UCC FINANCING STATEMENT						
FOLLOW INSTRUCTIONS						
A. NAME & PHONE OF CONTACT AT FILER (optional) Stacy H. Krumin, Esq.						
B. E-MAIL CONTACT AT FILER (optional)						
stacy.krumin@squirepb.com			•			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		2010	20 <i>427</i>	000142680		
Squire Patton Boggs (US) LLP 201 N. Franklin St.					Л	
Suite 2100		04/27/2018 09:46:51 AM				
Tampa, FL 33602			C1 1/3	5		
		THE ABOVE SPA	CE IS FO	R FILING OFFICE USE	YJNC	
		nodify, or abbreviate any part of rinformation in item 10 of the F				
1a. ORGANIZATION'S NAME BOOS- OR HELENA, LLC						
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	T PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
410 Park Place Blvd.	Clearwat	er	FL	33758	USA	
2. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use example of the line 2b, leave all of item 2 blank, check here in and and a		nodify, or abbreviate any part of r information in item 10 of the F				
2a. ORGANIZATION'S NAME	provide the individual Debto			atement Addendani (i Onii O		
OR	Teleor Beroott		LABBINO			
2b. INDIVIDUAL'S SURNAME	FIRST PERSONA	LNAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
2c. MAILING ADDRESS	CITY	CITY		POSTAL CODE	COUNTRY	
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNO	R SECURED PARTY): Prov	/ide only one Secured Party nan	ne (3a or 3t	<u>. </u>		
3a. ORGANIZATION'S NAME	<u>'</u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
OR MUTUAL OF OMAHA BANK, a feder		 	ABBITIO	STATE ALABACTONIA DEL ACTON	TOUEEIN	
3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	LINAIVIE	AME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX			
3c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
5401 W. Kennedy Blvd., Suite 450	Tampa		FL	33609	USA	
4. COLLATERAL: This financing statement covers the following collateral:						
ALL OF DEBTOR'S RIGHT, TITLE AND INTEGRAL PROPERTY NOW OR HE EXHIBIT "A" ATTACHED HERETO, ALL ACFEES AND DEPOSITS, AND GENERAL INTAINANT PROPERTY AND THE PROCEEDS THEREOF	COUNTS, CONT NGIBLES RELAT	ATED ON THE REARACT RIGHTS, LIC	L PRO	PERTY DESCRI S, PERMITS, PRE	BED ON	
Debtor is record owner.						
Amount of indebtedness is \$1,222,000.00. Given as additional Security for Mortgage record	led in in Stri was	MT LM 20180	187C	20142550.		
5. Check only if applicable and check only one box: Collateral is held in	a Trust (see UCC1Ad, item	17 and Instructions) bein	g administe	ered by a Decedent's Person	al Representativ	
6a. Check <u>only</u> if applicable and check <u>only</u> one box:				if applicable and check <u>only</u>		
Public-Finance Transaction Manufactured-Home Transac	tion A Debtor Is a	Transmitting Utility	Agricu	Itural Lien Non-UCC	Filing	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consign	or Seller/Buyer	Ва	ailee/Bailor Licer	nsee/Licensor	
8. OPTIONAL FILER REFERENCE DATA:			-			

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UCC FINANCING STATEMENT ADDENDUM

OLLOW INSTRUCTIONS				
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stateme because Individual Debtor name did not fit, check here	nt; if line 1b was left blank			
9a. ORGANIZATION'S NAME				
BOOS- OR HELENA, LLC				
9b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY			
O. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor named and not omit, modify, or abbreviate any part of the Debtor's name) and enter t		line 1b or 2b of the Financing	Statement (Form UCC1)	(use exact, full nam
10a. ORGANIZATION'S NAME	······································	• • • • • • • • • • • • • • • • • • •	<u> </u>	
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME	. <u></u>			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	· · · · · · · · · · · · · · · · · · ·			SUFFIX
				,
De. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1. ADDITIONAL SECURED PARTY'S NAME or ASSI	GNOR SECURED PARTY	S NAME: Provide only <u>one</u> n	ame (11a or 11b)	
11a. ORGANIZATION'S NAME MUTUAL OF OMAHA BANK, a federa	lly chartered bank			
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		DNAL NAME(S)/INITIAL((S) SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
O THE CINIANOINO OTATEMENT in to be filed that accord the second the	AL - A TOUR BUNDANCING OT ATT	· · · · · · · · · · · · · · · · · · ·		
3. This FINANCING STATEMENT is to be filed (for record) (or recorded) in REAL ESTATE RECORDS (if applicable)	the 14. This FINANCING STATE covers timber to be	 1	collateral is filed	l as a fixture filing
 Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest); 	16. Description of real estate	9;		
7				
			· · · · · · · · · · · · · · · · · · ·	
7. MISCELLANEOUS:				

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EXHIBIT A

Lot 2, according to the Survey of Helena Market Subdivision, as recorded in Map Book 26, Page 20 in the Probate Office of Shelby County, Alabama.



Filed and Recorded
Official Public Records
Judge James W. Fuhrmeister, Probate Judge,
County Clerk
Shelby County, AL
04/27/2018 09:46:51 AM
\$34.00 CHERRY

20180427000142680

July 2