



Secretary of State

OFFICE OF SECRETARY OF STATE
CORPORATIONS DIVISION
2 Martin Luther King Jr. Dr. SE
Suite 313 West Tower
Atlanta, Georgia 30334
(404) 656-2817
sos.ga.gov

TRANSMITTAL INFORMATION FORM
GEORGIA LIMITED LIABILITY COMPANY

IMPORTANT: Please provide the entity's primary email address when completing this form.
Primary Email Address: premierdatacenterdevelopment@gmail.com

NOTICE TO APPLICANT: PRINT PLAINLY OR TYPE REMAINDER OF THIS FORM

1. LLC Name Reservation Number (If one has been obtained; if articles are being filed without prior reservation, leave this line blank.)
Premier Data Center Development, LLC
LLC Name (List exactly as it appears in articles.)
2. Kelly O. Faber
Name* of Person Filing Articles of Organization (Certificate will be emailed to this person at address listed below.)
3615 Braselton Highway, Suite 204, Dacula, GA 30019
Address City State Zip Code
kelly@fabermabe.com
Filer's Email Address
3. P.O. Box 212
Principal Office Mailing Address of LLC (Unlike registered office address, this may be a post office box.)
Statham, GA 30666
City State Zip Code
4. CT Corporation System
Name* of Registered Agent in Georgia
289 S Culver St
Registered Office Street Address in Georgia (Post office box or mail drop not acceptable for registered office address.)
Lawrenceville Gwinnett GA 30046-4805
City County State Zip Code
FFInboxATL@wolterskluwer.com
Registered Agent's Email Address
5. Name* and Address of Each Organizer (Attach additional sheets if necessary.)
Kelly O. Faber 3615 Braselton Highway, Suite 204 Dacula GA 30019
Organizer Address City State Zip Code
Organizer Address City State Zip Code
6. Mail the following items to the Secretary of State at the above address:
1) This Transmittal Information Form;
2) The Articles of Organization; and
3) Filing fee of \$110.00 (\$100 filing fee + \$10 service charge) payable to Secretary of State. Filing fees are non-refundable.
I understand that this Transmittal Information Form is included as part of my filing, and the information on this form will be entered in the Secretary of State business entity database. I certify that the above information is true and correct to the best of my knowledge.
Signature of Authorized Person Kelly O. Faber Date 2/24/26
Print Name* Kelly O. Faber

* Enter individual's legal name, i.e. first and last name without use of initials or nicknames. Middle names or initials may be included.