Record at the request of and when recorded return to: GoodLeap, LLC



Doc# 2125855044 Fee ≸93.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH COOK COUNTY CLERK

DATE: 09/15/2021 03:12 PM PG: 1 0F 3

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS

A, NAME & PHONE OF CONTACT AT FILER (optional)	
B. E-MAIL CONTACT AT FILER (optional)	
filings@goodleapsupport.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
GoodLeap, LLC	
PO Box # 981440 El Paso, TX 7998- 1440	

1. DEBTOR'S NAME: Provide on, 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 uniter 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

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OF	1a. ORGANIZATION'S NAME	(X)					
UH	16. INDIVIDUAL'S SURNAME Serrano		Ox ·	FIRST PERSONAL NAME Geovanny	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	MAILING ADDRESS 28 Avonelle Drive			Chicago Heights	STATE IL	POSTAL CODE 60411	COUNTRY USA
2.	DEBTOR'S NAME: Provide	only one Debtor name (2a	or 2b) (use e act lu	Il name; do not omit, modify, or abbreviate	any part of the Debtor	's name); if any part of the Ir	dividual 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

2b. INDIVIDUAL'S SURNAME

FIRST DERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

CITY STATE POSTAL CODE COUNTRY USA

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

3a. ORGANIZATION'S NAME

GoodLeap, LLC

3a. ORGANIZATION'S NAME
GoodLeap, LLC

3b. INDIVIDUAL'S SURNAME

3c. MAILING ADDRESS

8781 Sierra College Boulevard

GoodLeap, LLC

CITY

Roseville

CA
95746

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

All of the debtor's right, title and interest in the Photovoltaic Solar Energy Equipment of Frergy Storage/Battery Equipment (If any), including but not limited to rooftop solar panels, solar roofing materials, wall mounted batteries, stand alone batteries, inverters, cables and wires, support brackets, roof mounted or ground mounted racking systems, related equipment, and additions or replacements of the same. In addition, the security interest includes all warranties issued with respect to the referenced collateral.

		<u>S</u> C
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 Represent 6b. Check only if applicable and check only one box:	IN IT W
6a, Check <u>only</u> if applicable and check <u>only</u> one box:	6b. Check only if applicable and check only one box:	ו עדו
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/Bu	uyer Bailee/Bailor Licensee/License	ot.

8. OPTIONAL FILER REFERENCE DATA:

Acct # 2112044254

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NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stateme because Individual Debtor name did not fit, check here	nt; if line 15 was left blank			
9a. ORGANIZATION'S NAME				
9b. INDIVIDUAL'S SURNAME				
Serrano				
FIRST PERSONAL NAME				
Geovanny ADDITIONAL NAME(S)IP (TIAL(S)	loursiy			
ADDITIONAL NAME(S)(FITTAL(S)	SUFFIX			
DEPTOPIS NAME DE 11 (2)			SPACE IS FOR FILING	
DEBTOR'S NAME: Provide (10a c. 17.0, only one additional Debtor nam do not omit, modify, or abbreviate any partio; the Debtor's name) and enter t	ie or Debtor name that did not fit in he mailing address in line 10c	line 1b or 2b of the	Financing Statement (Form U	JCC1) (use exact, full nar
10a. ORGANIZATION'S NAME				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				,,
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	0/	-		SUFFIX
	T			
MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
ADDITIONAL SECURED PARTY'S NAME or ASSI	GNOR SECURED PARTY	S NAME: Provide	only one name (11a or 11b)	
TTA. ORGANIZATION'S NAME	^T O _X			
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INI	ITIAL(S) SUFFIX
				001117
MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
		104		
ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
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			Office	9
This EINANCING STATEMENT is to be filed (for speed) (or speedad) in	No. 14 This Financials STATES	CUT	Có	D
This FINANCING STATEMENT is to be filled [for record] (or recorded) in REAL ESTATE RECORDS (if applicable)	1 —		_	
REAL ESTATE RECORDS (if applicable)	covers timber to be c	ut covers as	_	s filed as a fixture filing
REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in item 16	covers timber to be c	ut covers as	_	
REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in item 16 if Debtor does not have a record interest):	covers timber to be c	ut covers as	_	
REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	covers timber to be c 16. Description of real estate: County of: COO	ut covers as	_	
REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in item 16 if Debtor does not have a record interest):	County of: COO	ut Covers as	extracted collateral X	
REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	County of: COO	ut Covers as	_	
REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	County of: COO Address of Real Estate: 328 Av	covers as K onelle Drive, Chi	extracted collateral X	
This FINANCING STATEMENT is to be filed [for record] (or recorded) in REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	County of: COO Address of Real Estate: 328 Av APN: 3217	covers as K onelle Drive, Chi	extracted collateral X	
REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	County of: COO Address of Real Estate: 328 Av	covers as K onelle Drive, Chi	extracted collateral X	
REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	County of: COO Address of Real Estate: 328 Av APN: 3217	covers as K onelle Drive, Chi	extracted collateral X	

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EXHIBITS-A

LEGAL DESCRIPTION

LOT 134 IN OLYMPIA TERRACE UNIT 4, A SUBDIVISION OF PART OF THE WEST 1/4 OF THE NORTHEAST 1/4 AND PART OF THE EAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 17, TOWNSHIP 35 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

P.I.M.: 32-17-227-029-0000

COMMONLY KNOWN AS: 328 Avonelle Drive, Chicago Heights, IL 80411