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| DICK-No | WAIT MAIL | | |
| (E | Business Entity Name) | | |
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| Certified Copies | Certificates of Status | | |
| Special Instructions to Filing Officer: | | | |
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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: | 12/17/2020 | | |
|--------------|---------------------|------------------|--------------------------|
| Name: | Merritt W | /alker | _ |
| Reference # | 130 | 3938 | _ |
| | :OA | | RCING, LLC |
| ✓ Article | es of Incorporation | on/Authorization | to Transact Business |
| Amer | ndment | | |
| Chan | ge of Agent | | |
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| Authorized A | Amount: | \$180 | <u></u> |
| Signature: _ | | mw | |

F: 800.944.6607

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| оора | EC1 | (Name of Re | sulting Florida Lim | ited Con | ipany) |
| | | | | | d fees are submitted to convert an "Other coordance with s. 605.1045, F.S. |
| Please | return all corr | espondence concernin | g this matter to: | | |
| Delan | ey J. Jaffarian | | | | |
| | | (Contact Person) | | _ | |
| Nixon | Peabody LLP | | | | |
| | | (Firm/Company) | | _ | |
| 1300 (| Clinton Square | | | | |
| | | (Address) | - | _ | |
| Roche | ster, NY 14625 | | | | |
| | ((| City, State and Zip Code) | - | _ | |
| slscha | effer@paychex. | com | | | |
| E-n | nail Address: (to b | e used for future annual re | port notifications) | | |
| For fu | rther informati | on concerning this ma | tter, please call: | | |
| Delan | ey J. Jaffarian | | at (585 | 263- | 1489 |
| | (Name of Conta | ect Person) | | (Day | time Telephone Number) |
| | | or the following amou a bank located in the | | process | ed by this office must be payable in US |
| (\$25 fo & \$125 | 0.00 Filing Fees r Conversion for Articles mization) | \$155.00 Filing Fees and Certificate of Status | ☐\$180.00 Filin and Certified Co | _ | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| | Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, F | ection orporations 7 | | New I Divisi The C | Address: Filing Section on of Corporations centre of Tallahassee N. Monroe Street, Suite 810 |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

: . . .

2020 DEC 17 研 9 34

For "Other Business Entity" Into

SECRETAIN OF STATE TALLARY USEE, FL

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, 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) |
| 07/29/1996 ບກ |
| (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, 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.

| Signed this day of December | 20_ <i>Q</i> _0 |
|---|--|
| Signature of Authorized Representative of Lim | |
| Signature of Authorized Representative: Printed Name: John Gibson | Tide: Manager |
| Signature(s) on behalf of Other Business Entity: | [See below for required signature(s)] |
| Signature: Printed Name: John Gibson | Title: Vice President |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| 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 In | Officer. corporator must sign, |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | tv 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) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the | Limited Liability Comp | pany is: | | | |
|---|--|--|------------------------------------|--|--|
| Oasis Outsourcin | g, LLC | | | | |
| . (| Must contain the words "Limite | ed Liability Company, "L.L.C.," or "LLC.") | | | |
| ARTICLE II - A | | of the principal office of the Limited L | Liability Company is: | | |
| Principal Office | Address: | Mailing Address: | | | |
| 911 Panorama Trail South | | 911 Panorama Trail South | 911 Panorama Trail South | | |
| Rochester, NY 14 | 625 | Rochester, NY 14625 | | | |
| (The Limited Liability | Registered Agent, Reg Company cannot serve as its o an active Florida registration.) | gistered Office, & Registered Agent' wn Registered Agent. You must designate an indiv | vidual or another | | |
| The name and th | e Florida street address | of the registered agent are: | 220 DEC 17 Seldkijes Tallken | | |
| | Cogency Global Inc. | | | | |
| Name 115 North Calhoun St. #4 Florida street address (P.O. Box <u>NOT</u> acceptable) | | · . | | | |
| | | MA 93 34 JASE FL | | | |
| | | ss (P.O. Box NOT acceptable) | 17 32 FT 32 | | |
| | Tallahassee | FL 32301 | , <u> </u> | | |
| | City | Zin | | | |

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

| Title: "AMBR" = Authorized Member | Name and Address: | |
|--|---|------------------------|
| "MGR" = Manager MGR | John Gibson 911 Panorama Trail South Rochester, NY 14625 | |
| AMBR | Oasis Outsourcing Holdings, Inc. 911 Pangrama Trail South Rochester, NY 14625 | |
| | | _ 39 |
| (Use attachment if necessary) | | |
| ARTICLE V: Other provisions, if any. | | 7. F |
| I his document is executed in accordance v | n authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I om avect to the Department of State constitutes a third degree | vare that ce felony |

Robert Schrader, Treasurer of Oasis Outsourcing Holdings, Inc.

Typed or printed name of signce

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)