

Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

> TAG Mobile Bankruptcy Sale Entity LLC Filing Number: 803427368

Certificate of Formation

September 13, 2019

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 19, 2023.



Phone: (512) 463-5555

Jane Nelson Secretary of State

TID: 10266

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services Document: 1267930600003 Prepared by: SOS-WEB

Form 205 (Revised 05/11)

Submit in duplicate to: Secretary of State P.O. Box 13697



Certificate of Formation

This space reserved for office use.

FILE D In the Office of the Secretary of State of Texas

Austin, TX 78711-3697	ict spatting	iability Company		SEP 1 3 2019		
512 463-5555 FAX: 512 463-5709			Cor	maratiana Castian		
'			COI	porations Section		
Filing Fee: \$300	1			······································		
	Article 1 – En	tity Name and Type				
The filing entity being formed is a limited liability company. The name of the entity is:						
TAG Mobile Bankruptcy Sal	e Entity LLC					
The name must contain the words "lim	ited liability company," "	'limited company," or an abb	reviation of one (of these phrases.		
		Agent and Registere				
A. The initial registered	agent is an organiz	Ation (cannot be entity nam	ned above) by th	ne name of:		
OR B. The initial registered	agent is an individ	ual resident of the stat	e whose nam	e is set forth below:		
Laurie	α	Rea				
First Name	M.I.	Last Name		Suffix		
C. The business address of t	he registered agent	and the registered off	ice address is	:		
777 Main Street, Suite 1290	Fort Wo	orth	TX	76102		
Street Address	City		State	Ztp Code		
A. The limited liability	ete <u>either</u> A or B and prov	overning Authority ride the name and address of managers. The name				
manager are set forth below.						
B. The limited liability of	ompany will not h	ave managers. The co	mpany will	be governed by its		
members, and the name and	address of each init					
	address of each init					
members, and the name and		ial member are set for				
members, and the name and a GOVERNING PERSON 1 NAME (Enter the name of either an individual First Name OR		ial member are set for		Suffix		
members, and the name and a GOVERNING PERSON 1 NAME (Enter the name of either an indivi IF INDIVIDUAL First Name	dual or an organization, but	not both.)				
members, and the name and a GOVERNING PERSON 1 NAME (Enter the name of either an indivisit individual) First Name OR IF ORGANIZATION TAG Mobile, LLC Organization Name	dual or an organization, but	not both.)				
members, and the name and a GOVERNING PERSON 1 NAME (Enter the name of either an individual First Name OR IF ORGANIZATION TAG Mobile, LLC	dual or an organization, but M.I.	not both.)	th below.			

GOVERNING PERSON 2	,				
NAME (Enter the name of either an individu IF INDIVIDUAL	al or an organization, but	not both.)			
First Name OR IF ORGANIZATION	М.І.	Last Name			Siffix
Organization Name ADDRESS		·		• •	
Street or Mailing Address	Ci	<u>٠</u>	State	Country	Zip Code
GOVERNING PERSON 3	ــــــــــــــــــــــــــــــــــ				
NAME (Buter the name of either an individu IF INDIVIDUAL	al or an organization, but	not both.)			
First Name OR IF ORGANIZATION	М.І.	Last Name			Suffix
Organization Name ADDRESS					<u> </u>
Street or Mailing Address	Ci	ty:	State	Country	Zip Code
The purpose for which the con which a limited liability compa	npany is formed i	e 4 – Purpose s for the transactio ized under the Tex	n of any and as Business	l all lawf Organiza	iul purposes fo tions Code.
	Supplemental P	rovisions/Informa	ition		
Text Area: [The attached addendum, if a	y, is incorporated here	in by reference.]			
•					

Organizer

The name	e and address of the orga	nizër:	
Laurie D	ahl Rea		
Name			
	Street, Suite 1290	Fort Worth	TX 76102
Street or Ma	iling Address	City	State Zip Code
	Effe	ectiveness of Filing (Select either A, B, or C.)	
A. 🖾 Th	is document becomes eff	fective when the document is filed by the	secretary of state.
B. 🗌 Th	is document becomes eff	fective at a later date, which is not more the	han ninety (90) days from
the date:	f signing. The delayed o	effective date is:	
		upon the occurrence of the future event o	r fact, other than the
passage o	f time. The 90th day after	or the date of signing is:	
The follo	wing event or fact will c	ause the document to take effect in the m	anner described below:
		·	
		Execution	
appointme submissio	nt. The undersigned sig	ne person designated as registered aggns this document subject to the penaltification fraudulent instrument and certifies under the filing instrument.	ies imposed by law for the
Date:	9/13/19		
	•	Saurie Dall Rea	<u></u>
		Laurie Dahl	D.
		Printed or typed name of organizer	1/42