

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

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

Section 1

1. EQUUS PARTNERS
 Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")
 902 CLINT MOORE ROAD
 SUITE 202
 Mailing Address of Business
 BOCA RATON FL 33487
 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

11 DEC 14 AM 11:19

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

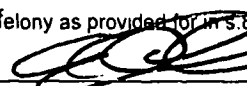
B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. GROWTH CAPITAL FUNDING PARTNERS, LLC
 Entity Name
 902 CLINT MOORE ROAD SUITE 141
 Address
 BOCA RATON FL 33487
 City State Zip Code
 Florida Document Number L11000097083
 FEI Number: Applied for Not Applicable

2. Entity Name
 Address G11000120928 12/14/11--01002--013 **50.00
 City State Zip Code
 Florida Document Number
 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. 817.135, F.S.

 9/06/2011
 Signature of Owner Date


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

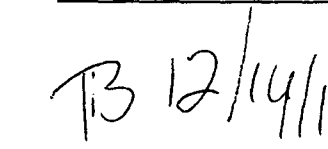
Phone Number: 5619105932

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

 12/14/11
 Signature of Owner Date

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