

LD3000008172

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(City/State/Zip/Phone #)

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(Business Entity Name)

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STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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03 MAR -6 PM 1:14
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TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

West Knox Partners, LLC

Signature _____

Requested by: AW

3/6

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

☒ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

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____ Annual Report / Reinstatement _____

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____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

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

WEST KNOX PARTNERS, LLC

The undersigned person acting as Organizer of the Limited Liability Company (the "Company") under the Florida Limited Liability Company Act (the "Act") adopts the following Articles of Organization:

- 1) **Name** The name of the Limited Liability Company is:

West Knox Partners, LLC

- 2) **Address** The mailing address and street address of the principal office of the Limited Liability Company is:

101 Dalton Place Way
Knoxville, TN 37912

- 3) **Registered Agent, Registered Office & Registered Agent's Signatures** The name and Florida address of the Company's registered agent are:

John S. Inglis
Suite 2800, 101 East Kennedy Blvd.
Tampa, FL 33602

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.

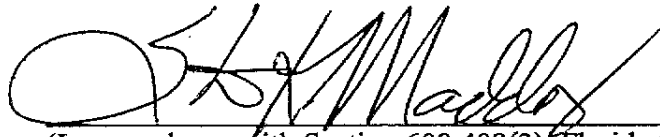


Signature of Registered Agent

- 4) **Duration** The period of duration for the Limited Liability Company shall be perpetual.
- 5) **Management** The Company is to be managed by its Members.

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TALLAHASSEE FLORIDA

- 6) **Effective Date** The existence of the Company is to begin upon its filing of the Articles of Organization.

A handwritten signature in black ink, appearing to read "S. K. Maddox", written over a horizontal line.

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

Steven K. Maddox, Managing Member