

MARGARET L BAILEY
DORCHESTER COUNTY
REGISTER OF DEEDS

201 Johnston Street ~ Saint George, SC 29477 (843) 563-0181

***** THIS PAGE IS PART OF THE INSTRUMENT - DO NOT REMOVE *****

***** ELECTRONICALLY RECORDED DOCUMENT *****

Instrument #:	2025004341	
Receipt Number:	202327	Return To:
Recorded As:	EREC-UCC	
Recorded On:	March 05, 2025	
Recorded At:	01:06:21 PM	Received From: SIMPLIFILE
Recorded By:	CB	Parties:
Book/Page:	LIEN 2025: 379 - 381	Direct- LADSON SS ASSOCIATES LLC
Total Pages:	3	Indirect- SIMMONS BANK

***** EXAMINED AND CHARGED AS FOLLOWS *****

Recording Fee: \$0.00
Tax Charge: \$0.00



Margaret Bailey

Margaret Bailey - Register of Deeds

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Amanda Grainger 214-745-5174
B. E-MAIL CONTACT AT SUBMITTER (optional) agrainger@winstead.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Amanda Grainger Mail after recording to: Harbor City Title Insurance Agency, Inc., 6201 Fairview Road, Suite 325, Charlotte, NC 28210; File No. <u>2300 2287</u> Dallas, Texas 75201

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

1a. ORGANIZATION'S NAME LADSON SS ASSOCIATES, LLC				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
433 Northview Lane	Dallas	TX	75229-2860	USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (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 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				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	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 SIMMONS BANK				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
5950 Berkshire Lane, Suite 400	Dallas	TX	75225	USA

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

All assets and all personal property now or hereafter owned by Debtor (the "Collateral") related to the property described on Exhibit A attached hereto and incorporated herein by reference. Proceeds of the Collateral are also covered.

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:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable) ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

County Filing: Dorchester County SC

59641.139

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because individual Debtor name did not fit, check here ☐

9a. ORGANIZATION'S NAME

LADSON SS ASSOCIATES, LLC

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

OR

10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral)

13. ☒ This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

☐ covers timber to be cut

☐ covers as-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:

See Exhibit A attached hereto.

17. MISCELLANEOUS:

EXHIBIT A

Legal Description

Dorchester County, South Carolina

All that certain piece, parcel or lot of land, situate, lying and being in the State of South Carolina, County of Dorchester, shown and designated as "TRACT "1-A" 9.460 ACRES" on a plat entitled "PLAT SHOWING THE SUBDIVISION OF TRACT "1-A" TMS 154- 00-00-030 TO FORM TRACT "1-B" PROPERTY OF CARMELA T. HAKLISCH LOCATED IN THE LADSON AREA DORCHESTER COUNTY, SC", prepared by Joseph O. Eelman, SCRLS dated March 30, 2016, and duly recorded at the Dorchester County R.O.D. Office on May 27, 2016 in Plat Book M, at Page 86; reference to which is hereby craved for a more full and complete description thereof.

Being the same property conveyed to Ladson SS Associates, LLC, a Delaware limited liability company, by Deed of Carmela T. Haklisch dated January 29, 2025 and recorded immediately prior hereto.

For Information Only

Tax Parcel ID: 154-00-00-030.000

Address: 840 Wallace Ackerman Dr