20230523000153590 05/23/2023 10:08:19 AM UCC1 1/2

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294					
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
2561 94043					
CSC					
801 Adlai Stevenson Drive Springfield, IL 62703					
Filed Ir	n: Alabama (Shelby) I				
	(44,7)	THE ABOVE S	SPACE IS FO	R FILING OFFICE U	JSE ONLY
1. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, full in name will not fit in line 1b, leave all of item 1 blank, check here and provide to		nodify, or abbreviate any pa r information in item 10 of th			
1a. ORGANIZATION'S NAME LawyerUp, LLC					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONA	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	
1c. MAILING ADDRESS 2700 Corporate Dr., Suite 200	CITY		STATE	STATE POSTAL CODE	
ic. Mailing Addition 27 00 Corporate Dr., Suite 200	Birminghan	1	AL	35242	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full r	name; do not omit, r	nodify, or abbreviate any par	rt of the Debtor	s name); if any part of	the Individual Debtor's
		r information in item 10 of th			
2a. ORGANIZATION'S NAME					
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S) SUFFIX
				· · · · · · · · · · · · · · · · · · ·	
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	RED PARTY): Prov	ide only one Secured Party	name (3a or 3b	}	
3a. ORGANIZATION'S NAME Advocate Capital, Inc.			(,	
OR 3b. INDIVIDUAL'S SURNAME	TEIDET DEDCOMA	LALARAT	ADDITIO	NIAL NIANATION/INUTIAL	C) CUETY
30. INDIVIDUAL 3 SURNAIVIE	FIRST PERSONA	LINAIVIE	ADDITIO	NAL NAME(S)/INITIAL((S) SUFFIX
3c. MAILING ADDRESS One Vantage Way, Suite C-200	CITY		STATE	POSTAL CODE	COUNTRY
	Nashville		TN	37228	USA
4. COLLATERAL: This financing statement covers the following collateral: All accounts, general intangibles, payment intangibles kind, including specifically and without limitation all of services rendered, and for costs and expenses advantage Debtor may have in and with respect to each and ever of any other law firm or marketing consortium or other and properties of Debtor now and in the future in Section any of the foregoing is owned now or acquired later; a records of any kind relating to any of the foregoing; an accounts proceeds). NOTICE: By agreement, Debtor is prohibited from gradients.	Debtor's righted and to be redeath and entity all accession and all proces	hts to receive pay be advanced, and ter, including any arising from a clic possession or un- s, additions, repla- eds (including insu-	ment or o all other rights to ent matter der Secur cements, rance, ch	therwise, for leading and all credits and substitution attel paper and all credits attel paper and substitution attention attenti	egal and other rest that or on account s, monies, trol, whether ons; all d other
proceeds. Competing creditors are prohibited from co	ollecting or a	ttempting to colle	ct Debtor'	s accounts and	d payment
5. Check only if applicable and check only one box: Collateral is held in a Trust (6a. Check only if applicable and check only one box:	see UCC1Ad, item		_	red by a Decedent's Pe f applicable and check	ersonal Representative only one box:
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a	Transmitting Utility			-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consign	or Seller/Buyer	Ba	ilee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:					2561 94043

UCC FINANCING STATEMENT ADDENDUM

	BTOR: Same as line 1a or 1b on Financii tor name did not fit, check here	ng Statement; if line 1b wa	s left blank				
9a. ORGANIZATION'S	S NAME						
LawyerUp, LL	<u>.C</u>						
9b. INDIVIDUAL'S SUI	RNAME						
FIRST PERSONAI	I NIAME						
TITOTT LICOUNA							
ADDITIONAL NAN	ME(S)/INITIAL(S)		SUFFIX	THE ABOVE	E SPACE I	S FOR FILING OFFI	CE USE ONLY
	: Provide (10a or 10b) only <u>one</u> additional abbreviate any part of the Debtor's name)			in line 1b or 2b of the	Financing S	tatement (Form UCC1)	(use exact, full nam
10a. ORGANIZATION'	'S NAME						
10b. INDIVIDUAL'S SU	URNAME						
INDIVIDUAL'S FI	IRST PERSONAL NAME						
INDIVIDUAL'S AI	DDITIONAL NAME(S)/INITIAL(S)						SUFFIX
MAILING ADDRESS		CITY			STATE	POSTAL CODE	COUNTRY
ADDITIONAL S	ECURED PARTY'S NAME or	ASSIGNOR SEC	HIRED PART	/'S NAME: Provide	only one no	mo (11a or 11b)	
11a. ORGANIZATION'	<u></u>		ONLD I AIN	O INAIVIL. PIOVIGE	Office file	ille (Tra Or Trb)	
11b. INDIVIDUAL'S SU	JRNAME	FIRST PE	ERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S) SUFFIX
	URNAME	FIRST PE	ERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S) SUFFIX COUNTRY
MAILING ADDRESS		CITY		ests therein.	STATE	POSTAL CODE	COUNTRY
ADDITIONAL SPAC tangibles to the otential competential co	CE FOR ITEM 4 (Collateral): e detriment of Secured Parting creditors pursuant to Constant	ty's security right Official Comment	ts and interests to UCC 9	-331. EMENT:	This No	postal code	d directed to
ADDITIONAL SPACE tangibles to the otential competence of the second seco	SE FOR ITEM 4 (Collateral): e detriment of Secured Parting creditors pursuant to Constant to Constant to Constant to Constant to Secured Parting Creditors pursuant to Constant to Constan	ty's security right Official Comment ecorded) in the 14. This	ts and interests to UCC 9	-331. EMENT: e cut □ covers as	STATE	postal code	COUNTRY
ADDITIONAL SPACE tangibles to the otential competential c	SE FOR ITEM 4 (Collateral): e detriment of Secured Parting creditors pursuant to Constant to Constant to Constant to Constant to Secured Parting Creditors pursuant to Constant to Constan	ty's security right Official Comment ecorded) in the 14. This d in item 16 16. Desc	FINANCING STATeovers timber to be cription of real esta	-331. EMENT: e cut □ covers as	This No	postal code	d directed to