

0100-1-2

Certificate of Formation

The undersigned hereby executes the following document and sets forth:

1. Name of the Limited Liability Company

9/12/07 11:06:12
I BK 15 PG 303
DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

⇒ 3075 Goodman, LLC

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

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

⇒ applied for

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

⇒ Name National Registered Agents, Inc.

⇒ Physical Address 840 Trustmark Building, 248 E. Capitol Street

⇒ P.O. Box

⇒ City, State, ZIP5, ZIP4 Jackson MS 39201 -

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

⇒

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

⇒

⇒

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OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1333
Certificate of Formation

0100-2-2

By: Signature

John Bayard Snowden

(Please keep writing within blocks)

Printed Name

John Bayard Snowden

Title

Chief Manager

Street and Mailing Address

⇒ Physical Address

231 West Cherry Circle

⇒ P.O. Box

⇒ City, State, ZIP5, ZIP4

Memphis

TN

38117 -

By: Signature

(Please keep writing within blocks)

Printed Name

Title

Street and Mailing Address

⇒ Physical Address

⇒ P.O. Box

⇒ City, State, ZIP5, ZIP4

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