



# NORTH CAROLINA

## Department of The Secretary of State

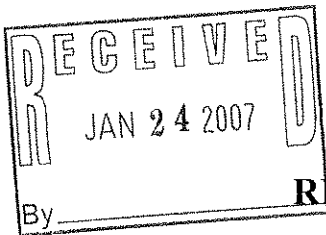
To all whom these presents shall come, Greetings:

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 INCORPORATION

OF

**RENAISSANCE PARK MASTER ASSOCIATION, INC.**



the original of which was filed in this office on the 21st day of August, 2006.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 21st day of August, 2006

*Elaine F. Marshall*

Secretary of State

SOSID: 862581  
Date Filed: 8/21/2006 12:48:00 PM  
Elaine F. Marshall  
North Carolina Secretary of State  
C200622900167

Articles Of Incorporation  
Of  
**RENAISSANCE PARK MASTER ASSOCIATION, INC.**

In compliance with the requirements of Chapters 47F and 55A of the North Carolina General Statutes, the undersigned, a natural person of full age, has this day executed these Articles of Incorporation for the purpose of forming a non-profit corporation and hereby certifies as follows:

**ARTICLE I**  
**NAME**

The name of the corporation is **RENAISSANCE PARK MASTER ASSOCIATION, INC.** (hereinafter the "Master Association").

**ARTICLE II**  
**REGISTERED OFFICE AND INITIAL AGENT; PRINCIPAL OFFICE**

The registered office of the Master Association is located at 3209 Gresham Lake Road, Suite 158-160, Raleigh (Wake County), North Carolina 27615. The name of the initial registered agent at such address is John P. Myers.

The initial principal office of the Master Association is located at 3209 Gresham Lake Road, Suite 158-160, Raleigh (Wake County), North Carolina 27615. The location of the registered and the principal offices of the Master Association may be changed by a majority vote of the Board of Directors.

**ARTICLE III**  
**PURPOSE AND POWERS OF THE MASTER ASSOCIATION**

The Master Association does not contemplate a pecuniary gain or profit to the Members thereof. The specific purposes for which the Master Association is formed are to own and maintain the Common Area (as defined in that certain Master Declaration Of Covenants, Conditions, Restrictions, Easements, Charges And Liens For Renaissance Park, to be recorded in the Wake County Registry, as from time to time amended, said document, together with all amendments thereto, if any, being herein referred to as the "Master Declaration") within the community known as RENAISSANCE PARK (hereinafter the "Community"), and for these purposes, to:

(a) exercise all powers and privileges and to perform all of the duties and obligations of the Master Association as set forth in the Master Declaration, the Bylaws of the Master Association, and the North Carolina Planned Community Act, N.C.G.S. Chapter 47F (hereinafter the "Act"); and

(b) have and exercise any and all powers, rights and privileges which a corporation organized under the North Carolina Nonprofit Corporation, N.C.G.S. Chapter 55A, may by law now or hereafter have or exercise.

**ARTICLE IV**  
**MEMBERSHIP AND VOTING RIGHTS**

Every person or entity who is a record owner of a fee or undivided fee interest in any real property which is subject by the Master Declaration to assessment by the Master Association, including contract sellers, shall be a Member of the Master Association. The foregoing is not intended to include persons who or entities which hold an interest merely as security for the performance of an obligation. Membership shall be appurtenant to and may not be separated from ownership of any real property which is subject to assessment by the Master Association.

The voting rights of the Members shall be provided in the Master Declaration and Bylaws of the Master Association.

**ARTICLE V**  
**FINANCE**

The Master Association is a non-stock corporation and no part of the profits, if any, of the Master Association shall inure to the pecuniary benefit of its Members or any of them, or to any other person.

**ARTICLE VI**  
**MANAGEMENT OF THE MASTER ASSOCIATION**

The affairs of the Master Association shall be managed by an initial Board of one (1) Director. The person who is to act in the capacity of Director until his successor(s) is/are selected is:

<u>Name</u>	<u>Address</u>
John P. Myers	3209 Gresham Lake Road, Suite 158-160 Raleigh, North Carolina 27615.

The election or appointment of Directors of the Master Association shall be governed by the Bylaws of the Master Association.

**ARTICLE VII**  
**DISSOLUTION**

The Master Association may be dissolved only upon the signed written assent of Members entitled to at least eighty percent (80%) of the votes of the Master Association. Upon dissolution, other than incident to a merger or consolidation, the assets of the Master Association shall be dedicated to an appropriate public agency to be used for purposes similar to those for which the Master Association was created. In the event that such dedication is not accepted, such assets shall be granted, conveyed and assigned to any non-profit corporation, association,

trust or other organization devoted to similar purposes. Notwithstanding anything herein to the contrary, the Common Area shall be preserved to the perpetual benefit of the owners of Lots within the Community and shall not be conveyed except to the City of Raleigh or to another non-profit corporation organized for similar purposes.

#### **ARTICLE VIII** **DURATION**

The period of existence of the Master Association is perpetual.

#### **ARTICLE IX** **AMENDMENTS**

Amendment of these Articles shall require the assent of Members entitled to at least eighty percent (80%) of votes of the entire membership.

#### **ARTICLE X** **INDEMNIFICATION**

(a) Any person who at any time is serving or has served as a director, officer, employee or agent of the Master Association shall be indemnified by the Master Association to the fullest extent permitted by law, including specifically the indemnification provided by the provisions of the North Carolina Nonprofit Corporation Act, including but not limited to indemnification against (i) reasonable expenses, including attorneys' fees actually and necessarily incurred by him in connection with any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative or investigative, and whether or not brought by or on behalf of the Association, seeking to hold him liable by reason of the fact that he is or was acting in such capacity, and (ii) reasonable payments made by him in satisfaction of any judgment, money decree, fine penalty or settlement for which he may become liable in any such action, suit or proceeding.

The Board of Directors of the Master Association shall take all such action as may be necessary and appropriate to authorize the Association to pay the indemnification required by the provisions of this Article, including, without limitation, to the extent needed, making a good faith evaluation of the manner in which the claimant for indemnity acted and of the reasonable amount of indemnity due him/her and if required, giving notice to, and obtaining approval by, the Members of the Master Association.

Any person who at any time serves or has served in any of the aforesaid capacities for, on behalf of, or at the request of the Master Association shall be deemed to be doing or to have done so in reliance upon, and as consideration for, the right of indemnification provided under this Article. Such right shall inure to the benefit of the legal representatives of any such person and shall not be exclusive of any other rights to which such person may be entitled apart from the provisions of this Article.

If the North Carolina Nonprofit Corporation Act is subsequently amended to eliminate or further limit the personal liability of directors or to authorize corporate action to eliminate or further limit such liability, then the liability of the Directors of the Master

Association shall, without any further action of the Board or the Members, be eliminated or limited to the fullest extent permitted by the North Carolina Nonprofit Corporation Act as so amended.

(b) The Master Association shall have the power to purchase and maintain insurance on behalf of any person who is serving or has served as a director, officer, employee or agent of the Master Association against any liability asserted against and incurred by him/her in any such capacity or arising out of his/her status as such, whether or not the Master Association would otherwise have the power to indemnify him/her against such liability.

(c) In addition to the indemnification authorized under the provisions of this Article and under the provision of the North Carolina Nonprofit Corporation Act, the Master Association, acting pursuant to a resolution adopted by its Board of Directors, may by contract or agree to indemnify any person who at any time is serving or has served as a director, officer, employee or agent of the Master Association against liability and reasonable litigation expenses, including attorneys' fees, arising out of his/her status as such or his/her activities in any of the foregoing capacities before or after the date on which the contract is executed; PROVIDED HOWEVER, that the Master Association may not agree under any such contract to indemnify any such person against any liability or litigation expense he may incur in relation to matters as to which he shall have been adjudged in such action, suit or proceeding to have acted in bad faith or to have been liable or guilty by reason of willful misconduct in the performance of duty.

(d) Any repeal or modification of the foregoing provisions of this Article shall not affect any rights or obligations then existing with respect to any claim brought or liability asserted based, in whole or in part, on facts or circumstances then or previously existing or occurring.

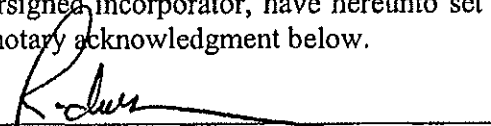
(e) This Article is intended to provide indemnification solely for actions taken by a person in his/her capacity as an officer or director of the Master Association. Nothing herein shall be deemed to provide indemnification to any person for any liability that may result from that person's ownership of property within the Community.

**ARTICLE XI**  
**INCORPORATOR**

The name and address of the incorporator is as follows:

Richard W. Moore                      3716 National Drive, Suite 100  
Raleigh, North Carolina 27612

IN WITNESS WHEREOF, I, the undersigned incorporator, have hereunto set my hand and seal, as of the day and year set forth in the notary acknowledgment below.

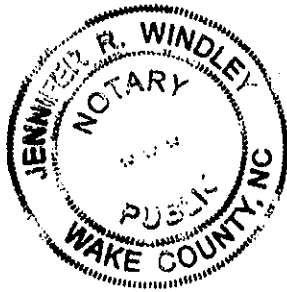
  
\_\_\_\_\_  
Richard W. Moore                      (Seal)  
Incorporator

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STATE OF NORTH CAROLINA -- WAKE COUNTY:

I, the undersigned, a Notary Public for said County and State, hereby certify that Richard W. Moore 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 15<sup>th</sup> day of August, 2006.

[Stamp or Seal]



Jennifer R. Windley  
Notary Public Jennifer R. Windley  
My commission expires: 10-25-2010

Form <b>SS-4</b> (Rev. December 2001) Department of the Treasury Internal Revenue Service	<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	EIN  20-5440873  OMB No. 1545-0003																
1* Legal name of entity (or individual) for whom the EIN is being requested <u>RENAISSANCE PARK MASTER ASSOCIATION INC</u>																		
2 Trade name of business (if different from name on line 1)		3* Executor, trustee, "care of" name <u>John P Myers</u>																
4a* Mailing address (room, apt., suite no. and street, or P.O. box) <u>3209 Gresham Lake Road Suite 158</u>		5a Street address (if different) (Do not enter a P.O. box)																
4b* City, state, and ZIP code <u>Raleigh NC 27615 -</u>		5b City, state, and ZIP code																
6* County and state where principal business is located County <u>Wake</u> State <u>NC</u>																		
7a Name of principal officer, general partner, grantor, owner, or trustor		7b SSN, ITIN, EIN																
8a* Type of entity (check only one) <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <input type="checkbox"/> Sole Proprietor (SSN)  <input type="checkbox"/> Partnership  <input type="checkbox"/> Corporation (enter form number to be filed) ▶  <input type="checkbox"/> Personal Service  <input type="checkbox"/> Church or church-controlled organization  <input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ <u>Owners Association</u>  <input type="checkbox"/> Other (specify) ▶                 </td> <td style="width:50%; border: none;"> <input type="checkbox"/> Estate (SSN of decedent)  <input type="checkbox"/> Plan administrator (SSN)  <input type="checkbox"/> Trust (SSN of grantor)  <input type="checkbox"/> National Guard  <input type="checkbox"/> Farmers' cooperative  <input type="checkbox"/> REMIC  <input type="checkbox"/> Group Exemption NO. (GEN) ▶                 </td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"> <input type="checkbox"/> State/local government  <input type="checkbox"/> Federal government/military  <input type="checkbox"/> Indian tribal government/enterprises                 </td> </tr> </table>			<input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ <u>Owners Association</u> <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption NO. (GEN) ▶		<input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises												
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8b If a corporation, name the state or foreign country (if applicable) where incorporated		State <u>NC</u> Foreign country																
9* Reason for applying (check only one) <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <input checked="" type="checkbox"/> Started new business (specify type)                      ▶ <u>Owners Association</u>  <input type="checkbox"/> Hired employees (Check the box and see line 12)  <input type="checkbox"/> Compliance with IRS withholding regulations  <input type="checkbox"/> Other (specify) ▶                 </td> <td style="width:50%; border: none;"> <input type="checkbox"/> Banking purpose (specify purpose) ▶  <input type="checkbox"/> Changed type of organization (specify new type) ▶  <input type="checkbox"/> Purchased going business  <input type="checkbox"/> Created a trust (specify type) ▶  <input type="checkbox"/> Created a pension plan (specify type) ▶                 </td> </tr> </table>			<input checked="" type="checkbox"/> Started new business (specify type) ▶ <u>Owners Association</u> <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶														
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10* Date business started or acquired (month, day, year) <u>AUG 21 2006</u>		11 Closing month of accounting year																
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) .....</i> ▶																		
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "-0-"</i> .....		<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Agriculture <u>0</u></td> <td style="width:33%; border: none;">Household <u>0</u></td> <td style="width:33%; border: none;">Other <u>0</u></td> </tr> </table>	Agriculture <u>0</u>	Household <u>0</u>	Other <u>0</u>													
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14* Check box that best describes the principal activity of your business <table style="width:100%; border: none;"> <tr> <td style="width:25%; border: none;"><input type="checkbox"/> Construction</td> <td style="width:25%; border: none;"><input type="checkbox"/> Rental &amp; leasing</td> <td style="width:25%; border: none;"><input type="checkbox"/> Transportation &amp; warehousing</td> <td style="width:25%; border: none;"><input type="checkbox"/> Health care &amp; social assistance</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Real estate</td> <td style="border: none;"><input type="checkbox"/> Manufacturing</td> <td style="border: none;"><input type="checkbox"/> Finance &amp; insurance</td> <td style="border: none;"><input type="checkbox"/> Accommodation &amp; food service</td> </tr> <tr> <td colspan="2" style="border: none;"><input checked="" type="checkbox"/> Other (specify) <u>Owners Association</u></td> <td style="border: none;"><input type="checkbox"/> Retail</td> <td style="border: none;"><input type="checkbox"/> Wholesale-agent/broker</td> </tr> <tr> <td colspan="2" style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Wholesale-other</td> </tr> </table>			<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input checked="" type="checkbox"/> Other (specify) <u>Owners Association</u>		<input type="checkbox"/> Retail	<input type="checkbox"/> Wholesale-agent/broker				<input type="checkbox"/> Wholesale-other
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			<input type="checkbox"/> Wholesale-other															
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <u>Owners Association</u>																		
16a* Has the applicant ever applied for an employer identification number for this or any other business? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note If "Yes" please complete lines 16b and 16c</i>																		
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶																		
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year)   City and state where filed   Previous EIN																		
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form																		
Third Party Designee	Designee's name <u>Kris Ravert of Moore and Alphin</u> Address and ZIP code <u>3716 National Drive Raleigh NC 27612 -</u>	Designee's telephone number (include area code) ( <u>919</u> ) <u>787</u> - <u>8812</u> Designee's fax number (include area code) ( <u>919</u> ) <u>787</u> - <u>3312</u>																
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)		Applicant's telephone number (include area code)																

▶ <u>John P Myers</u>	Date ▶	August 25, 2006 GMT	( <u>919</u> ) <u>787</u> - <u>8812</u>
Signature ▶ <u>Not Required</u>			Applicant's fax number (include area code)
			( <u>919</u> ) <u>787</u> - <u>3312</u>





# Internal Revenue Service

The  
Digital  
Daily

DEPARTMENT OF THE TREASURY

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## Federal Tax ID / EIN

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This is your provisional Employer Identification Number:

**20-5440873**

Today's Date is: August 25, 2006 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.  
The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#)

[Fill Out Another Form SS-4](#)

Click [here](#) to return to the Internet Employer Identification Number landing (start) page.

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