

**2022056586 00042** FORSYTH CO. NC FEE \$26.00

NO TAXABLE CONSIDERATION

PRESENTED & RECORDED:
12-29-2022 11:01:09 AM
LYNNE JOHNSON

BK: RE 3734 PG: 3325-3329

BY: ANGELA BOOE, DPTY

### - NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax:

\$0

Parcel Identifier No. 6847-90-5723.00

After recording, mail to: Carolina Family Estate Planning, 201 Commonwealth Ct, Ste. 100, Cary, NC 27511 This instrument was prepared by: Kellie M. Corbett, Attorney at Law (without title examination or tax advice)

Brief description for the Index: Lot 1, Section 1, Briarwood Estates

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THIS DEED is made as of this 20th day of December, 2022, by and between:

### **GRANTOR**

Violet Place, LLC
A North Carolina Limited Liability Company
(Administratively dissolved – See Exhibits A & B)

P.O. Box 17133 Winston-Salem, NC 27106

### **GRANTEE**

Hope Slater Jordan, Trustee of the Jordan Property Trust dated April 26, 2022

3788 Diamond Hill Rd Winston-Salem, NC 27105

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in Winston Township, Forsyth County, North Carolina and more particularly described as follows:

BEING KNOWN AND DESIGNATED as Lot No. 1 as shown on the map of Section 1, Briarwood Estates which is recorded in Plat Book 20, Page 126, in the Office of the Register of Deeds of Forsyth County, North Carolina, which map reference is hereby made for a more particular description.

PROPERTY ADDRESS: 3773 Tulip Drive, Winston-Salem, NC 27105

All or a portion of the property herein conveyed does not include the primary residence of the Grantor (NCGS §105-317.2).

### Book 3734 Page 3326

The property hereinabove described was acquired by Grantor by instrument recorded in Book 3279, Page 2714. A map showing the above-described property as recorded in Plat Book 20, Page 126.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated. Title to the property hereinabove described is subject to the following exceptions:

Ad valorem taxes for the current and subsequent years; Restrictions, easements, and rights-of-way of record

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

Hope Slater Jordan, Sole member/Organizer of Violet Place, LLC

# STATE OF NORTH CAROLINA, WAKE COUNTY

I, the undersigned, a Notary Public of the State aforesaid, do hereby certify that Hope Slater Jordan, Grantor, personally appeared before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and official stamp or seal this the 20th day of December, 2022.

, Notary Public

My commission expires: April 4, 2026

KATHLEEN MORRISEY Notary Public, North Carolina Wake County My Commission Expires April 04, 2026

**SEAL - STAMP** 

athen

# **EXHIBIT A**

SOSID: 1497174
Date Filed: 2/10/2016 11:17:00 AM
Elaine F. Marshall
North Carolina Secretary of State
C2016 012 00804

State of North Carolina

Department of the Secretary of State

# 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.

| or both. Note: This do  | executing these articument must be a | icles of organization it<br>igned by all persons i | organization is as follows: (State a the capacity of a member, organizested.)  a Salem. NC. 27106 |  |  |  |
|---|--------------------------------------|--|---|--|--|--|
| The name of the initial   |                                      | Hope Slater Jo                                     | rdan  |  |  |  |
| The <u>street address</u> and co  | ounty of the initial :               | registered agent office (                          | of the limited liability company is:  |  |  |  |
| Number and Street 377   | 73 Tulip Drive                       | ·  |   |  |  |  |
| City Winston Sale   | M State: NC                          | Zip Code: 27105                                    | County: Forsyth   |  |  |  |
| The mailing address, if Number and Street P.C   |                                      | street address, of the                             | nitial registered agent office is:  |  |  |  |
| City Winston Sale   | M State: NC 2                        | Cip Code: <u>27106</u>                             | County: Forsyth   |  |  |  |
| Principal office information: (Select either a or b.)   |                                      |  |   |  |  |  |
| a. The limited liability company has a principal office.  |                                      |  |   |  |  |  |
| The principal office tel  | • • •                                |  |   |  |  |  |
| • •   | •                                    | inal office of the limite                          | Alta-titus  |  |  |  |
| The street uddress and county of the principal office of the limited liability company is:  Number and Street |                                      |  |   |  |  |  |
| Niverbas and Street   |                                      |  |   |  |  |  |
|   |                                      |  |   |  |  |  |
|   | State:                               | Zip Code:  | County:   |  |  |  |

|    | Number and Street   |  |   |   | _                                     |  |
|----|---|--|---|---|---------------------------------------|--|
|    | CitySt  | ate: 2   | Zip Code:   | County:   | <u></u> .                             |  |
|    | b. The limited liability comp   | pany does not but                                      | e a principal of  | Tice.   |                                       |  |
|    | Any other provisions which the lare attached.   |  | liability company elects to include (e.g., the purpose of the Privacy Redaction |   |                                       |  |
|    | (Optional): Please provide a but<br>The Secretary of State's Office<br>cost when a document is filed. | tiness e-mail ad<br>will e-mail the<br>The e-mail prov | ·   |   |                                       |  |
|    | These articles will be effective  | upon filin <b>g, unl</b> es                            | s a fotore date   | is specified:                                   |                                       |  |
|    |   |  | <del></del>   |   | - <del></del>                         |  |
| \$ | is the 12 day of January  | , 20 <u>16</u>   |   |   |                                       |  |
|    |   |  | Magae   | Statu Jandan                                    | • • • • • • • • • • • • • • • • • • • |  |
|    | ·   |  |   | Signatory                                       |                                       |  |
|    |   |  | Hope State  | r Jordan - Organizer<br>or Print Name and Title | •                                     |  |
| b  | clow space to be used if more than  | one organizer or                                       | member is list  | ed in Item #2 above.                            |                                       |  |
|    |   |  |   |   |                                       |  |
|    | Signature   |  |   | Signature                                       | •                                     |  |
|    | Type and Print Name and Title   |  | Турс  | and Print Name and Title                        | •                                     |  |
| _  |   |  |   |   | •                                     |  |
|    | Signature   |  |   | Signature                                       | <del>-</del> .                        |  |
|    | Type and Print Name and Title   |  | Тур   | e and Print Name and Title                      | •                                     |  |
| Ю  | TES:<br>Filing fee is \$125. This docu  | ment must be fil                                       | ed with the Se  | cretary of State.                               |                                       |  |
|    | PORATIONS DIVISION<br>ised January 2014)  | P.O. Box 29  |   | RALEIGH, NC 27626-0622<br>(Form L-01            |                                       |  |

## **EXHIBIT B**

#### NOTICE TO REGISTERED AGEN 1:

Under N.C.G.S. Section 55D-30(b), it is the duty of the registered agent to forward this certificate to the business entity at the last known address.

Hope Slater Jordan Violet Place LLC (1497174) P O Box 17133 Winston Salem, NC 27106



# State of North Carolina

Department of the Secretary of State

## CERTIFICATE OF ADMINISTRATIVE DISSOLUTION

I, Elaine F. Marshall, Secretary of State, as mandated by law, do hereby certify that

### Violet Place LLC

has been administratively dissolved pursuant to the procedure set forth in N.C.G.S. Section 57D-6-06 for failure to file an annual report effective as of the date set forth hereunder.

A Limited Liability Company administratively dissolved under N.C.G.S. Section 57D-6-06 may apply to the Secretary of State for reinstatement by complying with the procedure set forth in the N.C.G.S. Section 57D-6-06.



This the 28th day of February, 2018

Elaine I Marshall

Elaine F. Marshall Secretary of State

Document Id: C201805912837