L21000516506

——————————————————————————————————————	questor's Name)	
(RE	equestors ivame)	
		·
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
_		
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number))
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



500375887255

11/01/21--01045--007 **150.00

2021 6-6-5 1 : 2: 0.

D O'KFEFF DEC 0 2021

W21-143451



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 3, 2021

MICHELLE DRUMMOND DRUMMOND SOLUTIONS, LLC 2887 SW 22ND CIRCLE #49B DELRAY BEACH, FL 33445

SUBJECT: DRUMMOND SOLUTIONS, LLC

Ref. Number: W21000143456

We have received your document for DRUMMOND SOLUTIONS, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is M19000008407.

The title "Owner" cannot be used. Please correct in the Articles of Conversion.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

The registered agent must sign accepting the designation.

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.

DANIEL L O'KEEFE Regulatory Specialist II

www.sunbiz.org

Letter Number: 521A00026765

COVER LETTER

то:	New Filing Se Division of C				
SUBJ	IFCT: Drummor	nd Solutions, LLC			
L7 C/ 130		(Name of Res	ulting Florida Limit	ed Con	ipany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	e return all corre	espondence concerning	g this matter to:		
Miche	lle Drummond				
		(Contact Person)			
Drumr	mond Solutions, t	_LC			
	· · · · · · · · · · · · · · · · · · ·	(Firm/Company)			
2887 9	SW 22nd Circle #	449B			
		(Address)	-		
Delray	/ Beach, FL 3344	5			
	((City, State and Zip Code)			
mdrun	nmond@thedrum	nmondgroupco.com			
E-1	nail Address: (to b	e used for future annual re	port notifications)		
For fi	irther informati	on concerning this ma	tter, please call:		
Miche	lle Drummond		at (⁷⁰³	371-8	3961
	(Name of Conta	ict Person)		(Day	time Telephone Number)
		or the following amou a bank located in the	•	rocess	sed by this office must be payable in US
(\$25 fc & \$12:	\$0.00 Filing Fees or Conversion 5 for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		□\$185.00 Filing Fees. Certified Copy, and Certificate of Status
	Mailing Add				t Address:
	New Filing SDivision of C				Filing Section ion of Corporations
	P.O. Box 632	-			Tentre of Tallahassee
	Tallahassee, l			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 Articles of Conversion is:

The Drummond Group, LLC

(Enter Name of Other Dusiness (Entry)
Limited Liability Corporation 2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
November 17, 2014
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Drummond Solutions, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 10 20 2021. (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after 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, this date will not be listed as 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 statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S.

Signed this 28 day of October	20_21	
Signature of Authorized Representative of Limite	ed Liability Company:	72
Signature of Authorized Representative: Printed Name: Michelle Drummond	Title: CEO/Owner Anthorized	Republish
Signature(s) on behalf of Other Business Entity: S	See below for required signature(s)]	
Signature:	Title: CEO/Owner Anthorized	Person
Signature:		
Printed Name:		
Signature:Printed Name:	Title	
Signature: Printed Name:	Title	
Signature:Printed Name:	_ Title:	
Signature:		
Signature:Printed Name:	_ Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc If Florida General Partnership or Limited Liabilit Signature of one General Partner.	corporator must sign.	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:	2021
All others: Signature of an authorized person.		8- J30
Fees:		ය ද
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	, 2: C.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N			
The name of the	Limited Liability Company	· is:	
Drummond Solutio			
O	Must contain the words "Limited Lic	ibility Company, "L.L.C" or "EL	C.")
ARTICLE II - A The mailing addr		e principal office of the Li	imited Liability Company is:
Principal Office	Address:	Mailing Address:	
2887 SW 22nd Cir.	cle #49B	2887 SW 22nd Circle	#49B
Delray Beach, FL 3		Delray Beach, FL 334	
		· · · · · · · · · · · · · · · · · · ·	
(The Limited Liability business entity with a	Registered Agent, Registe Company cannot serve as its own R n active Florida registration.)	tegistered Agent. You must design	
The name and the	e Florida street address of t	he registered agent are:	
	Michelle Drummond		
	N	ume	_
	2887 SW 22nd Circle #498	3	
		P.O. Box <u>NOT</u> acceptable	 :)
	Delray Beach	FL 33445	
	City	Zip	
liability con registered ager statutes relati	npany at the place designate at and agree to act in this ca ing to the proper and compl obligations of my position a	ed in this certificate. Therei pacity. I further agree to c ete performance of my duti	vess for the above stated limited by accept the appointment as comply with the provisions of all es, and I am familiar with and ded for in Chapter 605, F.S
	(CON)	TINUED)	202

	1 1 7 1	111	6.1		7 1	9.7
A.	K I	u	(.	L	٠, ١	V_{-}

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Michelle Drummond 2887 SW 22nd Circle #49B Delray Beach, FL 33445	-
		
		_
		_
		— —
(Use attachment if necessary)		
RTICLE V: Other provisions, if any,		**
REQUIRED SIGNATURE:		•
This document is executed in accordance	in authorized representative of a member with section 605,0203 (1) (b), Florida Statutes, I am aware nent to the Department of State constitutes a third degree f	that

Michelle Drummond

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)