A. NAME & DAYTIME										
A. NAME & DATTIME										
B. SEND ACKNOWLED Name	OGEMENT TO:									
Address										
Address										
City/State/Zip					THE ABOVE	SPACE IS FOR I	FILIN	G OFFICE US	SE ONLY	
1. DEBTOR'S EXACT FULL LEGAL NAME – INSERT ONLY ONE DEBTOR NAME (1a OR 1b) – Do Not Abbreviate or Combine Names										
1.a ORGANIZATION'S				,						
1.b INDIVIDUAL'S LAST NAME			FIRST NAM	ME		MIDDLE NAME			SUFFIX	
1.c MAILING ADDRESS Line One			This space not available.							
MAILING ADDRESS Line Two			CITY			STATE POSTAL CODE			COUNTRY	
1.d TAX ID#	REQUIRED ADD'L INFO RE: ORGANIZATION DEBTOR	1.e TYPE OF	ORGANIZAT	ANIZATION 1.f JURI		OF ORGANIZAT	ION	1.g ORGAN	IZATIONAL ID# NONE	
									<u>—</u>	
2. ADDITIONAL DEI 2.a ORGANIZATION'S	BTOR'S EXACT FULL LI NAME	EGAL NAME – IN	NSERT ONLY	ONE D	DEBTOR NAME (2a O	OR 2b) – Do Not Al	bbrevi	ate or Combine	Names	
2.b INDIVIDUAL'S LAST NAME			FIRST NAME			MIDDLE NAME			SUFFIX	
2.c MAILING ADDRESS Line One			m ·			. 711				
MAILING ADDRESS Line Two			This space not available. CITY STATE POSTAL CODE					COUNTRY		
					2.f JURISDICTION				IIZATIONAL ID#	
2.u 1AX 1D#	RE: ORGANIZATION DEBTOR	2.e THEOF	OKGANIZA	HON	2.1 JURISDICTION	OF ORGANIZAT	ION	2.g OKGAN	NONE NONE	
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) – INSERT ONLY ONE SECURED PARTY (3a OR3b)										
3.a ORGANIZATION'S NAME										
3.b INDIVIDUAL'S LAST NAME			FIRST NAME			MIDDLE NAME			SUFFIX	
3.c MAILING ADDRESS Line One			This space not available.							
MAILING ADDRESS Line Two			CITY			STATE	STATE POSTAL CODE		COUNTRY	
4. This FINANCING STATEMENT covers the following collateral:										
5. ALTERNATE DESIG	GNATION (if applicable)	LESSEE/LE	ESSOR	CONSI	GNEE/CONSIGNOR	BAILEE/BA	AILOI	₹		
AG. LIEN			NON-UCC FILING SELLER/BUYER					R		
6. Florida DOCUMENTARY STAMP TAX – YOU ARE REQUIRED TO CHECK EXACTLY ONE BOX All documentary stamps due and payable or to become due and payable have been paid.										
No documentary stamps or taxes are required.										
7. OPTIONAL FILER REFERENCE DATA										
STANDARD FORM UCC-1 (REV.01/2009) Filing Office Copy										

UNIFORM COMMERCIAL CODE