2013 DEC -2 MM 11: 00



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)

	he future effective date is Complete if Applicable) Business Email Address:				
	x ID if available (Do not put Social				
Name and	Street Address of the Registered Ag	ent and Registered Office is (must be in Mississippi)			
*Name	Thomasson Company				
*Physical Address	1007 St. Francis Drive				
P.O. Box					
City	Philadelphia	* State MS * Zip5 - Zip4 39350			
If the Limit ability Comp	ed Liability Company is to have a sp pany is to dissolve is	pecific date of dissolution, the latest date upon which the Limite			
		o include: (Attach additional pages if necessary)			

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Certificate of Formation

* Printed Name	Timothy R. Brown	* Title Organizer		
Timeo ram		Title		-
* By: Signatur	e	(please keep writ	ng within blocks)	29
Street and Mailing Addres	Tumothy & Brown			1 1 2 4 6
⇒ * Physical ′ Address _	245 Peachtree Ctr Ave, NE	; Suite 2400		
⇔ P. O. Box				
⇒ * City	Atlanta	State GA Zip5 - Zip	30303-1241	2013 DEC -2
Printed Name		Title		
By: Signature		(please ke	ep writing within blocks)	AM II: OI
Street and Mailing Address	-			
⇔ Physical Address				
⇒ P.O. Bax				
⇒ City	g	ateZip5 – Zip		

- A. The Company is to be managed by one or more Managers.
- B. A Manager of the Company shall not be personally liable to the Company or its Members for monetary damages for breach of his duty of care or other duty as a Manager, and the Company shall have the power to indemnify and hold harmless any Manager or Member from and against any and all claims and demands whatsoever arising in connection with the Company; provided that this provision shall eliminate or limit the liability of a Manager or Member only to the extent permitted from time to time by the Mississippi Limited Liability Company Act or any successor law or laws.