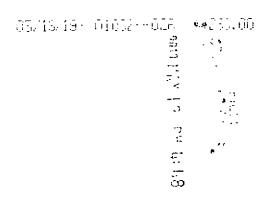
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TO:

Orillers Service, LLC Name o	of Limited	11 (14 (15 C		
Name (of Limited	1.1.4.114		
		Liability C	ompany	
Application by Foreign Limited Liability Co check are submitted to register the above ref				
ll correspondence concerning this matter to t	he followi	ng:		
TAX DEPT				
	Name of I	Person		
Franklin Electric Co., Inc				
	Firm/Con	npany		
9255 Coverdale Rd				
	Addre	ess	· · · · · · · · · · · · · · · · · · ·	
Fort Wayne, IN 46809				
City	y/State and	l Zip Code		
tax@fele.com				
E-mail address: (to be u	ised for fut	ture annual	report notification)	
ormation concerning this matter, please call:				
ooke Moore			824-5395	
Name of Contact Person		Area Code	Daytime Telephone Number	
on of Corporations tration Section Box 6327 massee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle	
	Franklin Electric Co., Inc 9255 Coverdale Rd Fort Wayne, IN 46809 City tax@fele.com E-mail address: (to be to permation concerning this matter, please call: nooke Moore Name of Contact Person ING ADDRESS: on of Corporations tration Section Box 6327	TAX DEPT Name of Franklin Electric Co Inc Firm/Cor 9255 Coverdale Rd Addr Fort Wayne, IN 46809 City/State and tax@fele.com E-mail address: (to be used for fur bormation concerning this matter, please call: ooke Moore Name of Contact Person ING ADDRESS: on of Corporations tration Section Box 6327	TAX DEPT Name of Person Franklin Electric Co Inc Firm/Company 9255 Coverdale Rd Address Fort Wayne, IN 46809 City/State and Zip Code tax@fele.com E-inail address: (to be used for future annual ormation concerning this matter, please call: pooke Moore Name of Contact Person Area Code ING ADDRESS: on of Corporations tration Section Box 6327	Name of Person Franklin Electric Co Inc Firm/Company 9255 Coverdale Rd Address Fort Wayne, IN 46809 City/State and Zip Code tax@fele.com E-mail address: (to be used for future annual report notification) ormation concerning this matter, please call: pooke Moore at (

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Drillers Service, LLC					
·	Limited Liability Company; must include "Limite	ed Liabilit	ty Company," "L.L.C.," or "LLC.")		
Drillers Service of North	Carolina, LLC				
(If name unavailable, enter alternate m	ame adopted for the purpose of transacting business in Flo	onda. The a	itemate name must include "Limited Liabi	ility Company," "L.L.C," or "L.C.")	
North Carolina		3	56-0598253		
(Jurisdiction under the law of which foreign limited hability company is organized)		(FEI number, if applicable)			
4					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration une penalty	n.) · hability)		
1792 Highland Avenue, NE			9255 Coverdale Rd		
(Street Address of Principal Office)		۷.	(Mading Addre	ess)	
Hickory, NC 28601			Fort Wayne, IN 46809		
United States			United States		
7. Name and street addres	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> a	acceptable)	। এ	
Name:	NRAI Services, Inc				
Office Address:	1200 South Pine Island Road			2 1	
	Plantation		33324 , Florida	#: #: #:	
	(City)		(Zip code		

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: DeLancey W. Davis Name: Darren Mathis Manager Manager 9255 Coverdale Rd 9255 Coverdale Rd Member Address: ☐ Member Address: Fort Wayne, IN 46809 Fort Wayne, IN 46809 Authorized Authorized Treasurer President Person Person Other Other Other Other____ Jonathan Grandon Manager Name: Manager Name: 9255 Coverdale Rd Member Address: Member Address: ____ Fort Wayne, IN 46809 Authorized Authorized Secretary Person Person Other Other Other Other Manager Name: Manager Member Address: ____ Member Address: ■ Authorized Authorized Person Person Other Other____ Other___ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. 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. Jonathan Grandon, Secretary Typed or printed name of signee



NORTH CAROLINA Department of the Secretary of State

(Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

DRILLERS SERVICE, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 31st day of December, 2017

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 18th day of April, 2019.

6 laine I Marshall

Secretary of State