DOC ID ----> 200327400106

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/02/2003	200327400106	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

ROBERT H. WILEY
2414 STATE ST. NE
CANTON, OH 44721-1036

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

1414262

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

AZIMUTH NET DEVELOPMENT, INC.

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
DOMESTIC ARTICLES/FOR PROFIT	**200327400106**

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 1st day of October, A.D. 2003.

J. Kenneth Blackwell

Ohio Secretary of State

DOC ID ----> 200327400106

Prescribed by **J. Kenneth Blackwell**
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
○ Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of $100 ***
◉ No	PO Box 670 Columbus, OH 43216

INITIAL ARTICLES OF INCORPORATION

(For Domestic Profit or Non-Profit)
Filing Fee $125.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) ☑ Articles of Incorporation Profit	(2) ☐ Articles of Incorporation Non-Profit	(3) ☐ Articles of Incorporation Professional
(113-ARF)	(114-ARN)	(170-ARP)
ORC 1701	ORC 1702	Profession _____ ORC 1785

Complete the general information in this section for the box checked above.

FIRST: Name of Corporation Azimuth Net Development, Inc.

SECOND: Location North Canton *(City)* Stark *(County)*

Effective Date **(Optional)** 10/01/2003 *(mm/dd/yyyy)* ***Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.***

☐ ***Check here if additional provisions are attached***

2003 SEP 29 PM 4:35

Complete the information in this section if box (2) or (3) is checked. Completing this section is optional if box (1) is checked.

THIRD: Purpose for which corporation is formed

To provide world wide web and e-mail hosting to businesses and individuals. Software development in general.

Complete the information in this section if box (1) or (3) is checked.

FOURTH: The number of shares which the corporation is authorized to have outstanding (Please state if shares are common or preferred and their par value if any) 500 *(No. of Shares)* C *(Type)* $1.00 *(Par Value)*

(Refer to instructions if needed)

DOC ID ----> 200327400106

Complete the information in this section if box (1) (2) or (3) is checked.

ORIGINAL APPOINTMENT OF STATUTORY AGENT

The undersigned, being at least a majority of the incorporators of AZIMUTH NET. DEVELOPMENT, INC. hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is

MARK BALLARD
(Name)
5131 GUAF AVENUE
(Street) NOTE: P.O. Box Addresses are NOT acceptable.
CINCINNATI, Ohio 45212
(City) (Zip Code)

Must be authenticated by an authorized representative

X Jennifer L. Wiley — Authorized Representative — 2655003 — Date

X [signature] — Authorized Representative — 2655003 — Date

Authorized Representative — Date

ACCEPTANCE OF APPOINTMENT

The Undersigned, MARK S. BALLARD, named herein as the Statutory agent for, AZIMUTH NET DEVELOPMENT, INC., hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: _____
(Statutory Agent)

DOC ID ----> 200327400106

Completing the information in this section is optional

FIFTH: The following are the names and addresses of the individuals who are to serve as initial Directors.

Jennifer L. Wiley
(Name)
2414 State Street NE
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

North Canton | Ohio | 44721
(City) | *(State)* | *(Zip Code)*

Robert H. Wiley
(Name)
2414 State Street NE
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

North Canton | Ohio | 44721
(City) | *(State)* | *(Zip Code)*

(Name)

(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

(City) | *(State)* | *(Zip Code)*

REQUIRED
Must be authenticated **(signed)** by an authorized representative
(See Instructions)

Jennifer L. Wiley
Authorized Representative
Jennifer L. Wiley
(print name)

26 SEPT 2003
Date

Robert H. Wiley
Authorized Representative
Robert H. Wiley
(print name)

26 SEPT 2003
Date

Authorized Representative
(print name)

Date