

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements.

1. The business entity is a **profit corporation**.
2. The name of the entity is: **CLEVELAND SWITCHING SERVICES, INC.**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Ohio**.
5. The date of organization is **12/17/2019** and the period of duration is **perpetual**.

7. Principal Office

1234 Gardiner Lane
Louisville, KY 40213

8. Required Representatives

| | | | | | |
|----------------|--------------|-----------------|--------|----|-------|
| Officer | Steven Hearn | 13500 Huron St. | Taylor | MI | 48180 |
|----------------|--------------|-----------------|--------|----|-------|

9. Registered Agent/Office

Steven Hearn
1234 Gardiner Lane
Louisville, KY 40213

I, **Steven Hearn**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Wednesday, February 22, 2023

As the Authorized Representative, I, **Mike Recchia**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **CFO**