# P15000099332

(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:





400279881754

DEPARTMENT OF STATE

DEC 1 6 2015 T SCHROEDER CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 913090 4803290

AUTHORIZATION :

COST LIMIT : \$/102.50

ORDER DATE: December 15, 2015

ORDER TIME : 3:40 PM

ORDER NO. : 913090-010

CUSTOMER NO: 4803290

#### DOMESTIC AMENDMENT FILING

NAME: PAY ADMIN GROUP, LLC

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:	Charter Section Division of Co.					
SUBJ	ECT: Oasis Outso	ourcing Admin Group, Inc.				
2020	2011	Name of	Resulting Flo	orida Profit	Corporation	
		e of Conversion, Article Profit Corporation" in ac			ees are submitted to convert at 15, F.S.	n "Other Business
Please	return all corresp	pondence concerning thi	s matter to:			
Tiffan	y Luther					
		Contact Person		<del></del>		
Oasis	Outsourcing					
· · ·		Firm/Company				
2054	Vista Parkway, Suit	te 300				
		Address	•			
West I	Palm Beach, Florid	a 33411				
		City, State and Zip Cod	e			
-	iance@oasisadvant	•				
Ī	E-mail address: (t	o be used for future annu	ual report not	ification)		
For fu	rther information	concerning this matter,	•			
Tiffan	y Luther		_at (	273-2	465	
	Name of Co	ontact Person	Are	a Code and	l Daytime Telephone Number	
Enclos	sed is a check for	the following amount:				
□ \$10	05.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 F and Certifie		■\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New F Divisi Cliftor	ET ADDRESS: Filings Section on of Corporation in Building Executive Center			New F Division P. O. E	ING ADDRESS: ilings Section on of Corporations Box 6327 assee, FL 32314	

Tallahassee, FL 32301

## Certificate of Conversion For "Other Business Entity" Into

Florida Profit Corporation

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Co	nversion is:			
Pay Admin Group, LLC 18593				
Enter Name of Other Business Entity	<b>_</b> •			
2. The "Other Business Entity" is a limited liability company				
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)	,			
first organized formed or incorporated under the laws of				
first organized, formed or incorporated under the laws of				
December 14, 2009 on .				
Enter date "Other Business Entity" was first organized, formed or incorporate	:d			
<ul> <li>3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the law organized, formed or incorporated:</li> <li>4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u></li> </ul>				
Oasis Outsourcing Admin Group, Inc.				
Enter Name of Florida Profit Corporation				
5. If not effective on the date of filing, enter the effective date:  (The effective date: 1) cannot be prior to nor more than 90 days after the date this document Department of State; AND 2) must be the same as the effective date listed in the attached Artifan effective date is listed therein.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the listed as the document's effective date on the Department of State's records.	icles of Inco	rporation,		
	Transfer (1)	УЛ Э		
D 1		177		

Page 1 of 2

Signed	thisday of	, 20_13	
	red Signature for Florida Profit Corporation		
Signat Incorp Printed	orator: Title: Incorp	orator	elected, an
Requi	red Signature(s) on behalf of Other Business	Entity: [See below for required signature(s).]	
Signat	ure:		
Printed	i Name: Terry Mayotte	Title: Executive Vice President	
Signat	ure:		
Printed	l Name:	Title:	
Signati	ure:		
Printed	Name:	Title:	
Signat	ure:		
Printed	l Name:	Title:	
Signat	ure:		
Printed	l Name:		
Signat	ure:		
Printed	l Name:	Title:	
	rida General Partnership or Limited Linbilit ure of one General Partner.	y Partnership;	
	ida Limited Partnership or Limited Liability ures of <u>ALL</u> General Partners.	y Limited Partnership:	
	rida Limited Liability Company: ure of a Member or Authorized Representative.		7.74 7.74
<u>All otl</u> Signat	ners: ure of an authorized person.		
Fecs:		\$25.00	*i*
	Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy; Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	\(\frac{1}{8}\)

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### ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME Oas	is Outsourcing Admin Group, Inc.		
The name of the corporation shall be:			
ARTICLE II PRINCIPAL OFFI			
The principal place of business/mailing ac	ddress is:		
Principal street address		Mailing address, if different is:	
2054 Vista Parkway, Suite 300			-
West Palm Beach, FL 33411			_
ARTICLE III PURPOSE			
The purpose for which the corporation is	<del>-</del>		
The nature of the business or purposes to be	conducted by and promoted by th	ne Corporation is to engage in any lawful act or	
activity for which corporations may be orga	anized under the Florida Business	Corporation Act.	
<del></del>			
		•	
ARTICLE IV SHARES The number of shares of stock is: 100, \$.0	01 par value		
ARTICLE V INITIAL OFFICERS	S AND/OR DIRECTORS		
Name and Title:	Name and	Title:	_,,14
Address:	Address:		<u></u>
Address:	Address:	<u> </u>	<u> </u>
			ហ
Name and Title:	Name and	Title:	E.
			· 🚍
Address:		<del>\</del>	<u>(2)</u>
Name and Title:		Title:	-
Address:			
			_
			_

	e and Florida street address (P.O. Box N	T acceptable) of the registered agent is:
Name:	Corporation Service Company	T description of the regional and a gent let
Address:	1201 Hays Street	
riduicas.	Tallahassee, FL 32301	·
ARTICL	<del></del>	
The <u>name</u>	and address of the Incorporator is:	
Name:	Raymond Hedaya	
Address:	1177 6th Ave	
	New York, NY 10036	
******* Having be this certifi	icate, I am familiar with and accept the ap	**************************************
	Required Signature/Registered Agent	Date
I submit ti document	his document and affirm that the facts st to the Department of State constitutes a t	ed herein are true. I am aware that any false information submitted in a ird degree felony as provided for in s.817.155, F.S.
	1/1/1/1/	12/15/2015
	Required Signature/Incorporator	Date