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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

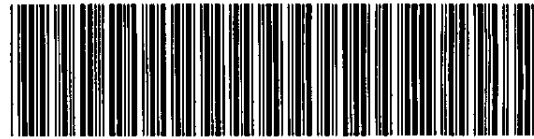
(Business Entity Name)

(Document Number)

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

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CLERK OF COURT  
ALABAMA  
TALLAHASSEE, FLORIDA

T. BURCH

MAY 8 2017

**COVER LETTER**

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

**SUBJECT:** ENOM419, 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
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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)

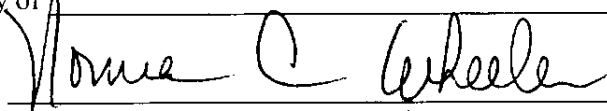
of ENOM419, INCORPORATED a foreign corporation,  
(Corporation Name)

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

1. The date on which corporation was first formed was June 19, 2006
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 ENOM419, 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 is SNAPNAMES 45, 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 ENOM419, INCORPORATED

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	\$ 78.75
Total to domesticate and file	\$128.75

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

**ARTICLE I    NAME**

THE NAME OF THE CORPORATION SHALL BE:

SNAPNAMES 45, 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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17 MAY -4 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
17 MAY -4 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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  
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Title/Name  
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**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

4-25-2017

Date