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TALLAHASSEE, FLORIDA

BK 12/17

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:** ASHLEY SMITH

**DATE:** 12-06-2007

**REF. #:** 000380.78401

**CORP. NAME:** MAGNOLIA MOTORPLEX ASSOCIATES, LLC

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- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK#** 523895 **FOR \$** 125.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

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| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
MAGNOLIA MOTORPLEX ASSOCIATES, LLC,  
A FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
07 DEC - 6 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I --NAME**

The name of the Limited Liability Company is Magnolia Motorplex Associates, LLC (the "Company").

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Company are 116 30<sup>th</sup> Avenue, South, Nashville, TN 37212.

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

The name and Florida street address of the registered agent are Clayton E. Parker, Esq., K&L Gates, 200 South Biscayne Boulevard, Miami, Florida 33131.

Having been named as registered agent and to accept service of process for the 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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608 of the Florida Statutes.

/s/ Clayton E. Parker  
Clayton E. Parker  
(Registered Agent's signature)

**ARTICLE IV - MANAGER OR MANAGING MEMBER(S)**

The name and address of the Company's Manager are as follows:

William W. McInnes, 116 30<sup>th</sup> Avenue, South, Nashville, TN 37212

**REQUIRED SIGNATURE:**

/s/ Clayton E. Parker  
(Signature of a member or an authorized representative of a member)  
Clayton E. Parker, Authorized Representative of Member

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