FINANCING STATEMENT FORM A. NAME & DAYTIME PHONE NUMBER OF CONTACT						
B. Email Address C. SEND ACKNOWLEDGEMENT TO: Name						
Address						
Address						
City/State/Zip						
City State Lap		THE ABO	VE SPACE IS F	OR FILING OFFICE US	SE ONLY	
1. DEBTOR'S EXACT FULL LEGAL NAME – INSER 1.a ORGANIZATION'S NAME	T ONLY ONE DEBTOR NAME (1	a OR 1b) – Do Not	Abbreviate or C	ombine Names		
1.b INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	FIRST PERSONAL NAME ADDIT			SUFFIX	
1.c MAILING ADDRESS Line One		This space not a				
MAILING ADDRESS Line Two	CITY	CITY			COUNTRY	
2. ADDITIONAL DEBTOR'S EXACT FULL LEGA	L NAME – INSERT ONLY ONE D	EBTOR NAME (2a	a OR 2b) – Do N	Not Abbreviate or Combine	Names	
2.a ORGANIZATION'S NAME						
2.b INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	FIRST PERSONAL NAME ADDIT			SUFFIX	
2.c MAILING ADDRESS Line One		This space not available.				
MAILING ADDRESS Line Two	CITY	CITY			COUNTRY	
3. SECURED PARTY'S NAME (or NAME of TOTA 3.a ORGANIZATION'S NAME	AL ASSIGNEE of ASSIGNOR S/P)	- INSERT ONLY O	NE SECURED	PARTY (3a OR 3b)		
3.b INDIVIDUAL'S SURNAME	EIDCT DED CONAL NA	ME	ADDITIONAL	NIAME/C\/INIETAL/C\	CHEEN	
	FIRST PERSONAL NA	FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX				
3.c MAILING ADDRESS Line One		This space not available.				
MAILING ADDRESS Line Two	CITY	CITY			COUNTRY	
4. This FINANCING STATEMENT covers the followi	ng collateral:					
5. ALTERNATE DESIGNATION (if applicable)	LESSEE/LESSOR CONS	GNEE/CONSIGNO	OR BAILE	EE/BAILOR		
	AG LIEN NON-U	JCC FILING	SELL	ER/BUYER		
6. Florida DOCUMENTARY STAMP TAX – YOU All documentary stamps due and payable or			1.22 F.S., hav	re been paid.		
Florida Documentary Stamp Tax is not requ	ired.					
7. OPTIONAL FILER REFERENCE DATA						

Instructions for State of Florida UCC Financing Statement Form (Form UCC-1)

- Please type or laser-print this form. Be sure it is completely legible. Read all instructions on form. Forms must be completed according to Florida state law.
- Fill in form very carefully. If you have questions, consult your attorney. Filing office cannot give legal advice.
- Processing fees are set by the Florida Legislature, are non-refundable, and are subject to change. To verify processing fees, contact FLORIDAUCC, LLC. at (850) 222-8526 or email help@floridaucc.com.
- Make checks payable to FLORIDAUCC, LLC. or the Florida Department of State.
- Send ONE copy of each filing request, with the appropriate non-refundable processing fee to:

1st Class MailOvernight Courier ServiceFLORIDAUCC, LLC.FLORIDAUCC, LLC.

PO Box 5588 2002 Old St. Augustine Rd. Bldg. D

Tallahassee, FL 32314 Tallahassee, FL 32301

- The acknowledgement copy will be returned to the address indicated in block B.
- Do not insert anything in the open space in the upper right hand portion of this form; it is reserved for filing office use.
- If you need to use attachments, you are encouraged to use the State of Florida Uniform Commercial Code Financing Statement Form Addendum and/or the State of Florida Uniform Commercial Code Financing Statement Form Additional Party and/or the State of Florida Uniform Commercial Code Financing Statement Form Additional Information.