# L18000289117

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF Public
ANT AHASSEE, FR 955

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## **COVER LETTER**

TO:	New Filing Se Division of C					
		•				
SUBJ	ECT: SNAPNA	(Name of Res	sulting I	Florida Limite	ed Con	npany)
The e Busin	nclosed Articles ess Entity" into	s of Conversion, Artic a "Florida Limited Li	les of lability	Organizatio Company	on, an ``in ac	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	e return all corre	espondence concernin	g this	matter to:		
NORM	AA C. WHEELER					
		(Contact Person)				
WEB.	COM GROUP, IN	C.				
		(Firm/Company)				
12808	GRAN BAY PAR	KWAY WEST				
		(Address)		<del></del> _		
JACK	SONVILLE, FL 3	2258				
		City, State and Zip Code)		<u> </u>		
nwhee	ler@web.com					
E-t	nail Address: (to b	e used for future annual re	port no	tifications)		
For fi	ırther informati	on concerning this ma	itter, p	lease call:		
NORN	AA WHEELER		at (	904	251-6	5558
	(Name of Conta	act Person)		(Area Code)	(Day	rtime Telephone Number)
dollar	rs and drawn on	for the following amount a bank located in the	United			sed by this office must be payable in US  \$185.00 Filing Fees,
(\$25 fo & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	and Certificate of Status		Certified Cop		Certified Copy, and Certificate of Status
STRI	EET ADDRES	S:		MAILI	NG A	ADDRESS:
	Filing Section			New Fi	_	
	ion of Corporat	ions				Corporations
CHIIC	on Building			P. O. B	$\alpha x \alpha \beta$	<i>L1</i>

Tallahassee, FL 32314

Clifton Building

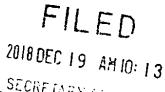
2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Conversion**

For

# "Other Business Entity"



Into

Florida Limited Liability Company FALLAHASSEE, FLORING

The Articles of Conversion and attached Articles of Organization 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 16, INC. 471-40051
(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
12/29/2008 On
(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 16, 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 Authorized Representative of Limit	ted Liability Company:		
$\mathcal{M}$	Cox Milar		
Signature of Authorized Representative:	Title: MANAGER		
Printed Name: MATTHEW P. MCCLURE	Title: MANAGER	_	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)		
Signature: ///www./////			
Printed Name: MATTHEW P. MCCLURE	Title: SECRETARY	<del>-</del> -	
Signature:		_	
Signature:Printed Name:	Title:	_	
Signature:		<u> </u>	
Printed Name:	Title:	_	
Signature:Printed Name:		_	
Printed Name:	_ Title:	_	
Signature:		_	
Printed Name:	Title:		
Signature:		2018	
Printed Name:	Title:	2018 DEC 19 SECREINEY FALL AHASSI	<u> </u>
If Florida Corporation:		78.87 V8.87 1.9	
Signature of Chairman, Vice Chairman, Director, or C		HE Z	П
If Directors or Officers have not been selected, an Inc	corporator must sign.	#10:	D
<u>If Florida General Partnership or Limited Liabilit</u>	ty Partnership:	- E - 3	•
Signature of one General Partner.		<b>_</b>	
If Florida <u>Limited Partnership or Limited Liabilit</u>	ty Limited Partnership:		
Signatures of <u>ALL</u> General Partners.			
All others:			
Signature of an authorized person.			
Fees:			
Articles of Conversion:	\$25.00		
Fees for Florida Articles of Organization:	\$125.00		
Certified Copy:	\$30.00 (Optional)		
Certificate of Status:	\$5.00 (Optional)		

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	<b>:</b> :	
SNAPNAMES 16, LLC  (Must contain the words "Limited Liabili	in Course W. J. C. H. a. W. J. C. II.	<del></del>
ARTICLE II - Address: The mailing address and street address of the p		lity Company is:
Principal Office Address:	Mailing Address:	
12808 GRAN BAY PARKWAY WEST JACKSONVILLE, FL 32258	SAME	<del></del>
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	stered Agent. You must designate an individual	or another
The name and the Florida street address of the		OIBO SECF
CORPORATION SERVICE CO Name	· · · · · · · · · · · · · · · · · · ·	照 二
1201 HAYS STREET		FILED 2018 DEC 19 AM 10: 13 SECRETARY OF FEREN
Florida street address (P.O	). Box NOT acceptable)	
TALLAHASSEE	FL 32301	
City  Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete paccept the obligations of my position as reg	n this certificate, I hereby accept the i sity. I further agree to comply with th performance of my duties, and I am f gistered agent as provided for in Cha	pove stated limited appointment as ne provisions of all amiliar with and apter 605, F.S
Registered Agent's Sign		Michele Henry Assistant VP

(CONTINUED)

## 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 WEST		
	JACKSONVILLE, FL 32258		
MGR	JENNIFER LADA		
<del></del>	12808 GRAN BAY PARKWAY WEST		
	JACKSONVILLE, FL 32258		
MGR	MATTHEW P. MCCLURE		
<del></del>	12808 GRAN BAY PARKWAY WEST		
	JACKSONVILLE, FL 32258		
	SECRETARY FALL AHASSI		
(Use attachment if necessary)	202		
<u> </u>			
	mg.		
CLE V: Other provisions, if any.	E 07 07 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
,			
	77		

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)