

L22000057285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

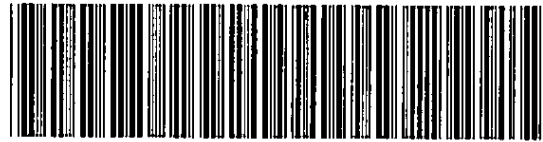
(Business Entity Name)

(Document Number)

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

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Office Use Only



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12/02/21--01014--003 \*\*155.00

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2021 DEC 20 AM 10:23

W21-155707

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT:

Southern Specialties  
Name of Limited Liability Company

Landscaping +  
MAN Repair  
LLC

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

Please return all correspondence concerning this matter to the following:

Thomas Tripp

Name of Person

Southern Specialties

Firm/Company

Landscaping +  
MAN Repair  
LLC

7335 Mobile Hwy

Address

Pensacola, FL 32506

City/State and Zip Code

ShaneTripp60@gmail.com

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

For further information concerning this matter, please call:

Thomas Tripp

Name of Person

at ( 850 ) 375-6554

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2021 DEC 20 AM 10  
RECEIVED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Landscaping & Repair LLC  
Southern Specialties LLC  
(Must contain 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:

7335 Mobile Hwy  
Pensacola, FL 32506

Mailing Address:

7335 Mobile Hwy  
Pensacola, FL 32506

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.)

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

Thomas W. Tripp  
Name  
7335 Mobile Hwy  
Florida street address (P.O. Box **NOT** acceptable)  
Pensacola FL 32506  
City State 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 605, F.S..

Thomas W. Tripp  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 DEC 20 AM 10:22  
TALLAHASSEE, FL

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

Linda Cassells  
(manager)

Southern Specialties Landscaping  
& Repair LLC

4916 W. Jackson St.  
Pensacola, FL 32506

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Linda Cassells

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

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.

Linda Cassells

Typed or printed name of signee

**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)

2021 DEC 20 AM 10:22  
SECRETARY OF STATE  
FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 7, 2021

*Southern Specialties  
Landscaping - Repair LLC*

THOMAS TRIPP  
SOUTHERN SPECIALTIES LLC  
7335 MOBILE HWY  
PENSACOLA, FL 32506

SUBJECT: SOUTHERN SPECIALTIES LLC  
Ref. Number: W21000155707

We have received your document for SOUTHERN SPECIALTIES LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L12000077761.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 821A00029379

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