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### **UCC FINANCING STATEMENT**

TO LOW INCTDUCTIONS

OLLOWINSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional)					
3. E-MAIL CONTACT AT FILER (optional)			•		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
Ballard Spahr LLP					
101 South Reid Street, Suite 302					
Sioux Falls, South Dakota 57103					
Attention: Michael J. Mabee, Esq.	1				
		THE ABOVE SDAC	E IS EU	R FILING OFFICE US	E ONLY
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, full name will not fit in line 1b, leave all of item 1 blank, check here and provide	name; do not omit, modify, or a the Individual Debtor information	abbreviate any part of the	he Debtor ancing Sta	s name); if any part of the	e Individual Debtor n UCC1Ad)
1a. ORGANIZATION'S NAME			<del>Ú</del> Ó.	122,23.25	1.5 2.10 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Chalons 2 LLC			()(	303 14	
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S	SUFFIX
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
c/o Asia Pacific Land, 599 Broadway, 8th Floor East	New York		NY	10012	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name will not fit in line 2b, leave all of item 2 blank, check here and provide 2a. ORGANIZATION'S NAME	the Individual Debtor information	on in item 10 of the Fin	ancing Sta	atement Addendum (Form	n UCC1Ad)
)R <del> </del>		·-·-	ADDITIO	NIAL NIANGE/CV/INISTRAL/C	Teueery
ONIAN INVALIDATION CONTRACT	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S	) SUFFIX
2b. INDIVIDUAL'S SURNAME	,	•			1
de district de Migratier de la Car	CITY		STATE	POSTAL CODE	COUNTRY
c. MAILING ADDRESS(*) (3) Sept. Sept	CITY		STATE	POSTAL CODE	COUNTRY
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c. MAILING ADDRESS  3a. ORGANIZATION'S NAME  LendingOne, LLC  3b. INDIVIDUAL'S SURNAME  c. MAILING ADDRESS  777 Yamato Road, Suite 510  COLLATERAL: This financing statement covers the following collateral:  All assets of Debtor.	FIRST PERSONAL NAME  CITY  Boca Raton	To be the first the second sec	ADDITIO	NAE NAME(S)/INITIAL(S POSTAL CODE  33431	SUFFIX COUNTRY USA
C. MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME)  Sa. ORGANIZATION'S NAME  LendingOne, LLC  3b. INDIVIDUAL'S SURNAME  c. MAILING ADDRESS  777 Yamato Road, Suite 510  COLLATERAL: This financing statement covers the following collateral:  All assets of Debtor.	FIRST PERSONAL NAME  CITY  Boca Raton	To be the first the second sec	ADDITIO	NAE NAME(S)/INITIAL(S POSTAL CODE 33431	SUFFIX COUNTRY USA
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C. MAILING ADDRESS  38. ORGANIZATION'S NAME  LendingOne, LLC  3b. INDIVIDUAL'S SURNAME  C. MAILING ADDRESS  777 Yamato Road, Suite 510  COLLATERAL: This financing statement covers the following collateral:  All assets of Debtor.	FIRST PERSONAL NAME  CITY  Boca Raton		ADDITIO	NAU NAME(S)/INITIAL(S POSTAL CODE 33431	SUFFIX COUNTRY USA
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SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME  LendingOne, LLC  3b. INDIVIDUAL'S SURNAME  C. MAILING ADDRESS  777 Yamato Road, Suite 510  COLLATERAL: This financing statement covers the following collateral:  All assets of Debtor.  C. Check only if applicable and check only one box: Collateral is held in a Trust is a. Check only if applicable and check only one box:	FIRST PERSONAL NAME  CITY  Boca Raton  (see UCC1Ad, item 17 and Inserting Personal Insert	tructions) *** Theing	ADDITIO STATE FL  administereck only Agricul	NATIONAME(S)/INITIAL(S) POSTAL CODE  33431  Ted by a Decedent's Performance of the control of th	SUFFIX  COUNTRY  USA  sonal Representative of the box:

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UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank 1276.45 because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME Chalons 2 LLC 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SUFFIX ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME 2 644 4 SUFFIX INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) والمعالم بهدار COUNTRY STATE - POSTAL CODE, w. 10c. MAILING ADDRESS CITY ASSIGNOR SECURED PARTY'S NAME: Provide only one mame (11a or 11b) ADDITIONAL SECURED PARTY'S NAME of 11a. ORGANIZATION'S NAME . 😘 SUFFIX ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME 11b. INDIVIDUAL'S SURNAME COUNTRY STATE POSTAL CODE CITY 11c. MAILING ADDRESS . . . 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): \* 5 M 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) 'is filed as a fixture filing covers timber to be cut covers as extracted collateral 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): As described on Schedules 1 and 2, attached hereto.

International Association of Commercial Administrators (IACA)

17. MISCELLANEOUS:

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# **SCHEDULE 1**

### PROPERTY SCHEDULE

Address	City	State	ZIP
239 Creek Run Way	Calera	AL	35040

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### SCHEDULE 2

#### LEGAL DESCRIPTION

The Land referred to is situated in the City of Calera, County of Shelby, State of Alabama, and is further described as follows:

Lot 85, according to the Final Plat of Shiloh Creek, Phase II, Sector I, a residential subdivision, as recorded in Map Book 52, Page 80, in the Office of the Judge of Probate of Shelby County, Alabama. For Reference Only:

PIN Property # Lot # Property Address 35 2 10 0 002 035.000 239 Creek Run Way ;

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Filed and Recorded Official Public Records Judge of Probate, Shelby County Alabama, County: Clerk Shelby County, AL 06/22/2023 12:33:20 PM **\$43.00 BRITTANI** 20230622000185830

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