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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0381

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**NATIONAL REALTY MANAGEMENT, CORP.**

Certificate of Status	0
Certified Copy	1
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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

**1. NATIONAL REALTY MANAGEMENT, INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. NEW YORK**

(State or country under the law of which it is incorporated)

**3. 11-3597292**

(FEI number, if applicable)

**4. 3/29/01**

(Date of incorporation)

**5. PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

**6. UPON FILING**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. P.O. BOX 89, OLD BETHPAGE, NY 11804**

(Principal office address)

(Current mailing address)

**8. ANY AND ALL LAWFUL BUSINESS**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

**9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**

Name: **CORPORATION SERVICE COMPANY**

Office Address: **1201 HAYS STREET**

**TALLAHASSEE**

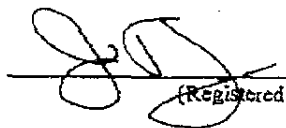
(City)

**Florida 32301-2525**

(Zip code)

**10. Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



**Jeanine Reynolds**

**- as its agent**

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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## 12. Names and business addresses of officers and/or directors:

## A. DIRECTORS

Chairman: BRIAN SCHUMAN

Address: P.O. BOX 89  
OLD BETHPAGE, NY 11804

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

## B. OFFICERS

President: BRIAN SCHUMAN

Address: P.O. BOX 89  
OLD BETHPAGE, NY 11804

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: BRIAN SCHUMAN

Address: P.O. BOX 89, OLD BETHPAGE, NY 11804

Treasurer: BRIAN SCHUMAN

Address: P.O. BOX 89, OLD BETHPAGE, NY 11804

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. BRIAN SCHUMAN, DIRECTOR

(Typed or printed name and capacity of person signing application)

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**State of New York**  
**Department of State** } ss:

*I hereby certify, that the Certificate of Incorporation of NATIONAL REALTY MANAGEMENT CORP. was filed on 03/29/2001, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.*



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 07th day of February  
two thousand and six.*

Daniel Shapiro  
Special Deputy Secretary of State

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