

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

FLORIDA SECURED TRANSACTION REGISTRY

**FILED**

2009 Sep 11 08:00 AM

\*\*\*\*\* 200901177774 \*\*\*\*\*

A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON	
B. SEND ACKNOWLEDGEMENT TO:	
Name	<b>KELLY TRACTOR CO.</b>
Address	<b>8255 NW 58 STREET</b>
Address	<b>MIAMI, FL 33166</b>
City/State/Zip	

THE ABOVE SPACE IS FOR FILLING OFFICE USE ONLY

**1. DEBTOR'S EXACT FULL LEGAL NAME - INSERT ONLY ONE DEBTOR NAME (1a OR 1b) - Do Not Abbreviate or Combine Names**

1a. ORGANIZATION'S NAME <b>Atlantic Leasing Inc.</b>				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS <b>4651 Dyer Blvd</b>		CITY <b>Riviera Beach</b>	STATE <b>FL</b>	POSTAL CODE <b>33407</b>
1d. TAX ID# <b>65-0726597</b>	REQUIRED ADD'L INFO RE: ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION <b>Corporation</b>	1f. JURISDICTION OF ORGANIZATION <b>USA</b>	1g. ORGANIZATIONAL ID# <b>P97000011998</b> <input type="checkbox"/> NONE

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

2a. ORGANIZATION'S NAME				
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
2d. TAX ID#	REQUIRED ADD'L INFO RE: ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID# <input type="checkbox"/> NONE

**3. SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE of ASSIGNOR S/P) - INSERT ONLY ONE SECURED PARTY NAME (3a OR 3b)**

3a. ORGANIZATION'S NAME <b>Kelly Tractor Company</b>				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS <b>8255 NW 58th Street</b>		CITY <b>Miami</b>	STATE <b>FL</b>	POSTAL CODE <b>33166</b>
				COUNTRY <b>USA</b>

**4. This FINANCING STATEMENT covers the following collateral:**

**One (1) Link Belt Crane Model LS-238H5, serial number N2J7-9137 with the following Attachments:  
10FT erection section s/n L1106113, 40FT boom section s/n L1206135, 40FT boom section s/n L1006008, 40FT boom section s/n L1106162, boom tip s/n L1006247, jib base s/n L1106102, jib tip s/n L1106137, 15FT jib section s/n L1206139, Hookball s/n 06-14848, Rigging Block s/n 072506, 30FT extension s/n L1106040, 20FT extension s/n L1106179, 15FT jib extension s/n L0408236, 20FT boom extension s/n L0706170, Hookblock s/n 08-1743**

**\*all the above and SUBSTITUTIONS, REPLACEMENTS, ADDITIONS, AND ACCESSIONS THERETO, NOW OWNED OR HEREAFTER ACQUIRED AND PROCEEDS THEREOF.**

5. ALTERNATIVE DESIGNATION (if applicable)	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR
	<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**

<input type="checkbox"/>	All documentary stamps due and payable or to become due and payable pursuant to s. 201.22 F.S., have been paid.
<input checked="" type="checkbox"/>	Florida Documentary Stamp Tax is not required.

**7. OPTIONAL FILER REFERENCE DATA**

STANDARD FORM - FORM UCC-1 (REV.12/2001)

Filing Office Copy

Approved by the Secretary of State, State of Florida