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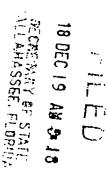
(R€	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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C Kinsey

#### **COVER LETTER**

Division of Corpor					
SUBJECT: SNAPNAMES	13, LLC				
SUBJECT: SNAPNAMES	(Name of Rest	lting	g Florida Limi	ted Con	npany)
			~		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all correspon	dence concerning	thi	s matter to:		
NORMA C. WHEELER					
(Co	ntact Person)			-	
WEB.COM GROUP, INC.					
(Fir	m/Company)			-	
12808 GRAN BAY PARWAY	WEST				
	(Address)			-	
JACKSONVILLE, FL 32258					
(City, S	tate and Zip Code)			-	
nwheeler@web.com					
E-mail Address: (to be used	for future annual rep	ort r	notifications)	_	
For further information co	ncerning this mat	ter,	please call:		
NORMA WHEELER		at	( <sup>904</sup>	)251-6	vtime Telephone Number)
(Name of Contact Pers	son)		(Area Code	) (Day	rtime Telephone Number)
Enclosed is a check for the dollars and drawn on a bar	-			roces	sed by this office must be payable in US
	55.00 Filing Fees Certificate of is		\$180.00 Filing I Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Cir	rele		New F Divisio P. O. I	iling S on of C Box 63	ADDRESS: Section Corporations 27 FL 32314

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 43, INC.	S:
(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 trus	t. 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 Organizat	ion:
SNAPNAMES 43, 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 at 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 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 amou which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	at to

Signed this 3RD day of DECEMBER	20_18
Signature of Authorized Representative of	Limited Liability Company:
Signature of Authorized Representative:	Max M/s
Printed Name: MATTHEW P. MCCLURE	Title: MANAGER
Signature(s) on behalf of Other Business Ent	tity: [See below for required signature(s)]
Signature: Mw MO	
Printed Name: MATTHEW P. MCCLURE	Title: SECRETARY
Simulation of the state of the	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
S'	
Signature:Printed Name:	Title:
Times Name.	
Signature:	Title:
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Direct	
If Directors or Officers have not been selected,	an Incorporator must sign.
If Florida General Partnership or Limited L	iability Partnershin
Signature of one General Partner.	and the state of t
If Florida Limited Partnership or Limited L	<u> iability Limited Partnership:</u>
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	

\$25.00

\$125.00

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

Fees:

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

BLENCHURY OF STATE

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
SNAPNAMES 43, LLC	·	
(Must contain the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	principal office of the Limited Liability Company i	e-
The maining address and sitest address of the	principal office of the Elithica Elability Company i	3.
Principal Office Address:	Mailing Address:	
12808 GRAN BAY PARKWAY WEST		
JACKSONVILLE, FL 32258	<del></del>	
(The Limited Liebility Company cannot serve as its own Repusiness entity with an active Florida registration.)  The name and the Florida street address of the CORPORATION SERVICE CORPORA	COMPANY ET 3	
TALLAHASSEE	FL 32301 Zip	
liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complet accept the obligations of my position as it	I to accept service of process for the above stated limi in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of the performance of my duties, and I am familiar with a registered agent as provided for in Chapter 605, F.S	s fall nd

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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	
MOR	12808 GRAN BAY PARKWAY	
	JACKSONVILLE, FL 32258	
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(Use attachment if necessary)		品品
	$S_{\Sigma}$	<del>'</del>
	्राप्त इस	-4,
ICLE V: Other provisions, if any.		
	<del>_</del>	<u> </u>
		- <del>-</del>

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)