

Jun 13 2022
REFERENCE ID: 1059902

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic
Filing Fee - \$110.00**

TYPE OR PRINT CLEARLY IN BLACK INK

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

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

Live Oak Place, 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." or "LC". "Limited" may be abbreviated as "Ltd.", and "company" may be abbreviated as "Co."**

2. The address of the initial designated office of the limited liability company in South Carolina is

2400 Waites Road

Street Address

Columbia

29204

City

Zip Code

3. The initial agent for service of process is

Lila Anna Sauls

Name

Lila Anna Sauls
Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

2400 Waites Road

Street Address

Columbia

29204

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) Walker McKay

Name

2400 Waites Road

Street Address

Columbia

SC

29204

City

State

Zip Code

- (b)

Name

Street Address

City

State

130516-0164

LIVE OAK PLACE, LLC

FILED: 05/16/2013

Filing Fee: \$110.00 ORIG

Mark Hammond

South Carolina Secretary of State

Jun 13 2022
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Name of Limited Liability Company Live Oak Place, LLC


Secretary of State of South Carolina

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 _____

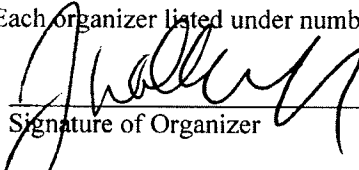
Street Address _____

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 §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.

9. Any other provisions not inconsistent 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.



Signature of Organizer

4/11/13

Date

Signature of Organizer

Date