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MAY - 5 2017 T SCHROEDER

COVER LETTER

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

SUBJECT:

ENOM443, 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	e undersigned, Norma C. Wheeler	Manager, Paralegal			
	(Name)	(Title)			
of	ENOM443, INCORPORATED	a foreign corporation,			
in a	(Corporation Name) accordance with s. 607.1801, Florida Statutes, does hereby	y certify:			
1.	The date on which corporation was first formed was Jur	ne 19 , 2006 .			
2.					
3.	The name of the corporation immediately prior to the filing of this Certificate of Domestication was ENOM443, INCORPORATED				
4.	The name of the corporation, as set forth in its articles of	incorporation, to be filed pursuant to			
	s. 607.0202 and 607.0401 with this certificate isSNAPNAMES 57, INC.				
5.	The jurisdiction that constituted the seat, siege social, or administration of the corporation, or any other equivalent immediately before the filing of the Certificate of Domes NEVADA	t jurisdiction under applicable law,			
	Attached are Florida articles of incorporation to complete to s. 607.1801. MANAGER, of ENOM443, INCORPOR				
	d am authorized to sign this Certificate of Domestication of this the 25TH day of APRIL	on behalf of the corporation and have do 2017			
so	Vonce aux	Leele .			
	(Authorized Signatu	ire)			
	Filing Fee: Certificate of Domestication Articles of Incorporation and Certifie Total to domesticate and file	\$ 50.00 \$ 50.00 \$ 78.75 \$ FLORID. \$ 128.75			

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICI	LE I	NAME

THE NAME OF THE CORPORATION SHALL BE:

SNAPNAMES 57, INC.

ARTICLE II PRINCIPAL OFFICE		
THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS I Principal Address	s: Mailing Ado	lress
12808 GRAN BAY PARKWAY WEST	SAME	
JACKSONVILLE, FL 32258		
ARTICLE III PURPOSE		
THE PURPOSE FOR WHICH THE CORPORATION IS ORGAN DOMAIN REGISTRAR	IIZED:	
		As
		FILED 17 HAY -4 AH 9: 03 SEGRE ARY OF STATE FALLAHASSEE, FLORID
		55.5
		THE STATE OF THE S
		OF STATE

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	Title/Name	
PRESIDENT/DAVID L. BROWN	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 Title/Name	
	AH 9: 03 OF STATE FLORIDA	

<u>ARTICLE VI</u>	INITIAL REGISTERED	<u>AGENT AND STREET</u>	<u>r address</u>
THE NAME AND FLO	DRIDA STREET ADDRESS (P.O. BO	X NOT ACCEPTABLE) OF THE	E REGISTERED AGENT IS:
CORPORATIO	N SERVICE COMPANY		
1201 Hays	Street		
Tallahasse	e FL 32301		
ARTICLE VII The <u>name and ad</u> i	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. INTMENT AS REGISTERED AGE	ed in this certificate,	I AM FAMILIAR WITH AND
Signature/Register		B. Davis	5/2/17 Date
Monia	O Wells. Vic	e President	4-25-2017

Signature/Incorporator

17 MAY -4 AH 9: 03

Date