118000289260

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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DEC 2 0 2018

COVER LETTER

TO: New Filing So Division of C				
SUBJECT: SNAPNA	MES 55, LLC			
30bJCC1	(Name of Res	ulting Florida Limite	d Com	pany)
				d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:		
NORMA C. WHEELER				
	(Contact Person)			
WEB, COM GROUP, IN	C.			
	(Firm/Company)			
12808 GRAN BAY PAR	WAY WEST			
	(Address)			
JACKSONVILLE, FL 3	2258			
	City, State and Zip Code)			
nwheeler@web.com				
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
NORMA WHEELER		at (904	251-6	558
(Name of Conta	ict Person)	(Area Code)	(Day	558 time Telephone Number)
	for the following amou a bank located in the	•	ocess	sed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing I and Certified Copy		☐S185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAILI	NG A	ADDRESS:
New Filing Section		New Filing Section		
Division of Corporat	ions			orporations
Clifton Building		P. O. Bo)X 05.	<i>41</i>

Tallahassee, FL 32314

2661 Executive Center Circle

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 55, 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
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
SNAPNAMES 55, 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.





Sign this 3RD	_ day of <u>DECEMBER</u>	20_18		
Signature of Author	<u>ized Representative of I</u>	imited Liability Company:		
Signature of Authoriz Printed Name: MATTH	ced Representative:	MaxMMM Title: MANAGER	_	
Signature(s) on behal	If of Other Business Entit	ty: [See below for required signature(s)]		
Signature: Printed Name: MATTH	If of Other Business Entite West // W	Title: SECRETARY	 	
Signature:Printed Name:		Title:	<u>-</u>	
Signature:Printed Name:		Title:	_ _	
Signature:Printed Name:		Title:	_ _	
Signature:Printed Name:		Title:	_ _	
Signature: Printed Name:		Title:	_ _	
	on: n, Vice Chairman, Director is have not been selected, a			
If Florida General Pa Signature of one Gene	artnership or Limited Liz eral Partner.	ability Partnership:		
If Florida Limited Pa Signatures of ALL Go		ability Limited Partnership:	TALLAHA	5
All others: Signature of an author	rized person.		385 7.4 6.1	; ;
Fees:			AM II: E, FLOR	

\$25.00

\$125.00

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

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

:: : "

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Li	mited Liability Company	y is:	
SNAPNAMES 55, LL			
(Mu	st contain the words "Limited Lie	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad	dress:		
The mailing address	s and street address of th	e principal office of the Limited	Liability Company is:
Principal Office A	ddress:	Mailing Address:	
10000 00 131 0 111 0 1	DEWLY WEST		
12808 GRAN BAY PA	TUKWANI MESI		
IACKSONVILLE, FL	32258 egistered Agent, Registe	ered Office, & Registered Agen	nt's Signature:
ARTICLE III - Re (The Limited Liability Co business entity with an a	egistered Agent, Registerpany cannot serve as its own Rective Florida registration.)	egistered Agent. You must designate an in	at's Signature: dividual or another
ARTICLE III - Re (The Limited Liability Co business entity with an a	32258 egistered Agent, Registempany cannot serve as its own R	egistered Agent. You must designate an in	dividual or another
ARTICLE III - Re (The Limited Liability Cobusiness entity with an action of the name and the F	egistered Agent, Registerpany cannot serve as its own Rective Florida registration.)	he registered agent are:	dividual or another
ARTICLE III - Re (The Limited Liability Cobusiness entity with an action of the name and the F	egistered Agent, Register mpany cannot serve as its own Rective Florida registration.) Torida street address of the CORPORATION SERVICE	he registered agent are:	dividual or another 18 DEC
ARTICLE III - Re (The Limited Liability Cobusiness entity with an action of the name and the F	egistered Agent, Register mpany cannot serve as its own Rective Florida registration.) Torida street address of the CORPORATION SERVICE	he registered agent are:	dividual or another 18 DEC
ARTICLE III - Re (The Limited Liability Cobusiness entity with an action of the name and the F	egistered Agent, Registermany cannot serve as its own Retive Florida registration.) Torida street address of the CORPORATION SERVICE N 1201 HAYS STREET	he registered agent are:	dividual or another 18 DEC
ARTICLE III - Re (The Limited Liability Cobusiness entity with an action of the name and the F	egistered Agent, Registermany cannot serve as its own Retive Florida registration.) Torida street address of the CORPORATION SERVICE N 1201 HAYS STREET	he registered agent are: COMPANY ame	FILI 18 DEC 19 SeUrie JAn 1 TALLAHASSE

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)
Rosemarie Gagilardino
Assistant Vice President

(CONTINUED)

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			
	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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(Use attachment if necessary)		<u> </u>		
(Ose attachment if necessary)				
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CLE V: Other provisions, if any.		John Time		
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REQUIRED SIGNATURE: Man Man

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)