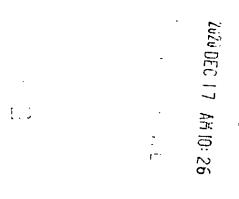
L20000390313

(Red	uestor's Name)	
(Add	lress)	
(Add	Iress)	
(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	e)
(Doc	:ument Number)	
(,	
Certified Copies	Certificates	of Status
Special Instructions to F	riling Officer	
	_	

Office Use Only



800356663898



PRECEIVED
2020 DEC 17 PM 12: 32



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 Walker	
	1303938	
Entity Name:	OASIS HR SOLUT	ONS III, LLC
✓ Article	es of Incorporation/Authorization to	o Transact Business
☐ Amen	dment	
Chang	ge of Agent	
Reins	tatement	
⊘ Conve	ersion	
☐ Merge	er	
☐ Dissol	lution/Withdrawal	
☐ Fictition	ous Name	
✓ Other	CERTIFIED COPY	OF THE FILING EVIDENCE
Authorized A	mount: \$180	
Signature:	mw	

COVER LETTER

TO: New Filing Division of	Section Corporations			
SUBJECT: Oasis	HR Solutions III, LLC			
		sulting Florida Limi	ed Cor	mpany)
The enclosed Articl Business Entity" in	es of Conversion, Artic to a "Florida Limited L	cles of Organizati iability Company	on, ar '" in a	nd fecs are submitted to convert an "Othe accordance with s. 605.1045, F.S.
Please return all cor	respondence concernir	g this matter to:		
Delaney J. Jaffarian				
	(Contact Person)			
Nixon Peabody LLP				
	(Firm/Company)		•	
1300 Clinton Square				
	(Address)		•	
Rochester, NY 14625	5			
<u> </u>	(City, State and Zip Code)			
slschaeffer@paycher	c.com			
E-mail Address: (to	be used for future annual re	port notifications)		
For further informat	ion concerning this ma	tter, please call:		
Delaney J. Jaffarian		_at (_ ⁵⁸⁵	263-	1489
(Name of Con	act Person)	(Area Code)	(Day	rtime Telephone Number)
Enclosed is a check dollars and drawn or	for the following amoun a bank located in the	int: (All checks p United States)	rocess	sed 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 and Certified Cop.		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add New Filing S Division of C P.O. Box 633	Section Corporations	j	New F Divisi	t Address: Filing Section on of Corporations Sentre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FL 32314

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 HR Solutions III, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation P1000 101697 (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on 3/1/2007 (effective date) (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 HR Solutions 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.

- 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.

Signature of Authorized Representative of Lim	ited Lighility Company
Signature of Authorized Representative of East	The Blabbity Company.
Signature of Authorized Representative:	the
Printed Name: John Gibson	Title: Manager
Signature(s) on behalf of Other Business Entity	ISAA halow far roonired signatur
	isce below for required signatur
Signature:	
Printed Name: John Gibson	Title: Vice President
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title;
Signature: Printed Name:	Title:
	Little.
Signature:	
Printed Namé:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In-	
	. 4
If Florida General Partnership or Limited Liabili	ty Partnership:
If Florida General Partnership or Limited Liabili	ty Partnership:
If Florida General Partnership or Limited Liabili Signature of one General Partner. If Florida Limited Partnership or Limited Liabili	
If Florida General Partnership or Limited Liabili Signature of one General Partner. If Florida Limited Partnership or Limited Liabili	
If Florida General Partnership or Limited Liabili Signature of one General Partner. If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	
If Florida General Partnership or Limited Liabili Signature of one General Partner. If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners. All others:	
If Florida General Partnership or Limited Liabili Signature of one General Partner. If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners. All others: Signature of an authorized person.	
If Florida General Partnership or Limited Liabili Signature of one General Partner. If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners. All others: Signature of an authorized person.	
Fees for Florida Articles of Organization:	\$25.00 \$125.00
If Florida General Partnership or Limited Liabili Signature of one General Partner. If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners. All others: Signature of an authorized person. Fees: Articles of Conversion:	ty Limited Partnership:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name						
The name of the Limi	ted Liability Company	is:				
Oasis HR Solutions III.	LLC					
(Must c	contain the words "Limited Lia	bility Company	, "L.L.C.," or "LT.C.")			
ARTICLE II - Addr	ess:					
The mailing address a	and street address of the	e principal o	office of the Limit	ted Liability	Compa	ny is:
Principal Office Ado	lress:	<u>Maili</u>	ng Address:			
911 Panorama Trail Sc	outh	911 P	anorama Trail Sout	th		
Rochester, NY 14625		Roche	ster, NY 14625		_	
(The Limited Liability Comp business entity with an acti	istered Agent, Registe bany cannot serve as its own R we Florida registration.) orida street address of the	egistered Agent	. You must designate a			7
<u>C</u>	ogency Global Inc.				17	, -
	N	ame		,	æ. K	
<u>1</u>	15 North Calhoun St. #4			- - -	10: 2 6	**************************************
1	lorida street address (1	P.O. Box <u>N</u>	OT acceptable)	, .	26	
T:	allahassee	FL	32301			
-	City		Zip			

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..

Wentt Walker, Asst. Secretary Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	John Gibson
	911 Panorama Trail South
	Rochester, NY 14625
A LIDO	Oppin Cutanustian Inc
AMBR	Oasis Outsourcing, Inc.
	911 Panorama Trail South
	Rochester, NY 14625
	-
(Use attachment if necessary)	
ICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
1467-1111	

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)

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