

CAPITAL CONNECTION, INC.

417 E. Vine St. Tallahassee, FL 32301
(850) 224-3700 FAX (850) 224-3062

A01000000522

BBTG Secured Growth
Fund, L.L.P.

File
2nd

hpn 4/17

Signature _____

Requested by: WC
Name _____ Date 4/17 Time 11:00

Walk-In _____ Will Pick Up _____

Art of Inc. File

☒ Partnership File Qualification

Foreign Corp. File _____

L.C. File _____

Fictitious Name File _____

Trade/Service Mark 5000004014715--4

Merger File -04/17/01--01058--011
*****77.50 *****77.50

Art. of Amend. File _____

RA Resignation _____

Dissolution / Withdrawal _____

Annual Report / Reinstatement _____

Cert. Copy _____

Photo Copy _____

Certificate of Good Standing _____

Certificate of Status _____

Certificate of Fictitious Name _____

Corp Record Search _____

Officer Search _____

Fictitious Search _____

Fictitious Owner Search _____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

Courier _____

RECEIVED
01 APR 17 AM 11:00
TALLAHASSEE, FLORIDA
FILED
01 APR 17 PM 5:50
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership as identified in the records of the Florida Department of State:
BB&G Secured Growth Fund, L.L.L.P.

Insert limited partnership's Florida document number: A01000000522
or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above named partnership: L.L.L.P.
("Registered Limited Liability Partnership," "Limited Liability Partnership," "R.L.L.P.," "L.L.P.," "RLLP," or "LLP")

3. The street address of its chief executive office: c/o Alex Barak
(if different from current recorded address): 4601 Sheridan Street, #206
Hollywood, Florida 33021

4. The street address of principal office in Florida: _____
(if different from above) _____

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:
____ as of the date this document is filed with the Florida Secretary of State
or
____ a date later than the time of filing: _____

7. The name and Florida street address of the partnership's agent for service of process:
Alex T. Barak, Esquire
4601 Sheridan St., #206
Hollywood, Florida 33021

FILED
01 APR 17 PM 5:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 12th day of April, 2001.

Signature of TWO Partners: _____

Typed or printed names of partners signing above: Gregory Freedman
Alex Barak

Filing Fee: \$25.00
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75