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





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SECRETARY OF STATE
FALLAHASSET FLORIDA

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T SCHROEDER

COVER LETTER

TO: New Filing S				
Division of C	orporations			
SUBJECT: SNAPNA	MES 98, LLC			
		ulting Florida L	imited Con	npany)
				d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this matter	to:	
NORMA C. WHEELER				
	(Contact Person)			
WEB.COM GROUP, IN	C.			
	(Firm/Company)			
12808 GRAN BAY PAF	RWAY WEST			
	(Address)			
JACKSONVILLE, FL 3	2258			
(1	City, State and Zip Code)			
nwheeler@web.com				
E-mail Address: (to b	e used for future annual re	port notification	ns)	
For further informati	on concerning this ma	tter, please ca	all:	
NORMA WHEELER		at (⁹⁰⁴)251-6	5558
(Name of Conta	act Person)		ode) (Day	ytime Telephone Number)
	for the following amou a bank located in the			sed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fi and Certified	_	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES New Filing Section	S:		ALING A	ADDRESS: Section

Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327

INHS11 (7/17)

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Conversion

For

"Other Business Entity"

lnto

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 98, 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)
2/6/2006 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 98, 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.

and the second			
	_day of <u>DECEMBER</u>	20 <u>18</u>	
Signature of Author	ized Representative of Li	mited Liability Company:	
Signature of Authoriz Printed Name: MATTI	zed Representative:	Title: MANAGER	
		:: [See below for required signature(s)]
Signature: MATT	HEWP MCCLURE	Title: SECRETARY	
-			
Printed Name:		Title:	
Signature:		Title:	
Printed Name:		Title:	
Signature: Printed Name:		Title:	
Signature:Printed Name:		Title:	
	on: n, Vice Chairman, Director, rs have not been selected, an		
If Florida General P. Signature of one Gene	artnership or Limited Lial eral Partner.	bility Partnership:	18 SEC FALL
If Florida Limited Passignatures of ALL Go		bility Limited Partnership:	DEC 19
All others: Signature of an author	rized person.		PHIS: 30
Fees:			8 2. 30
Articles of Co	onversion:	\$25.00	

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: \$125.00

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
SNAPNAMES 98, LLC		
(Must contain the words "Limited Liability	y Company, "L.L.C.," or "LLC."))
ARTICLE II - Address:		
The mailing address and street address of the pr	incipal office of the Limi	ited Liability Company 18:
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 Registe business entity with an active Florida registration.) The name and the Florida street address of the re CORPORATION SERVICE CON	ered Agent. You must designate a	gent's Signature: an Individual or another SECREL AHA
Name		SS C 1
. 1811	•	NAY NAY NAY
1201 HAYS STREET		ूं इ ा
Florida street address (P.O.	Box NOT acceptable)	ED BRIS:30
TALLAHASSEE	FL 32301	30 30
City	Zip	S -
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p accept the obligations of my position as reg	this certificate, I hereby o ity. I further agree to com	accept the appointment as uply with the provisions of all

(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	DAVID I DDOWN	
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	
		a
(Use attachment if necessary)	東南 と表)30 0
(Ose attachment if necessary)		9
	7-4	
ICLE V. Other maricional if any		. .
ICLE V: Other provisions, if any.		<u> </u>
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REQUIRED SIGNATURE:

Most Mun

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)