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PICK-UP	WAIT	MAIL
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Special Instructions to	Filing Officer:	ł
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SECRETARY OF THE

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#### COVER LETTER

1:

(Contact Person)  WEB.COM GROUP, INC.  (Firm/Company)  12808 GRAN BAY PARKWAY WEST  (Address)  JACKSONVILLE, FL 32258  (City. State and Zip Code)  nwheeler@web.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  NORMA WHEELER  (Name of Contact Person)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  S150.00 Filing Fees (S25 for Conversion and Certificate of Status  Status  Status  Criticate of Status	TO: New Filing Section Division of Corp				
(Name of Resulting Florida Limited Company)  The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.  Please return all correspondence concerning this matter to:  NORMA C. WHEELER  (Contact Person)  WEB.COM GROUP. INC.  (Firm/Company)  12808 GRAN BAY PARKWAY WEST  (Address)  JACKSONVILLE, FL 32258  (City. State and Zip Code)  nwheeler@web.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  NORMA WHEELER  (Name of Contact Person)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  S \$150.00 Filing Fees  S \$150.00 Filing Fees  S \$155.00 Filing Fees  Ad Certificate of Status	SUBJECT: SNAPNAME	S 32, LLC			
Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.  Please return all correspondence concerning this matter to:  NORMA C. WHEELER  (Contact Person)  WEB.COM GROUP, INC.  (Firm/Company)  12808 GRAN BAY PARKWAY WEST  (Address)  JACKSONVILLE, FL 32258  (City. State and Zip Code)  nwheeler@web.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  NORMA WHEELER  (Name of Contact Person)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  S150.00 Filing Fees and Certificate of Status  S125 for Articles  S155.00 Filing Fees. Certificate of Status		(Name of Rest	ulting Florida Limite	d Com	pany)
NORMA C. WHEELER  (Contact Person)  WEB COM GROUP. INC.  (Firm/Company)  12808 GRAN BAY PARKWAY WEST  (Address)  JACKSONVILLE, FL 32258  (City. State and Zip Code)  nwheeler@web.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  NORMA WHEELER  (Name of Contact Person)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  S150.00 Filing Fees (S25 for Conversion and Certificate of Status  S125 for Articles  S180.00 Filing Fees Certified Copy, and Certificate of Status					
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Caddress   JACKSONVILLE, FL 32258   (City. State and Zip Code)   (City.	WEB.COM GROUP, INC.				
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JACKSONVILLE, FL 32258  (City. State and Zip Code)  nwheeler@web.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  NORMA WHEELER  at (904 )251-6558  (Name of Contact Person)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  S150.00 Filing Fees (S25 for Conversion and Certificate of Status)  S180.00 Filing Fees (Certificate of Status)	12808 GRAN BAY PARKV				
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dollars and drawn on a bank located in the United States)  \$\Bigsup \text{S150.00 Filing Fees}  \text{S155.00 Filing Fees}  \text{S180.00 Filing Fees}  \text{Certified Copy}, and \text{Certificate of Status}	(Name of Contact I	Person)	at ( (Area Code)	(Dayı	time Telephone Number)
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Division of Corporations  Clifton Building  Division of Corporations  P. O. Box 6327	— · · · · · · · · · · · · · · · · · · ·		*		

Tallahassee, FL 32314

2661 Executive Center Circle

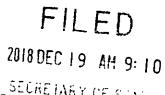
Tallahassee, FL 32301

# Articles of Conversion For

## "Other Business Entity"

Into

#### Florida Limited Liability Company



SECRETARY OF STATE
FALLAHASSEE, FLORING

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.

SNAPNAMES 32, INC.
(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
on 6/16/2006 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the <b>attached Articles of Organization:</b> SNAPNAMES 32, 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 <u>18</u>			
Signature of Authorized Representative of Limi				
Signature of Authorized Representative: Printed Name: MATTHEW P. MCCLURE	Mux Mur	_		
Signature(s) on behalf of Other Business Entity:  Signature:	See below for required signature(s)			
Printed Name: MATTHEW P. MCCLURE	Title: SECRETARY	<b>-</b> -		
Signature:Printed Name:	Title:	<b>-</b> -		
Signature:Printed Name:	Title:	<del>-</del>		
Signature:Printed Name:	Title:	<del>-</del>		
Signature:Printed Name:	Title:	- 5A	201	
Signature:Printed Name:	Title:	AHA L	2010 DEC	7
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.		CRETARY OF State	1 :6 HW 61	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:		0	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:			
All others: Signature of an authorized person.				
<u>Fees:</u>				

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

\$30.00 (Optional) \$5.00 (Optional) Certificate of Status:

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

THO MAINS OF L	he Limited Liability Compan	ıy is:	
SNAPNAMES 3	2, LLC		
	(Must contain the words "Limited L	iability Company, "L.L.C.," or 'LLC.")	
ARTICLE II	- Address:		
The mailing ac	ddress and street address of ti	he principal office of the Limited	Liability Company is:
Principal Offi	(ce Address:	Mailing Address:	
12808 GRAN BA	AY PARKWAY WEST	SAME	
JACKSONVILL)	B, FL 32258		t's Signature
JACKSONVILL  ARTICLE III (The Limited Liabli	E, FL 32258  I - Registered Agent, Regist	ered Office, & Registered Agen Registered Agent, You must designate an ind	lividual or another
ARTICLE III (The Limited Liabli business entity with	E, FL 32258  I - Registered Agent, Regist  Iity Company cannot serve as its own I	ered Office, & Registered Agen Registered Agent. You must dosignate an ind	lividual or another
ARTICLE III (The Limited Liabli business entity with	E, FL 32258  I - Registered Agent, Regist lity Company cannot serve as its own I th an active Florida registration.)	ered Office, & Registered Agen Registered Agent. You must designate an ind the registered agent are:	lividual or another
ARTICLE III (The Limited Liabli business entity with	E, FL 32258  I - Registered Agent, Regist lity Company cannot serve as its own I the an active Florida registration.)  the Florida street address of the CORPORATION SERVICE	ered Office, & Registered Agen Registered Agent. You must designate an ind the registered agent are:	lividual or another
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ARTICLE III (The Limited Liabli business entity with	E, FL 32258  I - Registered Agent, Regist lity Company cannot serve as its own I th an active Florida registration.)  the Florida street address of t  CORPORATION SERVICE  N  1201 HAYS STREET	ered Office, & Registered Agen Registered Agent. You must designate an ind the registered agent are: COMPANY ame	lividual or another

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 accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Rosemarie Gagliardino Assistant Vice President

#### ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	DAVID L. BROWN
	12808 GRAN BAY PARKWAY WEST
	JACKSONVILLE, FL 32258
MGR	JENNIFER LADA
	12808 GRAN BAY PARKWAY WEST
	JACKSONVILLE, FL 32258
MGR	MATTHEW P. MCCLURE
	12808 GRAN BAY PARKWAY WEST
	JACKSONVILLE, FL 32258
(Use attachment if necessary)	PIL
CLE V: Other provisions, if any.	SSEF OF AH

### 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)