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(Requestor's Name)		
(Address)		
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PICK-UP WAIT MAI	L	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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COVER LETTER

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

SUBJECT:

ENOM373, INCORPORATED

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 (Name)		Manager, Paraleg	ıal ,
		(Title)	13142-1417-1
of ENOM	373, INCORPORATED	a fore	ign corporation,
in accordar	(Corporation Name) ace with s. 607.1801, Florida Statutes, does here	by certify:	
1. The dat	e on which corporation was first formed was <u>J</u>	une 16	
=	isdiction where the above named corporation w	as first formed, incorporat	ed, or otherwise
	me of the corporation immediately prior to the f	iling of this Certificate of	Domestication .
4. The nai	me of the corporation, as set forth in its articles	of incorporation, to be file	d pursuant to
	202 and 607.0401 with this certificate is		·
adminis	isdiction that constituted the seat, siege social, or stration of the corporation, or any other equivalent stately before the filing of the Certificate of Dom A	ent jurisdiction under appl	
to s. 60			irements pursuant
I am IVIAIS	IAGER , of ENOM373, INCORPO	RATED	
	horized to sign this Certificate of Domestication 25TH day of PRIL	n on behalf of the corporat	ion and have done 2017
so mis the	(Authorized Signa	Leoluture)	,
	Filing Fee: Certificate of Domestication Articles of Incorporation and Certif Total to domesticate and file	\$ 50.00 ied Copy \$ 78.75 \$128.75	17 MAY -4 FM 1:23 SECRETARY STATE MULTINASSES: FLORIDA

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

<u>ARTICLE</u>	I	<u>NAME</u>

THE NAME OF THE CORPORATION SHALL BE:

SNAPNAMES 22, INC. ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS: Mailing Address Principal Address SAME 12808 GRAN BAY PARKWAY WEST JACKSONVILLE, FL 32258 ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: DOMAIN REGISTRAR

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:

Title/Name 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		
Title/Name	Title/Name Title/Name		
	MAY - 4 PM 1: 23		

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallahassee FL 32301

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

NORMA C. WHEELER

12808 GRAN BAY PARKWAY WEST

JACKSONVILLE, FL 32258

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Signature/Registered Agent

Harry B. Davis

Asst Vice President

Signature/Incorporator

Date

4-25-2017

Date

17 MAY -4 PM 1:23