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UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) B. E-MAIL CONTACT AT FILER (optional) Doc# 1818734006 Fee \$42.00 RHSP FEE:\$9.00 RPRF FEE: \$1.00 C. SEND ACKNOWLEDGMENT TO: (Name and Address) Kriss & Feuerstein LLP KAREN A.YARBROUGH Attn: Jerold Feuerstein, Esq. COOK COUNTY RECORDER OF DEEDS 360 Lexington Avenue, Suite 1200 DATE: 07/06/2018 09:14 AM PG: 1 OF 3 New York, NY 10017 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME: Provide on condition of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of it in 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME 3734 PORTSOUTH LLC 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 1c. MAILING ADDRESS POSTAL CODE CITY STATE COUNTRY 4725 N. Western Avenue, Suite 220 Chicago IL60625 USA 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use ex. ct. 'ull 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 that dividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME FIRST PER JONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 2c. MAILING ADDRESS 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 Unity Funding SPE 2, LLC OF 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3c. MAILING ADDRESS 51 41E POSTAL CODE COUNTRY 830 Third Avenue, 5th Floor New York $\overline{\mathbf{N}}\mathbf{Y}$ 10022 USA 4. COLLATERAL: This financing statement covers the following collateral: SEE EXHIBIT "A" ANNEXED HERETO AND MADE A PART HEREOF Location of property commonly known as: 3734 N. Southport Avenue, Chicago, Illinois FIRST AMERICAN TITLE FILE # 2914028 Tax ID: 14-20-114-031-0000 County: Cook

5. Check goly 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:	6b. 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			
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy	rer Bailee/Bailor Licensee/Licensor			
8. OPTIONAL FILER REFERENCE DATA: File in the County of Cook				

State: Illinois

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UCC FINANCING STATEMENT ADDENDUM

FOI	LOW INSTRUCTIONS						
	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if pecause Individual Debtor name did not fit, check here	line 1b was le	ft blank				
	9a. ORGANIZATION'S NAME						
	3734 PORTSOUTH LLC						
OR	9b. INDIVIDUAL'S SURNAME						
	FIRST PERSONAL NAME						
	ADDITIONAL NAME(S)/INITI/L(S)		SUFFIX				
	ADDITIONAL NAME(O)MAIL IL(O)		SOFFIX	THE ADOVE	CDACE	IC FOR FILING OFFICE	UCC ON V
10.	DEBTOR'S NAME: Provide (10a o) 150° unly one additional Debtor name or	Debtor name	that did not fit in			IS FOR FILING OFFICE Statement (Form UCC1) (use	
	do not omit, modify, or abbreviate any part of this Pabtor's name) and enter the m						, , , , , , , , , , , , , , , , , , , ,
	10a. ORGANIZATION'S NAME						
OR	10b. INDIVIDUAL'S SURNAME						
	INDIVIDUAL'S FIRST PERSONAL NAME						
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
		午_					
10c.	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
11.	ADDITIONAL SECURED PARTY'S NAME or ASSIGNO	OR SECUE	RED PARTY	S NAME: Provide o	only one o	ame (11a or 11b)	
	11a. ORGANIZATION'S NAME		X	G 10 and 1) <u> </u>	3110 (110 01 110)	
OR	ALL AND VICE AND						
	11b. INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
11c.	MAILING ADDRESS	CITY		<u> </u>	STATE	POSTAL CODE	COUNTRY
					<u> 1</u>		
12.	ADDITIONAL SPACE FOR ITEM 4 (Collateral):			* /	0,		
						Ö	
13.	This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FIN.	ANCING STATE	MENT:			
15.	Name and address of a RECORD OWNER of real estate described in Item 16		ers timber to be o		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): 16. Description of real estate: 3734 N. Southport Avenue,							
			, Illinois	Avenue,			
		Tax ID:	-	14-031-0000			
		County: State:	Illinois				
_							
17.	MISCELLANEOUS:						

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EXHIBIT A

COOK COUNTY
RECORDER OF DEEDS Legal Description: Lot 10 in Block 2 in Rood's Subdivision of the Northeast Quarter of the Southwest Quarter of the Northwest Quarter of Section 20, Township 40 North, Range 14, East of the Third Principal Meridian, Cook County, Illinois.

Permanent Index #'s: 14-20-114-031-0000 (Vol. 483)

Property Address: 3754 North Southport Avenue, Chicago, Illinois 60613