



DELBERT HOSEMANN
Secretary of State

OFFICE OF THE SECRETARY OF STATE
P O BOX 1020, JACKSON, MS 39215-1020 (601)359-1633

Mississippi LLC Certificate of Formation

The undersigned hereby executes the following document and sets forth:
(fields marked with an asterisks are required)

1. Name of the Limited Liability Company: (The name must include the words "Limited Liability Company" or the abbreviation "LLC" or "L.L.C.")

⇒ * _____

2. The future effective date is
(Complete if Applicable)

Business Email Address: _____

3. Federal Tax ID if available (Do not put Social Security Number in the box)

⇒ _____

4. Name and Street Address of the Registered Agent and Registered Office is (must be in Mississippi)

⇒ *Name

⇒ *Physical
Address

⇒ P.O. Box

*City _____ * State _____ * Zip5 – Zip4 _____

5. If the Limited Liability Company is to have a specific date of dissolution, the latest date upon which the Limited Liability Company is to dissolve is

⇒ _____

6. Other matters the managers or members elect to include: (Attach additional pages if necessary)

⇒ _____

⇒ _____



OFFICE OF THE SECRETARY OF STATE
P O BOX 1020, JACKSON, MS 39215-1020
(601)359-1633

Certificate of Formation

7. Signatures: This certificate must be signed by at least one member, manager, or organizer. The name, title, and address of each signer should be included in the spaces indicated. This page may be duplicated for additional signatures.

* Printed Name _____ * Title _____

* By: Signature

(please keep writing within blocks)

Street and
Mailing Address

⇒ * Physical
Address _____

⇒ P. O. Box

⇒ * City _____ State _____ Zip5 – Zip4 _____

Printed Name _____ Title _____

By: Signature

(please keep writing within blocks)

Street and
Mailing Address

⇒ Physical
Address _____

⇒ P. O. Box

⇒
City _____ State _____ Zip5 – Zip4 _____

