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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

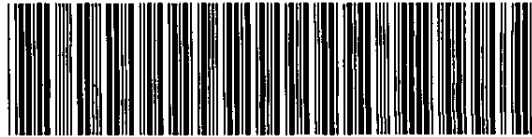
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 MAY -4 PM 12:42  
ALABAMA SECRETARY OF REVENUE

T. BURCH  
MAY 5 2017

## COVER LETTER

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

SUBJECT: ENOM635, INC.

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>78.75</u>
Total to domesticate and file	\$128.75

### OPTIONAL:

Certificate of Status	\$ 8.75
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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)

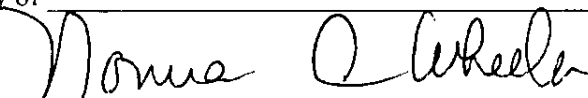
of ENOM635, INC. a foreign corporation,  
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was December 29, 2008.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was NEVADA.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was ENOM635, INC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant s. 607.0202 and 607.0401 with this certificate is SNAPNAMES 72, INC.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law immediately before the filing of the Certificate of Domestication was NEVADA.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am MANAGER, of ENOM635, INC.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 25TH day of APRIL, 2017.

  
(Authorized Signature)

### Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	<u>\$ 78.75</u>
Total to domesticate and file	<u>\$128.75</u>

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

**ARTICLE I    NAME**

THE NAME OF THE CORPORATION SHALL BE:

SNAPNAMES 72, INC.

**ARTICLE II    PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

12808 GRAN BAY PARKWAY WEST  
JACKSONVILLE, FL 32258

SAME

**ARTICLE III    PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

DOMAIN REGISTRAR

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CLERK OF CIRCUIT  
JACKSONVILLE, FL 32202

**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**

**12808 GRAN BAY PARKWAY WEST**

**JACKSONVILLE, FL 32258**

Title/Name

**VICE PRESIDENT AND TREASURER/KEVIN M. CARNEY**

**12808 GRAN BAY PARKWAY WEST**

**JACKSONVILLE, FL 32258**

Title/Name

**CHIEF LEGAL OFFICER AND SECRETARY/MATTHEW P. MCCLURE**

**12808 GRAN BAY PARKWAY WEST**

**JACKSONVILLE, FL 32258**

Title/Name

Title/Name

Title/Name

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17 MAY -4 PM 12:42  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

Title/Name

Title/Name

**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

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TALLAHASSEE, FLORIDA

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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

Date

5/2/17

Signature/Incorporator

Date

4-25-2017