



DELBERT HOSEMANN
Secretary of State

OFFICE OF THE SECRETARY OF STATE
P O BOX 136, JACKSON, MS 39205-0136 (601)359-1633

Mississippi LLC Certificate of Formation

The undersigned hereby executes the following document and sets forth:
(fields marked with an asterisk 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.")

⇒* T.A.P.S LLC

2. The future effective date is 01/07/2014 Business Email Address: JENNIFERDGREEN@YAHOO.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 JENNIFER GREEN

⇒ *Physical Address 2307 MCFADDEN RD.

⇒ P.O. Box

*City JACKSON * State MS * Zip5 - Zip4 39204

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)

⇒

⇒

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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 JENNIFER GREEN * Title DIRECTOR

* By: Signature  (please keep writing within blocks)

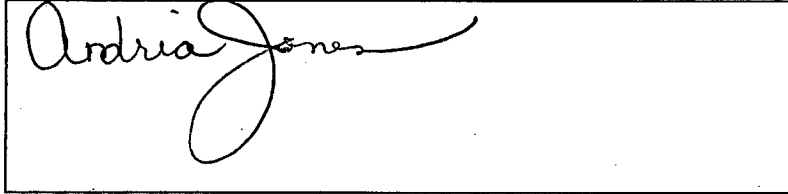
Street and Mailing Address

⇒ * Physical Address 21 VALENCIA COURT

⇒ P. O. Box _____

⇒ * City JACKSON State MS Zip5 - Zip4 39204

Printed Name ANDRIA JONES Title ASSISTANT DIRECTOR

By: Signature  (please keep writing within blocks)

Street and Mailing Address

⇒ Physical Address 21 VALENCIA COURT

⇒ P. O. Box _____

⇒ City JACKSON State MS Zip5 - Zip4 39204

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