

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

176 DORCHESTER AVENUE, LLC

the original of which was filed in this office on the 21st day of November, 2024.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 21st day of November, 2024.

Elaine J. Marshall

Secretary of State

State of North Carolina Department of the Secretary of State

SOSID: 2951009 Date Filed: 11/21/2024 9:55:00 AM Elaine F. Marshall North Carolina Secretary of State C2024 325 05112

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.

The name of the li	mited liability company	is: 176	DORCHE	ESTER AVEN	VUE, I	LLC
The name of the limited liability company is: 176 DORCHESTER AVENUE, LLC (See Item 1 of the Instructions for appropriate entity designation) 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 by checking all applicable boxes.) Note: This document must be signed by all persons listed.						
Name	Business .					Capacity
SUSAN A. MEDRAN	O - 113-25 UNION TURNPIK	E FOREST	HILLS NY,	11375-6849 United	States	☐Member ■ Organizer
						☐Member ☐Organizer
	_					☐Member ☐Organizer
The name of the i	nitial registered agent is	s: Christo	pher Med	Irano		
The street address	and county of the initia	ıl register	ed agent of	fice of the limit	ted lia	bility company is:
Number and Street	176 Dorchester Aver	nue				
City Asheville	Sta	ate: <u>NC</u>	ZipCode:	<u>28806-3518</u> C	County	<u>Buncombe</u>
The mailing addre	ess, if different from the	e street ac	ldress, of t	he initial regist	tered a	gent office is:
Number and Street						
City	Sta	nte: <u>NC</u>	Zip Code:	C	County	:
Principal office in	formation: (Select either	er a or b.)				
a. The limit	ed liability company ha	s a princij	pal office.			
The principal offic	e telephone number:					
The street address	and county of the princi	pal office	of the lim	ited liability co	mpan	y is:
Number and Street						
City:	State:	Zip Co	ode:	County	<i>7</i> :	

	Number and Street:							
	City: State	e: Zip Co	le: County:					
	b. • The limited liability compa	any does not have a p	rincipal office.					
7.	Any other provisions which the limited liability company elects to include (e.g., the purpose of the entity) are attached.							
8.	(Optional): Listing of Company Officials (See instructions on the importance of listing the company officials in the creation document.							
	Name	Title	Business Address					
10								
10.	These articles will be effective upon sthe <u>20th</u> day of <u>November</u>		e date is specified:					
			e date is specified:					
		, 20 <u>24</u>	e date is specified: AN A. MEDRANO					
		, 20 <u>24</u>	-					
		, 20 <u>24</u>	AN A. MEDRANO Signature					
		, 20 <u>24</u>	AN A. MEDRANO					
This is			AN A. MEDRANO Signature AN A. MEDRANO Organizer Type or Print Name and Title					
This is	s the 20th day of November		AN A. MEDRANO Signature AN A. MEDRANO Organizer Type or Print Name and Title					
This is	s the 20th day of November ow space to be used if more than one		AN A. MEDRANO Signature AN A. MEDRANO Organizer Type or Print Name and Title is listed in Item #2 above.					

1. Filing fee is \$125. This document must be filed with the Secretary of State.