

STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is _____
_____.

2. The Registered Office of the limited liability company in the State of Delaware is located at _____ (street),
in the City of _____, Zip Code _____. The
name of the Registered Agent at such address upon whom process against this limited
liability company may be served is _____
_____.

By: _____
Authorized Person

Name: _____
Print or Type

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