

# F15000005569

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : BROAD AND CASSEL (BOCA RATON)  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: sgarchik@mrkpartners.com

FOREIGN PROFIT/NONPROFIT CORPORATION  
MRK Partners Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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Help

Fax Audit No. H15000297110 3

**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.*

MRK Partners Inc.

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. \_\_\_\_\_ 3. \_\_\_\_\_  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
California 47-2830423  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. \_\_\_\_\_ 5. \_\_\_\_\_  
January 8, 2015  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. \_\_\_\_\_  
10345 Wilkins Avenue, Suite, 201, Los Angeles, CA 90024  
(Principal office address)
- \_\_\_\_\_ (Current mailing address, if different)

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

Name: BCRA, LLC  
Office Address: 7777 Glades Road, Suite 300  
Boca Raton, Florida 33434  
(City) (Zip code)

**9. 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.*

  
(Registered agent's signature)

10. 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.

Fax Audit No. H15000297110 3

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Fax Audit No. H15000297110 3

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

**A. DIRECTORS**

Chairman: Sydney Garchik  
429 35th Street  
Address: Manhattan Beach, CA 90266

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

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

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

**B. OFFICERS**

President: Sydne Garchik  
429 35th Street  
Address: Manhattan Beach, CA 90266

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

Secretary: Sydne Garchik  
429 35th Street, Manhattan Beach, CA 90266  
Address: \_\_\_\_\_

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

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.12. \_\_\_\_\_  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

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**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

**MRK PARTNERS INC.**

**FILE NUMBER:** C3743212  
**FORMATION DATE:** 01/08/2015  
**TYPE:** DOMESTIC CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, ALEX PADILLA, 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 December 15, 2015.

**ALEX PADILLA**  
Secretary of State

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