

Apr 10 2026

REFERENCE ID: 2189669

**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:

Pickens Village, LP

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

2 Office Park Court, Suite 103

(Street Address)

Columbia, South Carolina 29223

(City, State, Zip Code)

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

C T Corporation System

(Name)

I hereby consent to the appointment as registered agent

(Agent's Signature)

4. The address of the principal office is:

2 Office Park Court, Suite 103

(Street Address)

Columbia, South Carolina 29223

(City, State, Zip Code)

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

- a. Pickens Village GP, LLC

(Name)

2 Office Park Court, Suite 103

(Street Address)

Columbia, South Carolina 29223

(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

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SECRETARY OF STATE OF SOUTH CAROLINA

Pickens Village, 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: 04/09/2126

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]: _____

04/09/2026

(Date)

1. Pickens Village GP, LLC by Jeff Beaver, Manager: (Electronically Signed)
(Signature of General Partner)

Pickens Village GP, LLC
(Print Name)

2. _____
(Signature of General Partner)

(Print Name)

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Filing ID: 260410-1541057

Filing Date: 04/10/2026

Apr 10 2026
REFERENCE ID: 2190530

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**


SECRETARY OF STATE OF SOUTH CAROLINA

**ARTICLES OF CORRECTION
LIMITED LIABILITY COMPANY**

The limited liability company in accordance with Section 33-44-207 of the 1976 S.C. Code of Laws, as amended corrects a record filed by the Secretary of State, which record contains a false or erroneous statement or was defectively signed.

1. The name of the limited liability company is:

Pickens Village GP, LLC

2. That on 2026-04-08 the corporation filed (fill out whichever is applicable):

- a. ☒ The following described document:

Articles of Organization 2026-04-08

- b. ☐ The attached document (attach copy of the document).

3. That this document was incorrect in the following manner:

Item 4(a) Name of Organizer was erroneously entered as Phillip Ellen. This individual is lacking proper authority to sign.

4. That the incorrect matters stated in Paragraph 3 should be revised as follows:

Additional Info: Name of Organizer: Jeff Beaver

Date: 04/10/2026

Signed as Organizer: Jeff Beaver: (Electronically Signed)

(Signature)

Jeff Beaver

(Print Name)

Organizer

(Office)

Apr 09 2026
REFERENCE ID: 2188504

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*)

Pickens Village 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
2 Office Park Court, Suite 103

(Street Address)

Columbia, South Carolina 29223

(City, State, Zip Code)

3. The initial agent for service of process is

CT Corporation System

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:
2 Office Park Court, Suite 103

(Street Address)

Columbia South Carolina 29223

(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)

Phillip Ellen

(Name)

404 East McKinney Avenue

(Street Address)

Albertville, Alabama 35950

(City, State, Zip Code)

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Apr 09 2026

REFERENCE ID: 2188504


SECRETARY OF STATE OF SOUTH CAROLINA

Pickens Village 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 _____.

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Apr 09 2026

REFERENCE ID: 2188504



SECRETARY OF STATE OF SOUTH CAROLINA

Pickens Village 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.

Phillip Ellen: (Electronically Signed)

Signature of Organizer

Date: 04/08/2026

Signature of Organizer

Date: _____