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(Requestor's Name)

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(City/State/Zip/Phone #)

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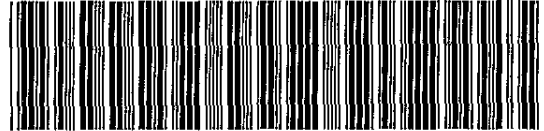
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03 MAR -6 AM 11:46  
STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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STATE  
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 Development LLC

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SELF-FILED STATE  
TALLAHASSEE, FLORIDA

- ☐ 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
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☐ Photo Copy
- ☐ 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

Signature

Requested by: SW

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Name

Date

Time

Walk-In

Will Pick Up

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

**WEST KNOX DEVELOPMENT, 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 Development, 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

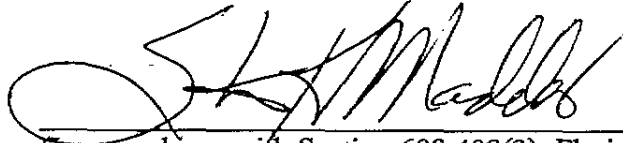
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.



(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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA