## FILED DEKALO COUNTY GA der Court certifies that this is

2015 FEB 24 PM 12: 16 044 2015 0 0 7 0 1 UCC FINANCING STATEMENT CLERK OF SUPERIOR COURT **FOLLOW INSTRUCTIONS** YEAR A. NAME & PHONE OF CONTACT AT FILER (optional) UCC# B. E-MAIL CONTACT AT FILER (optional) AIN JUD State of Georgia, DeKalo County, The undersigned officer of DeKaib Supe C. SEND ACKNOWLEDGMENT TO: (Name and Address) a true and correct copy of the original document which is on file and of record in the Office of the Clerk of Superior Court. Witness my hand and seal of the Superior Court of Dekalb County Georgia. COURT Michael-Robert: Smith Atlanta, Georgia Republic [30324] Non-domestic 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 1h, 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 MICHAEL ROBERT SMITH organization/tradename/trademark ADDITIONAL NAME(S)/INITIAL(S) SHEEK 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME POSTAL CODE COUNTRY 1c. MAILING ADDRESS C/O 1611 NW 12TH AVE. MIAMI 33136 USA FI. 2. DEBTOR'S NAME: Provide only ging 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) 28 ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 2b. INDIVIDUAL'S SURNAME POSTAL CODE COUNTRY STATE CITY 2c. MAILING ADDRESS 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 FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3b. INDIVIDUAL'S SURNAME Michael-Robert: Smith STATE POSTAL CODE COUNTRY 3c MAILING ADDRESS CHY [30324] uSA Non Domestic Atlanta c/o 4. COLLATERAL: This financing statement covers the following collateral: This is Actual and Constructive Notice that all of Debtor's interest now owned or hereafter acquired is hereby accepted as collateral for securing contractual obligations in favor of the Secured Party as detailed in a true, correct, complete, notarized Security Agreement in the possession of the Secured Party. NOTICE: In accordance with USC - Property - This is the entry of the Debtor in the Commercial Registry as a transmitting utility\* and the following property is hereby registered in the same as a public notice of a commercial transaction: FLORIDA CERTIFICATION OF BIRTH # 109-63-018972; Employer Identification # : UCC Contract Trust Account #70141200000230952817property is accepted for value and is exempt from Levy. Adjustment of this filing is from Public Policy HJR-192 dated June 5, 1933, Public Law 7310, UCC § 1-104 and Georgia Commercial Code § 11-1-104. All proceeds, products, accounts, fixtures and the orders therefrom are released to the Debtor to serve as collateral for the Creditor Secured Party's benefit. SMITH, MICHAEL ROBERT, ORGANIZATION/TRADE NAME/TRADEMARK - DEBTOR \* Transmitting Utility is defined as an agent solely utilized for the purpose of transmitting commercial activity for the benefit of the Secured Party. The DEBTOR is a Legal Entity according to the Uniform Commercial Code. DEBTOR is not claiming to be a public utility.

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