

L20000661551

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000066287 3)))



H200000662873ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : SAVAGE KRIM & SIMONS
Account Number : 073617000267
Phone : (352)732-8944
Fax Number : (352)867-0504

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: gsimons@savagekrim.com

**FLORIDA LIMITED LIABILITY CO.
C C Limestone, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

FEB 28 2020

T. SCOTT

2020 FEB 27 AM 11:04

RECEIVED
2020 FEB 27 PM 1:45

H20000066287 3

ARTICLES OF ORGANIZATION

of

C C LIMESTONE, LLC
a Florida Limited Liability Company

2020 FEB 27 AM 11:04

FILED

The undersigned, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Company Act, Florida Statutes Chapter 605, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be C C LIMESTONE, LLC ("Company").

ARTICLE II - ADDRESS

The physical address of the principal office of the company shall be 1609 SE 3rd Avenue, Ocala, FL 34471.

The mailing address of the principal office of the company shall be PO Box 2077, Ocala, FL 34478-2077.

ARTICLE III - DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent and registered office of the Company in the state of Florida is Gary C. Simons, Esquire, 121 NW Third Street, Ocala, FL 34475.

ARTICLE V - MANAGERS/MANAGING MEMBERS

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

TITLE:	NAME:	ADDRESS:
MGR	Laura Williams Arnold	2332 SE 13 th Street Ocala, FL 34471
MGR	James H. Williams, III	1330 SE 15 th Avenue Ocala, FL 34471

H20000066287 3

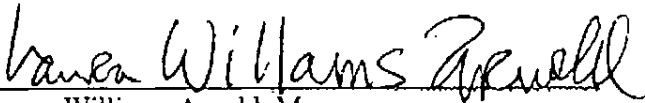
H2000000028 / 3

MBR	Laura Williams Arnold, as Trustee of the Laura Williams Arnold Revocable Trust Agreement dated 12/14/2012	2332 SE 13 th Street Ocala, FL 34471
MBR	James H. Williams, III and Bernadina V. Williams, as Trustees of the Williams Family Declaration of Trust dated 11/28/2006	1330 SE 15 th Avenue Ocala, FL 34471
MBR	Sara K. Slider	1137 NE 11 th Street Ocala, FL 34470

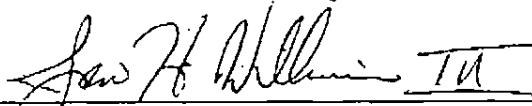
ARTICLE VI - EXISTENCE

The existence of the Company shall begin upon filing.

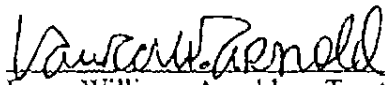
Signed this 27 day of February, 2020.




Laura Williams Arnold, Manager



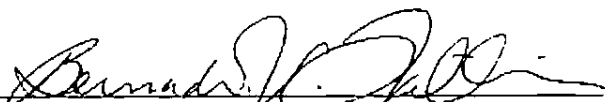
James H. Williams, III, Manager




Laura Williams Arnold, as Trustee of the Laura
Williams Arnold Revocable Trust Agreement
dated 12/14/2012, Member



James H. Williams, III, as Trustee of the Williams
Family Declaration of Trust dated 11/28/2006
Member



Bernadina V. Williams, as Trustee of the Williams
Family Declaration of Trust dated 11/28/2006
Member



Sara K. Slider, Member

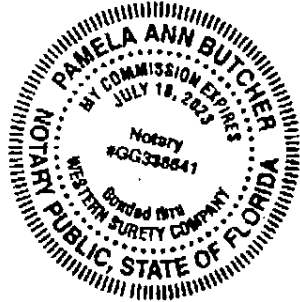
H20000066287 3

H2000000287 3

STATE OF FLORIDA
COUNTY OF MARION

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 27th day of February, 2020 by Laura Williams Arnold, individually and as Trustee of the Laura Williams Arnold Revocable Trust Agreement dated 12/14/2012, ☐ who is personally known to me or ☒ who has produced FL Dr. Lic. as identification.

[Notary Seal]

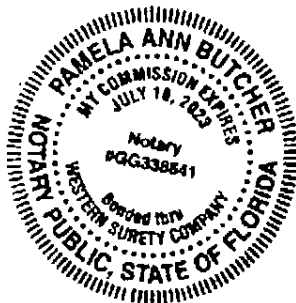


Pamela Ann Butcher
Notary Public
Pamela Ann Butcher
Name typed, printed or stamped
My Commission Expires: _____

STATE OF FLORIDA
COUNTY OF MARION

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 27th day of February, 2020 by James H. Williams, III, individually and as Trustee of the Williams Family Declaration of Trust dated 11/28/2006, ☐ who is personally known to me or ☒ who has produced FL Dr. Lic. as identification.

[Notary Seal]



Pamela Ann Butcher
Notary Public
Pamela Ann Butcher
Name typed, printed or stamped
My Commission Expires: _____

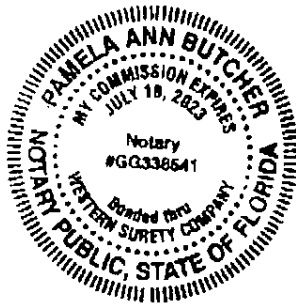
H20000066287 3

FL2000006028 / 3

STATE OF FLORIDA
COUNTY OF MARION

The foregoing instrument was acknowledged before me by means of ☒ physical presence or
☐ online notarization, this 27th day of February, 2020 by Bernadina V. Williams, as Trustee of the
Williams Family Declaration of Trust dated 11/28/2006, ☐ who is personally known to me or ☒
who has produced FL Dr. Lic. as identification.

[Notary Seal]



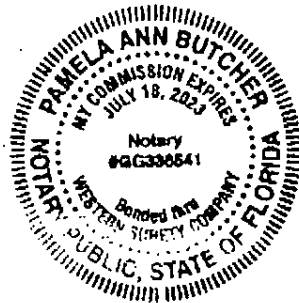
Pamela Ann Butcher
Notary Public

Pamela Ann Butcher
Name typed, printed or stamped
My Commission Expires: _____

STATE OF FLORIDA
COUNTY OF MARION

The foregoing instrument was acknowledged before me by means of ☒ physical presence or
☐ online notarization, this 27th day of February, 2020 by Sara K. Slider, ☐ who is personally
known to me or ☒ who has produced FL Dr. Lic. as identification.

[Notary Seal]



Pamela Ann Butcher
Notary Public

Pamela Ann Butcher
Name typed, printed or stamped
My Commission Expires: _____

H20000066287 3

H20000066287 3

ACCEPTANCE OF REGISTERED AGENT

for

**C C LIMESTONE, LLC,
a Florida Limited Liability Company**

Undersigned hereby states that he is familiar with the obligations of Registered Agent for the Company as provided by Chapter 605, Florida Statutes, and accepts the appointment as Registered Agent for the Company.

Signed this 27 day of February, 2020.

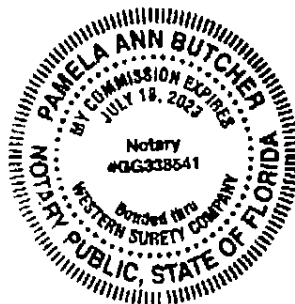

GARY C. SIMONS, Registered Agent

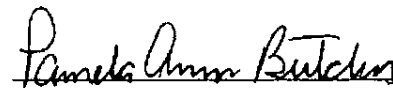
STATE OF FLORIDA

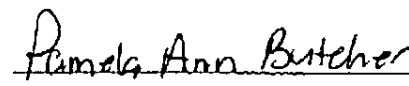
COUNTY OF MARION

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this ___ day of February, 2020 by Gary C. Simons, as Registered Agent, ☒ who is personally known to me or ☐ who has produced _____ as identification.

[Notary Seal]




Notary Public


Name typed, printed or stamped
My Commission Expires: _____

H20000066287 3