

P14000088948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

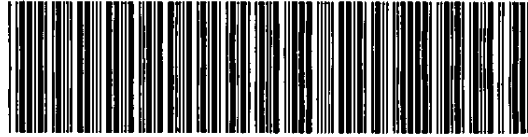
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ALABAMA

Valid.
02-25-15
DC

MARK CITRIN, P.A.
11900 Biscayne Blvd., Suite 506
Miami, Florida 33181
305-899-9919; 899-1077; 407-306-9090

Date: Feb 20, 2015

Name: Florida Department of State/Division of Corporations
Address: P.O. Box 6327
: Tallahassee : Fl zip: 32314

Dear: Sir/Madam ;

Please take immediate notice of the following:

- ☐ : Enclosed is a Motion/Brief/Memorandum of Law. Kindly receipt stamp the enclosed copy and return same in the enclosed self-addressed stamped envelope.
- ☐ : Enclosed is a Notice of Appearance as Attorney in the referenced case on the Form EOIR 27 or 28. Kindly receipt stamp the enclosed copy and return same in the enclosed self-addressed stamped envelope.
- ☐ : Enclosed is a Change of Address form in the referenced case. Kindly receipt stamp the enclosed copy and return same in the enclosed self-addressed stamped envelope.
- ☐ : Enclosed are the documents requested in the "Request for Evidence" dated: and due to be filed on or before: .
- ☒ :X Other: RE: PREMIUM TRIPS CORP.
: Enclosed please articles of dissolution and check in the
: sum of \$52.50 for the above referenced matter.

Thank you for your thoughtful attention.

Sincerely,
MARK CITRIN, P.A.

RECEIVED
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OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Premium Trips Corp.

DOCUMENT NUMBER: P14000088948

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Emma R. Garcia Abirrached

(Name of Contact Person)

(Firm/Company)

3000 N.E. 190th Street, Apt. 208

(Address)

Aventura, Florida 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Citrin, Esq.

(Name of Contact Person)

at **(305) 899-9919**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed) |
|--|--|---|---|

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Premium Trips Corp.

SECOND: The document number of the corporation (if known): P14000088948

THIRD: The file date of the articles of incorporation: 10/29/2014

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signature: _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

EMMA R. GARCIA ABIRRACHED

(Typed or printed name of person signing)

President

(Title of Person Signing)

Filing Fee: \$35

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CLERK OF STATE
AT TALLAHASSEE, FLORIDA