INOFFICIAL C Doc# 2005945124 Fee \$88.00 UCC FINANCING STATEMENT RHSP FEE:\$9.00 RPRF FEE: \$1.00 **FOLLOW INSTRUCTIONS** EDWARD M. HOODY A. NAME & PHONE OF CONTACT AT FILER (optional) COOK COUNTY RECORDER OF DEEDS CSC 1-800-858-5294 DATE: 02/28/2020 02:56 PM PG: 1 OF 3 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1781 65723 CSC 801 Adlai Stevenson Drive Springfield, IL 62705 Filed In: Illinois (Cook) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME: Provide on j age 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 blink, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME Phoenix Bean, LLC 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 1c. MAILING ADDRESS 5438 N Broadway Street POSTAL CODE USA Chicago IL 60640 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, 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 prov. on Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME FIRST PEF SON AL 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 UniFi Equipment Finance, Inc. OR 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

4. COLLATERAL: This financing statement covers the following collateral: Equipment is subject to Agreement # 203037-0001 under Invoice # D000235572 dated February 26, from UltraSource LLC including the following equipment with all parts, accessories and attachments.

Ann Arbor

STATE

Мι

POSTAL CODE

40108

COUNTRY

USA

Smoking Chamber UKM 20001.E

3c. MAILING ADDRESS 801 W. Ellsworth Rd

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:	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	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: :203037-0001	1781 65723

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS				
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement	t; if line 1b was left blank	1		
because Individual Debtor name did not fit, check here]		
9a. ORGANIZATION'S NAME				
Phoenix Bean, LLC				
		1		
OR COLUMN O SURVIVE				
9b. INDIVIDUAL'S SURNAME		v		
FIRST PERSONAL I'. ME				
FIRST PERSONAL F. WE				
ADDITIONAL NAME(S)/INIT (AL(3)	SUFFIX			
ADDITIONAL NAME(S)/INCLES	John			
700			E IS FOR FILING OFFICE	
 DEBTOR'S NAME: Provide (10a or 10b, or 2 one additional Debtor name do not omit, modify, or abbreviate any part of the Flattor's name) and enter the 		line 1b or 2b of the Financing	Statement (Form UCC1) (use	e exact, full name
10a. ORGANIZATION'S NAME	e maining address in line roc			
IOS. ORGANIZATIONS NAME				
OR 10b, INDIVIDUAL'S SURNAME				
IUD, INDIVIDUALS SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
MADIA IDOLE O I INCI PENGOIANE IANIEL				
INDIVIDUAL'S ADDITIONAL NAME(\$)/INITIAL(\$)	J <u>L</u>			SUFFIX
	τ_{\sim}			331111
Dc. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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1. ADDITIONAL SECURED PARTY'S NAME of ASSIG	NOR SECURED PETT	S NAME: Provide only one	name (11a or 11b)	
THE STORMS WE WAS A STORMS				
R 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	IONAL NAME(\$)/INITIAL(\$)	SUFFIX
		し		
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):		7		
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			U/Sc.	
			Co	
			(C)	
			C	
 This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 	ne 14. This FINANCING STATE	_	r=-x1	
	COVERS UIRIDER TO BE		d collateral 🛮 🛮 is filed as a	a fixture filing
 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		00	
Phoenix Broadway, LLC	Parcel ID Number 14-08-113-021-0000			
5438 N Broadway	See Attached Legal Land Description			
Chicago, IL 60640	Occ Allached Log	ai Lana Desempiloi	I	
7. MISCELLANEOUS:				

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54 38 N. Broadway Legal Description

LOT 9 AND THE NORTH 6.00 FEET OF LOT 10 IN BLOCK 8 IN COCHRAN'S THIRD ADDITION TO EDGEWATER, A SUBDIVISION OF THE EAST 1/2 OF THE NORTHWEST 1/4 OF SECTION 8, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

RECORDED OF DEEDS