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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only

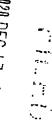


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DIVIO TALLABALOCA ALORIDA

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date: 12/17/2	020				
Name: Mer	ritt Walker				
Reference #:		-			
Entity Name:	OASIS OUTSOUR	CING III, LLC			
✓ Articles of Incor	poration/Authorization t	o Transact Business			
Amendment					
Change of Age	nt				
Reinstatement					
Conversion					
☐ Dissolution/With	ndrawal				
Fictitious Name				202	
✓ Other	CERTIFIED COPY	OF THE FILING EVIDENCE		2020 DEC	<u> </u>
			7.58 7.58 7.58 7.58 7.58 7.58 7.58 7.58	7	1
Authorized Amount:	\$180			AH III: 41	1
Signature:	mw		프스 일본:	<u>+</u>	

F: 800.944.6607

P: +852.2682.9633

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Oasis Outsourcing III, LLC			
(Name of Res	sulting Florida Limited Co	mpany)	
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited L	les of Organization, a lability Company" in a	nd fees are submitted to con accordance with s. 605.1045	vert an "Other i, F.S.
Please return all correspondence concerning	g this matter to:		
Delaney J. Jaffarian			
(Contact Person)			
Nixon Peabody LLP			
(Firm/Company)			
1300 Clinton Square			
(Address)			
Rochester, NY 14625			
(City, State and Zip Code)	 		
slschaeffer@paychex.com			
E-mail Address: (to be used for future annual re	eport notifications)		
For further information concerning this ma	atter, please call:		
Delaney J. Jaffarian	at ()_263	3-1489	
(Name of Contact Person)	(Arca Code) (D	aytime Telephone Number)	
Enclosed is a check for the following amo dollars and drawn on a bank located in the	unt: (All checks proce United States)	ssed by this office must be	payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	2020 DEC
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	New Div The 241	vet Address: Verifing Section Sision of Corporations Centre of Tallahassee Section N. Monroe Street, Suite 8 Strandstreet, FL 32303	I AMII:

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Oasis Outsourcing III, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country)
09/10/1996 on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Oasis Outsourcing III, LLC
(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 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.

796000075294



Signed this day ofDecember	_20_ _2 0
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: John Gibson	Title: Manager
Signature(s) on behalf of Other Business Entity:	
Signature: Printed Name: John Gibson	Title: Vice President
Signature:Printed Name:	
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
Signature: Printed Namei	Title:
If Florida Corporation: 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:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization; Certified Copy: Certificate of Status:	\$25:00 \$125:00 \$30:00 (Optional) \$5:00 (Optional)

2020 DEC 17 AM11: 42

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

One in Orden working III LLC			
Oasis Outsourcing III, LLC (Must contain the w	vords "Limited Liabil	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the p	orincipal office of the Limit	ed Liability Company is:
Principal Office Address:		Mailing Address:	
911 Panorama Trail South		911 Panorama Trail Sout	h
Rochester, NY 14625		Rochester, NY 14625	
			
The name and the Florida stree		registered agent are:	
115 North	Nar Calhoun St. #4		
115 North o	Nar Calhoun St. #4 treet address (P.	O. Box <u>NOT</u> acceptable)	
115 North	Nar Calhoun St. #4 treet address (P.		

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager	
MGR	John Glbson
	911 Panorama Trall South
	Rochester, NY 14625
ÄMBR	Oasis Outsourcing, Inc.
	911 Panorama Trail South
	Rochester, NY 14625
(Use attachment if necessary)	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	

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

ARTICLE IV-

Robert Schrader, Treasurer of Oasis Outsourcing, Inc. Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agents
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)