

**Susan Kessler**  
Colleton County Register Of Deeds

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Office of the Colleton County Register Of Deeds



<b>2026002836</b>	
UCC (1)	
RECORDING FEES	\$25.00
STATE TAX	\$0.00
COUNTY TAX	\$0.00
<b>PRESENTED &amp; RECORDED</b>	
05/26/2026 01:03:06 PM	
<b>SUSAN KESSLER</b>	
REGISTER OF DEEDS	
COLLETON COUNTY, SC	
<b>BK: RB 3578</b>	
<b>PG: 103-105</b>	

**SUSAN KESSLER**  
REGISTER OF DEEDS COLLETON COUNTY SOUTH CAROLINA

COLLETON COUNTY, SC	
2026002836	
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05-26-2026	01:03:06 PM
SUSAN KESSLER	
REGISTER OF DEEDS	
BK:RB 3578 PG:103-105	

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

**A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)**  
 SS 912-756-3391

**B. E-MAIL CONTACT AT SUBMITTER (optional)**

**C. SEND ACKNOWLEDGMENT TO: (Name and Address)**

First Bank of Coastal Georgia  
 PO Box 430 / 9720 Ford Ave  
 Richmond Hill, GA 31324

**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  
 SHRI SAI V, LLC

OR

1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
33 CAMPGROUND ROAD	WALTERBORO	SC	29488
		COUNTRY	US

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  
 FIRST BANK OF COASTAL GEORGIA

OR

3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
PO BOX 430 / 9720 FORD AVENUE	RICHMOND HILL	GA	31324
		COUNTRY	US

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

ANY AND ALL FURNITURE, FIXTURES, INVENTORY, EQUIPMENT AND OTHER ITEMS EXISTING OR HEREAFTER ACQUIRED AT AND RELATED TO THE OPERATIONS OF THE BUSINESS KNOWN AS SHRI SAI V, LLC LOCATED AT 33 CAMPGROUND ROAD, WALTERBORO, SC 29488

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/Licensor

8. OPTIONAL FILER REFERENCE DATA: 27394572000

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1c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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 FIRST BANK OF COASTAL GEORGIA

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

3c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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