# 1200390323

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	(a) 17 (b)	
(Cil	ty/State/Zip/Phone #)	
☐ PICK-UP	MAIT	MAIL
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(Bt	isiness Entity Name)	
	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer	

Office Use Only



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JALLAN LORIDA

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2020 DEC 17 AXII: 4





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

Account#: I20000000088

Date:1	2/17/2020			
	Merritt Walker			
	1303938	<del></del>		
	OASIS OUTSOL	IRCING TX, LLC		
✓ Articles	of Incorporation/Authorizatio	n to Transact Business		
Amenda	ment			
☐ Change	e of Agent			
Reinsta	tement			
✓ Conver	sion			
Merger				
☐ Dissolu	tion/Withdrawal		. · .	
☐ Fictitiou	is Name		2020 DEC 17	
✓ Other_	CERTIFIED CO	PY OF THE FILING EVIDENCE	Sign.	
			AM 11: 46	- [];
Authorized Am	nount: <b>\$180</b>		<b>5</b>	
Signature:	mw			

F: 800.944.6607

### **COVER LETTER**

TO:	New Filing Sec Division of Co					
~*!	JECT: Oasis Out					
SUB	JEC1:	(Name of Resu	lting Florida Limite	d Comp	pany)	
Busi	ness Entity" into a	a "Florida Limited Lia	bility Company	n, and ' in ac	I fees are submitted to c cordance with s. 605.10	onvert an "Other 45, F.S.
Pleas	se return all corre	spondence concerning	this matter to:			٠
Dela	iney J. Jaffarian					
		(Contact Person)				
Nixo	n Peabody LLP					وہ
		(Firm/Company)				20
130	0 Clinton Square					
		(Address)	<u> </u>			
Roc	hester, NY 14625					2821 DEC 17 AM II. 46
		City, State and Zip Code)				2
slsc	haeffer@paychex.c	com				
i	E-mail Address: (to be	e used for future annual re	ort notifications)	'		
For	further information	on concerning this ma	ter, please call:			
Del	aney J. Jaffarian		at (	) 263-		<b></b>
	(Name of Conta	et Person)	(Area Code)	(Day	ytime Telephone Number)	
Enc dol	losed is a check f lars and drawn on	or the following amou a bank located in the	nt: (All checks p United States)	roces	sed by this office must	pe payable in US
(\$2: & <b>\$</b>	6150.00 Filing Fees is for Conversion 125 for Articles organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee,	ection Corporations 27		New Divis The 0 2415	et Address: Filing Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suit shassee, FL 32303	e 810

## **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 TX, Inc.  (Enter Name of Other Business Entity)
Corporation
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
2/22/2011
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Oasis Outsourcing TX, 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.
P11 00018883

Signed this day of	20_20
Signature of Authorized Representative of Limite	d Liability Company:
Signature of Authorized Representative:  Printed Name: John Gibson	Mille: Manager
Simplify of Other Business Entity: [S	e below for required signature(s)
Signature: Printed Name: John Gibson	Title: Vice President
Signature: U Printed Name:	_Title:
Signature:Printed Name:	
Signature:Printed Name:	_ Title:
Signature:Printed Name:	_Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer. Torporator mustisign.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	v Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y 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)

ARTICLES OF ORGANI	ZATIONFORF	LORIDA LIMITED LIABI	LITT COMPANT
ARTICLE I - Name: The name of the Limited Lie	ability Company is	::	
Oasis Outsourcing TX, LLC			
	ne words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre	eet address of the p	principal office of the Limited	l Liability Company is:
Principal Office Address:		Mailing Address:	
911 Panorama Trail South		911 Panorama Trail South	
Rochester, NY 14625		Rochester, NY 14625	
	<del></del>		<del></del> _
ARTICLE III - Registered (The Limited Liability Company can business entity with an active Florid	not serve as its own Reg	ed Office, & Registered Age istered Agent. You must designate an in	nt's Signature: ndividual or another
The name and the Florida st	reet address of the	registered agent are:	
Cogenc	Global Inc.		
	Nan	ne	
115 Nor	th Calhoun St. #4		
		O. Box NOT acceptable)	
Tallahas		FL <sup>32301</sup>	
	City	Zip	
liability company at the registered agent and agre statutes relating to the p accept the obligations	e place designated e to act in this capa roper and complete of my position as r	to accept service of process for this certificate, I hereby according to the certificate of the comply according to the certificate of the comply according to the certification of the certification	cept the appointment as y with the provisions of all ad I am familiar with and

Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager MGR John Gibson 911 Panorama Trail South Rochester, NY 14625. Oasis Outsourcing V, Inc. AMBR. 911 Panorama Trail South Rochester, NY 14625 (Use attachment if necessary) ARTICLE V: Other provisions, if any. REQUIRED SIGNATURE: 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. Robert Schrader, Treasurer of Oasis Outsourcing V, 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)

\$ 30.00 Certified Copy (Optional)

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

ARTICLE IV-