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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

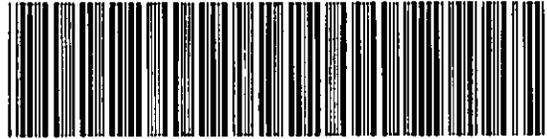
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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TALLAHASSEE, FLORIDA

wdh -
67397

[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRINAIR TOURS LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

RAFAEL TRUJILLO
Name of Person

KARAT INTERNATIONAL LLC
Firm/Company

7412 NW 108th PATH DORAL
Address

MIAMI FL 33178
City/State and Zip Code

rafael.consulting@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAFAEL TRUJILLO at (786) 301-4585
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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AUG 03 2021

Ng



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2021

RAFAEL TRUJILLO
7412 NW 108 PATH DORAL
MIAMI, FL 33178

SUBJECT: PRINAIR TOURS LLC
Ref. Number: W21000067397

We have received your document for PRINAIR TOURS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 121A00010237

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PRINAIR TOURS LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. PUERTO RICO (Jurisdiction under the law of which foreign limited liability company is organized)
3. 660714007 (FBI number, if applicable)

4. N/A (Date first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine penalty liability))

5. 1607 PONCE DE LEON AVE. SUITE 415 (Street Address of Principal Office)
6. 1607 (Mailing Address)
COBIAN PLAZA SAME
SANTURCE P.R. 00909

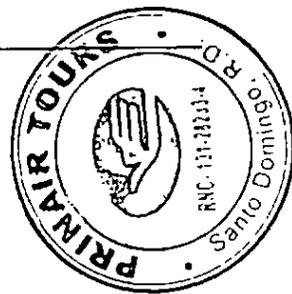
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: RAFAEL TRUJILLO
Office Address: 7412 NW 108th PATH DORAL
MIAMI, Florida 33178
(City) (Zip code)

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STATE OF FLORIDA

Registered agent's acceptance:
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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)



8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

Manager Name: VIRIATO A. DURAN

Member Address: AVE.LAGUNA 4 APT.GI

Authorized LAGUNA GARDEN

Person CAROLINA P.R. 00979

Other Other

Title or Capacity: **Name and Address:**

Manager Name: RAFAEL TRUJILLO

Member Address: 7412 NW 108th PATH DORAI

Authorized MIAMI FL 33178

Person

Other Other

Manager Name: JUAN C. HERNANDEZ

Member Address: P.O.BOX 653908

Authorized MIAMI FL 33265

Person

Other Other

Manager Name:

Member Address:

Authorized

Person

Other Other

Manager Name:

Member Address:

Authorized

Person

Other Other

Manager Name:

Member Address:

Authorized

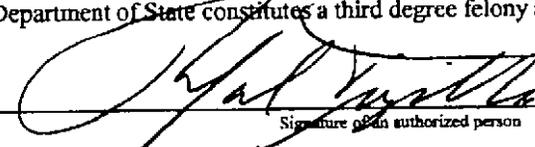
Person

Other Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


 Signature of an authorized person

RAFAEL TRUJILLO

Typed or printed name of signee



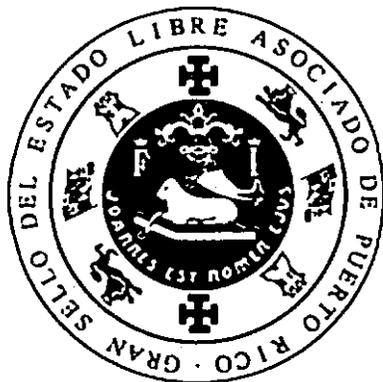


Government of Puerto Rico

CERTIFICATE OF GOOD STANDING

I, **Lawrence N. Seilhamer Rodríguez**, Secretary of State of the Government of Puerto Rico,

CERTIFY: That, pursuant to the provisions of Puerto Rico's General Law of Corporations, **PRINAIR TOURS C.R.L.**, register number **428701**, a **for profit foreign - non us** Limited Liability Company, organized under the laws of **República Dominicana** and duly authorized to do business in Puerto Rico since **June 7, 2019**, has complied with the payment of its Annual Fees.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **April 21, 2021**.

Lawrence N. Seilhamer Rodríguez
Secretary of State

To validate this certificate go to:

<http://estado.pr.gov/>

This certificate is valid for one (1) year from issue date (Regulation 8688, Art. 26). However, it is subject to faithful compliance with the provisions of Chapter XV and Chapter XXI of Act 164-2009, as applicable.

Certificate Validation Number: **395063-51787298**

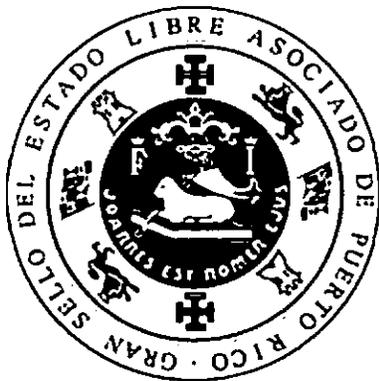


Gobierno de Puerto Rico

CERTIFICADO DE CUMPLIMIENTO ("GOOD STANDING")

Yo, **Lawrence N. Seilhamer Rodríguez**, Secretario de Estado del Gobierno de Puerto Rico,

CERTIFICO: Que, a tenor con las disposiciones de la Ley General de Corporaciones de Puerto Rico, **PRINAIR TOURS C.R.L.**, registro número **428701**, una Compañía de Responsabilidad Limitada **foránea - no estadounidense con fines de lucro** organizada bajo las leyes de **República Dominicana** y autorizada a hacer negocios en Puerto Rico desde el **07 de junio de 2019**, ha cumplido con el pago de los Derechos Anuales.



EN TESTIMONIO DE LO CUAL, firmo el presente y hago estampar en él el Gran Sello del Gobierno de Puerto Rico, en la ciudad de San Juan, Puerto Rico, hoy, **21 de abril de 2021**.

Lawrence N. Seilhamer Rodríguez
Secretario de Estado

Para validar este certificado acceda a: <http://estado.pr.gov/>

Este certificado es válido por un (1) año a partir de la fecha de su expedición (Reglamento 8688, Art. 26). Sin embargo, está sujeto al fiel cumplimiento de las disposiciones del Capítulo XV y Capítulo XXI de la Ley 164-2009, según aplique.

Número de Validación del Certificado: **395063-51787298**