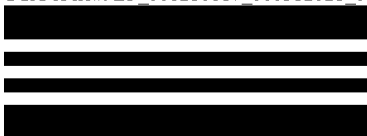


GSCCCA eFile#: EF 001280687 000382028 044 Received:Tuesday, April 11, 2017 10:29:37 AM Page 1 of 1



FILED & RECORDED
 Friday, April 14, 2017 12:03:53 PM
 File Number: 044-2017-001485
 Debra DeBerry
 Dekalb County Clerk of Superior Court

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) ASHLEY MOORE 678-268-3358
B. E-MAIL CONTACT AT FILER (optional) ASHLEY.MOORE@NOWCORP.COM
C. SEND ACKNOWLEDGMENT TO: (Name and Address) NOWACCOUNT NETWORK CORPORATION 2300 PEACHTREE RD NW SUITE C-102 ATLANTA, GA 30309

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 HAPPY FACES PERSONNEL GROUP, INC.			
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
1c. MAILING ADDRESS 4333 LYNBURN DRIVE		CITY TUCKER	STATE POSTAL CODE COUNTRY GA 30084 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 HAPPY FACES			
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
2c. MAILING ADDRESS 1481 ROCK MAOUNTAIN BLVD.		CITY STONE MOUNTAIN	STATE POSTAL CODE COUNTRY GA 30083 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 NOWACCOUNT NETWORK CORPORATION			
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
3c. MAILING ADDRESS 2300 PEACHTREE RD NW, SUITE C-102		CITY ATLANTA	STATE POSTAL CODE COUNTRY GA 30309 USA

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

SEE ATTACHED NOWACCOUNT FINANCING STATEMENT

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:	

