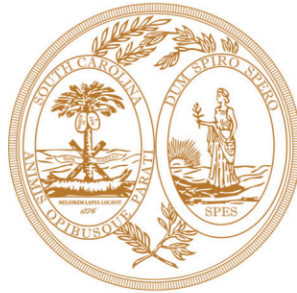


## FORM LLC

| <b>LIMITED LIABILITY COMPANY</b>                                                                                                                                                                                                                                                                                                         | Development Name: <u>Broughton Senior Apartments</u><br>City: <u>Orangeburg</u> , S.C. |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Name of LLC: <u>Broughton Senior SC LLC</u> LLC includes the following: <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit<br>Address: <u>1515 Mockingbird Ln Suite 1010</u><br>City: <u>Charlotte</u> State: <u>NC</u> Zip: <u>28209</u><br>Tax ID Number: <u>42-1929147</u> or date applied for: _____ |                                                                                        |
| Membership                                                                                                                                                                                                                                                                                                                               | Percentage of Ownership                                                                |
| 1. Manager (if any): <u>Broughton Senior GP LLC</u><br>Address: <u>1515 Mockingbird Ln Suite 1010</u><br>City, State, Zip: <u>Charlotte, NC 28209</u>                                                                                                                                                                                    | <u>99</u> %                                                                            |
| 2. Member Name: <u>James M. Bernstein</u><br>Address: <u>1075 Cottingham Dr</u><br>City, State, Zip: <u>Mt Pleasant, SC 29464</u>                                                                                                                                                                                                        | <u>1</u> %                                                                             |
| 3. Member Name: _____<br>Address: _____<br>City, State, Zip: _____                                                                                                                                                                                                                                                                       | _____ %                                                                                |
| 4. Member Name: _____<br>Address: _____<br>City, State, Zip: _____                                                                                                                                                                                                                                                                       | _____ %                                                                                |
| 5. Member Name: _____<br>Address: _____<br>City, State, Zip: _____                                                                                                                                                                                                                                                                       | _____ %                                                                                |
| 6. Member Name: _____<br>Address: _____<br>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:**

Broughton Senior SC LLC, a limited liability company duly organized under the laws of the State of South Carolina on December 30th, 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. §33-44-809, 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 14th day of April, 2026.

  
Mark Hammond, Secretary of State

Jan 01 2026

REFERENCE ID: 2098682

**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\*)

Broughton Senior 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  
100 Coastal Drive, Ste 210

(Street Address)

Charleston, South Carolina 29492

(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:  
100 Coastal Drive, Ste 210

(Street Address)

Charleston

(City)

South Carolina 29492

(Zip Code)

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

(a)

James M. Bernstein

(Name)

1515 Mockingbird Ln Ste 1010

(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

Jan 01 2026

REFERENCE ID: 2098682

  
SECRETARY OF STATE OF SOUTH CAROLINA

Broughton Senior 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 12/30/2025.

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

Jan 01 2026

REFERENCE ID: 2098682

  
\_\_\_\_\_  
SECRETARY OF STATE OF SOUTH CAROLINA

Broughton Senior 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.

James M. Bernstein: (Electronically Signed)

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

Date: 12/30/2025

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

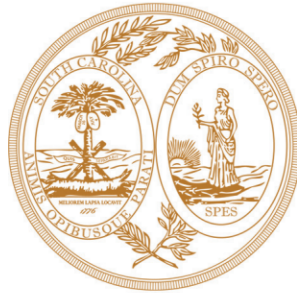
Date: \_\_\_\_\_

## FORM LLC

| <b>LIMITED LIABILITY COMPANY</b>                                                                                                                                                                                                                                                                                                         | Development Name: <u>Broughton Senior Apartments</u><br>City: <u>Orangeburg</u> , S.C. |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Name of LLC: <u>Broughton Senior GP LLC</u> LLC includes the following: <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit<br>Address: <u>1515 Mockingbird Ln Suite 1010</u><br>City: <u>Charlotte</u> State: <u>NC</u> Zip: <u>28209</u><br>Tax ID Number: <u>42-1929274</u> or date applied for: _____ |                                                                                        |
| Membership                                                                                                                                                                                                                                                                                                                               | Percentage of Ownership                                                                |
| 1. Manager (if any): <u>Fitch Irick SC LLC</u><br>Address: <u>1515 Mockingbird Ln Suite 1010</u><br>City, State, Zip: <u>Charlotte, NC 28209</u>                                                                                                                                                                                         | <u>90</u> %                                                                            |
| 2. Member Name: <u>Gill Development, LLC</u><br>Address: <u>4285 NC-24</u><br>City, State, Zip: <u>Midland, NC 28107</u>                                                                                                                                                                                                                 | <u>10</u> %                                                                            |
| 3. Member Name: _____<br>Address: _____<br>City, State, Zip: _____                                                                                                                                                                                                                                                                       | _____ %                                                                                |
| 4. Member Name: _____<br>Address: _____<br>City, State, Zip: _____                                                                                                                                                                                                                                                                       | _____ %                                                                                |
| 5. Member Name: _____<br>Address: _____<br>City, State, Zip: _____                                                                                                                                                                                                                                                                       | _____ %                                                                                |
| 6. Member Name: _____<br>Address: _____<br>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:**

Broughton Senior GP LLC, a limited liability company duly organized under the laws of the State of South Carolina on April 10th, 2026, 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 10th day  
of April, 2026.

  
Mark Hammond, Secretary of State

Apr 10 2026  
REFERENCE ID: 2190238

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\*)

Broughton Senior 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  
100 Coastal Drive, Ste 210

(Street Address)

Charleston, South Carolina 29492

(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:  
100 Coastal Drive, Ste 210

(Street Address)

Charleston South Carolina 29492

(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)

James M. Bernstein

(Name)

1515 Mockingbird Ln Ste 1010

(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

Apr 10 2026

REFERENCE ID: 2190238

  
SECRETARY OF STATE OF SOUTH CAROLINA

Broughton Senior 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)

(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 \_\_\_\_\_.

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

Apr 10 2026

REFERENCE ID: 2190238

  
\_\_\_\_\_  
SECRETARY OF STATE OF SOUTH CAROLINA

Broughton Senior 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.

James M. Bernstein: (Electronically Signed)

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

Date: 04/10/2026

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

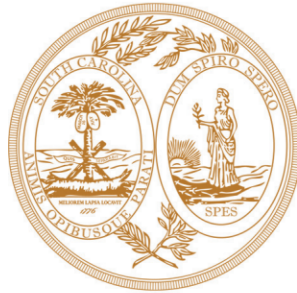
Date: \_\_\_\_\_

## FORM LLC

| <b>LIMITED LIABILITY COMPANY</b>                                                                                                                                                                                                                                                                                                    | Development Name: <u>Broughton Senior Apartments</u><br>City: <u>Orangeburg</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<br>Address: <u>1515 Mockingbird Ln Suite 1010</u><br>City: <u>Charlotte</u> State: <u>NC</u> Zip: <u>28209</u><br>Tax ID Number: <u>85-2838220</u> or date applied for: _____ |                                                                                        |
| Membership                                                                                                                                                                                                                                                                                                                          | Percentage of Ownership                                                                |
| 1. Manager (if any): <u>Fitch Irick Development LLC</u><br>Address: <u>1515 Mockingbird Ln Suite 1010</u><br>City, State, Zip: <u>Charlotte, NC 28209</u>                                                                                                                                                                           | <u>60</u> %                                                                            |
| 2. Member Name: <u>James M Bernstein</u><br>Address: <u>1075 Cottingham Dr</u><br>City, State, Zip: <u>Mt Pleasant, SC 29464</u>                                                                                                                                                                                                    | <u>40</u> %                                                                            |
| 3. Member Name: _____<br>Address: _____<br>City, State, Zip: _____                                                                                                                                                                                                                                                                  | _____ %                                                                                |
| 4. Member Name: _____<br>Address: _____<br>City, State, Zip: _____                                                                                                                                                                                                                                                                  | _____ %                                                                                |
| 5. Member Name: _____<br>Address: _____<br>City, State, Zip: _____                                                                                                                                                                                                                                                                  | _____ %                                                                                |
| 6. Member Name: _____<br>Address: _____<br>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 14th day of April, 2026.

  
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 "Lid. 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.

Holls M. Fitch

Signature of Organizer

Date: 09/02/2020

Signature of Organizer

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

## FORM LLC

| <b>LIMITED LIABILITY COMPANY</b>                                                                                                                                                                                                                                                                                                                         | Development Name: <u>Broughton Senior Apartments</u><br>City: <u>Orangeburg</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<br>Address: <u>1515 Mockingbird Ln Suite 1010</u><br>City: <u>Charlotte</u> State: <u>North Carolina</u> Zip: <u>28209</u><br>Tax ID Number: <u>87-1393824</u> or date applied for: _____ |                                                                                        |
| Membership                                                                                                                                                                                                                                                                                                                                               | Percentage of Ownership                                                                |
| 1. Manager (if any): <u>Fitch Irick Corporation</u><br>Address: <u>1515 Mockingbird Ln Suite 1010</u><br>City, State, Zip: <u>Charlotte, NC 28209</u>                                                                                                                                                                                                    | <u>100</u> %                                                                           |
| 2. Member Name: _____<br>Address: _____<br>City, State, Zip: _____                                                                                                                                                                                                                                                                                       | _____ %                                                                                |
| 3. Member Name: _____<br>Address: _____<br>City, State, Zip: _____                                                                                                                                                                                                                                                                                       | _____ %                                                                                |
| 4. Member Name: _____<br>Address: _____<br>City, State, Zip: _____                                                                                                                                                                                                                                                                                       | _____ %                                                                                |
| 5. Member Name: _____<br>Address: _____<br>City, State, Zip: _____                                                                                                                                                                                                                                                                                       | _____ %                                                                                |
| 6. Member Name: _____<br>Address: _____<br>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**

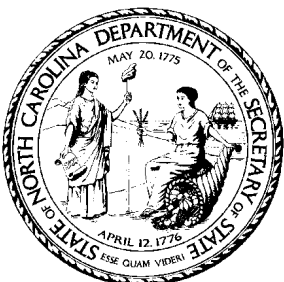
is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 24th day of June, 2021

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.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 14th day of April, 2026.

*Elaine F. Marshall*

Secretary of State



Scan to verify online.



# NORTH CAROLINA

## Department of the Secretary of State

---

**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

State of North Carolina  
Department of the 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

Limited Liability Company  
ARTICLES OF ORGANIZATION

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.

1. The name of the limited liability company is: Fitch Irick Development LLC  
(See Item 1 of the Instructions for appropriate entity designation)
2. The name and address of each person executing these articles of organization is as follows: (State whether each person is executing these articles of organization in the capacity of a member, organizer or both by checking all applicable boxes.) Note: This document must be signed by all persons listed.

| Name                   | Business Address                                                                    | Capacity                                                                      |
|------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <u>Dustin Littrell</u> | <u>c/o Moore &amp; Van Allen PLLC, 100 N Tryon St, Ste 4700, Charlotte NC 28202</u> | <input type="checkbox"/> Member <input checked="" type="checkbox"/> Organizer |
| _____                  | _____                                                                               | <input type="checkbox"/> Member <input type="checkbox"/> Organizer            |
| _____                  | _____                                                                               | <input type="checkbox"/> Member <input type="checkbox"/> Organizer            |
3. The name of the initial registered agent is: Corporation Service Company
4. The street address and county of the initial registered agent office of the limited liability company is:  
Number and Street 2626 Glenwood Avenue, Suite 550  
City Raleigh State: NC Zip Code: 27608 County: Wake
5. The mailing address, if different from the street address, of the initial registered agent office is:  
Number and Street \_\_\_\_\_  
City \_\_\_\_\_ State: NC Zip Code: \_\_\_\_\_ County: \_\_\_\_\_
6. Principal office information: (Select either a or b.)
  - a. ☒ The limited liability company has a principal office.  
The principal office telephone number: 704-335-9112  
The street address and county of the principal office of the limited liability company is:  
Number and Street: 1515 Mockingbird Lane, Suite 1010  
City: Charlotte State: NC Zip Code: 28209 County: Mecklenburg

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 28208 |
|                          |         |                                                        |

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

Type and Print Name and Title

\_\_\_\_\_  
Signature

Type and Print Name and Title

**NOTE:**

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

BUSINESS REGISTRATION DIVISION  
(Revised August, 2017)

P.O. BOX 29622

Raleigh, NC 27626-0622  
Form L-01

## FORM LLC

| <b>LIMITED LIABILITY COMPANY</b>                                                                                                                                                                                                                                                                                             | Development Name: <u>Broughton Senior Apartments</u><br>City: <u>Orangeburg</u> , S.C. |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Name of LLC: <u>Gill Development, LLC</u> LLC includes the following: <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit<br>Address: <u>4285 NC-24</u><br>City: <u>Midland</u> State: <u>North Carolina</u> Zip: <u>28107</u><br>Tax ID Number: <u>87-1393824</u> or date applied for: _____ |                                                                                        |
| Membership                                                                                                                                                                                                                                                                                                                   | Percentage of Ownership                                                                |
| 1. Manager (if any): <u>Joshua W Gill</u><br>Address: <u>4285 NC-24</u><br>City, State, Zip: <u>Midland, NC 28107</u>                                                                                                                                                                                                        | <u>100</u> %                                                                           |
| 2. Member Name: _____<br>Address: _____<br>City, State, Zip: _____                                                                                                                                                                                                                                                           | _____ %                                                                                |
| 3. Member Name: _____<br>Address: _____<br>City, State, Zip: _____                                                                                                                                                                                                                                                           | _____ %                                                                                |
| 4. Member Name: _____<br>Address: _____<br>City, State, Zip: _____                                                                                                                                                                                                                                                           | _____ %                                                                                |
| 5. Member Name: _____<br>Address: _____<br>City, State, Zip: _____                                                                                                                                                                                                                                                           | _____ %                                                                                |
| 6. Member Name: _____<br>Address: _____<br>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

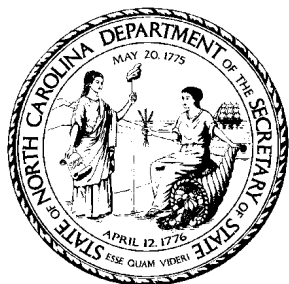
### CERTIFICATE OF EXISTENCE (Limited Liability Company)

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

#### GILL DEVELOPMENT, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 4th day of January, 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 9th day of April, 2026.

*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

**GILL DEVELOPMENT, LLC**

the original of which was filed in this office on the 4th day of January, 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 9th day of April, 2026.

*Elaine F. Marshall*

Secretary of State

**SOSID: 2104238**  
**Date Filed: 1/4/2021 11:27:00 AM**  
**Elaine F. Marshall**  
**North Carolina Secretary of State**  
**C2020 365 01914**

Page: 2 of 3

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.

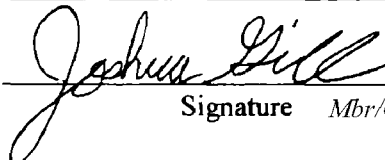
8. **(Optional):** Listing of Company Officials (See instructions on the importance of listing the company officials in the creation document.

| Name        | Title     | Business Address                          |
|-------------|-----------|-------------------------------------------|
| Joshua Gill | President | 47744 Miller Town Rd. Albemarle, NC 28001 |
|             |           |                                           |

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 30 day of December, 2020.

  
Signature Mbr/Org  
Joshua Gill, President  
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.

|                                        |                                        |
|----------------------------------------|----------------------------------------|
| _____<br>Signature                     | _____<br>Signature                     |
| _____<br>Type and Print Name and Title | _____<br>Type and Print Name and Title |

**NOTE:**

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



# NORTH CAROLINA

## Department of the Secretary of State

**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 AMENDMENT

OF

**GILL DEVELOPMENT, LLC**

the original of which was filed in this office on the 22nd day of August, 2023.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 9th day of April, 2026.

*Elaine F. Marshall*

Secretary of State

