

**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*)

JM COPE HOLDINGS, 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
300 Boiter Rd.

(Street Address)

Williamston, South Carolina 29697

(City, State, Zip Code)

3. The initial agent for service of process is

Debora L. Scogins

(Name)

(Signature of Agent)

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

(Street Address)

Williamston

South Carolina 29697

(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) Debora L. Scogins

(Name)

PO Box 9782

(Street Address)

Greenville, South Carolina 29604

(City, State, Zip Code)

JM COPE HOLDINGS, 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 _____.

JM COPE HOLDINGS, LLC

Name of Limited Liability Company

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

10. Each organizer listed under number 4 must sign.

Signed as Filer: Debora L. Scogins: (Electronically Signed)

Signature of Organizer

Date: 09/30/2025

Signature of Organizer

Date: _____

Business Name: JM COPE HOLDINGS, LLC

Signature Page for a Secretary of State Business Filing

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

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

Official Signatures

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

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

<u>Debora L. Scogins</u> Name _____ DocuSigned by: <u>Debora L. Scogins</u> Signature _____ 7D17377184D2473...	<u>9/29/2025</u> Date _____ <u>Agent</u> Title / Position _____
_____ Name _____ _____ Signature _____	_____ Date _____ _____ Title / Position _____
_____ Name _____ _____ Signature _____	_____ Date _____ _____ Title / Position _____
_____ Name _____ _____ Signature _____	_____ Date _____ _____ Title / Position _____
_____ Name _____ _____ Signature _____	_____ Date _____ _____ Title / Position _____

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