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Certified Copies	_ Certificates	s of Status
Special Instructions to	Ciling Officer	
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Office Use Only



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Oct 5, 204

MILAHASSEEFESTE

COVER LETTER

TO:	New Filing S Division of C				201 COT -5 AH 11:53
		•			
SUB.	JECT: DRILLIN		sulting Florida Lim	ited Com	
		(Name of Re	suming morna Lim	ntea Cor	npany)
The e Busin	enclosed Article ness Entity" into	s of Conversion, Artic o a "Florida Limited L	cles of Organiza iability Compan	tion, an ıy" in a	nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernir	ng this matter to:		
KEILA	A PUJOLS CABR	RERA			
		(Contact Person)		_	
DRIL	LING SMART LL	С			
	·-	(Firm/Company)		_	
2723	N ORANGE BLO	SSOM TRAIL			
		(Address)		_	
KISSI	MMEE FL 34744	ļ 			
	((City, State and Zip Code)			
KEILA	A@DRILLINGSM	ARTLLC.COM			
E-1	mail Address: (to b	e used for future annual re	eport notifications)		
For fi	arther information	on concerning this ma	itter, please call:		
KEILA	PUJOLS		_at (535 2	2245
	(Name of Conta	ict Person)	(Area Code	e) (Day	rtime Telephone Number)
		or the following amor a bank located in the		process	sed by this office must be payable in US
(\$25 fd & \$12:	50.00 Filing Fees or Conversion 5 for Articles anization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co		☐S185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add				t Address:
	New Filing Some Division of C				Filing Section ion of Corporations
	P.O. Box 632	-			Centre of Tallahassee
	Tallahassee, F	FL 32314		2415	N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

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

1. The name of the "Other Business Entity" immediately prior to the filing of the ADRILLING SMART LLC	Articles of Conversion is:
(Enter Name of Other Business Entity)	. <u></u> ·
2. The "Other Business Entity" is a Limited liability company (Enter entity type. Example: corporation, limited partnership, general partnership, c	noneman laur or huginage truct ata N
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. enti	ty, the name of the country)
on	
3. The name of the Florida Limited Liability Company as set forth in the attached DRILLING SMART LLC	Articles of Organization:
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date:	
(The effective date: Cannot be prior to date of receipt or filed date nor more the date this document is filed by the Florida Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	•
5. The plan of conversion has been approved in accordance with all applicable statu	utes.
 The "Converted or Other Business Entity" has agreed to pay any members having a which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	ppraisal rights the amount to 2021 OCT -5 PM 1:

	20	
Signed this 24 day of OCTOBER	20	
Signature of Authorized Representative of Lim	ited Liability Company:	
Signature of Authorized Paragraphics	and Di	
Signature of Authorized Representative: Printed Name: KENNY PUJOLS	Title MANAGER	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	Sign
Signature: Langue Rub	/	2,2
Signature: KENNI PUJOES Printed Name: KENNI PUJOES	Title:MANAGER	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title	
Signature: Printed Name:		
Printed Name:	Title:	
Signature:		
Signature: Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
If Florida Corporation:	Official	
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In		
·	,	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	
Signature of one General Farmer.		
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:	
Signatures of <u>ALL</u> General Partners.		
All others:		
Signature of an authorized person.		
Fees:		
Articles of Conversion:	\$25.00	
Fees for Florida Articles of Organization:	\$125.00	
Certified Copy:	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
DRILLING SMART LLC	
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	

ARTICLE II - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
2723 N ORANGE BLOSSOM TRAIL	2723 N ORANGE BLOSSOM TRAIL
KISSIMMEE FL 34744	KISSIMMEE FL 34744

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 registration.)

The name and the Florida street address of the registered agent are:

GABRIELA MARTINEZ	
Na	me
158 LA PAZ DR	
Florida street address (P	O. Box NOT acceptable)
KISSIMMEE, FL	FL ³⁴⁷⁴³
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. Notary Public State of Florida

Gabriela Martinez
My Commission
HH 174030
Exp. 9/9/2025

Registered Agent's Signature (BEQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR / MGR	KENNY PUJOLS
	1766 PENRITH LOOP
	ORLANDO FL, 32824
	
(Heaptrachment if managemy)	
(Use attachment if necessary)	
ΓICLE V: Other provisions, if any.	
	
N/A	<u>-</u>
REQUIRED SIGNATURE:	\sim
- Provate to	Gold

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

KENNY PUJOLS

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)