

P23000023220
Division of Corporations
Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : PREMIER ADVISORY GROUP INC
Account Number : 120200000085
Phone : (305)370-9567
Fax Number : (305)675-0551

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: G.castilla@premieradvisorygroup.us

FLORIDA PROFIT/NON PROFIT CORPORATION
PREMIER TRAVEL SERVICES INC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$70.00 |

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MAIL ASSISTANT

Electronic Filing Menu

Corporate Filing Menu

Help

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: Premier Travel Services Inc

ARTICLE II PRINCIPAL OFFICE

| | |
|--------------------------|-----------------------------------|
| Principal street address | Mailing address, if different is: |
| 8300 W Flagler Street | |
| Suite 254-E | |
| Miami, FL 33144 | |

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To sell air tickets, travel packages, cruises, excursion, tours, and related services. Will also do some shipping and travel and immigration documents preparation

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | | | |
|-----------------|--------------------------------------|-----------------|--|
| Name and Title: | Guillermo Castilla-Rosell, President | Name and Title: | |
| Address | 8300 W Flagler Street | Address: | |
| | Suite 254-E | | |
| | Miami, FL 33144 | | |
| Name and Title: | | Name and Title: | |
| Address | | Address: | |
| | | | |
| Name and Title: | | Name and Title: | |
| Address | | Address: | |
| | | | |

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FALL APPEALS
CIVIL
CLERK

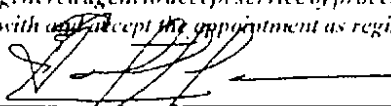
Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Guillermo Castilla-RosellAddress: 8300 W Flagler Street
Suite 254-E
Miami, FL 33144**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Guillermo Castilla-RosellAddress: 8300 W Flagler Street Suite 254-E
Miami, FL 33144**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: _____ (OPTIONAL)

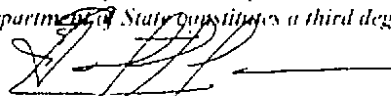
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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.*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

Required Signature/Registered Agent

3/27/2023

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Required Signature/Incorporator:

3/27/2023

Date

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FALL HAVEN, FL
FIDELITY