

**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:

Villas at Iris Apartments, LP

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

508 Meeting Street

(Street Address)

West Columbia, SC 29169

(City, State, Zip Code)

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

(Name)

I hereby consent to the appointment as registered agent
Corporation Service Company

By:

(Agent's Signature)

4. The address of the principal office is:

401 Wilshire Blvd., 11th Floor

(Street Address)

Santa Monica, CA 90401

(City, State, Zip Code)

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

a. Fairview Villas at Iris GP LLC

(Name)

680 5th Avenue, 17th Floor

(Street Address)

New York, NY 10019

(City, State, Zip Code)

Villas at Iris Apartments, LP

Name of Limited Partnership

b. _____
(Name)

(Street Address)

(City, State, Zip Code)

6. The latest date upon which the limited partnership is to dissolve: May 7, 2084

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]: _____

05/07/24

(Date)

1. 
(Signature of General Partner)

Thom Amdur, Executive Director of Fairview Housing Partners Ltd., the sole member and manager of the General Partner
(Print Name)

2. _____
(Signature of General Partner)

(Print Name)

Business Name: Villas at Iris Apartments, LP

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.

Thom Amdur

05/07/24

Name



Signature

Date

Executive Director of Fairview Housing Partners
Ltd., the sole member and manager of the General
Partner

Title / Position

Fairview Villas at Iris GP LLC

Name

Date

Signature

Title / Position

Name

Date

Signature

Title / Position

Name

Date

Signature

Title / Position

Name

Date

Signature

Title / Position

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

FILING INSTRUCTIONS

1. Include a self-addressed stamped envelope to have a filed copy returned to you by mail.
2. If space on this form is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form.
3. This application must be signed by all general partners and accompanied by the filing fee of \$10.00 payable to the "SECRETARY OF STATE."

Return to: Secretary of State
 Attn: Corporate Filings
 1205 Pendleton Street, Suite 525
 Columbia, SC 29201

NOTE

THE FILING OF THIS DOCUMENT 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 WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE.