

**APPLICATION FOR REGISTRATION OF FICTITIOUS NAME**

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. THE HAMLET PARTNERS A FLORIDA PARTNERSHIP  
Fictitious Name to be Registered (see Instructions if name includes "Corp" or "Inc")

5944 Coral Ridge Drive  
Mailing Address of Business  
Coral Springs FL 33076  
City State Zip Code

3. Florida County of principal place of business: MULTIPLE

(see instructions if more than one county)

FEI Number: APPLIED FOR

FILED

2012 MAY -2 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

G12000041146  
05/02/12--01031--003 \*\*50.00

This space for office use only

Section 2

**A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):**

1. \_\_\_\_\_  
Last First M.I.  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip Code

2. \_\_\_\_\_  
Last First M.I.  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip Code

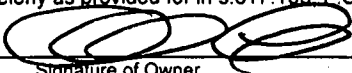
**B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):**

1. REAL PROPERTY CONSULTING, LLC  
Entity Name  
5944 Coral Ridge Drive  
Address  
Coral Springs FL 33076  
City State Zip Code  
Florida Document Number L11000135473  
FEI Number: \_\_\_\_\_  
 Applied for  Not Applicable

2. GROWTH CAPITAL FUNDING, LLC  
Entity Name  
5944 CORAL RIDGE DRIVE  
Address  
CORAL SPRINGS FL 33076  
City State Zip Code  
Florida Document Number L11000135482  
FEI Number: \_\_\_\_\_  
 Applied for  Not Applicable

Section 3

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-mail address: (to be used for future renewal notification)

Phone Number: 954-857-1049

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:  
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name \_\_\_\_\_  
\_\_\_\_\_, which was registered on \_\_\_\_\_ and was assigned  
registration number \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner Date

\_\_\_\_\_  
Signature of Owner Date

Mark the applicable boxes  Certificate of Status — \$10  Certified Copy — \$30  
**NON-REFUNDABLE PROCESSING FEE: \$50**