

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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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 entity is a **professional limited liability limited company**.

2. The name of the entity is

Intelepeer LLC

3. The name of the entity to be used in Kentucky is

Intelepeer LLC

4. The state or country under whose law the entity is organized is **Delaware**.

5. The date of organization is **11/20/2018** and the period of duration is **perpetual**.

6. The mailing address of the entity's principal office is

5975 S. Quebec Street, Suite 300, Centennial, CO 80111

7. The street address of the entity's registered office in Kentucky is

421 W Main St, Frankfort, KY 40601

and the name of the registered agent at that office is **Corporation Service Company**.

8. The names and business addresses of the entity's representatives:

Registered Agent	Corporation Service Company	421 W Main St	Frankfort	KY	40601
Authorized Rep	Melissa Sullivan	2640 Youree Dr	Shreveport	LA	71104
		Ste 100			

9. This entity is limited partnership that elects to be a limited liability limited partnership.

10. This entity is managed by **Members**.

11. This application will be effective on **Monday, April 29, 2024**.

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

I, **Mindy Fay**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this professional limited liability limited company company.