

Apr 22 2026

REFERENCE ID: 2200927

**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*)

Judson 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 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)

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

Apr 22 2026

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SECRETARY OF STATE OF SOUTH CAROLINA

Judson 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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SECRETARY OF STATE OF SOUTH CAROLINA

Judson 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: 04/22/2026

Signature of Organizer

Date: _____

Apr 22 2026
REFERENCE ID: 2200933

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*)

Judson 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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Apr 22 2026

REFERENCE ID: 2200933


SECRETARY OF STATE OF SOUTH CAROLINA

Judson 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.

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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SECRETARY OF STATE OF SOUTH CAROLINA

Judson 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: 04/22/2026

Signature of Organizer

Date: _____



NORTH CAROLINA

Department of the Secretary of State

To all whom these presents shall come, Greetings:

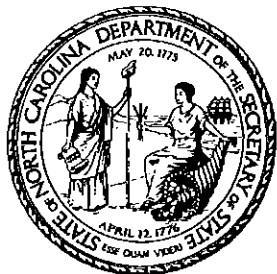
I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

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

The mailing address, if different from the street address, of the principal office of the company is:

Number and Street: P.O. Box 566

City: Greenville State: NC Zip Code: 27835 County: Pitt

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) Please provide a business e-mail address: Privacy Redaction
Privacy Redaction

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.

9. These articles will be effective upon filing, unless a future date is specified:

This is the 13 day of June, 2016

[Signature]
Signature

Thomas F. Taft, Jr., 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

Signature

Type and Print Name and Title

Type and Print Name and Title

Signature

Signature

Type and Print Name and Title

Type and Print Name and Title