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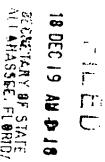
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Office Use Only



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. COVER LETTER

| Division of Corporations | | | |
|---|---|--------|--|
| SUBJECT: SNAPNAMES 45, LLC | | | |
| (Name of Resi | alting Florida Limit | ed Com | npany) |
| The enclosed Articles of Conversion, Articl Business Entity" into a "Florida Limited Lia | - | | |
| Please return all correspondence concerning | g this matter to: | | |
| NORMA C. WHEELER | | | |
| (Contact Person) | | • | |
| WEB.COM GROUP, INC. | | | |
| (Firm/Company) | | • | |
| 12808 GRAN BAY PARWAY WEST | | | |
| (Address) | | - | |
| JACKSONVILLE, FL 32258 | | | |
| (City, State and Zip Code) | | • | |
| nwheeler@web.com | | | |
| E-mail Address: (to be used for future annual rep | port notifications) | - | |
| For further information concerning this mat | ter, please call: | | |
| NORMA WHEELER | at (⁹⁰⁴ |)251-6 | vtime Telephone Number) |
| (Name of Contact Person) | (Area Code | (Day | rtime Telephone Number) |
| Enclosed is a check for the following amou dollars and drawn on a bank located in the U | | rocess | sed by this office must be payable in US |
| ■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ■ \$150.00 Filing Fees and Certificate of Status | ☐\$180.00 Filing and Certified Cop | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| STREET ADDRESS: New Filing Section | MAILING ADDRESS: New Filing Section | | |
| Division of Corporations Clifton Building | Division of Corporations P. O. Box 6327 | | |
| 2661 Executive Center Circle | | | FL 32314 |

Tallahassee, FL 32301

TO: New Filing Section

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 45, 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 |
| (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 45, 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. |
| i |
| 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. |

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy:

Certificate of Status:

THE SECRETARY OF STATE ALL AND SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| SNAPNAMES 45 | SILC | | |
|--|---|---|--|
| DITTE TO THE TO | | bility Company, "L.L.C.," or "LLC.") | |
| A TOTAL COLUMN | A JJ | | |
| ARTICLE II | | e principal office of the Limited I | Liability Company is: |
| i the manning an | mess and succe address of the | c principal office of the Billion | subitity Compatty is: |
| Principal Offic | ce Address: | Mailing Address: | |
| 12808 GRAN BA | y parkway west | | |
| JACKSONVILLE | 3, FL 32258 | | |
| | | | |
| (The Limited Liabili | - Registered Agent, Registe ity Company cannot serve as its own R h an active Florida registration.) | red Office, & Registered Agent egistered Agent. You must designate an indi | 's Signature: vidual or another |
| (The Limited Liabili business entity with | ity Company cannot serve as its own R | egistered Agent. You must designate an indi | vidual or another |
| (The Limited Liabili business entity with | ity Company cannot serve as its own Roh an active Florida registration.) the Florida street address of the CORPORATION SERVICE | egistered Agent. You must designate an indi | ividual or another |
| (The Limited Liabili business entity with | ity Company cannot serve as its own Roh an active Florida registration.) the Florida street address of the CORPORATION SERVICE | egistered Agent. You must designate an indi he registered agent are: | ividual or another |
| (The Limited Liabili business entity with | ity Company cannot serve as its own Roh an active Florida registration.) the Florida street address of the CORPORATION SERVICE No. 1201 HAYS STREET | egistered Agent. You must designate an indi he registered agent are: | vidual or another 18 DEC 19 ALLAHASSEE |
| (The Limited Liabili business entity with | ity Company cannot serve as its own Roh an active Florida registration.) the Florida street address of the CORPORATION SERVICE No. 1201 HAYS STREET | egistered Agent. You must designate an indi he registered agent are: COMPANY ame | 18 DEC 19 AMASSEE, F |
| (The Limited Liabili business entity with | the Florida street address of the Corporation Service CORPORATION SERVICE No. 1201 HAYS STREET Florida street address (I | ne registered agent are: COMPANY arne P.O. Box NOT acceptable) | vidual or another 18 DEC 19 ALLAHASSEE |

(CONTINUED)

Registered Agent's Signature (REQUIRHO)

Michele Henry Assistant VP

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 | |
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| | | _ |
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| (Use attachment if necessary) | ASA 1 | |
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| | # © | |
| ICLE V: Other provisions, if any. | | (|
| <u> </u> | © > W | |
| | O O | |

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)