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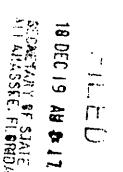
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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C Kinsey

## **COVER LETTER**

<b>TO:</b> New Filing So Division of C				
SUBJECT: SNAPNA	MES 37, LLC			
		ulting Florida Limite	d Con	ipany)
				d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:		
NORMA C. WHEELER				
-	(Contact Person)			
WEB.COM GROUP, IN	C			
	(Firm/Company)			
12808 GRAN BAY PAR	WAY WEST			
	(Address)			
JACKSONVILLE, FL 32	2258			
((	City, State and Zip Code)			
nwheeler@web.com				
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
NORMA WHEELER		_at ( <sup>904</sup>	251-6	558
(Name of Conta	ct Person)	_at (	) (Day	time Telephone Number)
	or the following amou a bank located in the		rocess	red by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐S155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAILI	NG A	ADDRESS:
New Filing Section		New Fi	_	
Division of Corporat	ions	Division P. O. Be		orporations
Clifton Building		r. U. Be	OX OS	LI

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Conversion

For

#### "Other Business Entity"

Into

#### Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045. Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  SNAPNAMES 37, INC. 40203
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
6/19/2006 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
SNAPNAMES 37, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
the date this document is filed by the Florida Department of State.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.



Signed this 3RD	day of DECEMBER	20_18	
Signature of Author	ized Representative of L	imited Liability Company:	
Signature of Authoriz Printed Name: MATTH	ed Representative:	Max All Title: MANAGER	
Signature(s) on behal	f of Other Business Entit	y:  See below for required signature(	s)
Signature: Printed Name: MATTH	MAN MIN EW P. MCCLURE	Title: SECRETARY	
Signature:Printed Name:		Title:	_
Signature: Printed Name:		Title:	
Signature:Printed Name:		Title:	
Signature:Printed Name:		Title:	_
Signature:Printed Name:		Title:	
	on: a, Vice Chairman, Director s have not been selected, a		
If Florida General Pa Signature of one Gene	artnership or Limited Lia ral Partner.	ability Partnership:	
If Florida Limited Pa Signatures of ALL Ge		bility Limited Partnership:	
All others: Signature of an author	ized person.		
Fees:			

Articles of Conversion: Fees for Florida Articles of Organization: \$25.00 \$125.00

Certified Copy: Certificate of Status:

\$30.00 (Optional)

\$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SNAPNAMES			
	(Must contain the words "Limited Linbility	Company, "L.L.C.," or "LLC.")	
ARTICLE 1			
The mailing	address and street address of the pri	ncipal office of the Limited	Liability Company is:
Principal Of	fice Address:	Mailing Address:	
12808 GRAN E	AY PARKWAY WEST		
JACKSONVIL	LB, FL 32258		<del></del>
			<del></del>
nonmore entity A			ividual or another
The name and	the Florida street address of the reg	-	
The name and	the Florida street address of the reg	gistered agent are:	18 DEC
The name and	the Florida street address of the reg	gistered agent are:	18 DEC
The name and	the Florida street address of the reg  CORPORATION SERVICE COM  Name	gistered agent are:	18 DEC 19 AN
The name and	the Florida street address of the reg  CORPORATION SHRVICE COMI  Name  1201 HAYS STREET  Florida street address (P.O. E  TALLAHASSEE	gistered agent are:	18 DEC 19 AN 1
The name and	the Florida street address of the reg  CORPORATION SERVICE COM  Name  1201 HAYS STREET  Florida street address (P.O. E	pistered agent are: PANY Box NOT acceptable)	18 DEC 19 AN

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Rosemarie Gagliardino Assistant Vice President

#### ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	DAVID L. BROWN	
	12808 GRAN BAY PARKWAY	
	JACKSONVILLE, FL 32258	
MGR	JENNIFER LADA	
	12808 GRAN BAY PARKWAY	
	JACKSONVILLE, FL 32258	_
MGR	MATTHEW P. MCCLURE	
	12808 GRAN BAY PARKWAY	
	JACKSONVILLE, FL 32258	
		<u>ं</u> प्र
(Use attachment if necessary)	HASSE	7864787 786478
CLE V: Other provisions, if any.	्रिया, रा	#0 3E
ZEL V. Other provisions, it ally.	—————————————————————————————————————	<u> </u>
		11 5

## REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

MATTHEW P. MCCLURE

Typed or printed name of signee

#### Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)