

**STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION**

First: The name of the limited liability company is _____
HEDMEN STRAUSS LLC


Second: The address of its registered office in the State of Delaware is _____
8 THE GREEN. STE A in the City of DOVER.
Zip code 19901. The name of its Registered agent at such address is
A REGISTERED AGENT, INC

Third: (Use this paragraph only if the company is to have a specific effective date of dissolution: "The latest date on which the limited liability company is to dissolve is _____.")

Fourth: (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this

27 day of MARCH, 2017.

By: 
Authorized Person (s)

Name: TSHEDISO MABELANE