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| | (Requestor's Name) |
|---------------------|--------------------------|
| | (Address) |
| | (Address) |
| | (City/State/Zip/Phone #) |
| PICK-U | P |
| | (Business Entity Name) |
| <u> </u> | (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instruction | s to Filing Officer: |
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| | Office Use Only |



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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 31, 2019

JOSE M. DE LA O 1000 BRICKELL AVE, STE 300 MIAMI, FL 33131

SUBJECT: H&B DIRECTIONAL DRILLING, LLC

Ref. Number: W19000052209

We have received your document for H&B DIRECTIONAL DRILLING, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II

Letter Number: 719A00010876

www.sunbiz.org

INHS11 (7/17)

COVER LETTER

| TO: New Filing Division of | Section Corporations | | | | |
|--|---|---------------------|--|--|-------------------|
| | Directional Drilling, LLC | | | | |
| SUBJECT: | (Name of Res | ulting Flo | rida Limited Corr | pany) | - |
| | les of Conversion, Artic ato a "Florida Limited Li | | | | |
| Please return all co | respandence concernin | g this m | itter to: | | |
| Jose M. de la O | | l. | | | |
| AGI Registered Agen | (Contact Person) | | | | |
| 1000 Brickell Ave., S | (Firm/Company) | | | | |
| | (Address) | | | | |
| Miami, FL 33131 | | | | | |
| jose(Bagi-ra.com | (City, State and Zip Code) | | | | |
| E-mail Address: (t | o be used for future annual re | port notifi | cations) | | |
| For further inform | ation concerning this ma | iner, plea | l ise call: | | |
| Jose M. de la O | | at (³⁰⁵ |) ⁴¹⁶⁻⁶ | 800 rtime Telephone Number) | |
| (Name of Co | ontact Person) | — <u>`(A</u> | rea Code) (Day | rtime Telephone Number) | |
| | k for the following amou on a bank located in the | | | sed by this office must | be payable in US |
| ■ \$150.00 Filing Fee (\$25 for Conversion & \$125 for Articles of Organization) | and Certificate of Status | | 00 Filing Fees tified Copy | ☐\$135.00 Filing Fres, Certified Copy, and Certificate of Status | |
| STREET ADDRI New Filing Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 3 | n rations enter Circle | | MAILING A New Filing S Division of C P. O. Box 63 Tallahassee, | ection Corporations 27 | 2019 JUN - 4 PM I |

Articles of Conversion For Other Business Entity" Into Florida Limited Liability Company

19 JUN -4 AH 8: 22

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

| The name of the "Other Business Entity" immediate H&B Directional Drilling | ely prior to the filing of the Articles of Conversion is: |
|---|--|
| (Enter Name of Other Busin | ness Entiry) |
| 2. The "Other Business Entity" is a Limited liability comp | partnership, general partnership, common law or business trust, etc.) |
| First organized, formed or incorporated under the laws | Oregon |
| | (Enter state, or if a non-U.S, entity, the name of the country) |
| September 4, 2018 | |
| (date of organization, formation or incorporation) | |
| 3. The name of the Florida Limited Liability Company | as set forth in the attached Articles of Organization: |
| H&E Directional Drilling, LLC | |
| (Ente: Name of Florida Limited Liab | pility Company) |
| 4. If not effective on the date of filing, enter the effecti | |
| the date this document is filed by the Florida Depar | pt or filed date nor more than 90 calendar days after tment of State.) |
| Note: If the date inserted in this block does not meet the applicab document's effective date on the Department of State's records. | de statutory filing requirements, this date will not be listed as the |
| 5. The plan of conversion has been approved in accorda | ance with all applicable statutes. |
| 6. The "Converted or Other Business Entity" has agreed to which such members are entitled under ss. 605,1006 at | to pay any members having appraisal rights the amount to and 605.1061-605.1072, F.S. |
| | 2 |

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| Signed this 14th day of May | <u> 1</u> 20 <u>19</u> | | | |
|---|--|-----|--------|----------|
| Signature of Authorized Representative of Limit | ed Liability Company: | | | |
| Signature of Authorized Representative: Printed Name: Robert R. Adams | Fitle: Authorized Representative | | | |
| Signature(s) on behalf of Other Business Entity: [| See below for required signature(s) | | | |
| Signature. Printed Name: Robert 2. adams | Title: Guther: 28d Person | | | |
| Signature: Printed Name: | Title: | | | |
| Signature:Printed Name: | Title: | | | |
| Signature:Printed Name: | Title: | | | |
| Signature: Printed Name: | | | | |
| Signature: Printed Name: | | | | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or | | | | |
| If Directors or Officers have not been selected, an In | corporator must sign. | | | |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | ty Partnership: | ;=- | | <u>`</u> |
| If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. | ty Limited Partnership: | | االن و | |
| All others: Signature of an authorized person. | | | -t, AH | : : |
| Fees: | | | 8: 22 | Þ |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) | - | * | • |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: H&B Directional Driling, LLC (Most sonain the words "Limited Liability Company," LLC," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: | ARTICLE I - Name: | |
|--|--|---|
| (Most contain the words "Limited Clability Company, "LLC." or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: | The name of the Limited Liability Company | y is: |
| (Most contain the words "Limited Clability Company, "LLC." or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: | | |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: Mailing Address: | H&B Directional Drilling, LLC | |
| The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: | (Must contain the words "Limited Li | ability Company, "L.L.C.," or "LLC.") |
| The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: | ARTICLE II - Address: | |
| 1000 Brickell Ave. 1000 Brickell Ave. Suite 300 Miami, FL 33131 Miami, FL 33131 | | ne principal office of the Limited Liability Company is: |
| 1000 Brickell Ave. 1000 Brickell Ave. Suite 300 Miami, FL 33131 Miami, FL 33131 | | 26.00 |
| Suite 300 Miami, FL 33131 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Cemperty transet serve as its own business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: AG: Registered Agents, Inc. Name 1000 Brickell Ave., Suite 300 Florida street address (P.O. Box NOT acceptable) Miami City Zip Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. (CONTINUED) | Principal Office Address: | Mailing Address: |
| Miami, FL 33131 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida tregistration.) The name and the Florida street address of the registered agent are: AG: Registered Agents, Inc. Name 1009 Brickell Ave., Suite 500 Florida street address (P.O. Box NOT acceptable) Miami FL 33131 City Zip Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agent Signature (REQLTRED) (CONTINUED) | 1000 Brickell Ave. | 1000 Brickell Ave. |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company sanot serve as its own Registered Agent, You must designate an individual or another business entity with an active Florida street address of the registered agent are: AG: Registered Agents, Inc. Name 1009 Brickell Ave., Suite 300 Florida street address (P.O. Box NOT acceptable) Miami FL 33131 City Zip Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agent II Signature (REQUIRED) (CONTINUED) | | Suite 300 |
| The Limited Liability Company sannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: AGI Registered Agents, Inc. Name 1000 Brickell Ave., Suite 500 Florida street address (P.O. Box NOT acceptable) Miemi FL 33131 City Zip Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agent Signature (REQUIRED) | Miami, FL 33131 | Miami, FL 33131 |
| AGI Registered Agents, Inc. Name 1000 Brickell Ave., Suite 300 Florida street address (P.O. Box NOT acceptable) Miami FL 33131 City Zip Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agent Signature (REQUIRED) | (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) | Registered Agent. You must designate an individual or another |
| Name 1009 Brickell Ave., Suite 500 Florida street address (P.O. Box NOT acceptable) Miami FL 33131 City Zip Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agent Signature (REQUIRED) | The name and the Florida street address of | the registered agent are: |
| Florida street address (P.O. Box NOT acceptable) Miemi FL 33131 City Zip Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance 15 my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agent's Signature (REQUIRED) | AGI Registered Agents, Inc | h |
| Florida street address (P.O. Box NOT acceptable) Miemi FL 33131 City Zip Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agent Signature (REQUIRED) | [: | vame |
| Florida street address (P.O. Box NOT acceptable) Miemi FL 33131 City Zip Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agent Signature (REQUIRED) | 1002 Brickell Ave., Suite 5 | 00 |
| Having been named as registered agent and to accept service of process for the above stated limited liability commany at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agent Signature (REQUIRED) | | |
| Having been named as registered agent and to accept service of process for the above stated limited liability commany at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agent Signature (REQUIRED) | | . , |
| Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agents Signature (REQUIRED) | | · · · · · · · · · · · · · · · · · · · |
| liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agent's Signature (REQUIRED) | City | 2.ip |
| registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agent Signature (REQUIRED) | | |
| statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agent Signature (REQUIRED) (CONTINUED) | | |
| Registered Agent's Signature (REQUIRED) (CONTINUED) | | |
| Registered Agenti's Signature (REQUIRED) (CONTINUED) | | |
| | deciept the obligations of my position t | is registered agent as provided for in Chapter 603, F.S. |
| | | ALLY : |
| | Registered Ageni (\$ | Signature (REQUIRED) |
| | (CON | TINUED) |
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ARTICLE IV-

| Title: | Name and Address: |
|--|---|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| MGR | Peter Hellebrand |
| | 1000 Brickell Avenue, Suite 300 |
| | Miami, FL 33131 |
| MGR | Octavio Baradat |
| | 1000 Brickell Ave. Suite 300 |
| | Miami, FL 33131 |
| | |
| | |
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| | 21-4 · . P |
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| | 7- 12: |
| | |
| (Use attachment if necessary) | |
| | |
| CLE V: Other provisions, if any. | 57. |
| CLE V. Oner provisions, it any. | |
| | |
| | |
| REQUIRED SIGNATURE: | |
| s (/ Ya (A) | l |
| Signature of a member or | an authorized representative of a member |
| This document is executed in accordance | e with section 605,0203 (1) (5). Florida Statutes, I am aware the |
| any false information submitted in a doct as provided for its \$.817.155, F.S. | ument to the Department of State constitutes a third degree feld |
| Robert R. Adams: Authorizzed Represe | entative |
| T | yped or printed name of signee |
| | Filing Fees |
| Edde on the Edd of the | of Organization and Designation of Registered A |