

L18<sup>000</sup> 2032410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

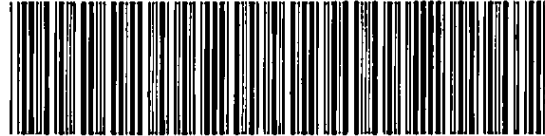
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**DATE: 8/24/18**

**NAME: WILL AND PIPP INVESTMENTS, LLC**

**TYPE OF FILING: ARTICLES**

**COST: 155.00 - CHECK IS ATTACHED**

**RETURN: CERTIFIED COPY PLEASE**

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**ACCOUNT: ~~FCA000000015~~**

**~~AUTHORIZATION: ABBIE/PAUL HODGE~~**

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**ARTICLES OF ORGANIZATION  
OF  
WILL AND PIPP INVESTMENTS, LLC**

**ARTICLE I – NAME**

The name of the limited liability company is Will and Pipp Investments, LLC.  
("company").

**ARTICLE II – ADDRESS**

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

Principal Office Address:  
6061 County Road 125 South  
Macclenny, Florida 32063

Mailing Address:  
6061 County Road 125 South  
Macclenny, Florida 32063

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Laronne Williams, II  
10148 Kings Crossing Dr.  
Jacksonville, Florida 32219

*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.*



\_\_\_\_\_  
Laronne Williams, II

**ARTICLE IV - MANAGERS OR MEMBERS**

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

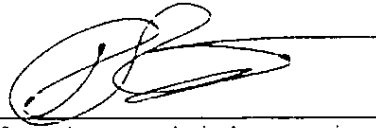
MGR

Laronne Williams, II  
10148 Kings Crossing Drive  
Jacksonville, Florida 32219

MGR

Allen Pete Pippins, II  
6061 County Road 125 South  
McClenny, Florida 32063

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
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.

Laronne Williams, II

\_\_\_\_\_  
Typed or printed name of signer

17 11 11  
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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY Will and Pipp Investments, LLC,  
SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE  
AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is Will and Pipp Investments, LLC.
2. The name and the Florida street address of the registered agent and office are:  
Laronne Williams, II  
10148 Kings Crossing Dr., Jacksonville, Florida 32219 (Post office box is NOT  
acceptable.)

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, Florida Statutes.



Laronne Williams, II  
Registered Agent

18 AUG 24 PM 5:46  
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