



Customer No. 00029878

Invoice No. 336347



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*BOOK 14 Pg 709*

**Mississippi Secretary of State**  
**401 Mississippi Street**  
**P.O. Box 136**  
**Jackson, MS 39205**  
**601-359-1633**

REPORT DATE: 09/11/1998

Bill to:

**PIETRANGELO AND COOK**

6410 POPLAR AVE SUITE 190.  
MEMPHIS TN 38119-0000

(Fold Here)

Ship to:

**PIETRANGELO AND COOK**  
6410 POPLAR AVE SUITE 190.  
MEMPHIS TN 38119-0000

Clerk: BDC Division: 10

Qty	Description	Unit Cost	Debit Amt	Credit Amt
	PAYMENT-CHECK #001939 - 09/11/1998			\$50.00
1	F0100 - CERTIFICATE OF FORMATION 09/11/1998 - Note: APPLIED BUSINESS CONCEPTS, LLC (00867541)	\$50.00	\$50.00	

<b>BALANCE</b>	<b>\$0.00</b>
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STATE MS.-DESOTO CO.  
FILED

SEP 25 9 10 AM '98

BK 14 PG 709  
W.E. DAVIS CH. CLK.



Certificate of Formation

Book 14 Pg 710

The undersigned, pursuant to Senate Bill No. 2395, Chapter 402, Laws of 1994, hereby executes the following document and sets forth:

1. Name of the Limited Liability Company

⇒ APPLIED BUSINESS CONCEPTS, LLC

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

[Empty box]

3. Federal Tax ID

⇒ APPLIED FOR

4. Name and Street Address of the Registered Agent and Registered Office is

⇒ Name GREGG LANDAU

⇒ Physical Address 8410 SANDIDGE RD.

⇒ P.O. Box NA

⇒ City, State, ZIPS, ZIP4 OLIVE BRANCH MS 38654 -

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

⇒ [Empty box]

6. Is full or partial management of the Limited Liability Company vested in a manager or managers? (Mark appropriate box)

⇒  Yes  No

7. Other matters the managers or members elect to include

⇒ NA

⇒ [Empty box]



This page conforms with the duplicate original filed with the Secretary of State.  
*Eric Clark*  
Secretary of State

Book 14 Pg 711



By: Signature

*John J. Cook*

(Please keep writing within blocks)

Printed Name

John J. Cook

Title

Attorney

Street and Mailing Address

⇒ Physical Address

6410 POPLAR AVENUE, SUITE 190

⇒ P.O. Box

NA

⇒ City, State, ZIPS, ZIP4

MEMPHIS

TN

38119-

By: Signature

(Please keep writing within blocks)

Printed Name

Title

Street and Mailing Address

⇒ Address

⇒ P.O. Box

⇒ City, State, ZIPS, ZIP4

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*Eric Clark*  
Secretary of State