

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1416134.06

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Michael G. Adams Kentucky Secretary of State Received and Filed: 12/18/2024 2:18 PM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 Certificate of Authority (Foreign Business Entity) FBE

www.sos.ky.gov							
Pursuant to the provisi and, for that purpose,			ereby applies for autho	ority to transact busines	ss in Kentucky on be	ehalf of the entity named below	
1. The entity is a:	profit corporation	on	nonprofit corporation pro		professional limite	professional limited liability company	
ed anne somet de so	business trust	business trust X		limited liability company state		atutory trust	
	limited partners	ship	Itd cooperative association	ciation	public benefit corp	oration	
	non-profit IIc		professional service	corporation	other		
2. The name of the en	tity is CP Sale Site	Subsidiary II LLC					
	(The na	me must be identical	to the name on reco	rd with the Secretary	of State.)		
3. The name of the en	tity to be used in Ke	entucky is (if applicable	e):				
			,	'real name" is unavai	lable for use; other	wise, leave blank.)	
4. The state or country	under whose law t	he entity is organized i					
5. The date of organiza	ation is 11/21/202	4	and the	and the period of duration is (If left blank, duration is considered perpetual.)			
6. The mailing address	s of the entity's prin	cipal office is		(II lei	t blank, duration is	considered perpetual.)	
One Verizon Way	о от што от шту о р тт		Baski	ng Ridge	NJ	07920	
Street Address		416	City		State	Zip Code	
7. The street address	of the entity's regist	ered office in Kentucky	/ is				
306 W. Main Street	, Suite 512	and the second second second second	Frank	fort	KY	40601	
Street Address (No P	.O. Box Numbers)			City	State	Zip Code	
and the name of the re	gistered agent at th	at office is C T Corp	oration System				
8. The names and bus	siness addresses of	the entity's representa	tives (secretary, office	rs and directors, manage	gers, trustees or ger	neral partners):	
					NJ	07920	
Cellco Partnership Name		ne Verizon Way	City	ing Ridge	State	Zip Code	
Humo		arot or i io. Dox	,				
Name	S	treet or P.O. Box	City		State	Zip Code	
Name	S	treet or P.O. Box	City		State	Zip Code	
and treasurer are licen statement of purposes	sed in one or more of the corporation.	states or territories of t	the United States or Dis	strict of Columbia to re	nder a professional	fficers other than the secretary service described in the	
10. I certify that, as of					rthe jurisdiction of it	s formation.	
11. If a limited partners	ship, it elects to be a	a limited liability limited	partnership. Check the	ne box if applicable:			
12. If a limited liability	company, check b	oox if manager-manag	ged:				
13. This application wi	Il be effective upon	filing.					
Claris Bartlett		Chris Bartlett, Authorized Officer Printed Name & Title		r 12/4/2	2024 1:00 PM PST		
Signature of Authorized Representative					Date		
I, C T Corporation S	System	1	, consent to s	erve as the registered	agent on behalf of the	ne business entity.	
Type/Print Name of Re C T Corp By:	egistered Agent oration System	XWY	Lauren Johnson	Asst. Secretary	,	12/17/24	
Signature of Registered	Agent	Prin	nted Name	Title		Date	



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

DELAWARE, DO HEREBY CERTIFY "CP SALE SITE SUBSIDIARY II 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 TWELFTH DAY OF DECEMBER, A.D. 2024.

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

10015170 8300 SR# 20244477422 Authentication: 205117484

Date: 12-12-24

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