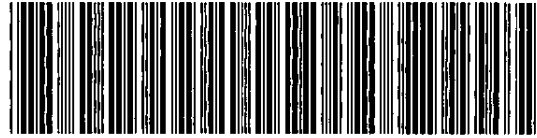


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08/31/08--01050--025 \*\*155.00

(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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 APR -9 AM 10:16

T. HAMPTON

APR 10 2008

EXAMINER

*Handwritten signature/initials*

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Knotaccess of Florida, 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:

Efferem O. Williams  
(Name of Person)

Knotaccess, LLC.  
(Firm/Company)

5353 Summit Lake Dr  
(Address)

Jacksonville, FL 32258  
(City/State and Zip Code)

For further information concerning this matter, please call:

Efferem Williams at (904) 234-0668  
(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**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

08 APR -9 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 2, 2008

EFFEREM O WILLIAMS  
5353 SUMMIT LAKE DR  
JACKSONVILLE, FL 32258

SUBJECT: KNOTACESS OF FLORIDA, LLC  
Ref. Number: W08000016722

We have received your document for KNOTACESS OF FLORIDA, 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):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 31, 2008. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 608A00019119

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Knotacess of Florida, LLC  
(Must end with 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:**

40 W. MONROE ST  
JACKSONVILLE, FL

**Mailing Address:**

5353 Summit Lake DR  
JACKSONVILLE, FL 32258

**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.)

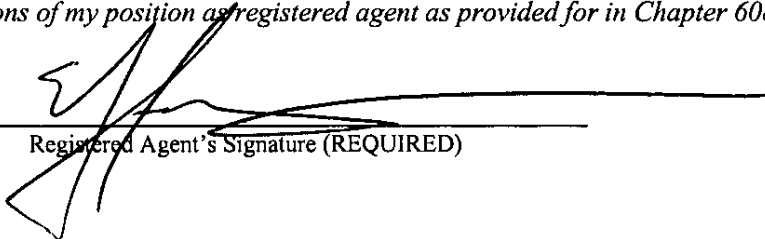
The name and the Florida street address of the registered agent are:

Efferem O. Williams  
Name

5353 Summit Lake DR.  
Florida street address (P.O. Box **NOT** acceptable)

JACKSONVILLE FL  
City, State, and 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 608, F.S..*

  
Registered Agent's Signature (REQUIRED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Vernon Franklin

103 Thousand Oak Ct

Summersville, S.C. 29485

MGRM

Efferem Williams

5353 Summit Lake Dr

Jacksonville, FL 32258

MGRM

Welden Howard

8615 Cedar Palms Drive

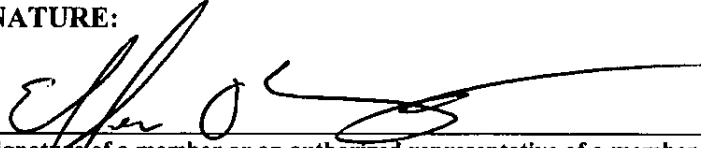
Memphis, Tennessee, 38016

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4/9/08 (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.)

**REQUIRED SIGNATURE:**

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Efferem O. Williams

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)