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

Office Use Only

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### **COVER LETTER**

SUBJECT: NAME TO	HREAD, LLC			
30D0ECT		ulting Florida Limit	ed Con	ipany)
The enclosed Articles Business Entity" into	s of Conversion, Articl a "Florida Limited Li	les of Organizati ability Company	on, an	d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:		
NORMA C. WHEELER				
<u> </u>	(Contact Person)	<del></del>	-	
WEB.COM GROUP, INC	C.			
	(Firm/Company)		-	
12808 GRAN BAY PAR	KWAY 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 information	on concerning this ma	tter, please call:		
NORMA WHEELER		_at (	<sub>\251-6</sub>	558
(Name of Conta	ict Person)	(Area Code	) (Day	time Telephone Number)
	or the following amou a bank located in the		rocess	sed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□S180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAIL	ING A	ADDRESS:
New Filing Section		New F	_	
Division of Corporat	ions			Corporations
Clifton Building		P. O. F	30x 63	21

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

**TO:** New Filing Section Division of Corporations

## **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:  NAME THREAD CORPORATION  Physical Phy
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(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)
5/14/2004 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:
NAME THREAD, 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.

18 DEC 19 PM 2: 17

Signed this 3RD	day of DECEMBER	20 <u>18</u>	
Signature of Author	orized Representative of L	imited Liability Company:	
	//	Matt MUU	
Signature of Author	ized Representative:		
Printed Name: MATT	HEW P. MCCLURE	Title: MANAGER	
<i>5</i> 1	ic con b to E.O.		A I
Signature(s) on ben	alt of Other Business Entil	<u>xy:</u>  See below for required signature(s	71
Signatura	Mox Men		
	THEW P. MCCLURE	· · · · · · · · · · · · · · · · · · ·	
Timed Name.		Title.	
Signature			
Printed Name:		Title:	
Timed Name.			
Signature:	<u> </u>		
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:	<u></u>	Title:	
Printed Name:		Title:	
Signature:		es: 1	
Printed Name:		Title:	
TOPL 11 A			
If Florida Corporat		or Officer	
	an, Vice Chairman, Director		
II Directors or Office	ers have not been selected, a	n incorporator must sign.	
If Florida Canaral	Partnership or Limited Lia	shility Partnershin.	
Signature of one Ger		ionity I at thereing.	
Signature of one del	iciai i artifei.		
If Florida Limited 1	Partnership or Limited Lia	ibility Limited Partnership:	
Signatures of ALL (	General Partners.		
- <i>G</i>			
All others:			
Signature of an author	orized person.		

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees:

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: 18 DEC 19 PM 2: 17

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:  The name of the Limited Liability Company is:  NAME THREAD, LLC  (Must contain the words "Limited Liability Company, "L.L.C." or "LLC.")  ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:    Mailing Address:   Mailing Address:	ARTICLES OF ORGANIZATION FOR FLOI	RIDA LIMITED L	JABILITY COME	Ant
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:    Mailing Address:   Mailing Address:	ARTICLE I - Name: The name of the Limited Liability Company is:			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:    Mailing Address:   Mailing Address:	NAME THREAD, LLC  (Must contain the words "Limited Liability C	Company, "L.L.C.," or "L	LC.")	
Principal Office Address:    12808 GRAN BAY PARKWAY WEST   SAME	ARTICLE II - Address:	ncipal office of the I	Limited Liability Con	mpany is:
Principal Office Address:  12808 GRAN BAY PARKWAY WEST  IACKSONVILLE, FL 32258  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot terve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:  CORPORATION SERVICE COMPANY  Name  1201 HAYS STREET  Florida street address (P.O. Box NOT acceptable)  TALLAHASSEE  City  Zip  Having been named as registered agent and to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.  Registered Agent (Signature (REQUIRED))  Registered Agent (Signature (REQUIRED))	I ue manime and	Mailing Address:	•	
12808 GRAN BAY PARKWAY WEST  JACKSONVILLE, FL 32258  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:  CORPORATION SERVICE COMPANY  Name  1201 HAYS STREET  Florida street address (P.O. Box NOT acceptable)  TALLAHASSEE  FL 32301  City  Zip  Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.  Registered Agent 'Signature (REQUIRED)  Registered Agent 'Signature (REQUIRED)	Deincinal Office Address:	Winning 1	•	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:  CORPORATION SERVICE COMPANY  Name  1201 HAYS STREET  Florida street address (P.O. Box NOT acceptable)  TALLAHASSEE  FL 32301  City  Zip  Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.  Registered Agent' Signature (REQUIRED)  Registered Agent' Signature (REQUIRED)		SAME		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:    CORPORATION SERVICE COMPANY	12808 GRAN BAY PARKWAT W.55			
The name and the Florida street address of the registered agent are:  CORPORATION SERVICE COMPANY  Name  1201 HAYS STREET  Florida street address (P.O. Box NOT acceptable)  TALLAHASSEE  City  Zip  Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as liability company at the place designated in this capacity. I further agree to comply with the provisions of all registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.  Registered Agent Signature (REQUIRED)  Registered Agent Signature (REQUIRED)	JACKSONVILLE, FL 32230			
Florida street address (P.O. Box NOZ and TALLAHASSEE FL 32301  City Zip  City Zip  Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as liability company at the place designated in this certificate, I hereby accept the appointment as liability company at the place designated in this certificate, I hereby accept the appointment as liability company at the place designated in this certificate, I hereby accept the appointment as liability company at the place designated in this certificate, I hereby accept the appointment as liability company at the place designated in this certificate, I hereby accept the appointment as liability company at the place designated in this certificate, I hereby accept the appointment as liability company at the place designated in this certificate, I hereby accept the appointment as liability company at the place designated in this certificate, I hereby accept the appointment as liability company at the place designated in this certificate, I hereby accept the above stated limited  Thereby accept the above stated limited in this certificate, I hereby accept the appointment as liability company at the place designated in this certificate, I hereby accept the above stated limited in this certificate, I hereby accept the above stated limited in this certificate, I hereby accept the above stated limited in this certificate, I hereby accept the above stated limited in this certificate, I hereby accept the above stated limited in this certificate, I hereby accept the above stated limited in this certificate, I hereby accept the above stated limited in this certificate, I hereby accept the above stated limited in this certificate, I hereby accept the appointment as liability accepts and I am familiar with and I am familiar with and I am familiar with a liability accepts and I am familiar with a liability accepts and I am familiar with a liability a	The name and the Florida street address of the  CORPORATION SERVICE CO	registered agent are:  OMPANY  ne	:	
City  City  Zip  Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as liability company at the place designated in this certificate, I hereby accept the appointment as liability company at the place designated in this certificate, I hereby accept the appointment as liability company at the place designated in this certificate, I hereby accept the appointment as liability company at the place designated in this certificate, I hereby accept the appointment as liability company at the place designated in this certificate, I hereby accept the appointment as liability company at the place designated in this certificate, I hereby accept the appointment as liability company at the place designated in this certificate, I hereby accept the appointment as liability company at the place designated in this certificate, I hereby accept the appointment as liability company at the place designated in this certificate, I hereby accept the appointment as liability company at the place designated in this certificate, I hereby accept the appointment as liability company at the place designated in this certificate, I hereby accept the appointment as liability company at the place designated in this certificate, I hereby accept the appointment as liability company at the place designated in this certificate, I hereby accept the appointment as liability company at the place designated in this certificate, I hereby accept the appointment as liability accept and the place designated in this certificate, I hereby accept the appointment as liability company accept the appointment as liability	1201 HAYS STREET  Florida street address (P.	O. Box NOT accept	table)	
City  City  Zip  City  C		FL 32301		
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	Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as Registered Agent's	registered agent as Signature (REQUIR	y duties, and I am far provided for in Chap	ter 605, F.S.

#### ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR — Manager MGR	DAVID L. BROWN
	12808 GRAN BAY PARKWAY WEST
	JACKSONVILLE, FL 32258
MGR	JENNIFER LADA
<del></del>	12808 GRAN BAY PARKWAY WEST
	JACKSONVILLE, FL 32258
MGR	MATTHEW P. MCCLURE
······	12808 GRAN BAY PARKWAY WEST
	JACKSONVILLE, FL 32258
<del></del>	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	! los
Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware
any false information submitted in a docu as provided for in s.817.155, F.S.	ment to the Department of State constitutes a third degree for

MATTHEW P. MCCLURE

Typed or printed name of signee

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