1318-22-710-001,002,00		008;		
	1318-22-301-006 Accornect strong only Recorded without Listing	DOUGL Rec:\$60 \$60.00	AS COUNTY, NV 0.00 Pgs=2	2020-954821 10/20/2020 09:33 AM
	Recorded w that	FIRST A	AMERICAN TITLE PA	SEO VERDE
UCC FINANCING STATEMENT	K: Abolity	KAREN	ELLISON, RECORE	DER
FOLLOW INSTRUCTIONS				/
A. NAME & PHONE OF CONTACT AT FILER (option	al)	٦	(\
			\	\
B. E-MAIL CONTACT AT FILER (optional)				\ \
C. SEND ACKNOWLEDGMENT TO: (Name and Ad	dress)	7		\ \
Greenspoon Marder, LLP				\ \
590 Madison Avenue, Suite 1800	'			\ \
New York, New York 10022		_		-J
Attention: Mark S. Fawer, Esq.	ı	i		\
		THE ABOVI	E SPACE IS FOR FILING	G OFFICE USE ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1	a or 1b) (use exact, full name, do not omi	t, 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 1a ORGANIZATION'S NAME	here and provide the Individual Deb	ntor information in item 10 of	the Financing Statement A	ddendum (Form UCC1Ad)
GBS CAPITAL, LLC			. \	
OR 16 INDIVIDUAL'S SURNAME	FIRST PERSON	VAL NAME	ADDITIONAL NAM	E(S)/INITIAL(S) SUFFIX
)]	~
to MAILING ADDRESS	CITY		STATE POSTAL	
17180 Bernardo Center Drive, St			CA 9212	
 DEBTOR'S NAME: Provide only one Debtor name (2st name will not fit in line 2b, leave all of item 2 blank, check 	a or 2b) (use exact, full name; do not omi here and provide the Individual Det			
2a ORGANIZATION'S NAME				
0.0		/ (h.	
OR 2b INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAM	E(S)/INITIAL(S) SUFFIX
2c. MAILING ADDRESS	CITY	<u> </u>	CTATE IDOCKA	0005
/ /	City	/ /	STATE POSTAL	. CODE COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNE	E of ASSIGNOR SECURED PARTY): PI	rovide only one Secured Par	ty name (3a or 3b)	
3a ORGANIZATION'S NAME		/ /		<u> </u>
OR 3b INDIVIDUAL'S SURNAME	FIRST PERSON	(A) STANSE	Tapperous and	
S. INDIVIDUALS SURVIVAME	FIRST PERSON	IAC MAME	ADDITIONAL NAMI	E(S)/INITIAL(S) SUFFIX
3c. MAILING ADDRESS	СІТУ	-	STATE POSTAL	.CODE COUNTRY
600 Fifth Avenue	New Yor	rk /	NY 1002	0 USA
4. COLLATERAL: This financing statement covers the follow. The Debtor grants a security interest in, and Trust made by and among BEACH CLUB in the control of the control	l pledges to Secured Party, all			
AMERICAN TITLE COMPANY, as Truste				
dated as of Octobeer //e, 2020 and recorded	10/19/2020 Instrument N	0. <u>2626-954766</u> in (Official Records of I	Douglas County, Neveda,
as amended covering the premises located in	Douglas County, Nevada as	more particularly de	escribed in said Dee	d of Trust, together with
any bonds, notes or other obligations descri				
interest accrued thereon, and all other docu				
secured thereby, including, without limitation the Assignment, Pledge and Security Agree				
2018, as amended, and together with any gu				
in any casualty and title insurance proceeds				
and/or the property secured thereunder.				
5 Check poly if applicable and shorts are her first	in Thulain Tank Contract]	
 Check <u>only</u> if applicable and check <u>only</u> one box: Collateral Check <u>only</u> if applicable and check <u>only</u> one box: 	is held in a Trust (see UCC1Ad, iter	n i/ and instructions)	being administered by a D 6b. Check only if applicable	lecedent's Personal Representative le and check only one box:
Public-Finance Transaction Manufactured	Home Transaction A Debtor is	s a Transmitting Utility	Agricultural Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Less	ee/Lessor Consignee/Consig	nor Seller/Buye	er Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: To be filed with the Office of the Clerk	of Douglas County, NV			
	~ ************************************			

NAME OF FIRST DEBT because Individual Debtor	FOR: Same as line 1a or name did not fit, check her	1b on Financing Stateme	ent, if line 1b was let	ît blank			(\	
98 ORGANIZATION'S N	AME						\ \	
R 96 INDIVIDUAL'S SURN	AME		20000000000000000000000000000000000000	······	_			
FIRST PERSONAL N	IAME		en e		_	Name of the last o		\
ADDITIONAL NAME	S)//NITIAL(S)	· · · · · · · · · · · · · · · · · · ·		SUFFIX	THE ABOV	E SPACE	IS FOR FILING O	FFICE USE ONLY
DEBTOR'S NAME: 1 do not omit, modify, or ab	Provide (10a or 10b) only <u>o</u> breviate any part of the De	ne additional Debtor name btor's name) and enter ti	ne or Debtor name he mailing address	that did not fit in lir In line 10c				
10a ORGANIZATION'S I	NAME	-						
R 166. INDIVIDUAL'S SURI	NAME	- Later	$\overline{}$	$\overline{}$				
INDIVIDUAL'S FIRS	T PERSONAL NAME	781.				7		
INDIVIDUAL'S ADD	ITIONAL NAME(S)/INITIAL	(S)			/	/		SUFFIX
ic. MAILING ADDRESS			CITY	_	\prec	STATE	POSTAL CODE	COUNTR
. ADDITIONAL SEC	CURED PARTY'S NA	ME or ASSIG	GNOR SECUR	ED PARTY'S	NAME: Provide	only one na	ame (11a or 11b)	
11a. ORGANIZATION'S I	NAME		-		- N	1		
4			744	76	7N.	7%		
11b. INDIVIDUAL'S SURI	NAME		FIRST PERS	ONAL NAME		ADDITIO	NAL NAME(S)/INIT	IAL(S) SUFFIX
R 11b. INDIVIDUAL'S SURI	NAME		FIRST PERS	ONAL NAME		ADDITIO	NAL NAME(S)/INITI	AL(S) SUFFIX
110. INDIVIDUAL'S SURI				ONAL NAME		V		
c MAILING ADDRESS				ONAL NAME		V		
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c MAILING ADDRESS	FOR ITEM 4 (Collateral ATEMENT is to be filed [for DRDS (if applicable)	r record) (or recorded) in	the 14. This FINA			V	POSTAL CODE	
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C MAILING ADDRESS C MAILING ADDRESS C ADDITIONAL SPACE This FINANCING ST. REAL ESTATE RECO Name and address of a RI (if Debtor does not have a	ATEMENT is to be filed [for DRDS (if applicable) ECORD OWNER of real estrected interest)	r record) (or recorded) in	the 14. This FINA cove 16. Descripti 9, 17, 49 Area, St	ANCING STATEME or stimber to be cut on of real estate: 4, 41, 57, 73, atcline, Dou		s-extracted	POSTAL CODE	COUNTR'
This FINANCING ST. REAL ESTATE RECU Name and address of a R (if Debtor does not have a a geach Club Develo O. Box 5536	ATEMENT is to be filed [for DRDS (if applicable) ECORD OWNER of real estrected interest)	r record) (or recorded) in	ths 14. This FINA Cove 16. Descripti 9, 17, 49 Area, St APN: 13 1318-22-	ANCING STATEME or stimber to be cut on of real estate: 4, 41, 57, 73,	covers a 65, 81, 89, 9 glas Count 101, 002, 00	s-extracted of the second of t	postal Code collateral is f	COUNTR'