

May 02 2025
REFERENCE ID: 1893744

**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*)

Riverbend Trace 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
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 (CSC)

(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

(City)

South Carolina 29169

(Zip Code)

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

(a)

Dustin Mills

(Name)

PO BOX 566

(Street Address)

GREENVILLE, North Carolina 27835

(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 02 2025

REFERENCE ID: 1893744


SECRETARY OF STATE OF SOUTH CAROLINA

Riverbend Trace 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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May 02 2025

REFERENCE ID: 1893744



SECRETARY OF STATE OF SOUTH CAROLINA

Riverbend Trace 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.

DUSTIN MILLS: (Electronically Signed)

Signature of Organizer

Date: 05/02/2025

Signature of Organizer

Date: _____

May 02 2025
REFERENCE ID: 1893755

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**


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**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*)

Riverbend Trace MM 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
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 (CSC)

(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)

Dustin Mills

(Name)

PO BOX 566

(Street Address)

GREENVILLE, North Carolina 27835

(City, State, Zip Code)

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May 02 2025

REFERENCE ID: 1893755


SECRETARY OF STATE OF SOUTH CAROLINA

Riverbend Trace MM 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.

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SECRETARY OF STATE OF SOUTH CAROLINA

Riverbend Trace MM 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.

DUSTIN MILLS: (Electronically Signed)

Signature of Organizer

Date: 05/02/2025

Signature of Organizer

Date: _____



NORTH CAROLINA

Department of the Secretary of State

To all whom these presents shall come, Greetings:

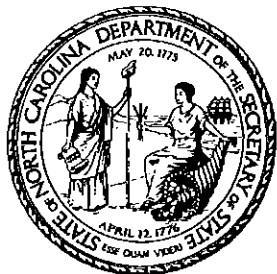
I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

ARTICLES OF ORGANIZATION

OF

TAFT - MILLS GROUP, LLC

the original of which was filed in this office on the 14th day of June, 2016.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 14th day of June, 2016.

Elaine F. Marshall

Secretary of State

State of North Carolina
Department of the Secretary of State

SOSID: 1524239
Date Filed: 6/14/2016 12:04:00 PM
Elaine F. Marshall
North Carolina Secretary of State
C2016 166 00262

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: Taft – Mills Group, 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.
Note: This document must be signed by all persons listed.)

Organizer

Thomas F. Taft, Jr. – P.O. Box 566 Greenville, NC 27835

3. The name of the initial registered agent is: Thomas F. Taft, Jr.
4. The street address and county of the initial registered agent office of the limited liability company is:
Number and Street 2217 Stantonsburg Rd.
City Greenville State: NC Zip Code: 27834 County: Pitt
5. The mailing address, if different from the street address, of the initial registered agent office is:
Number and Street P.O. Box 566
City Greenville State: NC Zip Code: 27835 County: Pitt
6. Principal office information: (Select either a or b.)
a. ☒ The limited liability company has a principal office.
The principal office telephone number: 252-752-7101
The street address and county of the principal office of the limited liability company is:
Number and Street: 2217 Stantonsburg Rd
City: Greenville State: NC Zip Code: 27834 County: Pitt

