

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1333
Certificate of Formation



The undersigned, pursuant to Senate Bill No. 2395, Chapter 402, Laws of 1994, hereby executes the following document and sets forth:

1. Name of the Limited Liability Company

Rhino Construction, LLC

**2. The future effective date is
(Complete if applicable)**

3. Federal Tax ID

Applied for

4. Name and Street Address of the Registered Agent and Registered Office is

Name David Baria

Physical Address 544 Main Street

P.O. Box

City, State, ZIP5, ZIP4 Bay St. Louis MS 39520 -

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

6. Is full or partial management of the Limited Liability Company vested in a manager or managers? (Mark appropriate box)

Yes No

7. Other matters the managers or members elect to include

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Certificate of Formation



By: Signature

Dale Hubbard

(Please keep writing within blocks)

Printed Name

Dale Hubbard

Title

Member

Street and Mailing Address

Physical Address

[Empty box for Physical Address]

P.O. Box

P. O. Box 3178

City, State, ZIP5, ZIP4

Ridgeland

MS

39158 -

By: Signature

[Empty signature box]

(Please keep writing within blocks)

Printed Name

Title

Street and Mailing Address

Physical Address

[Empty box for Physical Address]

P.O. Box

[Empty box for P.O. Box]

City, State, ZIP5, ZIP4

[Empty box for City]

[Empty box for State]

[Empty box for ZIP5, ZIP4]

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