

L19000130988

(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



800329210768

05/14/19--01013--003 **160.00

FILED
19 MAY 14 10:11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

MAY 23 2019

DeMaria, de Kozan & White, PLLC

ATTORNEYS AT LAW

From the Desk of

Kathleen K. DeMaria

Florida Bar Board Certified
Wills, Trusts, and Estates Attorney

Also Admitted in: Alabama,
Colorado, and New York

Managing Partners

Kathleen K. DeMaria
Belinda B. de Kozan
Kathlyn M. White

May 6, 2019

VIA CERTIFIED MAIL

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

**RE: Articles of Organization for Southern Handshake
Landscaping, LLC**

Dear Sir or Madam:

Please find enclosed the following documents to form a Florida
Limited Liability Company:

1. Cover Letter;
2. Articles of Organization;
3. Certificate of Designation of Registered Agent;
4. Payment in the amount of \$160.00.

If you have any questions or need additional information,
please contact our office.

Sincerely,



Kathleen K. DeMaria

KKD/pom
Enclosures

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: SOUTHERN HANDSHAKE LANDSCAPING, 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:

Kathleen K. DeMaria

Name of Person

DeMaria, de Kozan & White, PLLC

Firm/Company

510 E. Zaragoza Street

Address

Pensacola, FL 32502

City/State and Zip Code

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

For further information concerning this matter, please call:

Kathleen K. DeMaria

850

434-2761

at ()

Name of Person

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

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

Street Address

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

**ARTICLES OF ORGANIZATION FOR
SOUTHERN HANDSHAKE LANDSCAPING, LLC
(A FLORIDA LIMITED LIABILITY COMPANY)**

FILED
19 MAY 14 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE I
NAME**

The name of the limited Liability Company is **SOUTHERN HANDSHAKE LANDSCAPING, LLC**, (the Company).

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the Company is 5636 Gardenia Avenue, Milton, FL 32570

**ARTICLE III
MANAGEMENT**

The Limited Liability Company is to be managed by the member(s) who are designated, appointed, or elected to act as the managing member(s) in accordance with the Operating Agreement of the Company.

The managing member(s) who are designated by the managing member(s) as the "Designated Representative" shall carry out and further the decisions and actions of the managing member(s) made under the Operating Agreement and shall be authorized to execute any and all reports, forms, instruments, documents, papers, writing, agreements, and contracts, including but not limited to deeds, bills of sale, transfers, leases, promissory notes, mortgages, security agreements, and any other type or form of document by which property or property rights of the Company are transferred or encumbered, or by which debts and obligations of the Company are created, incurred, or evidenced, which are necessary, appropriate, or beneficial to carry out or further such decisions or actions.

In accordance with the Act, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.

CHRISTOPHER THOMAS BARR,
MEMBER

/s/



**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

Under the provisions of the Act, the Company submits the following statement to designate a registered office and registered agent in the state of Florida.

The name of the limited liability company is **SOUTHERN HANDSHAKE LANDSCAPING, LLC.**

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

CHRISTOPHER THOMAS BARR

Address: 5636 Gardenia Avenue, Milton, Fl 32570

350-206-7501

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.

/s/



CHRISTOPHER THOMAS BARR,
REGISTERED AGENT

FILED
19 MAY 14, 10:11:22
TALLAHASSEE, FLORIDA