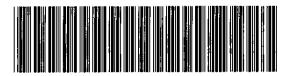
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| (Re | equestor's Name) | · · · · · · · · · · · · · · · · · · · |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Document Number) | | |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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TE DEC 15 MID: 45

DEPARTMENT OF STATE
15 DEC 15 PM 4: 26

DEC 1 6 2015 T SCHROEDER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 913090 _ 4803290

AUTHORIZATION : Spelle Bende

COST LIMIT : \$ 122.50

ORDER DATE: December 15, 2015

ORDER TIME : 3:45 PM

ORDER NO. : 913090-035

CUSTOMER NO: 4803290

DOMESTIC AMENDMENT FILING

NAME: A-1 CONTRACT STAFFING IV,

L.L.C.

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

| Division | Section of Corporations | | | | |
|--|--|-------------------------------|------------------------------|--|-----------------|
| SUBJECT: Oasi | is Outsourcing Contract IV, Inc. | | | | |
| SCHOLCI | Name o | of Resulting Flo | rida Profit | Corporation | |
| | ertificate of Conversion, Artic Florida Profit Corporation" in | • | | ees are submitted to convert ar 15, F.S. | "Other Business |
| Please return all | correspondence concerning t | his matter to: | | | |
| Tiffany Luther | | | | | |
| | Contact Person | | | | |
| Oasis Outsourcing | g | | | | |
| | Firm/Company | | | | |
| 2054 Vista Parkw | yay, Suite 300 | | | | |
| | Address | | | | |
| West Palm Beach | ı, Florida 33411 | | | | |
| | City, State and Zip Co | ode | | | |
| compliance@oasi | isadvantage.com | | | | |
| E-mail add | lress: (to be used for future an | mual report noti | fication) | | |
| For further infor | mation concerning this matte | r, please call: | | | |
| Tiffany Luther | | 561 |) 273-2 | 465 | |
| Nam | ne of Contact Person | Are | a Code and | Daytime Telephone Number | |
| Enclosed is a ch | eck for the following amount | : | | | • |
| □ \$105.00 Filin | g Fees \$\square\$\$\$\$\square\$ | s □\$113.75 F and Certifie | | ■\$122.50 Filing Fees, Certified Copy, and Certificate of Status | |
| STREET ADDI New Filings Sec Division of Corp Clifton Building 2661 Executive | ction porations | | New F Division P. O. E | ING ADDRESS: illings 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 <u>and attached Articles of Incorporation</u> 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 Conversion is: |
|--|
| A-1 Contract Staffing IV, L.L.C. |
| Enter Name of Other Business Entity |
| 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 |
| August 5, 2005 on |
| Enter date "Other Business Entity" was first organized, formed or incorporated |
| 3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated: |
| 4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation: |
| Oasis Outsourcing Contract IV, 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 is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, 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. 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 is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation if an effective date is listed therein.) |

| MINIS ACTION | |
|--------------|---|
| Km. | 4 |
| | |

| Signed thisday of | per , 20 15 |
|--|---|
| Required Signature for Florida Prof | it Corporation: |
| Signature of Chairman, Vice Chairman Incorporator: Printed Name: Paymond Herbya | Title: Incorporator |
| Required Signature(s) on behalf of O | Other Business Entity: [See below for required signature(s).] |
| Signature: 777 | |
| Printed Name: Terry Mayotte | Title: Executive Vice President |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| If Florida General Partnership or Li Signature of one General Partner. | mited Liability Partnership: |

If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.

If Florida Limited Liability Company:
Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:

\$35.00

Fees for Florida Articles of Incorporation:

\$70.00

Certified Copy:

Certificate of Status:

\$8.75 (Optional) \$8.75 (Optional)

Page 2 of 2

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

| ARTICLE I NAME Oasis Outsourcing | Contract IV Inc | |
|---|--------------------------------------|--|
| The name of the corporation shall be: | Contract 14, Inc. | |
| ARTICLE II PRINCIPAL OFFICE | | |
| The principal place of business/mailing address is: | | |
| 8 | N. 11 11 | 10.1100 |
| Principal street address | Mailing address, | il different is: |
| 2054 Vista Parkway, Suite 300 | | |
| West Palm Beach, FL 33411 | | |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is The nature of the business or purposes to be conducted by | | ge in any lawful act or |
| activity for which corporations may be organized under th | | |
| activity for which corporations may be organized under th | e i iorida Business Corporation Act. | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| ARTICLE IV SHARES 100, \$.01 par value | | ه آن ريني |
| The number of shares of stock is: | | |
| ARTICLE V INITIAL OFFICERS AND/OR | DIRECTORS | |
| | · | ង្គម ់រា |
| Name and Title: | Name and Title: | |
| Address: | Address: | <u> </u> |
| | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | | |
| Name and Title: | Name and Title: | |
| Address: | Address: | |
| | | |
| Name and Title: | | |
| | | |
| Address: | Address: | |
| | | |

| | E VI REGISTERED AGENT | | | |
|---------------------------|---|---|--|----------------------------|
| The name | and Florida street address (P.O. Bo | NOT acceptable) of the registered | d agent is: | |
| Name: | Corporation Service Company | _ | | |
| Address: | 1201 Hays Street | | | |
| | Tallahassee, FL 32301 | | | |
| ARTICL | E VII INCORPORATOR | | | |
| The name | and address of the Incorporator is: | | | |
| Name: | Raymond Hedaya | _ | | |
| Address: | 1177 6th Ave | | | |
| | New York, NY 10036 | | | |
| | | | | |
| ***** | *********** | ********* | ***** | |
| Having be this certifi | een named as registered agent to acco cate, I am familiar with and accept th | ot service of process for the above cappointment as registered agent | stated corporation at the pla and agree to act in this capa | ice designated in icity |
| | O D L | Ocultinoy Trime | 15/2015 | |
| | Required Signature/Registered Age | sst. Vice President | Date | |
| I submit t | his document and affirm that the fac | stated herein are true. I am awa | are that any false informatio | n submitted in a |
| document | to the Department of State constitute | a third degree felony as provided | for in s.817.155, F.S. | |
| | 1/1/2 | 12/ | 15/2015 | |
| | Required Signature/Incorporator | | Date | |
| | | | | |

15 OEC 15 4M IO: 45