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*) | | |
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| | | | |
| | | | |
| | *Note: The name of the limited liability company must contain <u>one</u> 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 | | |
| | (Street Address) | | |
| | (City, State, Zip Code) | | |
| | The initial agent for service of process is | | |
| | (Name) | | |
| | (Signature of Agent) | | |
| | And the street address in South Carolina for this initial agent for service of process is: | | |
| | (Street Address) | | |
| | South Carolina | | |
| | (City) (Zip Code) | | |
| 4. (a) | List the name and address of each organizer. Only one organizer is required, but you may have more than one. | | |
| | (Name) | | |
| | (Street Address) | | |
| | | | |
| | (City, State, Zip Code) | | |

| | | Name of Limited Liability Company |
|----------|--|--|
| ၁) | | Name of Limited Liability Company |
| | (Name) | |
| | (Street Address) | |
| | (City, State, Zip Code) | |
| 5. | Check this box only if the company is to be a terr term specified. | m company. If the company is a term company, provide the |
| s. a) | Check this box only if management of the limited company is to be managed by managers, include | l liability company is vested in a manager or managers. If this the name and address of each initial manager. |
| | (Name) | |
| | (Street Address) | |
| | | |
| (b) | (City, State, Zip Code) | |
| | (Name) | |
| | (Street Address) | |
| | (City, State, Zip Code) | |
| | under Section 33-44-303(c). If one or more members | ers of the company are to be liable for its debts and obligations are so liable, specify which members, and for which debts, ir capacity as members. This provision is optional and does |
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| | | |
| | | cles will be effective when endorsed for filing by the Secretary |
| | State. Specify any delayed effective date and time | · |

| | 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 <u>must</u> sign. |
| _ Si | gnature of Organizer |
| Da | ate: |
| Si | gnature of Organizer |
| Da | ate: |

Filing Checklist

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ù [`c@ôæ [|ð æÁ\)^& ^cæ ^ A Á\ æ ^q Á\ ~æ ^A Attn: Corporate Filings 1205 Pendleton Street, Suite 525 Columbia, SC 29201

SPECIAL NOTE

Registering your limited liability company name does not, in and of itself, provide an exclusive right to use this name on or in connection with any product or service. Use of a name as a trademark or service mark requires further clearance and registration and may be affected by prior use of the mark. For more information contact the Trademarks Division of the Secretary of State's Office.