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Business ID: 1005587
Date Filed: 07/25/2012 08:00 AM
C. Delbert Hosemann, Jr.
Secretary of State



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.")

⇒* Historia Films LLC

2. The future effective date is 7/24/2012 Business Email Address: mdoleac@aol.com
(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 Miles C. Doleac

⇒ *Physical Address 5072 Lincoln Rd. Extension

⇒ P.O. Box _____

*City Hattiesburg * State MS * Zip5 - Zip4 39402

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)

⇒ _____

⇒ _____

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 Miles Doleac * Title Managing Member

* By: Signature  (please keep writing within blocks)

Street and Mailing Address

⇒ * Physical Address 5072 Lincoln Rd. Extension

⇒ P. O. Box _____

⇒ * City Hattiesburg State MS Zip5 - Zip4 39402

Printed Name Mackenzie Westmoreland Title Member

By: Signature  (please keep writing within blocks)

Street and Mailing Address

⇒ Physical Address 16350 Freemanville Road

⇒ P. O. Box _____

⇒ City Milton State GA Zip5 - Zip4 30004