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1	20220920000362630 1/2 \$39.00	
1	Shelby Coty Judge of Probate	10

09/20/2022 12:02:19 PM FILED/CERT

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Grissim and Hodges
323 Union Street
Suite 400
Nashville, TN 37201

Attn: Kimberly Daly Morris

Attn: Kimbe	erly Daly Mo	orris		1							
<u> </u>					THE ABO	VE SPACE IS FO	R FILING OFFICE	USE ONLY			
1. DEBTOR'S EXACTFU	LLLEGALNAME	-insert only <u>one</u> debtor nam	ie (1a or 1b) - do	not abbreviate or com	oine names		<u> </u>	<u> </u>			
1a. ORGANIZATION'S NA	ME										
BT Pelham Associates, LLC											
1b. INDIVIDUAL'S LAST NAME			F	FIRST NAME		MIDDLE	NAME	SUFFIX			
						_					
1c. MAÏLÍNG ADDRESS			C	CITY			POSTAL CODE	COUNTRY			
943 Oak Valley	Lane		 	Nashville		TN	37220	USA			
1d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION	1e. TYPE OF ORGANIZA	ATION 1	If. JURISDICTION OF	ORGANIZATION	1g. ORG	1g. ORGANIZATIONAL ID #, if any				
	DEBTOR	limited liability	y co.	Tennessee				NONE			
2. ADDITIONAL DEBTOR		LEGAL NAME - insert	only <u>one</u> debto	or name (2a or 2b) - de	not abbreviate or o	combine names					
2a. ORGANIZATION'S NA	ME										
OR OL WINDLAND			. _								
2b. INDIVIDUAL'S LAST N	NAME			FIRST NAME		MIDDLE	NAME	SUFFIX			
2c. MAILING ADDRESS			C	CITY		STATE	POSTAL CODE	COUNTRY			
2d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION	2e. TYPE OF ORGANIZA	ATION 2	2f. JURISDICTION OF	ORGANIZATION	2g. ORG	ANIZATIONAL ID#, if	any			
	DEBTOR					•		NONE			
3.SECURED PARTY'S	NAME (or NAME of	TOTAL ASSIGNEE of ASS	IGNOR S/P) - ir	sertonly <u>one</u> secured	party name (3a or 3b	o)	•	· .			
3a. ORGANIZATION'S NA	ME										
Studio Bank					· 			•			
3b. INDIVIDUAL'S LAST NAME		F	FIRST NAME		MIDDLE NAME		SUFFIX				
					_			COUNTRY			
3c. MAILING ADDRESS				CITY		STATE					
124 12th Avenue South, Suite 400				Nashville		TN	TN 37203				
All fixtures and per used in the operation by reference (the "fixtures, and all acc all presently owned Debtor's operation management contratogether with all pro- This Financing Sta	Property"), cessions, add and hereaft of an enterpacts, or any roducts and	l property descri- including but no litions and replace ter acquired cont prize thereon, included leases affecting the proceeds of the fo	t limited t limited cements t tract righ luding, when the proper oregoing,	ection 14 of the to, all constructs and all the recounts a without limitarty, and the recounts including instance.	e addendum ction mater guarantees nd general i tion, Debtor ght to use and urance and	attached her ials, goods, ec and warrant ntangibles pe 's rights und ny name asso condemnatio	reto and incorquipment, investies associated ertaining to the ciated with the n proceeds.	porated herein entory and therewith and e Property or nance or			
5. ALTERNATIVE DESIGNAT	ION (if applicable)	LESSEE/LESSOR	CONSIGN	IEE/CONSIGNOR	BAILEE/BAILO	R SELLER/B	UYER AG. LIE	NON-UCC FILING			
6. This FINANCING STATI	EMENT is to be filed	[for record] (or recorded)		7. Check to REC	UEST SEARCH RI	EPORT(S) on Debto					
8. OPTIONAL FILER REFERE	Attach Addendum NCE DATA		tri abblicable	T IUDDUIDINA		- Inbunial		"			
Shelby County, AI				•		•					



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UCC FINANCING STATEMENT ADD	ENDUM						
FOLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED F.	INANCING STATE	MENT	•				
9a. ORGANIZATION'S NAME		-141C141					
OR BT Pelham Associates, LLC							
9b. INDIVIDUAL'S LAST NAME FIRST NAME		MIDDLE NAME, SUFFIX					
10.MISCELLANEOUS:							
			•				
					•		
11 ADDITIONAL DEPTODIS EVACTEUR LICONAL MANAGE					S FOR FILING OF	FICE USE ONLY	
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME 11a. ORGANIZATION'S NAME	- insert only <u>one</u> nam	ne (11a or 11b) - do not abbrevia	ate or combine names	3			
11b. INDIVIDUAL'S LAST NAME	F	IRST NAME	<u></u>	MIDDLE I	VAME	SUFFIX	
11c. MAILING ADDRESS		OTY		STATE	POSTAL CODE	COUNTRY	
11d. SEEINSTRUCTIONS ADD'L INFO RE 11e. TYPE OF OF	CANIZATION 4	44 ILIDISDICTION OF OBOAN	17 A TION	44 000			
ORGANIZATION DEBTOR	IGANIZATION I	1f. JURISDICTION OF ORGAN	IZATION [11g. ORG	ANIZATIONAL ID#,	· —	
	IGNOR S/P'S N	NAME - insert only <u>one</u> name (12a or 12b)			NONE	
12a. ORGANIZATION'S NAME	1011011071	AVIATE - Illiseit outh ölle traule (124 07 120)				
OR							
12b. INDIVIDUAL'S LAST NAME	F	IRST NAME		MIDDLE N	NAME	SUFFIX	
12c. MAILING ADDRESS		:ITY		STATE	POSTAL CODE		
		71 • 1		SIMIE	POSTAL CODE	COUNTRY	
13. This FINANCING STATEMENT covers timber to be cut or	as-extracted 1	6. Additional collateral descrip	tion:				
collateral, or is filed as a fixture filing. 14. Description of real estate:							
Being Lot 1, Final Plat The Grande Vista, a Commercial Subdivision, recorded in Shelb						•	
Alabama in Plat Book Map 56, Page 84, in t							
of the Judge of Probate of Shelby County, A	L.		,				
		-					
15. Name and address of DECODE ONNER (1).							
15. Name and address of a RECORD OWNER of above-described re (if Debtor does not have a record interest):	a) estate		:		•		
	1	7. Check <u>only</u> if applicable and	check only one box				
	•			pect to pro	perty held in trust o	r Decedent's Estate	
	Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate 18. Check only if applicable and check only one box.						
	Debtor is a TRANSMITTING UTILITY						
		Filed in connection with a Ma					
		Filed in connection with a Pu	blic-Finance Transac	tion — eff	ective 30 years		