

TAB 5
ENTITY
INFORMATION

EXHIBIT P

EXHIBIT P

Identity of Interest Certification

The Applicant Green Heron Affordable, 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:

An affiliate of the property manager, NHE Inc., is involved as co-developer and the principal of Davis Affordable Housing LLC (a member of Green Heron Affordable, LP).

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

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

Applicant Signature: _____

Date: _____

Applicant Name: _____

Taylor Davis

FORM LP, LLC & **CORP**

FORM LP

LIMITED PARTNERSHIP	Development Name: <u>Green Heron Apartments</u> City: <u>Greenville</u> , S.C.
Name of LP: <u>Green Heron Affordable</u> LP includes the following: <u>X</u> For Profit <u> </u> Non-Profit Address: <u>124 Verdae Boulevard, Suite 502</u> City: <u>Greenville</u> State: <u>SC</u> Zip: <u>29607</u> Tax ID Number: <u>42-2474844</u> or date applied for: _____	
Partners	Percentage of Ownership
1. Partner: <u>HF Housing, Inc.</u> Address: <u>124 Verdae Boulevard</u> City, State, Zip: <u>Greenville, SC 29607</u> ☒ General Partner ☐ Limited Partner	<u>20.00</u> %
2. Partner: <u>Davis Affordable Housing, LLC</u> Address: <u>325 Rocky Slope Rd, Suite 301</u> City, State, Zip: <u>Greenville, SC 29607</u> ☐ General Partner ☒ Limited Partner	<u>53.33</u> %
3. Partner: <u>Villa Affordable Housing, LLC</u> Address: <u>325 Rocky Slope Rd, Suite 301</u> City, State, Zip: <u>Greenville, SC 29607</u> ☐ General Partner ☒ Limited Partner	<u>26.67</u> %
4. Partner: _____ Address: _____ City, State, Zip: _____ ☐ General Partner ☐ Limited Partner	_____ %
5. Partner: _____ Address: _____ City, State, Zip: _____ ☐ General Partner ☐ Limited Partner	_____ %

NOTE: This form must be completed for each LLC that is involved in the proposed development. If any of the Members are Corporations, Limited Liability Companies, or Limited Partnerships then you must also complete, in addition to this form, one or more of the following, as applicable: FORM CORP, FORM LP, and/or FORM LLC. All necessary forms must be submitted so as to ascertain the Principals of the development.

FORM CORP

CORPORATION	Development Name: <u>Green Heron Apartments</u>	
	City: <u>Greenville</u> , S.C.	
Name of Corporation: <u>HF Housing Inc.</u> Corporation is ☐ For Profit ☒ Non-Profit		
Address: <u>124 Verdae Boulevard, Suite 502</u>		
City <u>Greenville</u> State <u>SC</u> Zip: <u>29607</u>		
Tax ID Number: <u>99-3077492</u> or date applied for: _____		
Officers		
President: <u>Gage Weekes</u> Vice-President: _____		
Secretary: <u>Hunter Gibson</u> Treasurer: <u>Pamela Prashad</u>		
Shareholders		Percentage of Ownership
1. Name _____ Address: _____ City, State, Zip: _____		_____ %
2. Name: _____ Address: _____ City, State, Zip: _____		_____ %
3. Name: _____ Address: _____ City, State, Zip: _____		_____ %
4. Name: _____ Address: _____ City, State, Zip: _____		_____ %
5. Name: _____ Address: _____ City, State, Zip: _____		_____ %

NOTE: This form must be completed for **each** Corporation that is involved in the proposed development.

FORM LLC

LIMITED LIABILITY COMPANY	Development Name: <u>Green Heron Apartments</u> City: <u>Greenville</u> , S.C.
Name of LLC: <u>Davis Affordable Housing, LLC</u> LLC includes the following: ☒ For Profit ☐ Non-Profit Address: <u>325 Rocky Slope Rd, Suite 301</u> City: <u>Greenville</u> State: <u>SC</u> Zip: <u>29607</u> Tax ID Number: <u>99-0508055</u> or date applied for: _____	
Membership	Percentage of Ownership
1. Manager (if any): _____ Address: _____ City, State, Zip: _____	_____ %
2. Member Name: <u>Taylor Davis</u> Address: <u>325 Rocky Slope Rd, Suite 301</u> City, State, Zip: <u>Greenville SC 29607</u>	<u>100</u> %
3. Member Name: _____ Address: _____ City, State, Zip: _____	_____ %
4. Member Name: _____ Address: _____ City, State, Zip: _____	_____ %
5. Member Name: _____ Address: _____ City, State, Zip: _____	_____ %
6. Member Name: _____ Address: _____ City, State, Zip: _____	_____ %

NOTE: This form must be completed for each LLC that is involved in the proposed development. If any of the Members are Corporations, Limited Liability Companies, or Limited Partnerships then you must also complete, in addition to this form, one or more of the following, as applicable: FORM CORP, FORM LP, and/or FORM LLC. All necessary forms must be submitted so as to ascertain the Principals of the development.

FORM LLC

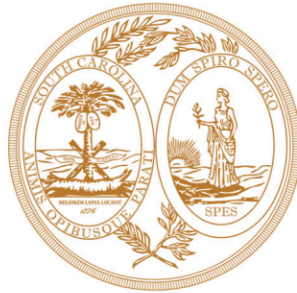
LIMITED LIABILITY COMPANY	Development Name: <u>Green Heron Apartments</u> City: <u>Greenville</u> , S.C.
Name of LLC: <u>Villa Affordable Housing, LLC</u> LLC includes the following: ☒ For Profit ☐ Non-Profit Address: <u>325 Rocky Slope Rd, Suite 301</u> City: <u>Greenville</u> State: <u>SC</u> Zip: <u>29607</u> Tax ID Number: <u>93-4257567</u> or date applied for: _____	
Membership	Percentage of Ownership
1. Manager (if any): _____ Address: _____ City, State, Zip: _____	_____ %
2. Member Name: <u>Robinson Villa</u> Address: <u>325 Rocky Slope Rd, Suite 301</u> City, State, Zip: <u>Greenville, SC 29607</u>	<u>100</u> %
3. Member Name: _____ Address: _____ City, State, Zip: _____	_____ %
4. Member Name: _____ Address: _____ City, State, Zip: _____	_____ %
5. Member Name: _____ Address: _____ City, State, Zip: _____	_____ %
6. Member Name: _____ Address: _____ City, State, Zip: _____	_____ %

NOTE: This form must be completed for each LLC that is involved in the proposed development. If any of the Members are Corporations, Limited Liability Companies, or Limited Partnerships then you must also complete, in addition to this form, one or more of the following, as applicable: FORM CORP, FORM LP, and/or FORM LLC. All necessary forms must be submitted so as to ascertain the Principals of the development.

CERTIFICATE OF

EXISTENCE

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

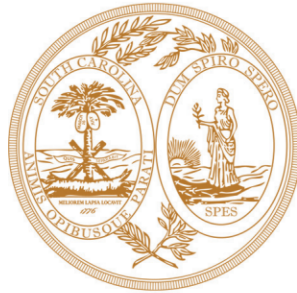
I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Green Heron Affordable, LP, a limited partnership organized under the laws of the State of South Carolina on April 28th, 2026, and doing business in South Carolina under the name of Green Heron Affordable, LP has, as of the 29th day of April, 2026, filed all reports due this office, paid all fees due, and is in existence and authorized to do business in the State of South Carolina.

Given under my Hand and the Great Seal of the State of South Carolina this 29th day of April, 2026.


Mark Hammond, Secretary of State

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

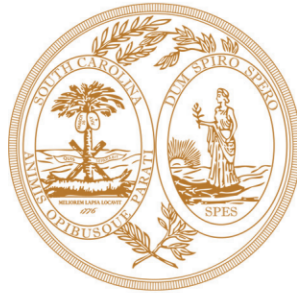
I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

HF Housing, Inc., a nonprofit corporation duly organized under the laws of the State of South Carolina on May 16th, 2024, has as of the date hereof filed as a nonprofit corporation for religious, educational, social, fraternal, charitable, or other eleemosynary purpose, and has 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. §33-31-1421, and that the nonprofit corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 19th day
of December, 2025.


Mark Hammond, Secretary of State

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

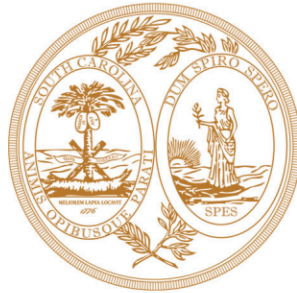
I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Davis Affordable Housing, LLC, a limited liability company duly organized under the laws of the State of South Carolina on May 7th, 2021, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 9th day
of September, 2025.


Mark Hammond, Secretary of State

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

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

Villa Affordable Housing, LLC, a limited liability company duly organized under the laws of the State of South Carolina on November 2nd, 2023, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 19th day
of May, 2025.


Mark Hammond, Secretary of State

ARTICLES OF **INCORPORATION**

Apr 29 2026

REFERENCE ID: 2206112

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

CERTIFICATE OF LIMITED PARTNERSHIP


SECRETARY OF STATE OF SOUTH CAROLINA

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:

Green Heron Affordable, LP

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

124 Verdae Boulevard, Suite 502

(Street Address)

Greenville, South Carolina 29607

(City, State, Zip Code)

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

B. Gage Weekes IV

(Name)

I hereby consent to the appointment as registered agent

(Agent's Signature)

4. The address of the principal office is:

124 Verdae Boulevard, Suite 502

(Street Address)

Greenville, South Carolina 29607

(City, State, Zip Code)

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

- a. HF Housing, Inc.

(Name)

124 Verdae Boulevard, Suite 502

(Street Address)

Greenville, South Carolina 29607

(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

Apr 29 2026

REFERENCE ID: 2206112


SECRETARY OF STATE OF SOUTH CAROLINA

Green Heron Affordable, 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: 04/28/2026

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]: _____

04/28/2026

(Date)

1. Signed as Filer: Robinson Villa: (Electronically Signed)

(Signature of General Partner)

HF Housing, Inc.

(Print Name)

2. _____
(Signature of General Partner)

(Print Name)

CERTIFIED TO BE A TRUE AND CORRECT COPY

AS TAKEN FROM AND COMPARED WITH THE

ORIGINAL ON FILE IN THIS OFFICE

Green Heron Affordable, LP

Entity Name:

Apr 29 2026

REFERENCE ID: 2206112

Signature Page for a Secretary of State Business Filing


SECRETARY OF STATE OF SOUTH CAROLINA

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.

B. Gage Weekes IV

Name

Signature

Date

President

Title / Position

4/28/26

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.

May 16 2024
REFERENCE ID: 1624607

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**


SECRETARY OF STATE OF SOUTH CAROLINA

**ARTICLES OF INCORPORATION
Nonprofit Corporation – Domestic
Filing Fee \$25.00**

Pursuant to S.C. Code of Laws Section 33-31-202 of the 1976 S.C. Code of Laws, as amended, the undersigned corporation submits the following information

1. The name of the nonprofit corporation is

HF Housing, Inc.

2. The initial registered office (registered agent's address in SC) of the nonprofit corporation is
124 Verdae Blvd, Suite 502

(Street Address)

Greenville, South Carolina 29607

(City, State, Zip Code)

The name of the registered agent of the nonprofit corporation at that office is

Pamela Prashad

(Name)

I hereby consent to the appointment as registered agent of the corporation.

(Agent's Signature)

3. Check "a", "b", or "c", whichever is applicable. Check only one box.

- a. ☒ The nonprofit corporation is a public benefit corporation.
b. ☐ The nonprofit corporation is a religious corporation.
c. ☐ The nonprofit corporation is a mutual benefit corporation.

4. Check "a" or "b" whichever is applicable

- a. ☐ This corporation will have members.
b. ☒ This corporation will not have members.

5. The principal office of the nonprofit corporation is
124 Verdae Blvd, Suite 502

(Street Address)

Greenville, South Carolina 29607

(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

May 16 2024

REFERENCE ID: 1624607

HF Housing, Inc.


SECRETARY OF STATE OF SOUTH CAROLINA

Name of Corporation

Corporation is either a **public benefit** or **religious corporation** complete either "a" or "b", whichever is applicable, to describe how the remaining assets of the corporation will be distributed upon dissolution of the corporation. **If you are going to apply for 501(c)(3) status, you must complete section "a".**

a.



Upon dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future Federal tax code, or shall be distributed to the Federal government, or to a state or local government, for a public purpose. Any such asset not so disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes.



If you choose to name a specific 501(c)(3) entity to which the assets should be distributed, please indicate the name of the selected entity.

OR

b.



If the dissolved corporation is not described in Section 501(c)(3) of the Internal Code, upon dissolution of the corporation, the assets shall be distributed to one or more public benefit or religious corporation or to one or more of the entities described in (a) above.



If you chose to name a specific public benefit, religious corporation or 501(c)(3) entity to which the assets should be distributed, please indicate the name of the selected entity.

7. If the corporation is mutual benefit corporation complete either "a" or "b", whichever is applicable, to describe how the (remaining) assets of the corporation will be distributed upon dissolution of the corporation.

a.



Upon dissolution of the mutual benefit corporation, the (remaining) assets shall be distributed to its members, or if it has no members, to those persons to whom the corporation holds itself out as benefiting or serving.

b.



Upon dissolution of the mutual benefit corporation, the (remaining) assets, consistent with the law, shall be distributed to

8. The optional provisions which the nonprofit corporation elects to include in the articles of incorporation are as follows [See S.C. Code of Laws Section 33-31-202(c)].

The Corporation's mission is to alleviate the housing crisis by financing, constructing, and managing affordable housing for individuals and families struggling with housing insecurity.

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

May 16 2024

REFERENCE ID: 1624607


SECRETARY OF STATE OF SOUTH CAROLINA

HF Housing, Inc.

Name of Corporation

9. The name and address of each incorporator is as follows (**only one is required, but you may have more than one**).

B. Gage Weekes IV

(Name)

124 Verdae Blvd, Suite 502

(Business Address)

Greenville, South Carolina 29607

(City, State, Zip Code)

(Name)

(Business Address)

(City, State, Zip Code)

(Name)

(Business Address)

(City, State, Zip Code)

10. Each original director of the nonprofit corporation must sign the articles but only if the directors are named in these articles.

(Name – only if names in articles)

(Signature of Director)

(Name – only if names in articles)

(Signature of Director)

(Name – only if names in articles)

(Signature of Director)

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

May 16 2024

REFERENCE ID: 1624607



SECRETARY OF STATE OF SOUTH CAROLINA

HF Housing, Inc.

Name of Corporation

11. Each incorporator listed in #9 must sign the articles

Signed as Filer: Shamara James: (Electronically Signed)

(Signature of Incorporator)

(Signature of Incorporator)

(Signature of Incorporator)

12. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date/time is:

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

May 16 2024

REFERENCE ID: A5555555

Signature Page for a Secretary of State Business Filing

Completed, scanned, and attached to any business filing where one of the following is true.

Signer 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.

B. Gage Weekes IV

5/16/2024 | 2:28 PM EDT

Name

DocuSigned by:

B. Gage Weekes IV

DE56D8E4B992446...

Date

Incorporator

Signature

Title / Position

Shamara James

5/16/2024 | 12:00 PM EDT

Name

DocuSigned by:

Shamara James

AD634EA3EA614A6...

Date

Attorney and Filer

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.

Name of Corporation:

REFERENCE ID: A1624607


SECRETARY OF STATE OF SOUTH CAROLINA

501(c)(3) Attachment

If your nonprofit is applying for 501 (c)(3) tax exempt status with the Internal Revenue Service, you must include this attachment with your articles of incorporation. Incorporating as a nonprofit in South Carolina does not ensure tax exempt status. A determination of tax exempt status can only be made by the Internal Revenue Service upon submission of an Application for Recognition of Exemption under Section 501(c)(3) of the Internal Revenue Code (Form 1023).

I. Purpose of the Nonprofit Corporation

Notwithstanding any other provisions of these articles, the corporation is organized and operated exclusively for one or more of the following purposes (you may check as many as are applicable):

- | | |
|--|---|
| ☒ Charitable | ☐ Scientific |
| ☐ Religious | ☐ Testing for Public Safety |
| ☐ Educational | ☐ Fostering National or International Amateur Sports Competition |
| ☐ Literary | ☐ Prevention of Cruelty to Animals or Children |

II. Prohibited Activities

Notwithstanding any other provisions of these articles, no part of the net earnings of the corporation shall inure to the benefit of, or be distributable to, its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article 1 above. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for political office. Notwithstanding any other provisions of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170 (c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

III. Distributions Upon Dissolution

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code (See Article I above), or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes.

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

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

1. The name of the limited liability company is:

Graycliff Capital Affordable Housing, LLC

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

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

Amended Entity Name: Davis Affordable Housing, LLC

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

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

☒ Manager ☐ Member ☐ Organizer
☐ Fiduciary ☐ Attorney-in-Fact

Taylor B. Davis

(Print or Type Name)

Date: 12/27/2023

Business Name: Davis Affordable Housing, LLC

Signature Page for a Secretary of State Business Filing

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

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

Official Signatures

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

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

Name

Signature

Name

Signature

Name

Signature

Name

Signature

Name

Signature

Date

Title / Position

Date

Title / Position

Date

Title / Position

Date

Title / Position

Date

Title / Position

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

**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*)

Graycliff Capital Affordable Housing, LLC

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

2. The address of the initial designated office of the limited liability company in South Carolina is
200 East Broad St. Suite 220

(Street Address)

Greenville, South Carolina 29601

(City, State, Zip Code)

3. The initial agent for service of process is

InCorp Services, Inc.

(Name)

(Signature of Agent)

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

(Street Address)

Lexington

South Carolina 29073

(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)

Chris Sorensen

(Name)

1201 N. Orange St., Suite 7044

(Street Address)

Wilmington, Delaware 19801

(City, State, Zip Code)

Graycliff Capital Affordable Housing, LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____

6. ☒ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

Paul M. Aiesi

(Name)

200 East Broad St. Suite 220

(Street Address)

Greenville, South Carolina 29601

(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 _____.

Graycliff Capital Affordable Housing, LLC

Name of Limited Liability Company

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

10. Each organizer listed under number 4 must sign.

Chris Sorensen

Signature of Organizer

Date: 05/07/2021

Signature of Organizer

Date: _____

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Villa Affordable Housing, LLC

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

2. The address of the initial designated office of the limited liability company in South Carolina is
325 Rocky Slope Road, Suite 301

(Street Address)

Greenville, South Carolina 29607

(City, State, Zip Code)

3. The initial agent for service of process is

Robinson Villa

(Name)

(Signature of Agent)

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

(Street Address)

Greenville _____ South Carolina 29607

(City) _____ (Zip Code)

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

- (a) Todd C. Brockmann, Esq.

(Name)

17250 Lancaster Highway, Suite 608

(Street Address)

Charlotte, North Carolina 28277

(City, State, Zip Code)

Villa Affordable Housing, LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time _____.

Villa Affordable Housing, LLC

Name of Limited Liability Company

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

10. Each organizer listed under number 4 must sign.

Todd C. Brockmann, Esq.

Signature of Organizer

Date: 11/02/2023

Signature of Organizer

Date: _____