INSTR # 112600207, OR BK 51185 PG 1624, Page 1 of 2, Recorded 10/22/2014 at 11:44 AM, Broward County Commission, Deputy Clerk 5070

FLORIDA SECURED TRANSACTION REGISTRY

5) . i & 27 FILED 2014 Sep 18 AM 08:00 STATE OF FLORIDA UNIFORM COMMERCIAL CODE \*\*\*\* 201402217976 \*\*\*\* FINANCING STATEMENT FORM A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON \*\*\*C \* 08271463570701-38.00\*\*\*38.00\*\*\* FLAGLER CONSULTING GROUP, INC. B. Email Address \*\*\*C \* 09181464188001-6.00\*\*\*6.00\*\*\* C. SEND ACKNOWLEDGEMENT TO: Name FLAGLER CONSULTING GROUP, INC. Address 1000 CORPORATE DRIVE, SUITE 310 Address City/State/Zip FORT LAUDERDALE, FL 33334 1. DEBTOR'S EXACT FULL LEGAL NAME - INSERT ONLY ONE DEBTOR NAME (18 OR 16) - Do Not Addressing of Company Institute La ORGANIZATION'S NAME BroadStar Commerical Communications, LLC 1.b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S) Le MAILING ADDRESS Line One This space not available 1809 North Black Horse Pike, Suite B3: MAILING ADDRESS Line Two COUNTRY CITY POSTAL CODE STATE Williamstown USA NJ 08094 ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - INSERT ONLY ONE DEBTOR NAME (2s OR 2b) - Do Not Abbreviate or Combine Names 2.a ORGANIZATION'S NAME 2.6 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S) SUFFIX 2.c MAILING ADDRESS Line One This space not available. MAILING ADDRESS Line Two CITY STATE | POSTAL CODE COUNTRY 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - INSERT ONLY ONE SECURED PARTY (30 OR 3b) 3.ª ORGANIZATION'S NAME The Gorman Company, LLC 3.6 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S) SUFFIX 3.c MAILING ADDRESS Line One This space not available. P.O. Box 89 MAILING ADDRESS Line Two CITY STATE POSTAL CODE COUNTRY Hezard KY 41702 USA 4. This FINANCING STATEMENT covers the following collateral: Grant of Easement and Service and Entry Agreement in favor of Debtor encumbering the property known as De Soto Park South Condominimum located at 751 Three Islands Boulevard, Hallandale Beach, FL 33009. 5. ALTERNATE DESIGNATION (if applicable) LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR AG LIEN NON-UCC FILING SELLER/BUYER 6. Florida DOCUMENTARY STAMP TAX - YOU ARE REQUIRED TO CHECK EXACTLY ONE BOX All documentary stamps due and payable or to become due and payable pursuant to s. 201.22 F.S., have been paid. Florida Documentary Stamp Tax is not required. 7. OPTIONAL FILER REFERENCE DATA STANDARD FORM - FORM UCC-1 (REV.05/2013) Filling Office Copy Approved by the Secretary of State, State of Florida



## STATE OF FLORIDA UNIFORM COMMERCIAL CODE FINANCING STATEMENT FORM – ADDITIONAL PARTY

18. NAME OF FIRST DEBTOR (1aOR 1b) ON RELATED FINANCING STATEMENT

18a. ORGANIZATION'S NAME

18b. INDIVIDUAL'S	FIRST PERSONAL	ADDITIONAL	SUFFIX			
URNAME	NAME	NAME(S)/INITIAL(S)				
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D. ADDITIONAL DEBT 20.a ORGANIZATION'S N		GAL NAME – INSERT ONL	Y ONE DEBTOR NA	ME (20a OR 20b) – Do No	t Abbreviate or Comb	oine Names
						SUFFIX
20.6 INDIVIDUAL'S SURNAME		FIRST PERS	FIRST PERSONAL NAME ADD		DITIONAL NAME(S)/INITIAL(S)	
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MAILING ADDRESS L	ine I wo	CITY	CITY		POSTAL CODE	COUNTRY
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1.a ORGANIZATION'S N	AME					
21.b INDIVIDUAL'S SURNAME		FIRST PERS	FIRST PERSONAL NAME ADD		ME(S)/INITIAL(S)	SUFFIX
.c MAILING ADDRESS Line One			This space not available.			
MAILING ADDRESS Line Two		CITY	CITY		POSTAL CODE	COUNTRY
	<u> </u>					
. ADDITIONAL DEBI	FOR'S EXACT FULL LE	GAL NAME – INSERT ONL	Y ONE DEBTOR NA	ME ( <b>22a OR 22b</b> ) – Do No	t Abbreviate or Comb	oine Names
2.a ORGANIZATION'S N						
22.b INDIVIDUAL'S SURNAME		FIRST PERS	ONAL NAME	ADDITIONAL NAI	ME(S)/INITIAL(S)	SUFFIX
			· ·			
2.c MAILING ADDRESS	Line One			This space not available		
MAILING ADDRESS Line Two		CITY		STATE	POSTAL CODE	COUNTR
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23.a ORGANIZATION'S N		IE or ASSIGNOR SECU	JRED PARTY'S N	AME - INSERT ONLY O	NE SECURED PAR	1 Y (23a OR 2
			FIRST PERSONAL NAME ADDI		TIONAL NAME(S)/INITIAL(S)	
23.b INDIVIDUAL'S SURNAME Reed		FIRST PERS Leonard	OUNAL NAME	ADDITIONAL NAM	TONAL NAME(S)/INITIAL(S)	
23.c MAILING ADDRESS	Line One		This space not available.			
532 E. 23rd Street  MAILING ADDRESS Line Two		CITY			COLINER	
MAILING ADDRESS L	ine i wo	Tueson		AZ	85710	COUNTR

24.a ORGANIZATION'S NAME

24.b INDIVIDUAL'S SURNAME Reed

8532 E. 23rd Street

24.c MAILING ADDRESS Line One

MAILING ADDRESS Line Two

24. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME) - INSERT ONLY ONE SECURED PARTY (24a OR 24b)

FIRST PERSONAL NAME

CITY

Tucson

SUFFIX

COUNTRY

USA

ADDITIONAL NAME(S)/INITIAL(S)

STATE | POSTAL CODE

85710

This space not available.

AZ