(Re	equestor's Name)	
. (Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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T SCHROEDER

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 733884 4352697 AUTHORIZATION : COST LIMIT : ORDER DATE : August 4, 2015 ORDER TIME : 1:15 PM ORDER NO. : 733884-005 CUSTOMER NO: 4352697 DOMESTIC FILING NAME: DATALINK SOLUTIONS, INC. EFFECTIVE DATE: XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ____ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

XX CERTIFIED COPY

PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams EXT. 62935

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	(BRODOCED CORDOR	ATE NAME – <u>MUST INCL</u>	IIDE SHEETY)	
	(TROFOSED CORFOR?	TE NAME - MUST INCE	<u>ODESCIPIA</u>)	
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	DPY REQUIRED	
FROM:	Nam	e (Printed or typed)		
		Address		
_	Čity	, State & Zip		
	Daytime '	Telephone number		
<u></u>	E-mail address: (to be use	ed for future annual report	notification)	

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporat	ion shall be: DataLink Solutions, Inc.				
ARTICLE II PRINC	IPAL OFFICE Principal <u>street</u> address	ì	Mailing address, if different is:		
500 W. Main Street		·			
Louisville, Kentucky 40					
ARTICLE III PURPO The purpose for which the	DSE he corporation is organized is:				
Software Development					
				'.ئ≥	
	and the second s		AUG	SEC	
	,			9 <u>8</u> 7	
			P ===	됐다	
ARTICLE IV SHARI The number of shares of	ES 1,000 stock is:		2: 24	STATE	
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS		·	,,	
Name and Title	Bruce D. Broussard, President	Name and Title:	Alan James Bailey, VP & Treasurer		
Address	500 W. Main Street	Address:	500 W. Main Street		
	Louisville, KY 40202	<u> </u>	Louisville, KY 40202		
Name and Title:	Joan O. Lenahan, VP & Secretary	Name and Title:	D. Hank Robinson, VP - Tax		
Address _	500 W. Main Street	Address:	500 W. Main Street		
	Louisville, KY 40202		Louisville, KY 40202		
Name and Title	Ralph M. Wilson, VP	Name and Title	Cynthia H. Zipperle, VP		
Address	500 W. Main Street	Address:	500 W. Main Street		

Name and Title	Joseph C. Ventura, Assistant Secretary	Name and Title	Joe Ruschell, Assistant S	ecretar	у
Address	500 W. Main Street	_ Address:	500 W. Main Street		
	Louisville, KY 40202	_	Louisville, KY 40202		
		_			
		_			
ARTICLE VI REGIS					
	street address (P.O. Box NOT acceptable) o	of the registered ag	ent is:		
Name: Cor	poration Service Company	-			
Address: 120	1 Hays Street				
Tall	ahassee, FL 32301				· · · ·
-				<u></u>	YSE SEC
ARTICLE VII INCO	RPORATOR			AUG	SKE.
The name and address	of the Incorporator is:			<u>_</u>	
Name:	oe Ruschell	_		P	ORF ORF
Address:	500 W. Main Street	_		5	<u> </u>
1	Louisville, KY 40202			42	
(If an effective date is days after the filing.)	ECTIVE DATE: than the date of filing: listed, the date must be specific and cann ed in this block does not meet the applicable	ot be more than t	five business days prior o		
	e date on the Department of State's records		- 		
	registered agent to accept service of procedulities with and accept the appointment COU		dagree to act in this capac	city	
By:	Required Signature/Registered Agent	AICE FLESIO		Date	
					المناهد المناع
	t and affirm that the facts stated herein ar tment of State constitutes a third degree felo		r in s.817.155, F.S.		nutea in a
Required Si	gnature/Incorporator		<u> 8/5/</u>	Date	