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COVER LETTER

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

SUBJECT:

BLISTERNET, 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 \$128.75

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 BLISTERNET, INCORPORATED	a foreign corporation,
(Corporation Name) in accordance with s. 607.1801, Florida Statutes, does he	reby certify:
1. The date on which corporation was first formed was	June 16 , 2004 .
2. The jurisdiction where the above named corporation came into being was NEVADA	was first formed, incorporated, or otherwise
3. The name of the corporation immediately prior to the was BLISTERNET, INCORPORATED	e filing of this Certificate of Domestication
4. The name of the corporation, as set forth in its article	s of incorporation, to be filed pursuant to
s. 607.0202 and 607.0401 with this certificate isBLISTERNET, INCORPORATED	·
5. The jurisdiction that constituted the seat, siege social administration of the corporation, or any other equivalent immediately before the filing of the Certificate of Done NEVADA	alent jurisdiction under applicable law,
6. Attached are Florida articles of incorporation to comto s. 607.1801.	plete the domestication requirements pursuant
I am MANAGER , of BLISTERNET, INCO	PRPORATED
and am authorized to sign this Certificate of Domesticati	on on behalf of the corporation and have done
so this the 24TH day of APRIL	, <u>2017</u>
(Authorized Sign	nature)
Filing Fee	77
Certificate of Domestication	\$ 50.00 S 78.75
Articles of Incorporation and Cert Total to domesticate and file	tified Copy $ \begin{array}{ccc} & \underline{\$} & 78.75 & & \underline{\square} & \underline{\square} & \underline{\square} & \underline{\square} \\ & & \underline{\$} & 128.75 & & \underline{\square} & \underline{\square} & \underline{\square} \\ & & & \underline{\square} & \underline{\square} & \underline{\square} \\ & & & \underline{\square} & \underline{\square} & \underline{\square} \\ \end{array} $

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAM	${f E}$
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THE NAME OF THE CORPORATION SHALL BE:

BLISTERNET, INCORPORATED

ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:	Mailing Addraga			
Principal Address 12808 GRAN BAY PARKWAY WEST	Mailing Address SAME			
JACKSONVILLE, FL 32258				<u> </u>
ARTICLE III PURPOSE			<u> </u>	
THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZI	ED:			
DOMAIN REGISTRAR				
				
				
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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			
Tiala (Name	Title/Name			
Title/Name	THE Name 17 MAY - 4 PH 3: 36 18 JANE JANE OF STATE FLORIDA			

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

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