

UCC-1 Form

FILER INFORMATION

Full name: **WOLTERS KLUWER LIEN SOLUTIONS**

Email Contact at Filer: **CTLSWEBACK@WOLTERSKLUWER.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **LIEN SOLUTIONS**

Mailing Address: **P.O. Box 29071**

City, State Zip Country: **GLENDAL, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **THE FLOREZ GROUP, INC.**

Mailing Address: **515 CONGRESS AVE STE 1075**

City, State Zip Country: **AUSTIN, TX 78701 USA**

SECURED PARTY INFORMATION

Org. Name: **BAYFIRST NATIONAL BANK, A NATIONAL BANKING ASSOCIATION**

Mailing Address: **700 CENTRAL AVENUE**

City, State Zip Country: **ST. PETERSBURG, FL 33701 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-92601286-66435840

COLLATERAL

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