

FLORIDA SECURED TRANSACTION REGISTRY

FILED

2014 Sep 18 AM 08:00

**** 201402217976 ****

C * 08271463570701-38.0038.00***

C * 09181464188001-6.006.00***

**STATE OF FLORIDA UNIFORM COMMERCIAL CODE
FINANCING STATEMENT FORM**

A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON
FLAGLER CONSULTING GROUP, INC.

B. Email Address

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 (1a OR 1b) - Do Not Abbreviate or Combine Names

1.a ORGANIZATION'S NAME

BroadStar Commerical Communications, LLC

1.b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1.c MAILING ADDRESS Line One 1809 North Black Horse Pike, Suite B3			
This space not available.			
MAILING ADDRESS Line Two	CITY Williamstown	STATE NJ	POSTAL CODE 08094
		COUNTRY USA	

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - INSERT ONLY ONE DEBTOR NAME (2a OR 2b) - Do Not Abbreviate or Combine Names

2.a ORGANIZATION'S NAME

2.b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(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 (3a OR 3b)

3.a ORGANIZATION'S NAME

The Gorman Company, LLC

3.b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3.c MAILING ADDRESS Line One P.O. Box 89			
This space not available.			
MAILING ADDRESS Line Two	CITY Hazard	STATE KY	POSTAL CODE 41702
		COUNTRY 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 Condominium located at 751 Three Islands Boulevard, Hallandale Beach, FL 33009.

5. ALTERNATE DESIGNATION (if applicable)

<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/RAILOR
<input type="checkbox"/> AG LIEN	<input type="checkbox"/> NON-UCC FILING	<input type="checkbox"/> 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

12

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

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

18a. ORGANIZATION'S NAME BroadStar Commercial Communications, LLC			
18b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

19. MISCELLANEOUS:**20. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME – INSERT ONLY ONE DEBTOR NAME (20a OR 20b) – Do Not Abbreviate or Combine Names**

20.a ORGANIZATION'S NAME				
20.b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
20.c MAILING ADDRESS Line One		This space not available.		
MAILING ADDRESS Line Two	CITY	STATE	POSTAL CODE	COUNTRY

21. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME – INSERT ONLY ONE DEBTOR NAME (21a OR 21b) – Do Not Abbreviate or Combine Names

21.a ORGANIZATION'S NAME				
21.b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
21.c MAILING ADDRESS Line One		This space not available.		
MAILING ADDRESS Line Two	CITY	STATE	POSTAL CODE	COUNTRY

22. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME – INSERT ONLY ONE DEBTOR NAME (22a OR 22b) – Do Not Abbreviate or Combine Names

22.a ORGANIZATION'S NAME				
22.b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
22.c MAILING ADDRESS Line One		This space not available.		
MAILING ADDRESS Line Two	CITY	STATE	POSTAL CODE	COUNTRY

23. ☒ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME – INSERT ONLY ONE SECURED PARTY (23a OR 23b)

23.a ORGANIZATION'S NAME				
23.b INDIVIDUAL'S SURNAME Reed	FIRST PERSONAL NAME Leonard	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
23.c MAILING ADDRESS Line One 8532 E. 23rd Street		This space not available.		
MAILING ADDRESS Line Two	CITY Tucson	STATE AZ	POSTAL CODE 85710	COUNTRY USA

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

24.a ORGANIZATION'S NAME				
24.b INDIVIDUAL'S SURNAME Reed	FIRST PERSONAL NAME Christel	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
24.c MAILING ADDRESS Line One 8532 E. 23rd Street		This space not available.		
MAILING ADDRESS Line Two	CITY Tucson	STATE AZ	POSTAL CODE 85710	COUNTRY USA