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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.")

⇒ \* FAVRE FARMS, LLC

2. The future effective date is  
(Complete if Applicable)

Business Email Address: RLCULUMBER@CFHPA.COM

3. Federal Tax ID if available (Do not put Social Security Number in the box)

⇒ 46-2399091

4. Name and Street Address of the Registered Agent and Registered Office is (must be in Mississippi)

⇒ \*Name ROBERT L CULUMBER, CPA

⇒ \*Physical  
Address

2300 20TH STREET

⇒ P.O. Box

\*City

GULFPORT

\* State

MS

\* Zip5 - Zip4

39501

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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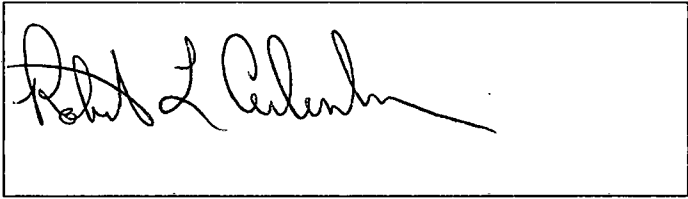
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Certificate of Formation

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 ROBERT L CULUMBER \* Title CPA

\* By: Signature  (please keep writing within blocks)

Street and Mailing Address

⇒ \* Physical Address 2300 20TH STREET

⇒ P. O. Box \_\_\_\_\_

⇒ \* City GULFPORT State MS Zip5 - Zip4 39501

Printed Name ROBERT L CULUMBER Title CPA

By: Signature  (please keep writing within blocks)

Street and Mailing Address

2300 20TH ST

⇒ Physical Address \_\_\_\_\_

⇒ P. O. Box \_\_\_\_\_

⇒ City GULFPORT State MS Zip5 - Zip4 39501