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(Requestor's Name)

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PICK-UP WAIT MAIL

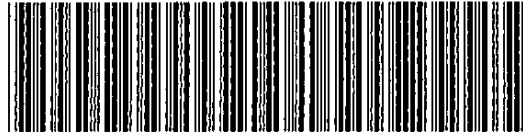
(Business Entity Name)

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FILED
07 DEC - 6 AM 9:00
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
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BK
12/17

CORP DIRECT 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

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

- | | | |
|--|---|---|
| <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"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <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 30th 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 30th 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.)