# L18000289408

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	_
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Office Use Only



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TALL AHASSEE, FLORIDA

TC20 IM SCHROEDER

#### **COVER LETTER**

Division of C	orporations				
SUBJECT: SNAPNA	MES 92, LLC				
SUBJECT.		ulting Florida Lin	nited Con	npany)	
				d fees are submitted to convert an "coordance with s. 605.1045, F.S.	Othe
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	RWAY WEST				
	(Address)		_		
JACKSONVILLE, FL 3	2258				
	City, State and Zip Code)		<del>-</del>		
nwheeler@web.com					
E-mail Address: (to b	oe used for future annual re	port notifications)	<u> </u>		
For further informati	on concerning this ma	tter, please call	:		
NORMA WHEELER		_at ( <u>904</u>	)251-6	5558	
(Name of Conta	act Person)	(Area Coo	le) (Day	vtime Telephone Number)	
	for the following amount a bank located in the		proces	sed by this office must be payable ir	ı US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fili and Certified C	_	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES	S:	MAI	LING A	ADDRESS:	
New Filing Section			Filing S		
Division of Corporat	tions		ion of C Box 63	Corporations	
Clifton Building		r. O.	DOY OD	<i>L1</i>	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

**TO:** New Filing Section

#### **Articles of Conversion**

For

### "Other Business Entity"

Into

### Florida Limited Liability Company

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 92, 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
2/6/2006
(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 92, 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 <u>3RD</u> day of <u>DECEN</u>	4BER 20.18	
	tative of Limited Liability Company:	
Signature of Authorized Representat Printed Name: MATTHEW P. MCCLUR	ive: //wt ///// E Title: MANAGER	
Signature(s) on behalf of Other Bus	iness Entity:  See below for required signature	e(s)]
Signature: Matt N	M	
Printed Name: MATTHEW P. MCCLUI	RETitle: SECRETARY	
Signature:		
Printed Name:	Title:	
Signature:	Title:	
Printed Name:	Title:	<del></del>
Signature:	Title:	<del></del>
Printed Name:	Title:	<del></del>
Signature:	Title:	
Printed Name:		
Signature:	Title:	<del>-</del>
Printed Name:	Hec.	<del></del>
If Florida Corporation: Signature of Chairman, Vice Chairma If Directors or Officers have not been		
If Florida General Partnership or L Signature of one General Partner.	imited Liability Partnership:	
If Florida Limited Partnership or L Signatures of <u>ALL</u> General Partners.	imited Liability Limited Partnership:	
All others: Signature of an authorized person.		TACS
Fees:		18 0EC
Articles of Conversion: Fees for Florida Articles of C Certified Copy: Certificate of Status:	\$25.00 Organization: \$125.00 \$30.00 (Optional) \$5.00 (Optional)	HED SERVICE SERVICES

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
SNAPNAMES 92, LLC (Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the print	incipal office of the Limited Liability Compa	any is:
Principal Office Address:	Mailing Address:	
12808 GRAN BAY PARKWAY WEST JACKSONVILLE, FL 32258		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	sted Want: 1 of man resiliance an internet of	
The name and the Florida street address of the re	registered agent are:	
CORPORATION SERVICE COM	MPANY ASSI	
Name	Y 'T] **	m
1201 HAYS STREET		$\overline{\mathcal{O}}$
Florida street address (P.O.		
TALLAHASSEE	FL 32301	
City	Zip	

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)

Michele Henry Assistant VP

(CONTINUED)

#### ARTICLE IV-

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

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<b>20</b> )

**REQUIRED SIGNATURE:** 

Signature of a member or an authorized representative of a member

Mux M

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)