# 12000065321

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Z/p/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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07/25/12--01016--001 \*\*113.75

D. BRUCE

JUL 2 6 2012

**EXAMINER** 

#### **COVER LETTER**

10:	Division of Corporations			
SHB.F	ECT:	Dable.	T	

SUBJECT: Dable T Investment Group, Inc.

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

hevin lavares
Contact Person
O late of the material from a
Double T Injestment Grap
Firm/Company
1275 Waterjew Drive
Address
0
Vovenport, FC 33896 City, State and Zip Code
City, State and Zip Code
·
Ktorbrescore @ annil ann
E-mail address: (to be used for future annual report notification)
•
For further information concerning this matter, please call:
Timothy Tayares at (863) 521-3/69
Name of Contact Person Area Code and Daytime Telephone Number
· · · · · · · · · · · · · · · · · · ·

SÉCRETARY OF STATE TALLAHASSEE, FLORIO

AND FILED

Enclosed is a check for the following amount:

Status

☐ \$105.00 Filing Fees

\$113.75 Filing Fees and Certificate of

\$113.75 Filing Fees and Certified Copy

□\$122.50 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 Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
Double T Investment Group, CCC Enter Name of Other Business Entity
2. The "Other Business Entity" is a <u>United liability company</u> (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 May 2, 2011
on May 2, 2011  Enter date "Other Business Entity" was first organized, formed or incorporated SSR 25
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:
NIA ORDE 33
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>
Double T Injestment Group Inc.  Enter Name of Florida Profit Corporation
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 Incorporation, if an effective date is listed therein.)
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the conversion.

Page 1 of 2

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

Signed this <u>21st</u> day of <u>July</u>	, 20 <u>/2</u> .	
Required Signature for Florida Profit Corporati	ion:	
Individual signing affirms that the facts stated in th	is document are true. Any false information const	itutes
a third degree felony as provided for in s.817.155, l	F.S.	
Signature of Chairman, Vice Chairman, Director, C	Officer, or, if Directors or Officers have not been	
selected, an Incorporator: Jessia Repersory Title:	0	
Printed Name: KSSICA Raposo Title:	Manager Officer	
Required Signature(s) on behalf of Other Business	s Entity: Individual(s) signing affirm(s) that the fa	ıcts
stated in this document are true. Any false informat		
s.817.155, F.S. [See below for required signature(s).]	]	
Signature: On in MinaO		
Signature: Jessica Raposo	Title: Marger Officee	
·	•	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Tide	
Printed Name:	_ 1 itie;	
Signature:Printed Name:		
Printed Name:	_ Title:	<u>.</u>
Signature:	L <sub>A</sub>	ECR
Signature:Printed Name:	_ Title:	7. J.
	S	\$ 5
Signature:Printed Name:	Title:	70
rinted (vanie		<u></u>
If Florida General Partnership or Limited Liabilit	ty Partnership:	7
Signature of one General Partner.	<b>7</b> 6	٠ ٠
If Florida Limited Partnership or Limited Liabilit	y 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:		
Certificate of Conversion:	\$35.00	
Fees for Florida Articles of Incorporation:	\$70.00	
Certified Copy: Certificate of Status:	\$8.75 (Optional) \$8.75 (Optional)	
Certificate of Status.	ψοιτο (Οριτοπαι)	

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	PRINCIPAL OFFICE Principal street address	Mailing address, if	different is:
	Wakeview Drive		
	104 , FC 33K-10		
ARTICLE III	PURPOSE		
	nich the corporation is organized is:		
Car Dealer	Ship		
	SHARES		
The number of shar	es of stock is: 33/3 each		
	INITIAL OFFICERS AND/OR DIRECTION OF SECULIAR DEPT.		
Address:	7275 Waxeview Oriver	Address:	
	Davenport, FL 33896		···
Name and Tit	le Timethy Torgar Managar or	Girel Name and Title:	
Address:	ile: Timothy Tavares Managing of 1275 Wakeview Prive	Address:	
	Dovenport, FC 33896		
Name and Tit	le: Jessica Rapolo, Monaging O	Name and Title:	——————————————————————————————————————
Addiess.	Davenort FC 33P96	71001033.	
			25 FA
	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptal	ole) of the registered agent is:	
Name: Address:	Kerin Toyares 1275 Walkeriew Drive	<del></del>	Signal Si
	Davenport, FL 33897	<del></del>	D H 1:33 F STATE FLORIDA
ARTICLE VII	INCORPORATOR		324
***************************************	ress of the Incorporator is:		
Name: Address:	Jessica Raposo		
Address.	Dovenant FL 33896		
	d as registered agent to accept service of p		
this certificate, I an	n familiar with and accept the appointment	_ , _	capacity
11.	ACAMA	7/21/12	
Requi	red Signature/Registered Agent	Date	
I submit this docur	nent and affirm that the facts stated herein	a are true. I am aware that any false info	ormation submitted in a
	partment of State constitutes a third degree		
		/ /	
/ /		2/31/1-	