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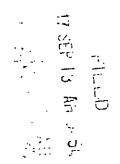
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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T. BURCH SEP 1 4 2017

COVER LETTER

TO:	Charter Section Division of Co.					
erio i	OASIS INT	ERNATIONAL SERVICE	25 424			
SUBJ	rcr	ERNATIONAL SERVICE Name of	Resulting Florida	Profit	Corporation	
		e of Conversion, Article Profit Corporation" in ac			ees are submitted to convert an "Other Busine 15, F.S.	88
Please	return all corresp	pondence concerning thi	s matter to:			
Julia C	ircenherg-Aguilar					
		Contact Person				
MyUS	Acorporation.com					
_		Firm/Company				
i Radi	sson Plaza, Ste. 80	0				
		Address				
New R	tocheile, NY 1080	I				
		City, State and Zip Cod	e			
oasisa	oasisinternational	services.com				
<u> </u>	E-mail address: (t	o be used for future anni	ual report notificat	ion)		
For fu	rther information	concerning this matter.	please call:			
Julia C	Feenberg-Aguitar		S77	330-2	677	
	Name of Co	ontact Person	Area Co	de anc	l Daytime Telephone Number	
Enclos	sed is a check for	the following amount:				
O \$10	5.00 Filing Fees	□S113.75 Filing Fees and Certificate of Status	■\$113.75 Filing and Certified Co		□\$122.50 Filing Fees. Certified Copy. and Certificate of Status	
New F Division Clifton	ET ADDRESS: ilings Section on of Corporation Building Executive Center			New F Divisio P. O. E	ING ADDRESS: Tilings 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 Co	nversion	ris:	
OASIS INTERNATIONAL SERVICES INC.	:	1.7	
Enter Name of Other Business Entity		SEP	
2. The "Other Business Entity" is a		$\frac{1}{\omega}$	<u> </u>
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)	:	D.	
first organized, formed or incorporated under the laws of Washington DC	: -	ςi iti	
(Enter state, or if a non-U.S. entity, the name of the country)		4.***	
7 12/1989 on			
Enter date "Other Business Entity" was first organized, formed or incorporate	d		
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the law organized, formed or incorporated:	s of whi	ch it i	s now
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporatio	n:		
OASIS INTERNATIONAL SERVICES INC.	_		
Enter Name of Florida Profit Corporation			
5. If not effective on the date of filing, enter the effective date:			
(The effective date: Cannot be prior to nor more than 90 days after the date this document is Department of State.)	filed by	the F	lorida
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the	is date v	will no	ot be
listed as the document's effective date on the Department of State's records			

Signed thisday of	. 20 17
Required Signature for Florida Profit Corporation	
Signature of Chairman, Vice Chairman, Director, Off Incorporator: Lis Suille Printed Name: LUIS BERTORELLI Title: Presid	icer, or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Business	Entity: [See below for required signature(s).]
Signature: Luis Bedoule:	
Printed Name: LUIS BERTORELLI	Title: President
Signature:	
Printed Name:	
Signature:	
Printed Name:	
Signature:	
Frinted Name:	
Signature:	
Printed Name:	
Signature:	
Printed Name;	
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership;
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)

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

ARTICLE I

NAME

The name of the corporation shall be: OASIS INTERNATION OASIS INTERN	ATIONAL SERVICES INC.
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
15811 COLLINS AVE #607,	
MIAMI, FL 33160	
ARTICLE III PURPOSE The purpose for which the corporation is organized in	۵۰
	types and kinds of materials, supplies, spare parts, and equipment
within the United States and world wide, and to perform:	any and all related activities.
ARTICLE IV SHARES	
The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR	DIRECTORS
Name and Title: LUIS BERTORELLI - President	Name and Title: LUIS BERTORELLI - Vice President
Address: E5811 COLLINS AVE #607	Address: 15811 COLLINS AVE #607
MIAMI, FL. 33160	MIAMI, FL, 33160
Same and Title: CAROLINA BAS - Secretary	Name and Title: LUIS BERTORELLI - Treasurer
Address: 145 E 84th St. Ste. 9F	15811 COLLINS AVE #607
NEW YORK, NY, 10028	MIAMI, FL, 33160
Same and Title:	
address:	V. I. I
	Address:

Name Address:	and Florida street address (P.O. Box NOT acceptal LUIS BERTORELLI	of the registered agent is:			
	15811 COLLINS AVE #607				
	MIAMI, FL. 33160			17 S	
ARTICL The name	E VII INCORPORATOR and address of the Incorporator is:			SEP 13	
Name	LUIS BERTORELLI			AH 9: 54	Ö
Address	15811 COLLINS AVE #007				
	MIANE, FL. 33160		••	•	
Having be	en named as registered agent to accept service of procate, I am familiar with and accept the appointment of the service of the appointment of the service of the appointment of the service of the servic	exxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	at the place this capaci	≥ desig ty	inated in
	Required Signature Registered Agent	Date	-		
l submit ti document	his document and affirm that the facts stated herein to the Department of State constitutes a third degree	are true. I am aware that any false in felony as provided for in s.817.155, F.	formation S.	subm	itted in a
	Lies Bolivie	(19 05/2017			
•	Required Signature/Incorporator	Date	-		

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