

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 #:	2026001189	
Receipt Number:	220973	Return To:
Recorded As:	EREC-UCC	
Recorded On:	January 16, 2026	
Recorded At:	11:19:43 AM	Received From: SIMPLIFILE
Recorded By:	NW	Parties:
Book/Page:	LIEN 2026: 106 - 108	Direct- NEWRISE REALTY 2 LLC
Total Pages:	3	Indirect- FIRST 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)	
B. E-MAIL CONTACT AT SUBMITTER (optional)	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
<div style="border: 1px solid black; padding: 10px; min-height: 100px;"> FIRST BANK LOAN OPERATIONS PO BOX 10209 GREENSBORO, NC 27404 </div>	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION	

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 NEWRISE REALTY 2, LLC				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS 6650 RIVERS AVENUE STE 100	CITY NORTH CHARLESTON	STATE SC	POSTAL CODE 29406-4809	COUNTRY 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 USA

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 FIRST BANK				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS 1063 MORRISON DRIVE	CITY CHARLESTON	STATE SC	POSTAL CODE 29403	COUNTRY USA

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

All Fixtures located at 5325 Park Forest Parkway, North Charleston, SC 29418 whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing. In addition, the word Collateral, also includes all the following, whether now owned or hereafter acquired, whether now existing or hereafter arising, and wherever located: All accessions, attachments, accessories, tools, parts, supplies, replacements of and additions to any of the collateral described herein, whether added now or later. All products and produce of any of the property described in this Collateral section. All accounts, general intangibles, instruments, rents, monies, payments, and all other rights, arising out of a sale, lease, consignment or other disposition of any of the property described in this Collateral section. All proceeds (including insurance proceeds) from the sale, destruction, loss, or other disposition of any of the property described in this Collateral section, and sums due from a third party who has damaged or destroyed the Collateral or from that party's insurer, whether due to judgment, settlement or other process. All records and data relating to any of the property described in this Collateral section, whether in the form of a writing, photograph, microfilm, microfiche, or electronic media, together with all of Debtors right, title, and interest in and to all computer software required to utilize, create, maintain, and process any such records or data on electronic media.

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser	
8. OPTIONAL FILER REFERENCE DATA: 189-1749	

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

NEWRISE REALTY 2, LLC

OR 9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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:

5325 Park Forest Parkway, North Charleston, SC 29418; OWNED BY GRANTOR AND MORE PARTICULARLY DESCRIBED ON ATTACHED EXHIBIT A.

17. MISCELLANEOUS:

EXHIBIT A

ALL that certain piece, parcel or tract of land, containing 2.79 acres, more or less, being more particularly shown and delineated as Residual of Tract "B-1", being more particularly shown on a plat of an ALTA/ASCM Land Title Survey for Parcel -038 and Part of Tract "B-1" and the Residual of Tract "B-1" prepared for Kahn Properties South, LLC by Cornerstone Surveying & Engineering, Inc. dated February 8, 2000, last revised October 17, 2000, recorded in Book J at Page 174, and having such boundaries and measurements as shown thereon.

BEING the same property conveyed to NewRise Realty 2, LLC, a South Carolina limited liability company by deed of Park Forest Investors, LLC, a South Carolina limited liability company, said deed being dated May 19, 2022 and recorded May 24, 2022 in Book 14187 at Page 107 in the ROD Office for Dorchester County.

Dorchester County TMS Number: 181-00-00-026

[Not part of the legal description, for convenience only: Property commonly known as 5325 Park Forest Parkway, North Charleston, SC 29418, Dorchester County]