	(Requestor's Name)	
	(Address)	
	(Address)	<u> </u>
	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
0.47.10		Otatua.
Certified Copies	Certificates of	Status
Special Instruction	ns to Filing Officer:	

Office Use Only



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DEC 23 2015 T SCHROEDER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 922116 4803290

AUTHORIZATION : Spelled

COST LIMIT : \$/185.00

ORDER DATE: December 22, 2015

ORDER TIME : 9:33 AM

ORDER NO. : 922116-075

CUSTOMER NO: 4803290

DOMESTIC AMENDMENT FILING

NAME: OASIS OUTSOURCING CONTRACT

III, INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ___ CERTIFIED COPY

___ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS:

COVER LETTER

TO:	Registration S Division of C					
SUB.	JECT: A-1 Cont	ract Staffing III, L.L.C.				
		(Name	of Resulting Florida	Limite	ed Company)	
					nd fees are submitted to concordance with s. 605.104.	
Pleas	se return all corr	espondence concernin	g this matter to:			
Tiffar	ny Luther					
		(Contact Person)				
Oasis	Outsourcing					
		(Firm/Company)				
2054	Vista Parkway, Sui	ite 300				
	V - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 	(Address)				
West	Palm Beach, Florid	la 33411				
	((City, State and Zip Code).				
comp	liance@oasisadvan	itage.com				
E-	mail Address: (to b	e used for future annual re	port notifications)			
For f	urther informati	on concerning this ma	tter, please call:			
Tiffar	ny Luther		_at (⁵⁶¹	273-2	2465	
	(Name of Conta	act Person)	(Area Code)	(Day	ytime Telephone Number)	
Encl	osed is a check f	for the following amou	int:			
(\$25 f & \$12	50.00 Filing Fees or Conversion 15 for Articles ganization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STR	EET ADDRES	S:	MAILI	NG A	ADDRESS:	
Regis	stration Section		Registra	ation	Section	
	sion of Corporat	ions			Corporations	
	on Building Executive Cent	er Circle	P. O. Bo Tallaha		27 FI 32314	

INHS11 (06/15)

Tallahassee, FL 32301

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: Oasis Outsourcing Contract III, Inc. 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Oasis Outsourcing Contract 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
December 11, 2015 (Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
A-1 Contract Staffing III, L.L.C.
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.) 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.

Page 1 of 2

Signed this 3/5+ day of December	20_15
Signature of Authorized Representative of Limi	ted Linbility Company:
Signature of Authorized Representative:	Title: Chief Financial Officer
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Name: Terry Mayotte	Title: Chief Financial Officer
Signature:	Title:
Signature:	
Signature:	<u> </u>
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ind	
lf Florida General Partnership or Limited Liabili Signature of one General Partner	ty Partnership;
<u>lf Florida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> General Partners.	ty Limited Partnership;
All others: Signature of an authorized person.	
Sees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status;	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

FG 22 M 8:41

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
A-1 Contract Staffing III, L.L.C. (Must end with the words "Limited Liability)	y Company, "L.L.C.," or "LLC.	')
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limi	ted Liability Company is:
Principal Office Address:	Mailing Address:	
2054 Vista Parkway, Suite 300 West Palm Beach, FL 33411	2054 Vista Parkway, Suite West Palm Beach, FL 3341	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		
The name and the Florida street address of the re	egistered agent are:	
Corporation Service Company		
Name		•
1201 Hays Street		
Florida street address (P.O.	Box NOT acceptable)	
Tallahassee	FL 32301	
City	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete paccept the obligations of my position as reg	this certificate, I hereby of ty. I further agree to come erformance of my duties, istered agent as provided	accept the appointment as apply with the provisions of all and I am familiar with and
		- Haar vioo : 10-
Registered Agent's Sign		75 DEC 22

Page 1 of 2

	THE HAMP AND MODIFIES OF PACE	person authorized to manage and control the Limited Liabilit	TV
	Company:	serson authorized to manage and control the Edition	.9
	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
	(Use attachment if necessary)		
(If an to or 9	effective date is listed, the date 0 days after the date of filing.)	nan the date of filing: (OPTIONAL must be specific and cannot be more than five business date the applicable statutory filing requirements, this date will not be lift State's records.	ays prior
A TOTTE	CLE VI: Other provisions, if any.		
ARII	CLE VI. Office provisions, it any.	•	
ARII	CDE 41. Office provisions, if any.		T.A.
ARII	CDE VI. Office provisions, if any.		- 15 OF C
	REQUIRED SIGNATURE:		TS DEC 22 A
ARTI	REQUIRED SIGNATURE: Signature of a m This document is execut I am aware that any false	ember or an authorized representative of a member ed in accordance with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.	へ !!!
ARTI	REQUIRED SIGNATURE: Signature of a m This document is execut I am aware that any false	ember or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.	
ARTI	Signature of a m This document is execut I am aware that any false constitutes a third degree	ember or an authorized representative of a member, ed in accordance with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. Typed or printed name of signee	
ARTI	REQUIRED SIGNATURE: Signature of a m This document is execut I am aware that any false constitutes a third degree Terry Mayotte	ember or an authorized representative of a member ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State efelony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees Icles of Organization and Designation of Registered Agen	5 W 8: 41