P1700000H0033

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	÷#)
PiCK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200298798872

05/04/17--01007--008 **16738.00

FILED

17 MAY - 4 PHI2: 59

SECRETARY - 4 PHI2: 59

MAY - 4 2017 T SCHROEDER

COVER LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJECT:

NAME THREAD CORPORATION

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$	50.00
Articles of Incorporation and Certified Copy	\$	78.75
Total to domesticate and file	\$1	28.75

OPTIONAL:

Certificate of Status

\$ 8.75

Norma C. Wheeler

Name (printed or typed)

12808 Gran Bay Parkway West

Address

Jacksonville, FL 32258

City, State & Zip

904-251-6558

Daytime Telephone Number

nwheeler@web.com

E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

The undersigned, Norma C. Wheeler	Manager, Paralegal
(Name)	(Title)
of NAME THREAD CORPORATION	a foreign corporation,
(Corporation Name) in accordance with s. 607.1801, Florida Statutes, doe	oc haraby cartify
in accordance with s. 607.1601, Florida Statutes, doc	is necessive certify.
1. The date on which corporation was first formed v	was May 14 , 2004 .
2. The jurisdiction where the above named corporat came into being was NEVADA	ion was first formed, incorporated, or otherwise
3. The name of the corporation immediately prior to was NAME THREAD CORPORATION	the filing of this Certificate of Domestication
4. The name of the corporation, as set forth in its ar	ticles of incorporation, to be filed pursuant to
s. 607.0202 and 607.0401 with this certificate is NAME THREAD CORPORATION	
 The jurisdiction that constituted the seat, siege so administration of the corporation, or any other ed immediately before the filing of the Certificate of NEVADA 	uivalent jurisdiction under applicable law,
 Attached are Florida articles of incorporation to a to s. 607.1801. 	complete the domestication requirements pursuant
I am MANAGER , of NAME THREAD	CORPORATION
and am authorized to sign this Certificate of Domest	ication on behalf of the corporation and have done
so this the 24TH day of APRIL	2017
Stoma Q a	feeler =
(Authorized	Signature)
	The second secon
Filing	Fee:
Certificate of Domestication	C CO OO
Articles of Incorporation and	
Total to domesticate and file	\$128.75

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

NAME THREAD CORPORATION

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS Principal Address	S: Mailing Address
12808 GRAN BAY PARKWAY WEST	SAME
12000 GRAN BAT PARKWAT WEST	SAIVIE
JACKSONVILLE, FL 32258	
 	
ARTICLE III PURPOSE	
THE PURPOSE FOR WHICH THE CORPORATION IS ORGAN	NZED:
DOMAIN REGISTRAR	
\(\frac{1}{2}\)	
a part of the state of the stat	
n	
	Po.
	ER AY
	150 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	-4 PM 12: 59
	岩

ARTICLE IV SHARES THE NUMBER OF SHARES OF STOCK IS: 10,000,000

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

PRESIDENT/DAVID L. BROWN	Title/Name VICE PRESIDENT AND TREASURER/KEVIN M. CARNEY			
12808 GRAN BAY PARKWAY WEST	12808 GRAN BAY PARKWAY WEST JACKSONVILLE, FL 32258			
JACKSONVILLE, FL 32258				
Title/Name	Title/Name			
CHIEF LEGAL OFFICER AND SECRETARY/MATTHEW P. MCCLURE				
12808 GRAN BAY PARKWAY WEST				
JACKSONVILLE, FL 32258				
Title/Name	Title/Name			
T'.l. Al	Tial-Alama			
Title/Name	Title/Name ALL/AR SECURITY - 4 PM 12: 59 Title/Name ALL/AR SECURITY - 4 PM 12: 59			

ARTICLE VI	INITIAL REGISTERED	<u>AGENT AND STREE</u>	ET ADDRESS
THE NAME AND FL	ORIDA STREET ADDRESS (P.O. BO	X NOT ACCEPTABLE) OF TH	HE REGISTERED AGENT IS:
CORPORATIO	N SERVICE COMPANY		
1201 Hays	Street		
Tallahasse	e FL 32301		
	INCORPORATOR DRESS OF THE INCORPORATOR IS:		
NORMA C	. WHEELER		
12808 GRAN	BAY PARKWAY WEST		
JACKSON	VILLE, FL 32258		
******	*******	*******	*********
STATED CORPORA	MED AS REGISTERED AGENT AN TION AT THE PLACE DESIGNAT SINTMENT AS REGISTERED AGE	ed in this certificati	e, I am familiar with and
Ha	mBy Chin	B. Davis	5/2/17
Signature/Registe		e President	Date
X/mua	() (UKeally		4-25-2017

Signature/Incorporator

Date