

## **TAB 5 – ENTITY** **INFORMATION**

# **EXHIBIT P**

## EXHIBIT P

### Identity of Interest Certification

The Applicant Kennedy Street Owner, LP, has represented to the Authority in the Low-Income Housing Tax Credit Application that the Applicant ☒ **has** ☐ **does not have** an "identity of interest." An "identity of interest" exists if any of the following conditions exist:

- A. When there is any financial interest of the Applicant or Owner and any other member of the development team.
- B. When one or more of the officers, directors, stockholders, members, or partners of the Applicant or Owner is also an officer, director, stockholder, member, or partner of any other member of the development team.
- C. When any officer, director, stockholder, member or partner of the Applicant or Owner has any financial interest whatsoever in any other member of the development team.
- D. When any other member of the development team advances any funds to the Applicant or Owner.
- E. When any other member of the development team provides and pays, on behalf of the Applicant or Owner, the cost of any architectural services or engineering services other than those of a surveyor, general superintendent, or engineer employed by any other member of the development team in connection with its obligations under its contract with the Applicant or Owner.
- F. When any other member of the development team takes stock or any interest in the Owner entity as part of the consideration to be paid him/her.
- G. When any relationship exists which would give the Applicant or Owner or any other member of the development team control or influence over the price of the contract or the price paid to any other member of the development team or to a subcontractor, material supplier or lessor of equipment.
- H. When there exist (or come into being) any side deals, agreements, contracts or undertakings entered into or contemplated, thereby altering, amending, or canceling any of the required application or closing (should there be a closing) documents.

If there is an 'identity of interest', please state what the 'identity of interest' is:

Affiliates of Stratford Capital Group (Federal LIHTC Syndicator) are involved as co-developer and cogeneral partner in the following ways: Managing Members of SCG Development SPE, LLC (37.5% member of the 0.01 % General Partner of the Applicant and co-developer)

**The above Applicant certifies that fees and charges collected by one of the parties from related parties does not exceed the norm for such services etc., for the area the development is located in.**

The undersigned hereby certifies and acknowledges that the South Carolina State Housing Finance and Development Authority may rely upon this certification in making an allocation of tax credits.

Applicant Signature: \_\_\_\_\_

Date: 5/9/2025

Applicant Name: Stephen Wilson

# **FORM LP**



## FORM LP

<b>LIMITED PARTNERSHIP</b>	Development Name: _____ City: _____, S.C.
Name of LP: _____ LP includes the following: ____For Profit ____Non-Profit Address: _____ City: _____ State: _____ Zip: _____ Tax ID Number: _____ or date applied for: _____	
Partners <span style="float: right;">Percentage of Ownership</span>	
1. Partner: _____ Address: _____ City, State, Zip: _____ <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner	_____%
2. Partner: _____ Address: _____ City, State, Zip: _____ <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner	_____%
3. Partner: _____ Address: _____ City, State, Zip: _____ <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner	_____%
4. Partner: _____ Address: _____ City, State, Zip: _____ <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner	_____%
5. Partner: _____ Address: _____ City, State, Zip: _____ <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner	_____%

**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.

# **FORM LLC**

## FORM LLC

<b>LIMITED LIABILITY COMPANY</b>	Development Name: <u>Kennedy Street Apartments</u> City: <u>Spartanburg</u> , S.C.
Name of LLC: <u>Kennedy Street GP, LLC</u> LLC includes the following: <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit Address: <u>160 E Kennedy St.</u> City: <u>Spartanburg</u> State: <u>SC</u> Zip: <u>29306</u> Tax ID Number: <u>99-1139950</u> or date applied for: _____	
Membership	Percentage of Ownership
1. Manager (if any): <u>SCG Development SPE, LLC</u> Address: <u>8245 Boone Boulevard, Ste 640</u> City, State, Zip: <u>Tysons Corner, VA, 22182</u>	<u>37.5</u> %
2. Member Name: <u>Good Wall Kennedy LLC</u> Address: <u>233 N. Main Street, Ste 200</u> City, State, Zip: <u>Greenville, SC 29601</u>	<u>25</u> %
3. Member Name: <u>Villa Affordable Housing, LLC</u> Address: <u>325 Rocky Slope Road, Suite 301</u> City, State, Zip: <u>Greenville, SC 29607</u>	<u>12.5</u> %
4. Member Name: <u>Davis Affordable Housing, LLC</u> Address: <u>325 Rocky Slope Rd, Suite 301</u> City, State, Zip: <u>Greenville SC 29607</u>	<u>25</u> %
5. Member Name: _____ Address: _____ City, State, Zip: _____	_____ %
6. Member Name: _____ Address: _____ 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.

## FORM LLC

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

## FORM LLC

<b>LIMITED LIABILITY COMPANY</b>	Development Name: <u>Kennedy Street Apartments</u> City: <u>Spartanburg</u> , S.C.
Name of LLC: <u>Villa Affordable Housing</u> LLC includes the following: <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit Address: <u>325 Rocky Slope Road, Suite 301</u> City: <u>Greenville</u> State: <u>South Carolina</u> Zip: <u>29607</u> Tax ID Number: <u>93-4257567</u> or date applied for: _____	
<b>Membership</b>	<b>Percentage of Ownership</b>
1. Manager (if any): _____ Address: _____ City, State, Zip: _____	_____ %
2. Member Name: <u>Robinson Villa</u> Address: <u>325 Rocky Slope Road, Suite 301</u> City, State, Zip: <u>Greenville, SC 29607</u>	<u>100</u> %
3. Member Name: _____ Address: _____ City, State, Zip: _____	_____ %
4. Member Name: _____ Address: _____ City, State, Zip: _____	_____ %
5. Member Name: _____ Address: _____ City, State, Zip: _____	_____ %
6. Member Name: _____ Address: _____ 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.

## FORM LLC

<b>LIMITED LIABILITY COMPANY</b>	Development Name: <u>Kennedy Street Apartments</u> City: <u>Spartanburg</u> , S.C.
Name of LLC: <u>Good Wall Kennedy</u> LLC includes the following: <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit Address: <u>233 N. Main Street, Suite 200</u> City: <u>Greenville</u> State: <u>SC</u> Zip: <u>29601</u> Tax ID Number: <u>TBD</u> or date applied for: _____	
Membership	Percentage of Ownership
1. Manager (if any): _____ Address: _____ City, State, Zip: _____	_____ %
2. Member Name: <u>P. Edwin Good, Jr.</u> Address: <u>233 N. Main Street, Suite 200</u> City, State, Zip: <u>Greenville, SC 29601</u>	<u>50</u> %
3. Member Name: <u>F. Bogue Wallin</u> Address: <u>24 Ruskin Square</u> City, State, Zip: <u>Greenville, SC 29607</u>	<u>50</u> %
4. Member Name: _____ Address: _____ City, State, Zip: _____	_____ %
5. Member Name: _____ Address: _____ City, State, Zip: _____	_____ %
6. Member Name: _____ Address: _____ 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.

## FORM LLC

<b>LIMITED LIABILITY COMPANY</b>	Development Name: <u>Kennedy Street Apartments</u> City: <u>Spartanburg</u> , S.C.
Name of LLC: <u>SCG Development SPE, LLC</u> LLC includes the following: <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit Address: <u>8245 Boone Boulevard, Suite 640</u> City: <u>Tysons Corner</u> State: <u>VA</u> Zip: <u>22182</u> Tax ID Number: <u>36-4860101</u> or date applied for: _____	
Membership	Percentage of Ownership
1. Manager (if any): <u>Stephen P. Wilson</u> Address: <u>8245 Boone Boulevard, Suite 640</u> City, State, Zip: <u>Tysons Corner, VA 22182</u>	<u>25</u> %
2. Member Name: <u>Benjamin D. Mottola</u> Address: <u>100 Corporate Place, Suite 404</u> City, State, Zip: <u>Peabody, MA 01960</u>	<u>25</u> %
3. Member Name: <u>John M. Nelson, IV</u> Address: <u>100 Corporate Place, Suite 404</u> City, State, Zip: <u>Peabody, MA 01960</u>	<u>25</u> %
4. Member Name: <u>Kyle F. Wolff</u> Address: <u>100 Corporate Place, Suite 404</u> City, State, Zip: <u>Peabody, MA 01960</u>	<u>25</u> %
5. Member Name: _____ Address: _____ City, State, Zip: _____	_____ %
6. Member Name: _____ Address: _____ 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.

# **CERTIFICATE OF** **EXISTENCE**



# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

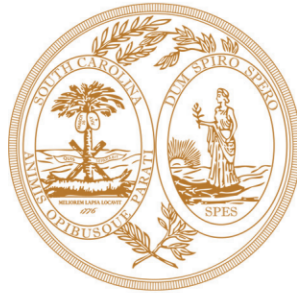
**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

Good Wall Kennedy, LLC, a limited liability company duly organized under the laws of the State of South Carolina on June 16th, 2022, 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 6th day of May, 2025.

  
Mark Hammond, Secretary of State

# *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:**

Villa Affordable Housing, LLC, a limited liability company duly organized under the laws of the State of South Carolina on November 2nd, 2023, 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 19th day  
of May, 2025.

  
Mark Hammond, Secretary of State



# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

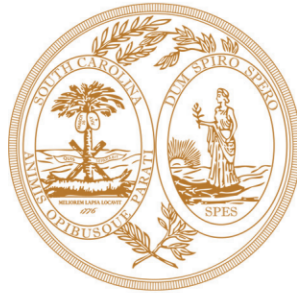
**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

Davis Affordable Housing, LLC, a limited liability company duly organized under the laws of the State of South Carolina on May 7th, 2021, 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 12th day  
of March, 2025.

  
Mark Hammond, Secretary of State

# *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:**

Kennedy Street GP, LLC, a limited liability company duly organized under the laws of the State of South Carolina on February 6th, 2024, 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 2nd day  
of May, 2025.

  
Mark Hammond, Secretary of State



# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

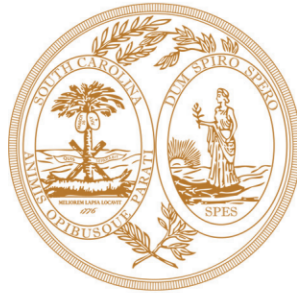
**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

Kennedy Street Owner, LP, a limited partnership organized under the laws of the State of South Carolina on February 12th, 2024, and doing business in South Carolina under the name of Kennedy Street Owner, LP has, as of the 2nd day of May, 2025, filed all reports due this office, paid all fees due, and is in existence and authorized to do business in the State of South Carolina.

Given under my Hand and the Great Seal  
of the State of South Carolina this 2nd day  
of May, 2025.

  
Mark Hammond, Secretary of State

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Authority**

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

SCG Development SPE, LLC, a limited liability company duly organized under the laws of the State of Delaware, and issued a certificate of authority to transact business in South Carolina on September 10th, 2020, 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. §33-44-1006, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 2nd day  
of May, 2025.

  
Mark Hammond, Secretary of State

# **ARTICLES OF** **INCORPORATION**

**STATE OF SOUTH CAROLINA**  
**SECRETARY OF STATE**  
**AMENDED ARTICLES OF ORGANIZATION**  
**LIMITED LIABILITY COMPANY -DOMESTIC**

Pursuant to the 1976 S.C. Code of Laws, as amended, Section 33-44-204(a), the undersigned limited liability company adopts the following amended articles of organization:

1. The name of the limited liability company is:

Graycliff Capital Affordable Housing, LLC

2. The date the articles of organization were filed is 05/07/2021.

3. The articles of organization are amended in the following respects, of which all amended provisions may lawfully be included in the articles of organization. If the space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph on this form.

Amended Entity Name: Davis Affordable Housing, LLC

Signature: Signed as Filer: Todd C. Brockmann, Esq.

Capacity/Position of Person Signing (you must check one box):

☒ Manager    ☐ Member    ☐ Organizer

☐ Fiduciary    ☐ Attorney-in-Fact

Taylor B. Davis

(Print or Type Name)

Date: 12/27/2023



Business Name: Davis Affordable Housing, LLC

## Signature Page for a Secretary of State Business Filing

This page must be completed, scanned, and attached to any business filing where one of the following is true.

- The filing party signs the digital form on behalf of official signee.
- An attorney's signature is required. (Articles of Incorporation for Corporation and Benefit Corporation)

### Official Signatures

(Officer, Incorporator, Director, Agent, Partner, etc)

Required for forms where the signee is not present upon online submission and a filing party is providing a digital signing on their behalf. If the provided space is not enough, please attach multiple pages.

Name

Signature

Name

Signature

Name

Signature

Name

Signature

Name

Signature

Date

Title / Position

Date

Title / Position

Date

Title / Position

Date

Title / Position

Date

Title / Position

Scan and Upload this document to the Business Filing System during the filing process.  
File must be PDF format.

Jun 16 2022  
REFERENCE ID: 1062595

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

  
SECRETARY OF STATE OF SOUTH CAROLINA

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\*)

Good Wall Kennedy, 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  
233 N. Main Street, Suite 200

(Street Address)

Greenville, South Carolina 29601

(City, State, Zip Code)

3. The initial agent for service of process is

P. Edwin Good, Jr.

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:  
233 N. Main Street, Suite 200

(Street Address)

Greenville

(City)

South Carolina 29601

(Zip Code)

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

(a)

P. Edwin Good, Jr.

(Name)

233 N. Main Street, Suite 200

(Street Address)

Greenville, South Carolina 29601

(City, State, Zip Code)

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Jun 16 2022

REFERENCE ID: 1062595

  
SECRETARY OF STATE OF SOUTH CAROLINA

Good Wall Kennedy, LLC

Name of Limited Liability Company

(b)

F. Bogue Wallin

(Name)

24 Ruskin Square

(Street Address)

Greenville, South Carolina 29607

(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)

P. Edwin Good, Jr.,

(Name)

233 N. Main Street, Suite 200

(Street Address)

Greenville, South Carolina 29601

(City, State, Zip Code)

(b)

F. Bogue Wallin

(Name)

24 Ruskin Square

(Street Address)

Greenville, South Carolina 29607

(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 \_\_\_\_\_.

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Jun 16 2022

REFERENCE ID: 1062595

  
\_\_\_\_\_  
SECRETARY OF STATE OF SOUTH CAROLINA

Good Wall Kennedy, 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.

Signed as Filer: Patricia P. Wilhoit

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

Date: 06/16/2022

Signed as Filer: Patricia P. Wilhoit

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

Date: 06/16/2022

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Jun 16 2022

Business Name: Good Wall Kennedy, LLC

REFERENCE ID: 1062595

  
SECRETARY OF STATE OF SOUTH CAROLINA

## nature Page for a Secretary of State Business Filing

This page must be completed, scanned, and attached to any business filing where one of the following is true.

- The filing party signs the digital form on behalf of official signee.
- An attorney's signature is required. (Articles of Incorporation for Corporation and Benefit Corporation)

### Official Signatures

(Officer, Incorporator, Director, Agent, Partner, etc)

Required for forms where the signee is not present upon online submission and a filing party is providing a digital signing on their behalf. If the provided space is not enough, please attach multiple pages.

P. Edwin Good, Jr.

Name

6/15/2022

Date

  
Signature

Manager

Title / Position

F. Bogue Wallin

Name

6/15/2022

Date

  
Signature

Manager

Title / Position

Scan and Upload this document to the Business Filing System during the filing process.  
File must be PDF format.

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

ARTICLES OF ORGANIZATION  
Limited Liability Company – Domestic

**TYPE OR PRINT CLEARLY IN BLACK INK**

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\*)

Kennedy Street 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 "LLC," "LLC," "L.C.," "LC," or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

160 E Kennedy St  
(Street Address)

Spartanburg, SC 29306  
(City, State, Zip Code)

3. The initial agent for service of process is

Capitol Corporate Services, Inc.  
(Name)

N/A  
(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:

2 Office Park Ct Ste 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)

Mark Hunter  
(Name)

8245 Boone Blvd. Ste. 640  
(Street Address)

Vienna, VA 22182  
(City, State, Zip Code)

Kennedy Street 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 \_\_\_\_\_

Kennedy Street GP, LLC

Name of Limited Liability Company

9. Any other provision 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.

Signature of Organizer

Date:

2/5/24

Signature of Organizer

Date:

#### Filing Checklist

- Two completed copies of this form must be submitted for filing.
- \$110.00 made payable to the South Carolina Secretary of State
- Self-addressed, stamped return envelope
- Make sure the organizer has signed the form. Only one organizer is required, but you may have more than one. If you have more than one organizer, every organizer listed on the form must sign. The organizer is the individual who completes the documents and delivers them for filing to the Secretary of State. The organizer may be an owner of the entity, but he or she does not have to be. The organizer may simply be an individual who assists in the formation of the LLC without having any involvement with subsequent ownership or operational functions.
- Return all documents to:  
South Carolina Secretary of State's Office  
Attn: Corporate Filings  
1205 Pendleton Street, Suite 525  
Columbia, SC 29201

#### SPECIAL NOTE

Registering your limited liability company name does not, in and of itself, provide an exclusive right to use this name on or in connection with any product or service. Use of a name as a trademark or service mark requires further clearance and registration and may be affected by prior use of the mark. For more information contact the Trademarks Division of the Secretary of State's Office.



STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

CERTIFICATE OF LIMITED PARTNERSHIP

Pursuant to Section 33-42-210 of the 1976 S.C. Code of Laws, as amended, the undersigned limited partnership submits the following.

1. The name of the proposed limited partnership is:

Kennedy Street Owner, LP

2. The address of the office of the registered agent of the limited partnership is:

2 Office Park Ct Ste 103

(Street Address)

Columbia, SC 29223

(City, State, Zip Code)

3. The name of the registered agent at the above address:

Capitol Corporate Services, Inc.

(Name)

I hereby consent to the appointment as registered agent

N/A

(Agent's Signature)

4. The address of the principal office is:

8245 Boone Blvd. Ste. 640

(Street Address)

Vienna, VA 22182

(City, State, Zip Code)

5. The name and mailing address of each general partner of the limited partnership:

a. Kennedy Street GP, LLC

(Name)

8245 Boone Blvd. Ste. 640

(Street Address)

Vienna, VA 22182

(City, State, Zip Code)

Name of Limited Partnership

b. \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

6. The latest date upon which the limited partnership is to dissolve: 02/01/2123

7. The optional provisions which the limited partnership wishes to include are as follows:

8. The existence of the limited partnership shall begin as of the filing date with the Secretary of State unless a delayed date is indicated [See 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended]: \_\_\_\_\_

2/5/24  
(Date)

1. Mark Hunter, for Kennedy Street GP, LLC  
(Signature of General Partner)

Mark Hunter (Controller)  
(Print Name)

2. \_\_\_\_\_  
(Signature of General Partner)

\_\_\_\_\_  
(Print Name)

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

**First:** The name of the limited liability company is \_\_\_\_\_  
SCG DEVELOPMENT SPE, LLC

**Second:** The address of its registered office in the State of Delaware is \_\_\_\_\_  
2711 Centerville Road, Suite 400 \_\_\_\_\_ in the City of Wilmington, New Castle County  
Zip code 19808 . The name of its Registered agent at such address is  
Corporation Service Company

**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

5 day of October, 2016.

By: [Signature]  
Authorized Person (s)

Name: Stephen P. Wilson

**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\*)

Villa Affordable Housing, 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  
325 Rocky Slope Road, Suite 301

(Street Address)

Greenville, South Carolina 29607

(City, State, Zip Code)

3. The initial agent for service of process is

Robinson Villa

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:  
325 Rocky Slope Road, Suite 301

(Street Address)

Greenville \_\_\_\_\_ South Carolina 29607

(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) Todd C. Brockmann, Esq.

(Name)

17250 Lancaster Highway, Suite 608

(Street Address)

Charlotte, North Carolina 28277

(City, State, Zip Code)

Villa Affordable Housing, 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 \_\_\_\_\_.

Villa Affordable Housing, 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.

Todd C. Brockmann, Esq.

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

Date: 11/02/2023

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

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