

## FORM LLC

<b>LIMITED LIABILITY COMPANY</b>	Development Name: <u>Swann Meadows Apartments</u> City: <u>Greenwood</u> , S.C.
Name of LLC: <u>Swann Meadows SC LLC</u> LLC includes the following: <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit Address: <u>1515 Mockingbird Ln Suite 1010</u> City: <u>Charlotte</u> State: <u>NC</u> Zip: <u>28209</u> Tax ID Number: <u>88-2902100</u> or date applied for: _____	
<b>Membership</b>	<b>Percentage of Ownership</b>
1. Manager (if any): <u>Swann Meadows GP LLC</u> Address: <u>1515 Mockingbird Ln Suite 1010</u> City, State, Zip: <u>Charlotte, NC 28209</u>	<u>99</u> %
2. Member Name: <u>James M Bernstein</u> Address: <u>1075 Cottingham Dr</u> City, State, Zip: <u>Mount Pleasant, SC 29464</u>	<u>1</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.

# *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:**

Swann Meadows SC LLC, a limited liability company duly organized under the laws of the State of South Carolina on June 21st, 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 5th day  
of May, 2025.

  
Mark Hammond, Secretary of State

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

Filing ID: 220621-1603531

Filing Date: 06/21/2022

Jun 21 2022  
REFERENCE ID: 1065414

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\*)

Swann Meadows SC 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  
508 Meeting Street

(Street Address)

West Columbia, South Carolina 29169

(City, State, Zip Code)

3. The initial agent for service of process is

Corporation Service Company

(Name)

(Signature of Agent)

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

(Street Address)

West Columbia

South Carolina 29169

(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)

Hollis M. Fitch

(Name)

1515 Mockingbird Lane Ste1010

(Street Address)

Charlotte, North Carolina 28209

(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 21 2022

REFERENCE ID: 1065414

  
SECRETARY OF STATE OF SOUTH CAROLINA

Swann Meadows SC 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)

Hollis M. Fitch

(Name)

1515 Mockingbird Lane, Suite 1010

(Street Address)

Charlotte, North Carolina 28209

(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 06/21/2022.

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

Jun 21 2022

REFERENCE ID: 1065414

  
SECRETARY OF STATE OF SOUTH CAROLINA

Swann Meadows SC 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.

Hollis M. Fitch, Manager

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

Date: 06/21/2022

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

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

## FORM LLC

<b>LIMITED LIABILITY COMPANY</b>	Development Name: <u>Swann Meadows Apartments</u> City: <u>Greenwood</u> , S.C.
Name of LLC: <u>Swann Meadows GP LLC</u> LLC includes the following: <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit Address: <u>1515 Mockingbird Ln Suite 1010</u> City: <u>Charlotte</u> State: <u>NC</u> Zip: <u>28209</u> Tax ID Number: <u>88-2902234</u> or date applied for: _____	
<b>Membership</b>	<b>Percentage of Ownership</b>
1. Manager (if any): <u>Fitch Irick SC LLC</u> Address: <u>1515 Mockingbird Ln Suite 1010</u> City, State, Zip: <u>Charlotte, NC 28209</u>	<u>100</u> %
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.

# *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:**

Swann Meadows GP LLC, a limited liability company duly organized under the laws of the State of South Carolina on June 21st, 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 5th day  
of May, 2025.

  
Mark Hammond, Secretary of State

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

Filing ID: 220621-1606089

Filing Date: 06/21/2022

Jun 21 2022  
REFERENCE ID: 1065420

**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\*)

Swann Meadows GP LLC

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

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

(Street Address)

West Columbia, South Carolina 29169

(City, State, Zip Code)

3. The initial agent for service of process is

Corporation Service Company

(Name)

(Signature of Agent)

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

(Street Address)

West Columbia South Carolina 29169

(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)

Hollis M. Fitch

(Name)

1515 Mockingbird Lane Ste1010

(Street Address)

Charlotte, North Carolina 28209

(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 21 2022

REFERENCE ID: 1065420

  
SECRETARY OF STATE OF SOUTH CAROLINA

Swann Meadows 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)

Hollis M. Fitch

(Name)

1515 Mockingbird Lane, Suite 1010

(Street Address)

Charlotte, North Carolina 28209

(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 06/21/2022.

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

Jun 21 2022

REFERENCE ID: 1065420

  
SECRETARY OF STATE OF SOUTH CAROLINA

Swann Meadows GP LLC

Name of Limited Liability Company

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

10. Each organizer listed under number 4 must sign.

Hollis M. Fitch, Manager

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

Date: 06/21/2022

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

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

## FORM LLC

<b>LIMITED LIABILITY COMPANY</b>	Development Name: <u>Swann Meadows Apartments</u> City: <u>Greenwood</u> , S.C.
Name of LLC: <u>Fitch Irick SC LLC</u> LLC includes the following: <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit Address: <u>1515 Mockingbird Lane, Suite 1010</u> City: <u>Charlotte</u> State: <u>NC</u> Zip: <u>28209</u> Tax ID Number: <u>85-2838220</u> or date applied for: _____	
Membership	Percentage of Ownership
1. Manager (if any): <u>Fitch Irick Development</u> Address: <u>1515 Mockingbird Lane, Suite 1010</u> City, State, Zip: <u>Charlotte, NC 28209</u>	<u>60</u> %
2. Member Name: <u>James M. Bernstein</u> Address: <u>1075 Cottingham Drive</u> City, State, Zip: <u>Mount Pleasant, SC 29464</u>	<u>40</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.

# *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:**

Fitch Irick SC LLC, a limited liability company duly organized under the laws of the State of South Carolina on September 2nd, 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. §33-44-809, 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 9th day  
of April, 2025.

  
Mark Hammond, Secretary of State

Filing ID: 200902-1620574

Filing Date: 09/02/2020

**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)

Fitch Irick SC 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  
508 Meeting Street

(Street Address)

West Columbia, South Carolina 29169

(City, State, Zip Code)

3. The initial agent for service of process is

Corporation Service Company

(Name)

(Signature of Agent)

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

(Street Address)

West Columbia

South Carolina 29169

(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)

Hollis M. Fitch

(Name)

1714 East Boulevard

(Street Address)

Charlotte, North Carolina 28203

(City, State, Zip Code)

Fitch Irick SC 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 09/02/2020.

Fitch Irick SC 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.

Hollis M. Fitch

Signature of Organizer

Date: 09/02/2020

Signature of Organizer

Date:

## FORM LLC

<b>LIMITED LIABILITY COMPANY</b>	Development Name: <u>Swann Meadows Apartments</u> City: <u>Greenwood</u> , S.C.
Name of LLC: <u>Fitch Irick Development LLC</u> LLC includes the following: <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit Address: <u>1515 Mockingbird Lane, Suite 1010</u> City: <u>Charlotte</u> State: <u>NC</u> Zip: <u>28209</u> Tax ID Number: <u>87-1393824</u> or date applied for: _____	
Membership	Percentage of Ownership
1. Manager (if any): <u>Fitch Irick Corporation</u> Address: <u>1515 Mockingbird Lane, Suite 1010</u> City, State, Zip: <u>Charlotte, NC 28209</u>	<u>100</u> %
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.



# NORTH CAROLINA

## Department of the Secretary of State

### CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

#### **FITCH IRICK DEVELOPMENT LLC**

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 24th day of June, 2021

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 22nd day of April, 2025.

*Elaine F. Marshall*

Secretary of State



# NORTH CAROLINA

## Department of the Secretary of State

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**To all whom these presents shall come, Greetings:**

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

### ARTICLES OF ORGANIZATION

OF

### FITCH IRICK DEVELOPMENT LLC

the original of which was filed in this office on the 24th day of June, 2021.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 24th day of June, 2021.

*Elaine F. Marshall*

Secretary of State

**SOSID: 2220916**  
**Date Filed: 6/24/2021 12:29:00 PM**  
**Elaine F. Marshall**  
**North Carolina Secretary of State**  
**C2021 173 01698**

Pursuant to §57D-2-20 of the General Statutes of North Carolina, the undersigned does hereby submit these Articles of Organization for the purpose of forming a limited liability company.

- Raleigh, NC 27626-0622  
Form L-01

The mailing address, if different from the street address, of the principal office of the company is:

Number and Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

b. ☐ The limited liability company does not have a principal office.

7. Any other provisions which the limited liability company elects to include (e.g., the purpose of the entity) are attached.

8. (Optional): Listing of Company Officials (See instructions on the importance of listing the company officials in the creation document.

Name	Title	Business Address
Fitch Irick Partners LLC	Manager	1515 Mockingbird Lane, Suite 1010, Charlotte, NC 28209

9. (Optional): Please provide a business e-mail address: \_\_\_\_\_  
The Secretary of State's Office will e-mail the business automatically at the address provided above at no cost when a document is filed. The e-mail provided will not be viewable on the website. For more information on why this service is offered, please see the instructions for this document.

10. These articles will be effective upon filing, unless a future date is specified:

This is the 22nd day of June, 2021.

FITCH IRICK COINVEST I LLC

Dustin Littrell

Signature

Dustin Littrell, Organizer

Type or Print Name and Title

The below space to be used if more than one organizer or member is listed in Item #2 above.

\_\_\_\_\_

\_\_\_\_\_

Signature

Signature

Type and Print Name and Title

Type and Print Name and Title

**NOTE:**

1. Filing fee is \$125. This document must be filed with the Secretary of State.