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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

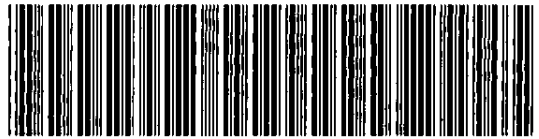
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

J. BRYAN

FEB 17 2009

EXAMINER

JOHN W. MROSEK, P.C.

ATTORNEY AT LAW

www.mroseklaw.com

101 DEVANT STREET

SUITE 605

FAYETTEVILLE, GEORGIA 30214

(770) 461-6094

FAX (770) 461-6180

February 11, 2009

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

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TALLAHASSEE, FLORIDA

RE: DOUBLE T TROPHY, INC.

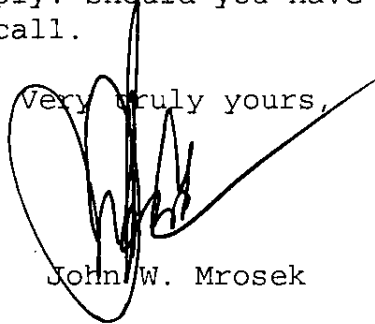
Dear Madame or Sir:

In connection with our request to convert the referenced Corporation to a Limited Liability Company, enclosed you will find the following:

- (1) Cover Letter with Information;
- (2) Certificate of Conversion;
- (3) Articles of Organization for Double T Trophy, LLC;  
and
- (4) Check in the amount of \$155.00 for filing fees and Certificate of Status.

You will also find enclosed a self-addressed, stamped envelope for your reply. Should you have any questions, please feel free to call.

Very truly yours,



John W. Mrosek

JWM/eth

Encl.

Cc: David Duford (w/o encl.)

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DOUBLE T TROPHY, LLC  
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

John W. Mrosek, Esq.  
(Contact Person)

(Firm/Company)  
101 Devant Street / Suite 605  
(Address)  
Fayetteville, GA 30214  
(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

John Mrosek at ( 770 ) 461-6094  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$150.00 Filing Fees  
(\$25 for Conversion  
& \$125 for Articles  
of Organization)

☒ \$155.00 Filing Fees  
and Certificate of  
Status

☐ \$180.00 Filing Fees  
and Certified Copy

☐ \$185.00 Filing Fees,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

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TALLAHASSEE, FLORIDA

This Certificate of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity"** into a **Florida Limited Liability Company** in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Double T Trophy, Inc.  
(Enter Name of Other Business Entity) #P08000104070

2. The "Other Business Entity" is a Corporation.  
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, 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 11/24/08  
(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

Double T Trophy, LLC.  
(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

Signed this 11 day of February 2009.

**Signature of Member or Authorized Representative of Limited Liability Company:**

Signature of Member or Authorized Representative: \_\_\_\_\_

Printed Name: JOHN MROSEK

Title: Incorporator/General

**Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: \_\_\_\_\_

Printed Name: DAVID DUFOUR

Title: P

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

**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.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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**ARTICLES OF ORGANIZATION  
OF  
DOUBLE T TROPHY, L.L.C.**

**ARTICLE I: NAME**

The name of the limited liability company is **DOUBLE T TROPHY, LLC.**

**ARTICLE II: ADDRESS.**

Principal Office Address:

316 Sand Myrtle Trail  
Destin, FL 32541

Principal Mailing Address:

316 Sand Myrtle Trail  
Destin, FL 32541

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**ARTICLE III: REGISTERED AGENT AND OFFICE.**

The name and the Florida street address of the registered agent are:

DAVID DUFORD  
316 Sand Myrtle Trail  
Destin, FL 32541

*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 am familiar with and*

*accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

  
DAVID DUFORD

**ARTICLE IV- MANAGER(S) OR MANAGING MEMBER(S):**

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

'MGRM" - Managing Member

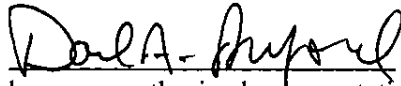
David Duford  
316 Sand Myrtle Trail  
Destin, FL 32541

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**ARTICLE V: EFFECTIVE DATE**

Effective date, if other than the date of filing: date of incorporation of Double T Trophy, Inc. November 24, 2008. (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DAVID DUFORD

Typed or printed name of signee