



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
07/12/2022	202219301204	Conversion Within SOS Records (CVS)	99.00	0.00	0.00	0.00

Receipt

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

CT CORPORATION SYSTEM
4400 EASTON CMNS SUITE 125
EASTON, OH 43219

**STATE OF OHIO
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose
1008305**

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

MCIMETRO ACCESS TRANSMISSION SERVICES LLC

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

Document(s)

Conversion Within SOS Records

CHANGE BUSINESS TYPE FOREIGN LLC

Document No(s):

202219301204

Effective Date: **07/12/2022**



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

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
12th day of July, A.D. 2022.

Ohio Secretary of State

Form 700 Prescribed by:



Telephone: 877.767.3453

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

Filing Fee: \$99
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) **Converting Within The Records of the Ohio Secretary of State**

(2) **Converting Off The Records of the Ohio Secretary of State (187-VXX)**

Name of the converting entity

Jurisdiction of Formation

Charter/Registration Number

The converting entity is a:
(Check Only (1) One Box)

<input type="checkbox"/> Domestic Nonprofit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Domestic For-Profit Corporation	<input type="checkbox"/> Domestic Limited Partnership
<input type="checkbox"/> Foreign Nonprofit Corporation	<input type="checkbox"/> Foreign Limited Partnership
<input checked="" type="checkbox"/> Foreign For-Profit Corporation	<input type="checkbox"/> Domestic Limited Liability Partnership
<input type="checkbox"/> Domestic Limited Liability Company	<input type="checkbox"/> Foreign Limited Liability Partnership
<input type="checkbox"/> Foreign Limited Liability Company	

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

Name of the converted entity

Jurisdiction of Formation

The converted entity is a:
(Check Only (1) One Box)

Domestic For-Profit Corporation

Domestic Professional Association
 If Domestic For-Profit Corporation **OR** Domestic Professional Association, please indicate total number of shares

Foreign Nonprofit Corporation

Foreign For-Profit Corporation

Domestic Limited Liability Company

Foreign Limited Liability Company

Partnership

Domestic Limited Partnership

Foreign Limited Partnership

Domestic Limited Liability Partnership

Foreign Limited Liability Partnership

Effective Date (The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Name

Mailing Address

City State Zip Code

Required information that must accompany conversion certificate if box 2 is checked

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City State ZIP Code

See instructions for additional filing requirements if

(1) the conversion creates a new domestic entity,
 (2) the converted entity is a foreign entity that desires to transact business in Ohio; or
 (3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

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

Required

Must be signed by an authorized representative.

Brandon N. Egren

Signature

Assistant Secretary

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

MCImetro Access Transmission Services Corp.

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

<p>Agency Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215</p> <p>Date Notified (MM/DD/YYYY)</p> <p style="text-align: center;">[]</p> <p><small>* Only required for domestic for-profit corporations</small></p>	<p>Agency Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319</p> <p>Date Notified (MM/DD/YYYY)</p> <p style="text-align: center;">09/09/2021</p> <p>Overnight Address: P.O. Box 182413 Columbus, OH 43218-2413</p> <p>Regular Address: P.O. Box 182413 Columbus, OH 43218-2413</p>
<p>Agency Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us</p> <p>Date Notified (MM/DD/YYYY)</p> <p style="text-align: center;">12/07/2021</p> <p><small>* Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. * Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.</small></p>	<p><input type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.</p>

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

Signature Brandon Egren Title Assistant Secretary

Name Brandon N. Egren

Mailing Address One Verizon Way

City Basking Ridge State Virginia ZIP Code 07920

Seal Christy Knudson Reyes
Commonwealth of Virginia
Notary Public
Commission No. 250157
My Commission Expires 9/30/2022

Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 06/09/2022

Christy
Notary Public

Date Commission Expires (MM/DD/YYYY) 09/30/2022

AFFIDAVIT OF PERSONAL PROPERTY

State of New Jersey

County of Somerset

Christopher Zorzi
Name of Officer

Vice President of Tax
Title of Officer

of MCI Metro Access Transmission Services Corp
Name of Corporation

and that this affidavit is made in compliance with Ohio Revised Code Section 1701.86(H)(c)

That above-named corporation: (Check one (1) of the following)

- Has no personal property in any county in Ohio
- Is the type required to pay personal property taxes to state authorities only
- Has personal property in the following county (ies) (See attached)

County

County

County

Signature *Christopher Zorzi*

Title Vice President of Tax

Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 09/09/2021

Seal

DEBORAH A. JOHNSON
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 11/13/2025

Deborah Johnson
Notary Public

Date Commission Expires (MM/DD/YYYY) 11/13/2025



MCImetro Access Transmission Services
Ohio Counties with Tangible Personal Property

Adams	Lake	Wayne
Allen	Lawrence	Williams
Ashland	Licking	Wood
Ashtabula	Logan	
Athens	Lorain	
Auglaize	Lucas	
Belmont	Madison	
Brown	Mahoning	
Butler	Marion	
Carroll	Medina	
Champaign	Meigs	
Clark	Mercer	
Clermont	Miami	
Clinton	Monroe	
Columbiana	Montgomery	
Coshocton	Morgan	
Crawford	Morrow	
Cuyahoga	Muskingum	
Darke	Noble	
Defiance	Ottawa	
Delaware	Perry	
Erie	Pickaway	
Fairfield	Pike	
Fayette	Portage	
Franklin	Preble	
Fulton	Putnam	
Gallia	Richland	
Geauga	Ross	
Greene	Sandusky	
Guernsey	Scioto	
Hamilton	Seneca	
Hancock	Shelby	
Hardin	Stark	
Harrison	Summit	
Highland	Trumbull	
Hocking	Tuscarawas	
Holmes	Union	
Huron	Van Wert	
Jackson	Vinton	
Jefferson	Warren	
Knox	Washington	

Form 617 Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Registration of a Foreign Limited Liability Company

For a Foreign (Non-Ohio) Limited Liability Company

Filing Fee: \$99

Form Must Be Typed

106-LFA

Name of Limited Liability Company in its jurisdiction of formation

MCImetro Access Transmission Services LLC

Assumed Name, if the name above does not comply with section 1706.07 of the Revised Code

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

Jurisdiction of formation

The foreign limited liability company is a foreign limited liability company.

Optional:

Effective Date (MM/DD/YYYY)

Effective Time

Pursuant to Ohio Revised Code Section 1706.172(D), a registration of a foreign limited liability company delivered to the Ohio Secretary of State for filing under this chapter may specify an effective time and a delayed effective date of not more than ninety days following the date of receipt by the Secretary of State. A registration of a foreign limited liability is effective as provided in Ohio Revised Code Section 1706.172(D).

If applicable, attach information required in section 1706.511(C) if the foreign limited liability company establishes or provides for the establishment of one or more series of assets.

Original Appointment of Statutory Agent

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

MCImetro Access Transmission Services LLC

(Name of Limited Liability Company)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

C T Corporation System

(Name of Statutory Agent)

4400 Easton Commons Way, Suite 125

(Mailing Address)

Columbus

(Mailing City)

Ohio

(Mailing State)

43219

(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, C T Corporation System, named herein as the
(Name of Statutory Agent)

Statutory agent for MCImetro Access Transmission Services LLC
(Name of Limited Liability Company)

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

Statutory Agent Signature Kaity Toon, Asst. Sect.

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

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

Required

This filing must be signed by at least one person authorized by the limited liability company.

If the person is an individual, then he or she must sign on the "signature" line and print his or her name in the "Print Name" Box.

If the person is a business entity, please print the name of the entity in the "Signature" box and an authorized representative of the business must sign in the "By" box and print his or her name and title or authority in the "Print Name Box."

John Townsend

Signature

By (if applicable)

John Townsend, Manager

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

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Brandon N. Egren

Signature

Assistant Secretary

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name