BERMUDA

LIMITED LIABILITY COMPANY ACT 2016

Pursuant to Section 30(1)

CERTIFICATE OF FORMATION

NAME OF LIMITED LIABILITY COMPANY:

SECONDARY NAME (if applicable):

TYPE OF LIMITED LIABILITY COMPANY: (LOCAL/EXEMPTED)

REGISTERED OFFICE:

EFFECTIVE DATE:

OTHER MATTERS:

By: _____

Name of authorised person

_____

Made this [*blank*] day of [*blank*], 2[*blank*].