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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

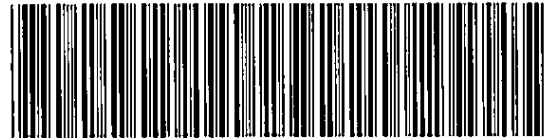
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312  
(850) 656-4724

DATE 12/6/2023

**\*\*WALK IN\*\***

ENTITY NAME PREMIERE TRAVEL SOLUTIONS INC.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

*Plain Copy*

XXXXXXXXXX

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$122.50

ACCOUNT #: I20160000072

*E R H*

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: PREMIERE TRAVEL SOLUTIONS INC.  
Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

JOSE G ALBERNI

Contact Person

Premiere Travel Solutions Inc

Firm/Company

2194 NW 82 Ave

Address

Doral FL 33122

City, State and Zip Code

jalberni@ptravelsolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose Alberni

Name of Contact Person

at ( 305 ) 218-8881

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$105.00 Filing Fees   ☐ \$113.75 Filing Fees   ☐ \$113.75 Filing Fees   ☒ \$122.50 Filing Fees,  
and Certificate of   and Certified Copy   Certified Copy, and  
Status   Certificate of Status

**Mailing Address:**

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

**Street Address:**

New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Articles of Conversion**  
For  
**Converting Eligible Entity**  
Into  
**Florida Profit Corporation**

The Articles of Conversion **and attached Articles of Incorporation** are submitted to convert the following eligible business entity into a **Florida Profit Corporation** in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

**PREMIERE TRAVEL SOLUTIONS, LLC**

Enter Name of the Converting Entity

2. The converting entity is a **LIMITED LIABILITY COMPANY**

(Enter entity type. Example: limited liability company, limited partnership,  
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of **FLORIDA**

(Enter state, or if a non-U.S. entity, the name of the country)

on **7/28/2016**

Enter date "Converting Entity" was first organized, formed or incorporated.

3. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

**PREMIERE TRAVEL SOLUTIONS INC**

Enter Name of Florida Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

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 filed by the Florida Department of State.)

**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.

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Signed this 1st day of DECEMBER, 2023.

**Required Signature for Florida Profit Corporation:**

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

Signature:   
Printed Name: Jose Alberni Title: CFO

**Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies:** [See below for required signature(s).]

Signature:   
Printed Name: Aime Alberni Title: Director

Signature:   
Printed Name: Patricia Amaro Title: Director

Signature:   
Printed Name: Ana Vila Title: Director

Signature:   
Printed Name: Gabriela Souto Title: Director

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

**ARTICLES OF INCORPORATION  
FOR RESULTING FLORIDA PROFIT CORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**

**ARTICLE I    NAME**

The name of the corporation shall be: PREMIERE TRAVEL SOLUTIONS INC

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

2194 NW 82 AV  
DORAL FL 33122

Mailing address, if different is:

3220 SW 58 AVE  
MIAMI, FL 33155

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

Operation of Airport Concessions

**ARTICLE IV    SHARES**

The number of shares of stock is: 1,000

**ARTICLE V    OFFICERS AND/OR DIRECTORS**

Name and Title: Aime Alberni, Director

Address: 3220 SW 58 Ave  
Miami, FL 33155

Name and Title: Ana Vila, Director

Address: 1324 Sopera Ave  
Coral Gables, FL 33134

Name and Title: Jorge Carbajal, COO

Address: 7805 NW 104 Ave. #5  
Doral, FL 33178

Name and Title: Patricia Amaro, Director

Address: 13335 SW 36 St  
Miami, FL 33175

Name and Title: Gabriela Souto

Address: 1437 Sopera Ave  
Coral Gables, FL 33134

Name and Title: Jose Alberni, CFO

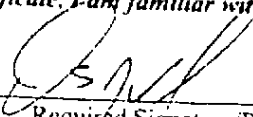
Address: 430 Grand Bay Dr #306  
Key Biscayne, FL 33149

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Oscar Vila  
Address: 201 Alhambra Circle #702  
Coral Gables, FL 33134

\*\*\*\*\*  
*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

12/1/2023  
Date