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01/02/2026 03:08:12 PM
UCC1 1/3

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141

B. E-MAIL CONTACT AT FILER (optional)
uccfilingreturn@wolterskluwer.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address) 63174 - FX2 TWG HI

Lien Solutions
P.O. Box 29071
Glendale, CA 91209-9071
107176036
ALAL
Fixture

File with: Shelby, AL

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

OR 1b. INDIVIDUAL'S SURNAME Fernandez Roman FIRST PERSONAL NAME Guillermo ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

1c. MAILING ADDRESS 715 1ST AVE W CITY ALABASTER STATE AL POSTAL CODE 35007-9786 COUNTRY USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME FX2 TWG HI Finance Co I, LLC

OR 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

227 West Monroe, Suite 4800 Chicago IL 60606-5055 USA

4. COLLATERAL: This financing statement covers the following collateral:

HVAC EQUIPMENT

Complete only when filing with the Judge of Probate:

The initial indebtedness secured by this financing statement is \$846.07
Mortgage tax due (\$.15 per \$100.00 or fraction thereof) \$1.35

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing

6b. Check only if applicable and check only one box:

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

107176036

5272116

Prepared by Lien Solutions, P.O. Box 29071,
Glendale, CA 91209-9071 Tel (800) 331-3282

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 because Individual Debtor name did not fit, check here

9a. ORGANIZATION'S NAME	
OR	
9b. INDIVIDUAL'S SURNAME Fernandez Roman	
FIRST PERSONAL NAME Guillermo	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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		
OR		
10b. INDIVIDUAL'S SURNAME		
INDIVIDUAL'S FIRST PERSONAL NAME		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX

10c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME				
OR				
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

covers timber to be cut covers as-extracted collateral is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

GUILLERMO FERNANDEZ AND SHEILA STEPHENS, AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP
715 1ST AVE W
ALABASTER, AL 35007-9786

16. Description of real estate:

THE FOLLOWING DESCRIBED REAL ESTATE SITUATED IN SHELBY COUNTY, ALABAMA, THE ADDRESS OF WHICH IS 715 1ST AVENUE WEST, ALABASTER, AL 35007 TO-WIT: THE NORTH 1/2 OF LOT 3, IN BLOCK 2, NICKERSON'S SURVEY ON HELENA ROAD, ACCORDING TO MAP AS RECORDED IN MAP BOOK 3, PAGE 116, IN THE [See Exhibit for Real Estate]

17. MISCELLANEOUS: 107176036-AL-117 63174 - FX2 TWG HI Finance C

FX2 TWG HI Finance Co I, LLC

File with: Shelby, AL

5272116

Debtor: Fernandez Roman, Guillermo

Exhibit for Real Estate

16. Description of real estate: Continued

PROBATE OFFICE OF SHELBY COUNTY, ALABAMA.
Property Address: 715 1ST AVE W ALABASTER AL
35007-9786
Parcel ID: 231022001014000



**Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
01/02/2026 03:08:12 PM
\$42.35 KELSEY
20260102000002060**

Allen S. Boyd

