



**State of Mississippi**  
**Mississippi Secretary of State's Office**  
**C. Delbert Hosemann, Jr.**

1/23/09 8:08:23  
 BK 15 PG 359  
 DESOTO COUNTY, MS  
 W.E. DAVIS, CH CLERK

Invoice Number: 5977513

Invoice Date: 01/14/2009 08:18 AM

**Billing Information**

\* Magids Cottam Plc  
 1661 International Place Drive Suite 320  
 Memphis, TN 38120

Product Description	Certification Number	Order Date	Qty	Pages	Item Cost	Extended	Amount Due
Corp Fees - F0100 - MS LLC Certificate of Formation Re: Magids Cottam Plc Contact: Magids Cottam Plc Shipped Via: Mail Tracking #: 870086	10768537	01/14/2009	1	1	50.00	50.00	Paid

Credit Balance as of 01/15/2009 8:33 AM: \$0.00

**Payment Details:**

Check #5196 for \$50.00(10768537:\$50.00, )

Invoice Total: \$50.00

Payment Total: \$50.00

Contact(s): None specified

Amount Due: \$0.00

**Include invoice number on all correspondence and send to:**

**UCC Inquiries:** Mississippi Secretary of State's Office  
 P.O. Box 136  
 Jackson, MS 39205

To discuss payment for UCC items call:  
 (601) 359-1633

**Corporation Inquiries:** Mississippi Secretary of State's Office  
 P.O. Box 136  
 Jackson, MS 39205

To discuss payment for Corporation items call:  
 (601) 359-1633

Mississippi LLC Certificate of Formation

BK 15 PG 360

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.")

⇒\* ABC Holdings, LLC

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

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 DAA Acquisition, Inc.

⇒ \*Physical Address 6723 Highway 51 North

⇒ P.O. Box

\*City Horn Lake MS 38637-1905

\* State \* Zip5 - Zip4

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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. 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: (Attach additional pages if necessary)

⇒

⇒

Certificate of Formation

8. Signatures: This certificate must be signed by at least one member, manager, or organizer. (If signed by "manager" box 6 on page one 1 should be marked "yes".) 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

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Printed Name  Title

By: Signature  (please keep writing within blocks)

Street and Mailing Address

⇒ Physical Address

⇒ P. O. Box

⇒ City     
State Zip5 - Zip4