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Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

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J DENNIS MAY 26 2021 **Alex Anty**

1390 NW 10th St.

Homestead, FL 33030

786-738-7738

taxdocs@hotmail.com

Date: 04-27-2021

Dear Florida Department of State Division of Corporations,

My name is Alex Anty and I am the President of Premier Virtual Solutions, Inc. 1 incorporated my business as a corporation on Sunbiz.org on 03/08/2019. The document number for Premier Virtual Solutions, Inc. is **P19000024941.** I am writing this letter to inform you that I want to convert Premier Virtual Solutions, Inc. to an LLC, and I want to rename Premier Virtual Solutions, Inc. to *Premier Financial Services Group of FL, LLC*.

•

I will be the Managing Partner and the only member of the LLC. I have filled out the conversion forms and I have included the conversion forms with this letter and also a check for the filing fees. I would like the effective date of the LLC to be on 05/02/2021. If you can, I would like to receive the Articles of Organization, Certified Copy and Certificate of Status of my new LLC by email and home address. My email address is taxalocs@hotmail.com.

Thank you for your prompt attention to this matter. If you have any questions concerns, please feel free to contact me via email or by cell. My cell number is 786-738-7738.

Kind Regards,
—- DocuSigned by:

-FADA785830D041A. Alex Anty

COVER LETTER

то:	New Filing S Division of C					
SHRI	IFCT: Premier	Financial Services Grou	ip of F	L, LLC		
1,74,7134		(Name of Re			ed Cor	npany)
						nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please	e return all corr	espondence concernin	g this	matter to:		
		Alex Anty				
		(Contact Person)			-	
	Prei	mier Virtual Solutions. In	C.			
		(Firm/Company)			-	
		1390 NW 10th St				
		(Address)			-	
		Homestead, FL 33030				
	(1	City, State and Zip Code)	•		-	
		taxdocs@hotmail.com				
E-r	nail Address: (to b	e used for future annual re	port no	otitications)	•	
For fu	rther informati	on concerning this ma	tter, p	lease call:		
	Alex Ant	у	at (786	, 738-	7738
	(Name of Conta	ect Person)	(-	(Area Code)	(Day	stime Telephone Number)
		or the following amou a bank located in the			roces	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status		180.00 Filing Certified Cop		S185.00 Filing Fees. Certified Copy, and Certificate of Status
	Mailing Add	ress:			Stree	t Address:
	New Filing S					Filing Section
	Division of C					ion of Corporations
	P.O. Box 632	I			ine €	Centre 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 <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: mier Virtual Solutions, Inc.
	(Enter Name of Other Business Entity)
2. 3	The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
	. Florida
	(Enter state, or if a non-U.S. entity, the name of the country)
	03/08/2019
-	(date of organization, formation or incorporation)
3. 1	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Pre	mier Financial Services Group of FL. LLC
	(Enter Name of Florida Limited Liability Company)
4. 1	If not effective on the date of filing, enter the effective date: 05/02/2021
(Th the <u>Note</u>	e effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after date this document is filed by the Florida Department of State.) 1 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment'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 27 day of April 2021	20 4/27/2021
Signature of Authorized Representative of Lip	
, -	· · · · · · · · · · · · · · · · · · ·
Signature of Authorized Representative:	lluty
Signature of Authorized Representative: Printed Name: Alex Anty	l'itle: Managing Member or Partner
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: PADA7238300041A	
Signature: Alex Auty Printed Name: Alex Anty	Title: President
Signatura	
Signature:Printed Name:	Title
Timed Mille.	
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature: Printed Name:	(O) A
Printed Name:	Title:
Signatura	
Signature:Printed Name:	Title
ranco ranc.	1100
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
<u>If Florida General Partnership or Limited Liabili</u>	ty Partnership:
Signature of one General Partner.	
If Florida Limited Doutnambis on Limited Links	And D. Carlotton and D. Carlotton
<u>If Florida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
organitures of Arrest General Farmers.	
All others:	
Signature of an authorized person.	
·	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Lim	e: rited Liabifity Compan	y is:
Premier Financial Sen	vices Group of FL, LLC	
(Must	contain the words "Limited Li	iability Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Add The mailing address		he principal office of the Limited Liability Company is
Principal Office Ad	dress:	Mailing Address:
1390 NW 10th St		1390 NW 10th St
Homestead, FL 33030		Homestead, FL 33030
(The Limited Liability Combusiness entity with an acti	pany cannot serve as its own I ive Florida registration.)	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and me ra	rida street address of t	the registered agent are:
	Ale	ex Anty
	N	Same
_	1390 (NW 10th St
	Florida street address ((P.O. Box <u>NOT</u> acceptable)
_	Homestead	F.L. 33030

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.

Zip

Registered Agent's Signature (REQUIRED)

City

(CONTINUED)

A.	DΠ	$\Gamma \mathbf{I}_4$	\sim 1	L.	IV-
	1.				1 V -

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

"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Alex Anty
	1390 NW 10th St
	Homestead, FL 33030
	· · · · · · · · · · · · · · · · · · ·
	-
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any.	
·	
EV: Other provisions, if any.	- DacuSigned by:
E V: Other provisions, if any, REQUIRED SIGNATURE:	−DacuSigned by:
E V: Other provisions, if any, REQUIRED SIGNATURE:	-Dacusigned by: New North
LE V: Other provisions, if any. REQUIRED SIGNATURE:	alex luty
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes Lam aware
REQUIRED SIGNATURE: Signature of a member or: This document is executed in accordance any false information submitted in a document is a document in a docu	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE: Signature of a member or: This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.	alex luty