

**F1300001489**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**BM Real Estate Services, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

RECEIVED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 13 APR -4 AM 11:03  
 13 APR -4 PM 3:47  
 DIVISION OF CORPORATIONS

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*Ps 4/15/13*

4/4/2013

### COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** BM Real Estate Services, Inc

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jaryn Connolly

Name of Person

BM Real Estate Services, Inc

Firm/Company

5016 N Parkway Calabassas Ste. 200,

Address

Calabassas, CA 91403

City/State and Zip code

jaryn@priorityfinancial.net; abert@priorityfinancial.net

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

For further information concerning this matter, please call:

Jaryn Connolly

at (818) 936-3853

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

# 26883  
3/31/13

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

13 APR -4 AM 11:03

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

BM Real Estate Services, Inc  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. 33-0886403  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/01/2000 5. Perpetual  
(Date of incorporation) (Duration: Your corp. will cease to exist or "perpetual")

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

7. 5016 N Parkway Calabasas Ste 200, Calabasas, CA 91302  
(Principal office address)  
5016 N Parkway Calabasas Ste 200, Calabasas, CA 91302  
(Current mailing address)

8. Mortgage Lender  
(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation . Florida 33324  
(City) (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.*

By CT Corporation System  
  
(Registered agent's signature) -Jordan Brown: Asst. Secretary

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.

CLERK  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

13 APR -4 AM11:03

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

A. DIRECTORS

Chairman: N/A

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

Vice Chairman: N/A

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

Director: N/A

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

Director: N/A

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

B. OFFICERS

President: Maro Shenkman

Address: 24611 Mutholland Highway, Calabasas, CA 91302

Vice President: Antonio Orlando Rodriguez

Address: 271 Starlight Crest Drive, La Canada, CA 91011

Secretary: Bryan T Campbell

Address: 4321 Willow Glen St, Calabasas, CA 91302

Treasurer: Benjamin Hannicutt

Address: 4959 Medina Drive, Woodland Hills, CA 91302

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

13.  Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is 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.

14. Maro Shenkman - President

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

**State of California  
Secretary of State**

13 APR -4 AM 11:03

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

BM REAL ESTATE SERVICES, INC.

FILE NUMBER: C2048740  
FORMATION DATE: 01/01/2000  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of April 03, 2013.

*Debra Bowen*

DEBRA BOWEN  
Secretary of State