

EXHIBIT P

Identity of Interest Certification

The Applicant Blue Ridge Family I, 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:

Some members of the General Partner entity are also shareholders in Prestwick Development Company, LLC (the 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: Wiley A. Tucker, III

Date: 5/19/25

Applicant Name: Wiley A. Tucker, III

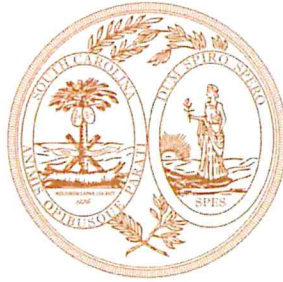
for: Blue Ridge Family I, LP

FORM LP

LIMITED PARTNERSHIP	Development Name: <u>Blue Ridge</u> City: <u>Lancaster</u> , S.C.	
Name of LP: <u>Blue Ridge Family I, LP</u> LP includes the following: <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City: <u>Atlanta</u> State: <u>Georgia</u> Zip: <u>30327</u> Tax ID Number: <u>33-3806009</u> or date applied for: _____		
Partners Percentage of Ownership		
1. Partner: <u>Blue Ridge Family I GP, LLC</u> Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City, State, Zip: <u>Atlanta GA 30327</u> <input checked="" type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner		<u>99.99</u> %
2. Partner: <u>Wiley A. Tucker III</u> Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City, State, Zip: <u>Atlanta GA 30327</u> <input type="checkbox"/> General Partner <input checked="" type="checkbox"/> Limited Partner		<u>0.01</u> %
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.

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:

Blue Ridge Family I, LP, a limited partnership organized under the laws of the state of Georgia and doing business in South Carolina under the name of Blue Ridge Family I, LP has, on May 7th, 2025, filed with this office duly authenticated evidence of its formation and a proper application of registration of foreign limited partnership, and is authorized to transact business in this State, as provided by the South Carolina Uniform Limited Partnership Act, as shown by the records in this office in the Foreign Limited Partnership file.

Given under my Hand and the Great Seal
of the State of South Carolina this 16th day
of May, 2025.


Mark Hammond, Secretary of State

STATE OF GEORGIA

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

CERTIFICATE OF EXISTENCE

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

Blue Ridge Family I, LP
a Domestic Limited Partnership

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 29344204
Date Inc/Auth/Filed: 02/10/2025
Jurisdiction : Georgia
Print Date : 05/05/2025
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

APPLICATION FOR REGISTRATION
OF
FOREIGN LIMITED PARTNERSHIP

Pursuant to Section 33-42-1620 of the 1976 S.C. Code, as amended, the undersigned foreign limited partnership submits the following:

1. Name of Limited Partnership:

Blue Ridge Family I, LP

2. Name under which business will be transacted:

3. Date of Organization: 02/10/2025

State of Organization: Georgia

4. Name and Address of Registered Agent in South Carolina:

Cogency Global, Inc.

(Agent's Name)

2 Office Park Court, Suite 103

(Street Address)

Columbia, South Carolina 29223

(City, State, Zip Code)

I hereby consent to the appointment as registered agent

(Agent's Signature)

5. The Secretary of State is appointed the agent of the foreign Limited Partnership if no agent has been appointed or, if appointed the agent's authority have been revoked or if the agent cannot be located.

6. Home office address or principal office in state of jurisdiction:
3715 Northside Parkway NW, Building 200, Suite 175

(Street Address)

Atlanta, Georgia 30327

(City, State, Zip Code)

Blue Ridge Family I, LP

Name of Limited Partnership

7. Names and addresses of General Partners:

a. Blue Ridge Family I GP, LLC

(Name)

3715 Northside Parkway NW, Building 200, Suite 175

(Mailing Address)

Atlanta, Georgia 30327

(City, State, Zip Code)

b.

(Name)

(Mailing Address)

(City, State, Zip Code)

c.

(Name)

(Mailing Address)

(City, State, Zip Code)

(Add additional lines if necessary)

8. Address of office where a list of names and addresses of the Limited Partners and their capital contributions is kept:
3715 Northside Parkway NW, Building 200, Suite 175

(Street Address)

Atlanta, Georgia 30327

(City, State, Zip Code)

9. The undersigned foreign limited partnership affirms that a list of names and addressed of the limited partners along with their capital contributions will be kept at the address listed in #8 until the foreign limited partnership's registration in South Carolina is cancelled or withdrawn.

Date: 05/07/2025

Name of Limited Partnership:

Blue Ridge Family I, LP

Wiley A. Tucker, III : (Electronically Signed)

(Signature of General Partner)

STATE OF GEORGIA

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

CERTIFICATE OF EXISTENCE

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

Blue Ridge Family I, LP
a Domestic Limited Partnership

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

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Docket Number : 29344204
Date Inc/Auth/Filed: 02/10/2025
Jurisdiction : Georgia
Print Date : 05/05/2025
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State

STATE OF GEORGIA

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

CERTIFICATE OF LIMITED PARTNERSHIP

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

Blue Ridge Family I, LP
a Domestic Limited Partnership

has been duly formed , as of the effective date **02/10/2025**, by the filing of a certificate of limited partnership 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 **02/11/2025**.



Brad Raffensperger

Brad Raffensperger
Secretary of State

CERTIFICATE OF LIMITED PARTNERSHIP

Electronically Filed
Secretary of State
Filing Date: 2/10/2025 4:59:11 PM

BUSINESS INFORMATION

CONTROL NUMBER	25027135
BUSINESS NAME	Blue Ridge Family I, LP
BUSINESS TYPE	Domestic Limited Partnership
EFFECTIVE DATE	02/10/2025

PRINCIPAL OFFICE ADDRESS

ADDRESS	3715 Northside Parkway, NW, Building 200, Suite 175, Atlanta, GA, 30327, USA
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REGISTERED AGENT

NAME	ADDRESS	COUNTY
Wiley A Tucker, III	3715 Northside Parkway NW, Building 200, Suite 175, Atlanta, GA, 30327, USA	Fulton

GENERAL PARTNER(S)

NAME	TITLE	ADDRESS
Blue Ridge Family I GP, LLC	GENERAL PARTNER	3715 Northside Parkway NW, Building 200, Suite 175, Atlanta, GA, 30327, USA

OPTIONAL PROVISIONS

N/A

AUTHORIZER INFORMATION

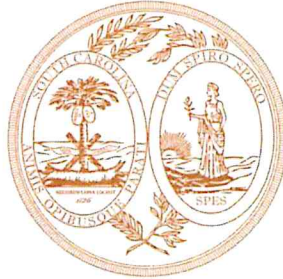
Authorizer Signature	Title
Blue Ridge Family I GP, LLC, Prestwick Blue Ridge Family I GP, LLC, Manager, By: Wiley A. Tucker, III, Member	General Partner

FORM LLC

LIMITED LIABILITY COMPANY	Development Name: <u>Blue Ridge</u> City: <u>Lancaster</u> , S.C.
Name of LLC: <u>Blue Ridge Family I GP, LLC</u> LLC includes the following: <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City: <u>Atlanta</u> State: <u>Georgia</u> Zip: <u>30327</u> Tax ID Number: <u>33-3833139</u> or date applied for: _____	
Membership	Percentage of Ownership
1. Manager (if any): <u>Prestwick Blue Ridge Family I GP, LLC</u> Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City, State, Zip: <u>Atlanta GA 30327</u>	_____%
2. Member Name: <u>Prestwick Blue Ridge Family I GP, LLC</u> Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City, State, Zip: <u>Atlanta GA 30327</u>	<u>83.0</u> %
3. Member Name: <u>Sarah Niemann</u> Address: <u>8086 Anthirium Loop</u> City, State, Zip: <u>Sarasota, FL 34240</u>	<u>17.0</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.

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:

Blue Ridge Family I GP, LLC, a limited liability company duly organized under the laws of the State of Georgia, and issued a certificate of authority to transact business in South Carolina on May 6th, 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. §33-44-1006, 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 16th day
of May, 2025.


Mark Hammond, Secretary of State

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

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

Blue Ridge Family I GP, LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 29344196
Date Inc/Auth/Filed: 02/10/2025
Jurisdiction : Georgia
Print Date : 05/05/2025
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

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

Blue Ridge Family I GP, LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

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This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 29344196
Date Inc/Auth/Filed: 02/10/2025
Jurisdiction : Georgia
Print Date : 05/05/2025
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**APPLICATION FOR A CERTIFICATE OF AUTHORITY BY A FOREIGN LIMITED LIABILITY COMPANY
TO TRANSACT BUSINESS IN SOUTH CAROLINA**

The following Foreign Limited Liability Company applies for a Certificate of Authority to Transact Business in South Carolina in accordance with Section 33-44-1002 of the 1976 S.C. Code of Laws, as amended.

1. The name of the foreign limited liability company which complies with Section 33-44-1005 of the 1976 S.C. Code of Laws, as amended is:

Blue Ridge Family I GP, LLC

2. The name of the State or Country under whose law the company is organized is Georgia

3. The street address of the Limited Liability Company's principal office is
3715 Northside Parkway NW, Building 200, Suite 175

(Street Address)

Atlanta, Georgia 30327

(City, State, Zip Code)

4. The address of the Limited Liability Company's current designated office in South Carolina is
2 Office Park Court, Suite 103

(Street Address)

Columbia, South Carolina 29223

(City, State, Zip Code)

5. The street address of the Limited Liability Company's initial agent for service of process in South Carolina is
2 Office Park Court, Suite 103

(Street Address)

Columbia _____ South Carolina 29223

(City)

(Zip Code)

And the name of the Limited Liability Company's agent for service of process at the address is:

Cogency Global, Inc.

(Name)

(Signature of Agent)

6. ☐ Check this box only if the duration of the company is for a specified term, and if so, the period specified

Blue Ridge Family I GP, LLC

Name of Limited Liability Company

7. ☐ Check this box if the company is manager-managed. If so, list the names and business addresses of each manager.

(a)

(Name)

(Address)

(City, State, Zip Code)

(b)

(Name)

(Address)

(City, State, Zip Code)

8. ☐ Check this box if one or more of the members of the foreign limited liability company are to be liable for the company's debt and obligation under a provision similar to Section 33-44-303(c) of the 1976 S.C. Code of Laws, as amended.

Date: 05/06/2025

Signed as Authorized Signature: Wiley A. Tucker, III : (Electronically Signed)

Signature

Wiley A. Tucker, III

Name

Authorized Person

Capacity/Title

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

Blue Ridge Family I GP, LLC
a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on **02/10/2025** 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 **02/11/2025**.



Brad Raffensperger

Brad Raffensperger
Secretary of State

ARTICLES OF ORGANIZATION

Electronically Filed
Secretary of State
Filing Date: 2/10/2025 4:42:55 PM

BUSINESS INFORMATION

CONTROL NUMBER	25027203
BUSINESS NAME	Blue Ridge Family I GP, LLC
BUSINESS TYPE	Domestic Limited Liability Company
EFFECTIVE DATE	02/10/2025

PRINCIPAL OFFICE ADDRESS

ADDRESS	3715 Northside Parkway, NW, Building 200, Suite 175, Atlanta, GA, 30327, USA
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REGISTERED AGENT

NAME	ADDRESS	COUNTY
Wiley A Tucker, III	3715 Northside Parkway NW, Building 200, Suite 175, Atlanta, GA, 30327, USA	Fulton

ORGANIZER(S)

NAME	TITLE	ADDRESS
Wiley A Tucker , III	ORGANIZER	3715 Northside Parkway NW, Building 200, Suite 175, Atlanta, GA, 30327, USA

OPTIONAL PROVISIONS

N/A

AUTHORIZER INFORMATION

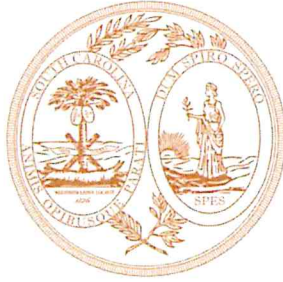
AUTHORIZER SIGNATURE	Wiley A. Tucker, III
AUTHORIZER TITLE	Organizer

FORM LLC

LIMITED LIABILITY COMPANY	Development Name: <u>Blue Ridge</u> City: <u>Lancaster</u> , S.C.
Name of LLC: <u>Prestwick Blue Ridge Family I GP, LLC</u> LLC includes the following: <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City: <u>Atlanta</u> State: <u>Georgia</u> Zip: <u>30327</u> Tax ID Number: <u>33-3859684</u> or date applied for: _____	
Membership	Percentage of Ownership
1. Manager (if any): <u>Wiley A. Tucker III</u> Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City, State, Zip: <u>Atlanta GA 30327</u>	_____%
2. Member Name: <u>Augustine Management, LLC</u> Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City, State, Zip: <u>Atlanta GA 30327</u>	<u>35.0</u> %
3. Member Name: <u>Briland Holdings, LLC</u> Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City, State, Zip: <u>Atlanta GA 30327</u>	<u>35.0</u> %
4. Member Name: <u>CMY GP Holdings, LLC</u> Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City, State, Zip: <u>Atlanta GA 30327</u>	<u>10.0</u> %
5. Member Name: <u>EJH GP Holdings, LLC</u> Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City, State, Zip: <u>Atlanta GA 30327</u>	<u>10.0</u> %
6. Member Name: <u>HBD GP Holdings, LLC</u> Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City, State, Zip: <u>Atlanta GA 30327</u>	<u>10.0</u> %

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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:

Prestwick Blue Ridge Family I GP, LLC, a limited liability company duly organized under the laws of the State of Georgia, and issued a certificate of authority to transact business in South Carolina on May 6th, 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. §33-44-1006, 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 15th day
of May, 2025.


Mark Hammond, Secretary of State

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

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Docket Number : 29344200
Date Inc/Auth/Filed: 02/10/2025
Jurisdiction : Georgia
Print Date : 05/05/2025
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

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Date Inc/Auth/Filed: 02/10/2025
Jurisdiction : Georgia
Print Date : 05/05/2025
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**APPLICATION FOR A CERTIFICATE OF AUTHORITY BY A FOREIGN LIMITED LIABILITY COMPANY
TO TRANSACT BUSINESS IN SOUTH CAROLINA**

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Prestwick Blue Ridge Family I GP, LLC

2. The name of the State or Country under whose law the company is organized is Georgia

3. The street address of the Limited Liability Company's principal office is
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(Street Address)

Atlanta, Georgia 30327

(City, State, Zip Code)

4. The address of the Limited Liability Company's current designated office in South Carolina is
2 Office Park Court, Suite 103

(Street Address)

Columbia, South Carolina 29223

(City, State, Zip Code)

5. The street address of the Limited Liability Company's initial agent for service of process in South Carolina is
2 Office Park Court, Suite 103

(Street Address)

Columbia

South Carolina 29223

(City)

(Zip Code)

And the name of the Limited Liability Company's agent for service of process at the address is:

Cogency Global, Inc.

(Name)

(Signature of Agent)

6. ☐ Check this box only if the duration of the company is for a specified term, and if so, the period specified

Prestwick Blue Ridge Family I GP, LLC

Name of Limited Liability Company

7. ☐ Check this box if the company is manager-managed. If so, list the names and business addresses of each manager.

(a)

(Name)

(Address)

(City, State, Zip Code)

(b)

(Name)

(Address)

(City, State, Zip Code)

8. ☐ Check this box if one or more of the members of the foreign limited liability company are to be liable for the company's debt and obligation under a provision similar to Section 33-44-303(c) of the 1976 S.C. Code of Laws, as amended.

Date: 05/06/2025

Signed as Authorized Signature: Wiley A. Tucker, III : (Electronically Signed)

Signature

Wiley A. Tucker, III

Name

Authorized Person

Capacity/Title

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

Prestwick Blue Ridge Family I GP, LLC

a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on **02/10/2025** 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 **02/11/2025**.



Brad Raffensperger

Brad Raffensperger
Secretary of State

ARTICLES OF ORGANIZATION

Electronically Filed
Secretary of State
Filing Date: 2/10/2025 4:51:12 PM

BUSINESS INFORMATION

CONTROL NUMBER	25027207
BUSINESS NAME	Prestwick Blue Ridge Family I GP, LLC
BUSINESS TYPE	Domestic Limited Liability Company
EFFECTIVE DATE	02/10/2025

PRINCIPAL OFFICE ADDRESS

ADDRESS	3715 Northside Parkway, NW, Building 200, Suite 175, Atlanta, GA, 30327, USA
----------------	--

REGISTERED AGENT

NAME	ADDRESS	COUNTY
Wiley A Tucker, III	3715 Northside Parkway NW, Building 200, Suite 175, Atlanta, GA, 30327, USA	Fulton

ORGANIZER(S)

NAME	TITLE	ADDRESS
Wiley A Tucker, III	ORGANIZER	3715 Northside Parkway NW, Building 200, Suite 175, Atlanta, GA, 30327, USA

OPTIONAL PROVISIONS

N/A

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE	Wiley A. Tucker, III
AUTHORIZER TITLE	Organizer

FORM LLC

LIMITED LIABILITY COMPANY	Development Name: Compass Cove <u>Blue Ridge</u> City: <u>Anderson</u> , S.C.
Name of LLC: <u>Augustine Management, LLC</u> LLC includes the following: <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City: <u>Atlanta</u> State: <u>Georgia</u> Zip: <u>30327</u> Tax ID Number: <u>92-3503867</u> or date applied for: _____	
Membership	Percentage of Ownership
1. Manager (if any): <u>Richard D Lee</u> Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City, State, Zip: <u>Atlanta GA 30327</u>	_____%
2. Member Name: <u>Richard D Lee</u> Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City, State, Zip: <u>Atlanta GA 30327</u>	<u>1.0</u> %
3. Member Name: <u>Clingmans Dome Trust</u> Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City, State, Zip: <u>Atlanta GA 30327</u>	<u>99.0</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.



Wyoming Secretary of State
Herschler Bldg East, Ste.100 & 101
Cheyenne, WY 82002-0020
Ph. 307-777-7311

For Office Use Only
WY Secretary of State
FILED: Dec 6 2022 12:55PM
Original ID: 2022-001192581

Limited Liability Company Articles of Organization

- I. The name of the limited liability company is:
Augustine Management, LLC
- II. The name and physical address of the registered agent of the limited liability company is:
Corporate Creations Network Inc.
5830 E 2nd St
Casper, WY 82609
- III. The mailing address of the limited liability company is:
3460 Preston Ridge Road
Suite 150
Alpharetta, GA 30005
- IV. The principal office address of the limited liability company is:
3460 Preston Ridge Road
Suite 150
Alpharetta, GA 30005
- V. The organizer of the limited liability company is:
Summer Rydson
3460 Preston Ridge Road, Suite 150, Alpharetta, GA 30005

Signature: Summer Rydson
Print Name: Summer Rydson
Title: Organizer
Email: summer@dearthlaw.com
Daytime Phone #: (404) 341-5852

Date: 12/06/2022



Wyoming Secretary of State
Herschler Bldg East, Ste.100 & 101

Cheyenne, WY 82002-0020
Ph. 307-777-7311

- ☒ I am the person whose signature appears on the filing; that I am authorized to file these documents on behalf of the business entity to which they pertain; and that the information I am submitting is true and correct to the best of my knowledge.
- ☒ I am filing in accordance with the provisions of the Wyoming Limited Liability Company Act, (W.S. 17-29-101 through 17-29-1105) and Registered Offices and Agents Act (W.S. 17-28-101 through 17-28-111).
- ☒ I understand that the information submitted electronically by me will be used to generate Articles of Organization that will be filed with the Wyoming Secretary of State.
- ☒ I intend and agree that the electronic submission of the information set forth herein constitutes my signature for this filing.
- ☒ I have conducted the appropriate name searches to ensure compliance with W.S. 17-16-401.
- ☒ I consent on behalf of the business entity to accept electronic service of process at the email address provided with Article IV, Principal Office Address, under the circumstances specified in W.S. 17-28-104(e).

Notice Regarding False Filings: Filing a false document could result in criminal penalty and prosecution pursuant to W.S. 6-5-308.

W.S. 6-5-308. Penalty for filing false document.

(a) A person commits a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00), or both, if he files with the secretary of state and willfully or knowingly:

(i) Falsifies, conceals or covers up by any trick, scheme or device a material fact;

(ii) Makes any materially false, fictitious or fraudulent statement or representation; or

(iii) Makes or uses any false writing or document knowing the same to contain any materially false, fictitious or fraudulent statement or entry.

- ☒ I acknowledge having read W.S. 6-5-308.

Filer is: ☒ An Individual ☐ An Organization

Filer Information:

By submitting this form I agree and accept this electronic filing as legal submission of my Articles of Organization.

Signature: Summer Rydson
Print Name: Summer Rydson
Title: Organizer
Email: summer@dearthlaw.com
Daytime Phone #: (404) 341-5852

Date: 12/06/2022



Wyoming Secretary of State
Herschler Bldg East, Ste.100 & 101
Cheyenne, WY 82002-0020
Ph. 307-777-7311

Consent to Appointment by Registered Agent

Corporate Creations Network Inc., whose registered office is located at **5830 E 2nd St, Casper, WY 82609**, voluntarily consented to serve as the registered agent for **Augustine Management, LLC** and has certified they are in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

I have obtained a signed and dated statement by the registered agent in which they voluntarily consent to appointment for this entity.

Signature: **Summer Rydson** Date: **12/06/2022**
Print Name: **Summer Rydson**
Title: **Organizer**
Email: **summer@dearthlaw.com**
Daytime Phone #: **(404) 341-5852**

STATE OF WYOMING
Office of the Secretary of State

I, KARL ALLRED, Secretary of State of the State of Wyoming, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF ORGANIZATION

Augustine Management, LLC

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **6th** day of **December, 2022** at **12:55 PM**.

Remainder intentionally left blank.



Filed Date: 12/06/2022

A handwritten signature in black ink, reading 'Karl T. Allred', written over a horizontal line.

Secretary of State

Filed Online By:

Summer Rydson

on 12/06/2022

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

Augustine Management, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **December 6, 2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001192581**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 13th day of May, 2025 at 3:17 PM. This certificate is assigned ID Number 084961937.



A handwritten signature in cursive script that reads "Chuck Gray".

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <https://wyobiz.wyo.gov> and following the instructions displayed under Validate Certificate.

FORM LLC

LIMITED LIABILITY COMPANY	Development Name: <u>Blue Ridge</u> City: <u>Lancaster</u> , S.C.
Name of LLC: <u>Briland Holdings, LLC</u> LLC includes the following: <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City: <u>Atlanta</u> State: <u>Georgia</u> Zip: <u>30327</u> Tax ID Number: <u>88-3755455</u> or date applied for: _____	
Membership	Percentage of Ownership
1. Manager (if any): <u>Wiley A. Tucker III</u> Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City, State, Zip: <u>Atlanta GA 30327</u>	_____%
2. Member Name: <u>Wiley A. Tucker III</u> Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City, State, Zip: <u>Atlanta GA 30327</u>	1.0 _____%
3. Member Name: <u>Pink Sands Trust</u> Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City, State, Zip: <u>Atlanta GA 30327</u>	99.0 _____%
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.



Wyoming Secretary of State
Herschler Bldg East, Ste.100 & 101
Cheyenne, WY 82002-0020
Ph. 307-777-7311

For Office Use Only
WY Secretary of State
FILED: Aug 17 2022 10:57AM
Original ID: 2022-001149430

Limited Liability Company Articles of Organization

- I. The name of the limited liability company is:
Briland Holdings, LLC
- II. The name and physical address of the registered agent of the limited liability company is:
Corporate Creations Network Inc.
5830 E 2nd St
Casper, WY 82609
- III. The mailing address of the limited liability company is:
3460 Preston Ridge Road
Suite 150
Alpharetta, GA 30005
- IV. The principal office address of the limited liability company is:
3460 Preston Ridge Road
Suite 150
Alpharetta, GA 30005
- V. The organizer of the limited liability company is:
Summer Rydson
3460 Preston Ridge Road, Suite 150, Alpharetta, GA 30005

Signature: Summer Rydson
Print Name: Summer Rydson
Title: Organizer
Email: summer@dearthlaw.com
Daytime Phone #: (404) 341-5852

Date: 08/17/2022



Secretary of State

Wyoming Secretary of State
Herschler Bldg East, Ste.100 & 101

Cheyenne, WY 82002-0020
Ph. 307-777-7311

- ☒ I am the person whose signature appears on the filing; that I am authorized to file these documents on behalf of the business entity to which they pertain; and that the information I am submitting is true and correct to the best of my knowledge.
- ☒ I am filing in accordance with the provisions of the Wyoming Limited Liability Company Act, (W.S. 17-29-101 through 17-29-1105) and Registered Offices and Agents Act (W.S. 17-28-101 through 17-28-111).
- ☒ I understand that the information submitted electronically by me will be used to generate Articles of Organization that will be filed with the Wyoming Secretary of State.
- ☒ I intend and agree that the electronic submission of the information set forth herein constitutes my signature for this filing.
- ☒ I have conducted the appropriate name searches to ensure compliance with W.S. 17-16-401.
- ☒ I consent on behalf of the business entity to accept electronic service of process at the email address provided with Article IV, Principal Office Address, under the circumstances specified in W.S. 17-28-104(e).

Notice Regarding False Filings: Filing a false document could result in criminal penalty and prosecution pursuant to W.S. 6-5-308.

W.S. 6-5-308. Penalty for filing false document.

(a) A person commits a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00), or both, if he files with the secretary of state and willfully or knowingly:

- (i) Falsifies, conceals or covers up by any trick, scheme or device a material fact;
- (ii) Makes any materially false, fictitious or fraudulent statement or representation; or
- (iii) Makes or uses any false writing or document knowing the same to contain any materially false, fictitious or fraudulent statement or entry.

- ☒ I acknowledge having read W.S. 6-5-308.

Filer is: ☒ An Individual ☐ An Organization

Filer Information:

By submitting this form I agree and accept this electronic filing as legal submission of my Articles of Organization.

Signature: Summer Rydson
Print Name: Summer Rydson
Title: Organizer
Email: summer@dearthlaw.com
Daytime Phone #: (404) 341-5852

Date: 08/17/2022



Wyoming Secretary of State
Herschler Bldg East, Ste. 100 & 101
Cheyenne, WY 82002-0020
Ph. 307-777-7311

Consent to Appointment by Registered Agent

Corporate Creations Network Inc., whose registered office is located at **5830 E 2nd St, Casper, WY 82609**, voluntarily consented to serve as the registered agent for **Briland Holdings, LLC** and has certified they are in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

I have obtained a signed and dated statement by the registered agent in which they voluntarily consent to appointment for this entity.

Signature:	<u>Summer Rydson</u>	Date: 08/17/2022
Print Name:	Summer Rydson	
Title:	Organizer	
Email:	summer@dearthlaw.com	
Daytime Phone #:	(404) 341-5852	

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, Secretary of State of the State of Wyoming, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF ORGANIZATION

Briland Holdings, LLC

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **17th** day of **August, 2022** at **10:57 AM**.

Remainder intentionally left blank.



Filed Date: 08/17/2022

Edward A. Buchanan

Secretary of State

Filed Online By:

Summer Rydson

on 08/17/2022

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

Briland Holdings, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **August 17, 2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001149430**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 13th day of May, 2025 at 3:16 PM. This certificate is assigned ID Number 084961735.



A handwritten signature in cursive script, reading "Chuck Gray", is written over a horizontal line.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <https://wyobiz.wyo.gov> and following the instructions displayed under Validate Certificate.

FORM LLC

LIMITED LIABILITY COMPANY	Development Name: <u>Blue Ridge</u> City: <u>Lancaster</u> , S.C.
Name of LLC: <u>HBD GP Holdings, LLC</u> LLC includes the following: <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City: <u>Atlanta</u> State: <u>Georgia</u> Zip: <u>30327</u> Tax ID Number: <u>33-2954185</u> or date applied for: _____	
Membership	Percentage of Ownership
1. Manager (if any): <u>Brandon Dampier</u> Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City, State, Zip: <u>Atlanta GA 30327</u>	_____%
2. Member Name: <u>Brandon Dampier</u> Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City, State, Zip: <u>Atlanta GA 30327</u>	<u>100.0</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.

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

HBD GP Holdings, LLC
a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on **07/05/2023** 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 **07/07/2023**.



Brad Raffensperger

Brad Raffensperger
Secretary of State

ARTICLES OF ORGANIZATION

Electronically Filed
Secretary of State
Filing Date: 7/5/2023 11:03:07 AM

BUSINESS INFORMATION

CONTROL NUMBER 23146446
BUSINESS NAME HBD GP Holdings, LLC
BUSINESS TYPE Domestic Limited Liability Company
EFFECTIVE DATE 07/05/2023

PRINCIPAL OFFICE ADDRESS

ADDRESS 3715 Northside Parkway, NW, Building 200, Suite 175, Atlanta, GA, 30327, USA

REGISTERED AGENT

NAME	ADDRESS	COUNTY
Harold Brandon Dampier	3715 Northside Parkway, NW, Building 200, Suite 175, Atlanta, GA, 30327, USA	Fulton

ORGANIZER(S)

NAME	TITLE	ADDRESS
Damian M. Hovancik	ORGANIZER	Amall Golden Gregory LLP, 171 17th Street, NW, Suite 2100, Atlanta, GA, 30363, USA

OPTIONAL PROVISIONS

N/A

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE Damian M. Hovancik
AUTHORIZER TITLE Organizer

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

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

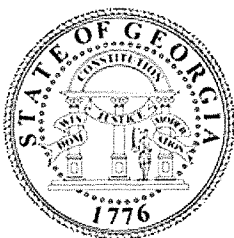
HBD GP Holdings, LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 29362481
Date Inc/Auth/Filed: 07/05/2023
Jurisdiction : Georgia
Print Date : 05/13/2025
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State

FORM LLC

LIMITED LIABILITY COMPANY	Development Name: <u>Blue Ridge</u> City: <u>Lancaster</u> , S.C.
Name of LLC: <u>CMY GP Holdings, LLC</u> LLC includes the following: <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City: <u>Atlanta</u> State: <u>Georgia</u> Zip: <u>30327</u> Tax ID Number: <u>33-2953879</u> or date applied for: _____	
Membership	Percentage of Ownership
1. Manager (if any): <u>Charles M. Young, Jr.</u> Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City, State, Zip: <u>Atlanta GA 30327</u>	_____%
2. Member Name: <u>Charles M. Young, Jr.</u> Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City, State, Zip: <u>Atlanta GA 30327</u>	<u>100.0</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.

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

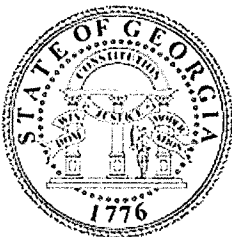
CERTIFICATE OF ORGANIZATION

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

CMY GP Holdings, LLC
a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on **07/05/2023** 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 **07/07/2023**.



Brad Raffensperger

Brad Raffensperger
Secretary of State

ARTICLES OF ORGANIZATION***Electronically Filed***

Secretary of State

Filing Date: 7/5/2023 11:07:19 AM

BUSINESS INFORMATION

CONTROL NUMBER	23145678
BUSINESS NAME	CMY GP Holdings, LLC
BUSINESS TYPE	Domestic Limited Liability Company
EFFECTIVE DATE	07/05/2023

PRINCIPAL OFFICE ADDRESS

ADDRESS	3715 Northside Parkway, NW, Building 200, Suite 175, Atlanta, GA, 30327, USA
----------------	--

REGISTERED AGENT

NAME	ADDRESS	COUNTY
Charles M. Young, Jr.	3715 Northside Parkway, NW, Building 200, Suite 175, Atlanta, GA, 30327, USA	Fulton

ORGANIZER(S)

NAME	TITLE	ADDRESS
Damian M. Hovancik	ORGANIZER	Arnall Golden Gregory LLP, 171 17th Street, NW, Suite 2100, Atlanta, GA, 30363, USA

OPTIONAL PROVISIONS

N/A

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE	Damian M. Hovancik
AUTHORIZER TITLE	Organizer

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

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

CMY GP Holdings, LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 29362469
Date Inc/Auth/Filed: 07/05/2023
Jurisdiction : Georgia
Print Date : 05/13/2025
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State

FORM LLC

LIMITED LIABILITY COMPANY	Development Name: <u>Blue Ridge</u> City: <u>Lancaster</u> , S.C.
Name of LLC: <u>EJH GP Holdings, LLC</u> LLC includes the following: <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City: <u>Atlanta</u> State: <u>Georgia</u> Zip: <u>30327</u> Tax ID Number: <u>33-2954051</u> or date applied for: _____	
Membership	Percentage of Ownership
1. Manager (if any): <u>Edrick Harris</u> Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City, State, Zip: <u>Atlanta GA 30327</u>	_____%
2. Member Name: <u>Edrick Harris</u> Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City, State, Zip: <u>Atlanta GA 30327</u>	<u>100.0</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.

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

EJH GP Holdings LLC

a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on **07/05/2023** 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 **07/07/2023**.



Brad Raffensperger

Brad Raffensperger
Secretary of State

ARTICLES OF ORGANIZATION

Electronically Filed
Secretary of State
Filing Date: 7/5/2023 11:15:21 AM

BUSINESS INFORMATION

CONTROL NUMBER 23145687
BUSINESS NAME EJH GP Holdings LLC
BUSINESS TYPE Domestic Limited Liability Company
EFFECTIVE DATE 07/05/2023

PRINCIPAL OFFICE ADDRESS

ADDRESS 3715 Northside Parkway, NW, Building 200, Suite 175, Atlanta, GA, 30327, USA

REGISTERED AGENT

NAME	ADDRESS	COUNTY
Edrick J. Harris	3715 Northside Parkway, NW, Building 200, Suite 175, Atlanta, GA, 30327, USA	Fulton

ORGANIZER(S)

NAME	TITLE	ADDRESS
Damian M. Hovancik	ORGANIZER	Arnall Golden Gregory LLP, 171 17th Street, NW, Suite 2100, Atlanta, GA, 30363, USA

OPTIONAL PROVISIONS

N/A

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE Damian M. Hovancik
AUTHORIZER TITLE Organizer

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

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

EJH GP Holdings LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 29362475
Date Inc/Auth/Filed: 07/05/2023
Jurisdiction : Georgia
Print Date : 05/13/2025
Form Number : 211



Brad Raffensperger

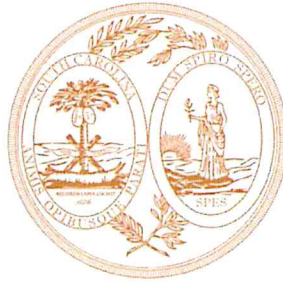
Brad Raffensperger
Secretary of State

FORM LLC

LIMITED LIABILITY COMPANY	Development Name: <u>Blue Ridge</u> City: <u>Lancaster</u> , S.C.
Name of LLC: <u>Prestwick Development Company, LLC</u> LLC includes the following: <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City: <u>Atlanta</u> State: <u>GA</u> Zip: <u>30327</u> Tax ID Number: <u>26-3685942</u> or date applied for: _____	
Membership	Percentage of Ownership
1. Manager (if any): <u>Wiley A Tucker III</u> Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City, State, Zip: <u>Atlanta GA 30327</u>	_____%
2. Member Name: <u>Wiley A Tucker III</u> Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City, State, Zip: <u>Atlanta GA 30327</u>	<u>40</u> _____%
3. Member Name: <u>Richard D Lee</u> Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City, State, Zip: <u>Atlanta GA 30327</u>	<u>40</u> _____%
4. Member Name: <u>Charles M Young Jr</u> Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City, State, Zip: <u>Atlanta GA 30327</u>	<u>10</u> _____%
5. Member Name: <u>Edrick J Harris</u> Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City, State, Zip: <u>Atlanta GA 30327</u>	<u>10</u> _____%
6. Member Name: <u>Kenneth Blankenship</u> Address: <u>3715 Northside Parkway, Ste 175, Bldg 200</u> City, State, Zip: <u>Atlanta GA 30327</u>	<u>0</u> _____%

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 Authority

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

PRESTWICK DEVELOPMENT COMPANY, LLC, a limited liability company duly organized under the laws of the State of Georgia, and issued a certificate of authority to transact business in South Carolina on March 19th, 2010, 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 15th day
of May, 2025.


Mark Hammond, Secretary of State

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

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

PRESTWICK DEVELOPMENT COMPANY, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 27296095
Date Inc/Auth/Filed: 09/09/2008
Jurisdiction : Georgia
Print Date : 05/08/2024
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State

STATE OF GEORGIA

Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

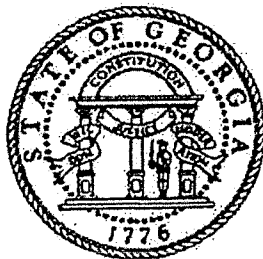
CERTIFICATE OF ORGANIZATION

I, **Karen C Handel**, the Secretary of State and the Corporations Commissioner of the State of Georgia, hereby certify under the seal of my office that

PRESTWICK DEVELOPMENT COMPANY, LLC
a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on **09/09/2008** 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 September 9, 2008



Karen C Handel
Secretary of State

September 09, 2008

**ARTICLES OF ORGANIZATION
FOR GEORGIA LIMITED LIABILITY COMPANY**

The name of the Limited Liability Company is:

Prestwick Development Company, LLC

The principal mailing address of the Limited Liability Company is:

610 Hampton Bluff Lane
Alpharetta, GA 30004

The Registered Agent is:

Ken Blankenship
610 Hampton Bluff Lane
Alpharetta, GA 30004

County:

The name and address of each organizer(s) are:

Alison M Drummond
171 17th Street , Suite 2100
Atlanta, GA 30363

The optional provisions are:

MANAGEMENT: Subject to the terms and limitations of the written operating agreement for the Company, as amended from time to time, management of the Company shall be vested in one or more managers of the Company.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on the date set forth below.

Signature(s):

Organizer, Alison M Drummond

Date:

September 09, 2008

U.S. DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-8823

X

Date of this notice: 11-14-2008

Employer Identification Number:
26-3685942

Form: SS-4

Number of this notice: CP 575 B

PRESTWICK DEVELOPMENT COMPANY LLC
KENNETH G BLANKENSHIP MBR
618 HAMPTON BLUFF LN
ALPHARETTA GA 30004

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 26-3685942. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information correct as shown above, please make the correction using the attached tear off and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

04/15/2009

If you have questions about the form(s) or the due date(s) shown, you can call at the phone number or write to us at the address shown at the top of this notice. You need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the lines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Ruling for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 for instructions for additional information.

575B

11-14-2008 PRES B 0509905075 SS-4

Keep this part for your records.

CP 575 B (Rev. 1-2008)

turn this part with any correspondence
we may identify your account. Please
rect any errors in your name or address.

CP 575 8

05899-05075

Telephone Number Best Time to Call

DATE OF THIS NOTICE: 11-14-2008
EMPLOYER IDENTIFICATION NUMBER: 26-3685942
FORM: SS-6
NOBOD

REVENUE SERVICE
OH 45999-0023

PRESTWICK DEVELOPMENT COMPANY LLC
KENNETH S BLANKENSHIP MBR
610 HAMPTON BLUFF LN
ALPHARETTA GA 38004