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#### FLORIDA/FOREIGN LIMITED LIABILITY CO.

Dex One Services LLC

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2/4/2010

#### COVER LETTER

SUBJECT: Dex	One Service LLC					
		Name of Lim	nited Liability Company			
The enclosed "App Existence, and cher	lication by Foreign Lim ck are submitted to regis	ited Liability Com iter the above refe	ppany for Authorization to Trenced foreign limited liabili	rensact Business in Flori ity company to transact b	ida," Certifi ousiness in F	ente of Porida,
Please return all co	rrespondence concernin	g this matter to the	s following:			
<u>-</u>				,		
		Na	ame of Person			
		Ph	rm/Company			
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or further informat	oon concerning this mai					
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or further informat	Name of Person		Code & Daytime Telephon	e Number	<del></del>	
MAILING	Name of Person	STREE	Code & Daytime Telephon	e Number	<del></del>	
MAILING	Name of Person  ADDRESS: Corporations	<u>STREE</u> Division Registra	Code & Daytime Telephon T ADDRESS: T of Corporations of Corporation	e Number	. <del></del>	
MAILING Division of Registration P.O. Box 6	Name of Person  ADDIESS: Corporations a Section 327	STREE Division Registra Clifton I	Code & Daytime Telephon T ADDRESS: Tof Corporations Stion Section Building	e Number	<u></u>	
MAILING Division of Registration P.O. Box 6	Name of Person  ADDILESS: Corporations of Section	STREE Division Registra Clifton 1 2661 Ex	Code & Daytime Telephon T ADDRESS: T of Corporations of Corporation	e Number	<u>-</u>	
Division of Registration P.O. Box 6 Tallahassee	Name of Person  ADDIESS: Corporations a Section 327	STREE Division Registra Clifton I 2661 Ex Tallahas	Code & Daytime Telephon T ADDRESS: 1 of Corporations 1 tion Section Building Accutive Center Circle	e Number	<del></del>	

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

IN COMPILANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREIGN LIMITED LIBITATION FOR DRIVATE OF FLORIDA.

	Dex One Solvice LLC		
;	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	-	
C	Fname unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the purpose of the managers or managing members adopting the alternate name. The afternate name must include "Limited Liabil ompany," "L.L.C." "LLC."	written Ity	
2.	Delaware (Jurisdiction under the law of which foreign limited liability company is organized)  [TEI number, if applicable]		
•	(Date of Organization)  (Date of Organization)  5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	10 f	
6.	Open Qualification   Open first transacted business in Florida, if prior to registration.)   A   Open Gualification   Open Gualificat	FEB-4	ř
7.	1001 Winstead Drive, Cary, NC 27513	AM	Γ
	(Street Address of Principal Office)	95	C
8.	If limited liability company is a manager-managed company, check here	Ø1	
9.	The name and usual business addresses of the managing members or managers are as follows:		
	Mark W. Hianik, 1001 Winstead Drive, Cary, NC 27513		
	Jenny L. Apker, 1001 Winstead Drive, Cary, NC 27513		
die,	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recojurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a salation of the certificate under oath of the translator must be submitted.)	ecis in	
ίί.	Nature of business or purposes to be conducted or promoted in Florida:		
	See Attachment.		
	$\mathcal{W}$		
	Signature of a member or an authorized representative of a member.  (In necordance with section 606.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated horsin are true.)		
	Mark W. Hlanik		
	Typed or printed name of signee		

#### DEX ONE SERVICE LLC

#### Attachment

Purpose: The purpose of the Company shall be limited to providing services to or on behalf itself and its affiriated entities (and acts related, ancillary or complementary thereto), including the entering into, the performance of its duties and obligations under, and the exercise of its rights under and the enjoyment of the benefits of, the Shared Services Agreement dated as of January 29, 2010 among the Company and certain of its affiliates, as amended, modified or supplemented from time to time, or any successor agreement or any similar agreement replacing such agreement (the "Shared Services Agreement") and the ownership, use, license and right to dispose of any such assets, properties or rights in furtherance thereof or related, ancillary or complementary thereto. The Company shall have the power and right to do any and all acts and things necessary, appropriate, proper, advisable, incidental to or convenient for the furtherance and accomplishment of such purpose.

10 FEB -4 AM ID: 16

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608,507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

If unavailable, the alterna	ate to be used in the state of Florida is:	
		j
2. The name and the Flor	rida street address of the registered agent and office are:	
	C.T Corporation System	ì
	(Naine)	- !
	. 1200 South Pine Island Road	
,	Florida Street Address (P.O. Box NOT ACCEPTABLE)	3
	City/State/Zip	
	istered agent and to accept service of process for the above state	ed limue
iability company at the pla gent and agree to act in the elating to the proper and c bligations of my position o	nce designated in this certificate, I hereby accept the appointment is capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and tas registered agent as provided for in Chapter 608, Florida Stati	nt as regi statutes accept th utes.
iability company at the pla igent and agree to act in th elating to the proper and c bligations of my position o	nce designated in this certificate, I hereby accept the appointments capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and cas registered agent as provided for in Chapter 608, Florida State Rebecca Bath, ASST	nt as regi statutes accept th utes.
iability company at the plangent and agree to act in the elating to the proper and colligations of my position of T Corporation System	size designated in this certificate, I hereby accept the appointment is capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and a seriestered agent as provided for in Chapter 608, Florida State Rebecca Batth, ASST alure)  S 100.00 Filing Fee for Application	nt as regi statutes accept th utes.
iability company at the plangent and agree to act in the elating to the proper and cobligations of my position of CT Corporation System  By: La Lacora System	nce designated in this certificate, I hereby accept the appointment is capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and a as registered agent as provided for in Chapter 608, Florida State Rebecca Bath, ASS†	nt as regi statutes accept th utes.

# Delaware

#### The First State

I, JEFFREY W. BOLLOCK, SECRETARY OF STATE OF THE STATE OF DELANARE, DO HEREBY CERTIFY "DEX ONE SERVICE LLC" IS DULY FORMED UNDER THE LANS OF THE STATE OF DELANARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF FEBRUARY, A.D. 2010.

AND I DO REREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4665251

100099234

You may verify this certificate online at corp. deleware, you/authors, shoul

DATE: 02-02-10