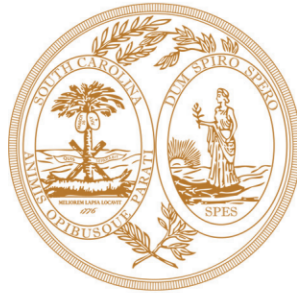


## FORM LLC

|  |  |
|--|--|
| <b>LIMITED LIABILITY COMPANY</b>   | Development Name: _____<br>City: _____, S.C. |
| Name of LLC: _____ LLC includes the following: ____ For Profit ____ Non-Profit<br>Address: _____<br>City _____ State _____ Zip: _____<br>Tax ID Number: _____ or date applied for: _____ |  |
| <b>Membership</b>  | <b>Percentage of Ownership</b>               |
| 1. Manager (if any): _____<br>Address: _____<br>City, State, Zip: _____  | _____%                                       |
| 2. Member Name: _____<br>Address: _____<br>City, State, Zip: _____   | _____%                                       |
| 3. Member Name: _____<br>Address: _____<br>City, State, Zip: _____   | _____%                                       |
| 4. Member Name: _____<br>Address: _____<br>City, State, Zip: _____   | _____%                                       |
| 5. Member Name: _____<br>Address: _____<br>City, State, Zip: _____   | _____%                                       |
| 6. Member Name: _____<br>Address: _____<br>City, State, Zip: _____   | _____%                                       |

**NOTE:** This form must be completed for each LLC that is involved in the proposed development. If any of the Members are Corporations, Limited Liability Companies, or Limited Partnerships then you must also complete, in addition to this form, one or more of the following, as applicable: FORM CORP, FORM LP, and/or FORM LLC. All necessary forms must be submitted so as to ascertain the Principals of the development.

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

Capstone at Greenwood Commons GP, LLC, a limited liability company duly organized under the laws of the State of South Carolina on March 31st, 2025, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 13th day of May, 2025.

  
Mark Hammond, Secretary of State

**STATE OF SOUTH CAROLINA  
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION  
Limited Liability Company – Domestic**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

Capstone at Greenwood Commons GP, LLC

\*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is  
2 Office Park Court, Suite 103

(Street Address)

Columbia , South Carolina 29223

(City, State, Zip Code)

3. The initial agent for service of process is

CT Corporation System

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:  
2 Office Park Court, Suite 103

(Street Address)

Columbia \_\_\_\_\_ South Carolina 29223

(City) \_\_\_\_\_ (Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

- (a) R.B. Coats, III

(Name)

3184 Cahaba Heights Road, Suite 300

(Street Address)

Vestavia , Alabama 35243

(City, State, Zip Code)

Capstone at Greenwood Commons GP, LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time \_\_\_\_\_.

Capstone at Greenwood Commons GP, LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

R.B. Coats, III: (Electronically Signed)

\_\_\_\_\_  
Signature of Organizer

Date: 03/31/2025

\_\_\_\_\_  
Signature of Organizer

Date: \_\_\_\_\_