

**STATE OF GEORGIA**  
**Secretary of State**  
**Corporations Division**  
**313 West Tower**  
**2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

**CERTIFICATE OF ORGANIZATION**

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

**Premier Data Center Development, LLC**  
a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on **02/25/2026** by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta  
and the State of Georgia on **02/27/2026**.



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State



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.georgia.gov/corporations

2026 FEB 25 AM 11:57  
SECRETARY OF STATE  
CORPORATIONS DIVISION

### Articles of Organization

#### Article One

The name of the limited liability company is:

Premier Data Center Development, LLC

#### Article Two

(Check, and if applicable complete, one of the following)

The articles of organization shall be effective upon filing with the Secretary of State.

The articles of organization shall be effective on: \_\_\_\_\_ at \_\_\_\_\_  
(Date) (Time)

[Note: The delayed effective date may not be later than 90 days after the filing date.]

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on

2/24/26

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signature

Kelly O. Faber

\_\_\_\_\_  
Print Name\*

Capacity (choose one option only):  Organizer

Member

Manager

Attorney-in-fact

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



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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.