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FAX #: (904)922-4000

FROM: FOLEY & LARDNER

ACCT#: 072720000061

CONTACT: KAREN PETERSON

PHONE: (904)359-2000

FAX #: (904)359-8700

NAME: VAULT INVESTORS, LTD.

AUDIT NUMBER.....H96000013524

DOC TYPE.....FLORIDA LIMITED PARTNERSHIP

CERT. OF STATUS..0 PAGES..... 4

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**CERTIFICATE OF LIMITED PARTNERSHIP OF
VAULT Investors, Ltd.
A Florida Limited Partnership**

The undersigned general partner, desiring to form a limited partnership, pursuant to the Florida Revised Uniform Limited Partnership Act, Chapter 620, Florida Statutes, hereby states the following:

1. The name of the Partnership is VAULT Investors, Ltd.
2. The address of the office of the Partnership is 1301 Riverplace Boulevard, Suite 2552, Jacksonville, Florida 32207.
3. The name and address of the agent for service of process on the Partnership is John J. Allen, 1301 Riverplace Boulevard, Suite 2552, Jacksonville, Florida 32207.
4. The name and address of the general partner of the Partnership is as follows:

The VAULT Group II, Inc.
1301 Riverplace Boulevard
Suite 2552
Jacksonville, Florida 32207

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5. The mailing address of the Partnership is 1301 Riverplace Boulevard, Suite 2552, Jacksonville, Florida 32207.
6. The latest date upon which the Partnership shall dissolve is December 31, 2027.

The date of formation of the Partnership shall be the date of filing of this Certificate with the Florida Department of State.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the general partners of the Partnership this 25 day of September, 1996.

The VAULT Group II, Inc.

By: _____

John J. Allen, President

Fax Audit No. H960000135249

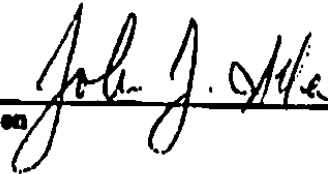
ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for VAULT Investors, Ltd., a Florida limited partnership (the "Partnership") in the foregoing Certificate of Limited Partnership, I, John J. Allen, on behalf of the Partnership, hereby agree to accept service of process for said Partnership and to comply with any and all Statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT

By: _____

John J. Allen



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STATE OF FLORIDA)

COUNTY OF DUVAL)

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared John J. Allen, the President of The VAULT Group II, Inc., the general partner of VAULT Investors, Ltd., a Florida limited partnership (the "Partnership"), who, being by me duly sworn, certified as follows:

1. There have been no capital contributions made by limited partners as of the date hereof.
2. Capital contributions of \$50,000 are anticipated to be made by the limited partners of the Partnership.

FURTHER AFFIANT'S SAYETH NOT.

The execution of this Affidavit by the undersigned constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, the undersigned has executed this Affidavit this ^{25th} day of September, 1996.

The VAULT Group II, Inc.

By: _____

John J. Allen, President

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The foregoing instrument was acknowledged before me this 25th day of September, 1996, by John J. Allen, President of The VAULT Group II, Inc. Such person did take an oath and: (notary must check applicable box)

- ☒ is/are personally known to me.
- ☐ produced a current Florida driver's license as identification.
- ☐ produced _____ as identification.

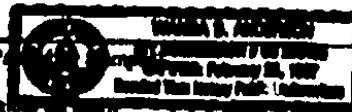
(Notary Seal must be affixed)

Wanda B. Anderson
Signature of Notary

Name of Notary (typed, Print)

Commission Number (if not legible on seal):

My Commission Expires (if not legible on seal):



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