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

Office Use Only



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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:

ENOM423, 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	<u>\$</u>	78.75
Total to domesticate and file	\$1	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

Th	e undersigned, Norma C. Wheeler	, Manager, Paralega	ا <u>لا</u> 	,
	(Name)	(Title)		
of	ENOM423, INCORPORATED	a foreig	gn corporatio	on,
in	(Corporation Name) accordance with s. 607.1801, Florida Statutes, does her	eby certify:		
1.	The date on which corporation was first formed was	lune 19	, 2006	_ ·
2.	The jurisdiction where the above named corporation vecame into being was NEVADA	vas first formed, incorporate		ise
3.	The name of the corporation immediately prior to the was ENOM423, INCORPORATED	filing of this Certificate of D	Oomestication	n ·
4.	The name of the corporation, as set forth in its articles	of incorporation, to be filed	l pursuant to	
	s. 607.0202 and 607.0401 with this certificate is SNAPNAMES 47, INC.			- •
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 Dor NEVADA	ent jurisdiction under applic		·
6.	Attached are Florida articles of incorporation to comp to s. 607.1801.	lete the domestication requi	rements purs	suant
Ιa	m MANAGER , of ENOM423, INCORPO	DRATED		
	d am authorized to sign this Certificate of Domestication	n on behalf of the corporation	on and have	done
so	this the 25TH day of APRIL	ekele	5 1	 '
	(Authorized Sign	ature)	NATIONAL PROPERTY OF THE PROPE	1 0
				inchet income
				{~ ~
	Filing Fee: Certificate of Domestication	\$ 50.00	9: 2 STAT FLORI	
	Articles of Incorporation and Certificate and file		TE TOA	

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE	e i	NAME

THE NAME OF THE CORPORATION SHALL BE:

SNAPNAMES 47, INC.

ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS Principal Address	::	Mailing Addr	acc
12808 GRAN BAY PARKWAY WEST	SAM	_	ess
JACKSONVILLE, FL 32258		· _	
	<u> </u>		
ARTICLE III PURPOSE			
THE PURPOSE FOR WHICH THE CORPORATION IS ORGANI	ZED:		
DOMAIN REGISTRAR			
		-	
			
			F
			FILED 17 MAY - 1 AM 9: 2 SLUKEJARY OF STATE FAMILAND, SSEEL FLORIF
		· · · · · · · · · · · · · · · · · · ·	SOFT I
			MH 9: 2

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			
Title/Name	Title/Name			
	MAY -4 AH 9: 21 NHASSET PLORIDA			

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS
The <u>name and Florida street address</u> (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.

Harry B. Davis
Asst Vice President

Signature/Incorporator

FILED

17 MAY -4 AH 9:21

SECRETARY OF STATE

4-25-2017 Date