Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM

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Email	Address
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Foreign Limited Liability Company McLeodUSA Telecommunications Services, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

T. HAMPTON

MAY 1 8 2010



COVER LETTER

SUBJECT: McLeodUSA Tele			
	Name of Li	nited Liability Company	
The enclosed "Application by Fe Existence, and check are submit	oreign Limited Liability Corted to register the above refe	mpany for Authorization to T cremend foreign limited liabil	ransact Business in Florida," Certificate of ity company to transact business in Florida.
Please return all correspondence	concerning this matter to th	e following:	
	N	ame of Person	
	Fi	rm/Company	
		Address	
	City/S	ate and Zip Code	
	karen fe	rrini@paetec.com	ification)
For further information concerning	·		,
		,	
Name	of Person Area	at () Code & Daytime Telephone	e Number
MAULING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahasses, FL 32314	Divisio Registr Clifton 2661 E:	ET ADDRESS: n of Corporations ation Section Building (countive Center Circle assee, FL 32301	
Enclosed is a check for the f	following amount:		
□ \$125.00 Filing Fee	□ \$130.00 Filing Fee &	☐ \$155.00 Filing Fee &	☐ \$160.00 Filing Fee, Certificate

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

. . . .

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	McLeodUSA Telecommunications Services, L.L.C.	
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
CO:	I name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of insent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Lompany," "L.L.C," "LLC.")	the written ability
	Iowa 3. 42-1407242 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4.	07/26/1993 5 Perpetual	
	(Date of Organization) (Duration: Year limited liability company will cease exist or "perpetual")	10
5.	Upon Qualification	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	•
7	600 Willowbrook Office Park, Fairport, NY 14450	
		
	(Street Address of Principal Office)	
	· · · · · · · · · · · · · · · · · · ·	
3 .	If limited liability company is a manager-managed company, check here	
),	The name and usual business addresses of the managing members or managers are as follows:	
	Paetec Communications, Inc., 600 Willowbrook Office Park, Fairport, NY 14450	
	1 Belee Collinations, the 1 000 Willowston Office I big, I mipply, 741 14450	
		
	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of	
	jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, islation of the certificate under oath of the translator must be submitted.)	ä
l,	Nature of business or purposes to be conducted or promoted in Florida:	
	Telecommunications services	2
٠		
	Signature of a manker of a manker	三品
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true.)	
	S. Shane Turley	
	Typed or printed name of signee	ASS.
		<u> </u>

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

9.00

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.

1. The name of the Limited Liability Company is:	
McLeodUSA Telecommunications Services, L.L.C.	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
C T Corporation System	
(Name)	
1200 South Pine Island Road	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Plantation FL 33324	
City/State/Zip	
Having been named as registered agent and to accept service of process for the above staliability company at the place designated in this certificate, I hereby accept the appointment agent and agree to act in this capacity. I further agree to comply with the provisions of at relating to the proper and complete performance of my duties, and I am familiar with and obligations of my position as registered agent as provided for in Chapter 608, Florida Stalia CT Corporation System Samantha Jones Assistant Secretary (Signature)	ent as registered ll statutes l accept the
	10 NES
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent	E S

Certified Copy (optional)

Certificate of Status (optional)

\$ 30.00 \$ 5.00 TO HAY 12 AH SE TO

CERTORALONO

IOWA SECRETARY OF STATE MICHAEL A. MAURO



Date: 5/10/2010

CERTIFICATE OF EXISTENCE

Name: MCLEODUSA TELECOMMUNICATIONS SERVICES, L.L.C. (489DLC - 168002)

Date of Incorporation: 7/26/1993

Duration: PERPETUAL

I, MICHAEL A. MAURO, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the limited liability company named on this certificate is in existence and was duly incorporated under the laws of Iowa, that all fees required by the Iowa Revised Uniform Limited Liability Company Act have been paid by the limited liability company, that the most recent biennial corporate report required has been filed by the Secretary of State, and that articles of dissolution have not been filed.

Certificate 1D: C\$39834

To validate this certificate pleasa visit

www.sos.state.ia.us/ValidateCertificate

ugael A. Moule