

L090000071294

(Requestor's Name)

(Address)

(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



200158529482

Effective Date 07/22/09

07/23/09--01019--010 \*\*130.00

FILED  
09 JUL 23 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JUL 24 2009

EXAMINER

JEFFREY L. KRONENGOLD, P.A.  
1400 S.W. 72<sup>ND</sup> AVENUE  
PLANTATION, FLORIDA 33317  
(954) 444-3702

FILED  
09 JUL 23 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 22, 2009

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

Re: Articles of Organization and Designation of Registered Agent for Trot Book, LLC

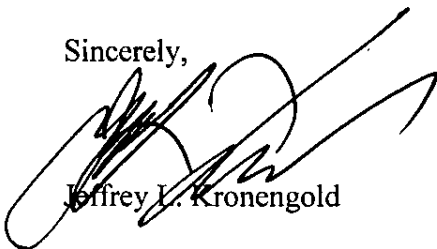
To whom it may concern:

I enclose the original completed Cover Letter and Articles of Organization For Florida Limited Liability Company for the registration of a new limited liability company, Trot Book, LLC. I also enclose a check in the amount of \$130 representing the filing fee and Certificate of Status.

I can be reached at the telephone number set forth above should you have any questions or comments. Please return a letter of acknowledgement as well as the Certificate of Status.

Your attention in this matter is greatly appreciated.

Sincerely,



Jeffrey L. Kronengold

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Trot Book, LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Jeffrey L. Kronengold**

Name of Person

**Jeffrey L. Kronengold, P.A.**

Firm/Company

**825 Coral Ridge Drive**

Address

**Coral Springs, FL 33071**

City/State and Zip Code

**jkronengold@centerlinehomes.com**

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

For further information concerning this matter, please call:

**Jeffrey L. Kronengold**

Name of Person

at ( **954** ) **324-1718**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

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

**Street/Courier Address**

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

**FILED**  
**09 JUL 23 PM 1:14**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Trot Book, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

1400 S.W. 72nd Avenue  
Plantation, FL 33317

**Mailing Address:**

1400 S.W. 72nd Avenue  
Plantation, FL 33317

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

Effective Date 07/22/09

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

Jeffrey L. Kronengold, P.A.

Name

825 Coral Ridge Drive

Florida street address (P.O. Box **NOT** acceptable)

Coral Springs, FL 33071 FL

City, State, and Zip

*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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
09 JUL 23 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Jeffrey L. Kronengold

1400 S.W. 72nd Avenue

Plantation, FL 33317

MGRM

Cara Jenna Yablon

1400 S.W. 72nd Avenue

Plantation, FL 33317

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: July 22, 2009. (OPTIONAL)

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

**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.)

Jeffrey L. Kronengold  
\_\_\_\_\_  
Typed or printed name of signer

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

FILED  
09 JUL 23 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA