Walters Kluwer Online

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1 Windstream NTI, LLC | |
|--|---|
| •• | include "Limited Liability Company," "L.L.C.," or "LLC.") |
| (If name unavailable, enter alternate name adopted for the purpose Liability Company," "L.L.C," or "LLC.") | e of transacting business in Florida. The alternate name must include "Limited |
| 2. Wisconsin | 3 39-1712867 |
| (Jurisdiction under the law of which foreign limited liability company is organized) | (FEI number, if applicable) |
| 4. upon qualification | · |
| | ess in Florida, if prior to registration.) 0905, F.S. to determine penalty liability) |
| 5. 4001 Rodney Parham Road, Little Rock, AR 72212 | |
| (Street Ar | ddress of Principal Office) |
| · | idess of Principal Office) |
| 6. 4001 Rodney Parham Road, Little Rock, AR 72212 | |
| | |
| (1 | Mailing Address) |
| 7. The name, title or capacity and address of the | person(s) who has/have authority to manage is/are: |
| Anthony W. Thomas, Manager, 4001 Rodney Parham Roa | d. Little Rock, AR 72212 |
| Annual VI. Homes, Manager, 100 Hours, amanager | aj sinte toon, At 72212 |
| John P. Fletcher, Manager, 4001 Rodney Parham Road, Lit | ttle Rock, AR 72212 |
| | |
| | |
| having custody of records in the jurisdiction unde | no more than 90 days old, duly authenticated by the official or the law of which it is organized. (A photocopy is not ge, a translation of the certificate under oath of the translator |
| M MA | <i>‡</i> |
| Signature | of an outhorized names |
| (In accordance with section 605.0203, F.S., the execution of this documen | of an authorized person at constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I riment of State constitutes a third degree felony as provided for in s.817.155, F.S.) |
| John P. Fletcher, Manager | |
| | inted name of signee |
| | |

FL057 - 01/16/2014 Wolters Kluwer Online

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

| Windstream N | ITI, LLC | | | | | |
|--|--|---|--|--|--|--|
| If unavailable, the alternate to be used in the state of Florida is: | | | | | | |
| 2. The name | e and the Florida street address of the | e registered agent and office are: | | | | |
| | C T Corporation System | | | | | |
| | | Name) | | | | |
| | 1200 South Pine Island Road | | | | | |
| | Florida Street Address (| P.O. Box NOT ACCEPTABLE) | | | | |
| | Plantation | FL 33324 | | | | |
| | | City/State/Zip | | | | |
| liability com registered as statutes rela | pany at the place designated in this c gent and agree to act in this capacity. ting to the proper and complete perfo | cept service of process for the above stated limited ertificate, I hereby accept the appointment as I further agree to comply with the provisions of al rmance of my duties, and I am familiar with and d agent as provided for in Chapter 605, Florida | | | | |
| | • | ling Fee for Application | | | | |
| | | esignation of Registered Agent | | | | |
| | | ertified Copy (optional) | | | | |
| | \$ 5.00 Co | ertificate of Status (optional) | | | | |
| | | | | | | |

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS



Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, GEORGE PETAK, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

WINDSTREAM NTI, LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is October 8, 1991.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on April 8, 2015.

GEORGE PETAK, Administrator

Division of Corporate and Consumer Services

Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code:

151830-63DCE706



May 15, 2015

WINDSTREAM NUVOX, LLC 4001 RODNEY PARHAM ROAD LITTLE ROCK, AR 72212 FLORIDA DEPARTMENT OF STATE
Division of Corporations

Qualification documents for WINDSTREAM NUVOX, LLC were filed on May 14, 2015, and assigned document number M15000003793. Please refer to this number whenever corresponding with this office.

Your limited liability company is authorized to transact business in Florida as of the file date.

This document was electronically received and filed under FAX audit number H15000117818.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Apply today with the IRS online at:

https://sa.www4.irs.gov/modiein/individual/index.jsp.

Please notify this office if the limited liability company address changes.

Should you have any questions regarding this matter, please contact this office at the address given below.

Michelle Milligan Senior Section Administrator Registration Section Division of Corporations

Letter Number: 415A00010278

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

| TO: Registration Section Division of Corporation | s | | | | | |
|--|--|---|--|--|--|--|
| SUBJECT: Windstream NuVox | ,LLC | | | | | |
| | Name of Limit | ed Liability Company | | | | |
| | | | Transact Business in Florida," Certificate of illity company to transact business in Florida | | | |
| Please return all correspondence of | oncerning this matter to the | e following: | | | | |
| CT Corporation | | | | | | |
| | N | lame of Person | | | | |
| | F | inn/Company | | | | |
| | | | | | | |
| | Address | | | | | |
| | City/S | State and Zip Code | | | | |
| | | | | | | |
| For further information concerning | | ed for future annual report not | ification) | | | |
| To Turner mornianon concerning | 5 mio manor, prouse vam | | | | | |
| Name o | f Contact Person | at () Area Code | Daytime Telephone Number | | | |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | Division Regist Cliftor 2661 E | ET ADDRESS: on of Corporations ration Section Building executive Center Circle assee, FL 32301 | | | | |
| Enclosed is a check for the f ☐ \$125.00 Filing Fee | ollowing amount: ☐ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Fee & Certified Copy | & ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy | | | |
| | | | | | | |
| | | | | | | |
| • | | | | | | |
| | | | | | | |
| 1/16/2014 Wolters Kluwer Online | | | | | | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. Windstream NuVox, LLC |
|---|
| (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") |
| 2. Delaware 3. 57-1072836 |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) |
| 4. upon qualification |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) |
| 5. 4001 Rodney Parham Road, Little Rock, AR 72212 |
| (Street Address of Principal Office) |
| · |
| 6. 4001 Rodney Parham Road, Little Rock, AR 72212 |
| |
| (Mailing Address) |
| 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: |
| Anthony W. Thomas, Manager, 4001 Rodney Parham Road, Little Rock, AR 72212 |
| John P. Fletcher, Manager, 4001 Rodney Parham Road, Little Rock, AR 72212 |
| |
| 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) |
| Signature of an authorized person (In accordance with section 605.0203, F.S. the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) |
| John P. Fleicher, Manager |
| Typed or printed name of signee |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name | e of the Limited Liability Co | ompany is: | | | | |
|--|--|---|--|--|--|--|
| Windstream N | Windstream NuVox, LLC | | | | | |
| If unavailable, the alternate to be used in the state of Florida is: | | | | | | |
| 2. The name | e and the Florida street add | ress of the registered agent and office are: | | | | |
| | C T Corporation System | | | | | |
| | | (Name) | | | | |
| | 1200 South Pine Island Ro | ad | | | | |
| | Florida Stree | et Address (P.O. Box NOT ACCEPTABLE) | | | | |
| | Plantation | FL 33324 | | | | |
| | | City/State/Zip | | | | |
| liability com registered a statutes rela | npany at the place designated gent and agree to act in this sting to the proper and comp | and to accept service of process for the abord in this certificate, I hereby accept the apport capacity. I further agree to comply with the lete performance of my duties, and I am fam registered agent as provided for in Chapter | intment as provisions of al iliar with and | | | |
| | By: Jamauly Samantha Jones, Asst. Se | (Signature) ccretary, C T Corporation System | | | | |

\$ 100.00 Filing Fee for Application

\$ 25.00

\$ 30.00

Designation of Registered Agent

Certified Copy (optional)

5.00 Certificate of Status (optional)

Delaware

PAGE :

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "WINDSTREAM NUVOX, 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 EIGHTH DAY OF APRIL, A.D. 2015.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

2909316 8300

150484677

AUTHENTICATION: 2273760

DATE: 04-08-15

You may verify this certificate online at corp.delaware.gov/authver.shtml