

L200000349634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

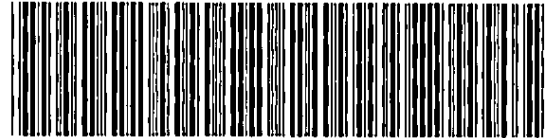
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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NOV 13 2020

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Stops  
mstops@incserv.com  
850.656.7953

**REQUEST DATE** 11/12/2020

**PRIORITY** Routine

**OUR REF # (Order ID#)** 863672

**ORDER ENTITY**  
TROBARE HOME DESIGN LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**  
**TROBARE HOME DESIGN LLC (FL)**

New LLC filing

**NOTES:**  
\$125.00 Authorized  
Email address for annual report reminders: nmurray@accumera.com

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MS", written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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SECRETARY OF STATE  
TALLAHASSEE, FL

Articles of Organization  
Of  
Trobare Home Design LLC

*(Pursuant to Section 605.0201, Florida Statutes)*

1. The name of the Limited Liability Company is: **Trobare Home Design LLC**
2. The street address of the principal office of the Limited Liability Company is:

**106 North County Road, Palm Beach, FL 33480**

3. The mailing address of the Limited Liability Company is:

**106 North County Road, Palm Beach, FL 33480**

4. The name and address of the registered agent is as follows:

**Amanda Russekoff, 1 Breakers Row North, Unit 162, Palm Beach, FL 33480**

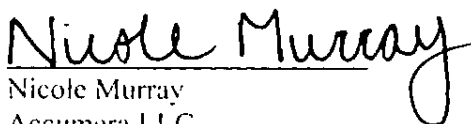
5. The period of duration for the Limited Liability Company shall be perpetual.
6. The name and address of the person(s) authorized to manage the LLC:

Title:       **AMBR**  
Name:       **Amanda Russekoff**  
Address:   **1 Breakers Row North, Unit 162, Palm Beach, FL 33480**

Title:       **AMBR**  
Name:       **Pamela Frisoli**  
Address:   **2445 East Putnam Avenue, Cos Cov, CT 06807**

In Witness Whereof, this document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Dated: **November 12, 2020**

  
\_\_\_\_\_  
Nicole Murray  
Accumera LLC  
Authorized Representative

Acceptance of Appointment as Registered Agent  
of

**Trobare Home Design LLC**

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 605, F.S.

Dated: **November 12, 2020**

*Amanda Russekoff*  
Amanda Russekoff, Registered Agent

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TALLAHASSEE, FL

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