

TeleVault, Inc.

1803 Tumbleweed Drive

Holiday, FL, 34690

813.817.2390

P95000024119

March 21, 1995

FILED

95 MAR 24 AM 9 34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

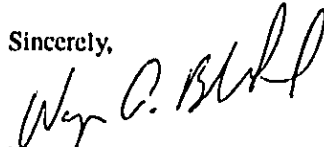
Division Of Corporations  
PO Box 6327  
Tallahassee, Florida 32314  
904.488.3680

Dear Sirs:

Per our telephone conversation of this day I have enclosed Articles of Incorporation for TeleVault, Inc. as well as the required fees for filing and receipt of a certified copy.

If you have questions or concerns please contact me at (813) 817 2390.

Sincerely,



Wayne A. Blockel  
Owner/President  
TeleVault, Inc.

EFFECTIVE DATE

03-21-95

500001439405

-03/24/95--01094--005

\*\*\*\*122.50 \*\*\*\*122.50

TeleVault, Inc.



Remote Backup and Offsite Data  
Storage for PC-Based Systems.

NANCY HENDRICKS MAR 28 1995

**CERTIFICATE OF INCORPORATION  
OF  
TeleVault, Inc.**

**FILED**

95 MAR 24 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, being over the age of eighteen years, in order to form a corporation pursuant to the provisions of the Corporate Code, hereby certifies as follows:

**FIRST  
IDENTIFICATION**

**EFFECTIVE DATE**  
03-21-95

The name of the corporation, hereinafter referred to as the "Corporation," is TeleVault, Inc.

**SECOND  
PERIOD OF EXISTENCE**

The period during which the corporation shall continue is perpetual.

**THIRD  
REGISTERED OFFICE AND REGISTERED AGENT**

The address of the initial registered office of the Corporation is 1903 Tumbleweed Drive, Holiday, Florida 34690, and the name of the initial registered agent therein and in charge thereof, upon whom process against the Corporation may be served is Wayne A. Blockel. The Corporation's principal office address is the same as the registered office address.

**FOURTH  
PURPOSE**

The purpose of the Corporation is to engage in any or all lawful business for which corporations may be organized under the provisions of the General Corporation Law of Florida.

**FIFTH  
SHARES**

The total authorized capital stock of the Corporation is 1,000 shares having a Par Value of \$0.01. All or any part of said shares may be issued by the Corporation from time to time and for such consideration as may be determined upon or fixed by the Board of Directors, as provided by law.

**SIXTH  
INCORPORATOR'S ADDRESS**

The name and post office address of the Incorporator of the Corporation is as follows:

Wayne A. Blockel  
1903 Tumbleweed Drive  
Holiday, Florida 34690

### **SEVENTH DIRECTORS**

The powers of the Incorporator are to terminate upon the filing of this Certificate of Incorporation and the names and mailing addresses of the persons who are to serve as directors until the first meeting of stockholders or until their successors are elected and qualify are as follows:

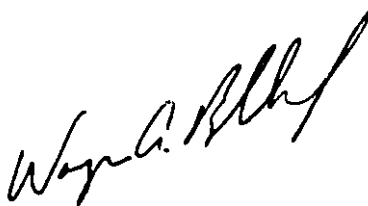
Wayne A. Blockel      1903 Tumbleweed Drive      Holiday Florida 34690

### **EIGHTH INDEMNITY**

Directors of the corporation shall not be liable to either the corporation or its stockholders for monetary damages for: a breach of fiduciary duties unless the breach is one which invokes: (1) a director's duty of loyalty to the corporation or its stockholders; (2) acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law; (3) liability for unlawful payments of dividends or unlawful stock purchases or redemption by the corporation; or (4) a transaction from which the director derived an improper personal benefit.

The effective date of this Certificate of Incorporation shall be March 21, 1995.

IN WITNESS WHEREOF, the undersigned Incorporator has caused this Certificate of Incorporation to be executed as of March 21, 1995. I hereby am familiar with and accept the duties and responsibilities as registered agent for TeleVault, Inc.



Wayne A. Blockel

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000024119**

1 Corporation Name

**TELEVULT, INC.**

FILED

96 OCT 23 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**1803 TUMBLEWEED DR.  
HOLIDAY FL 34680**

Mailing Address

**1803 TUMBLEWEED DR.  
HOLIDAY FL 34680**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable

3 New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PO Box 3117  
HOLIDAY, FL.**

Zip

Country

Zip

Country

4 Date Incorporated or Qualified  
To Do Business in Florida

**03/21/1995**

5 FEI Number

**57-3305281**

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☐

SR 11 A RETURNED TO THE  
FEDERAL BUREAU OF INVESTIGATION

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officer and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip    |
|------------|------------------------------------|---|-------------------------|
| <b>D</b>   | <b>BLOCKEL, WAYNE A</b>            | <b>1803 TUMBLEWEED DR.</b>  | <b>HOLIDAY FL 34680</b> |
|            |                                    |   |                         |
|            |                                    |   |                         |
|            |                                    |   |                         |
|            |                                    |   |                         |
|            |                                    |   |                         |
|            |                                    |   |                         |
|            |                                    |   |                         |
|            |                                    |   |                         |

**200001988132--3**

**-10/29/96--01038-024**

**\*\*\*\*375.00 \*\*\*\*375.00**

8 Name and Address of Current Registered Agent

**BLOCKEL, WAYNE A  
1803 TUMBLEWEED DR.  
HOLIDAY FL 34680**

9 Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Wayne A. Blockel*

REGISTERED AGENT MUST SIGN

Date **9/15/96**

11 Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12 I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.