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(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
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(Document Number)	
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OIVISION OF CORPORATIONS

8/1/12

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: MADISON RESOURCES, 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:	
ANDLEW D. TITLEY	
Name of Person	
46 ALBION INTELNATIONAL SECUCES, INC Firm/Company	-
Firm/Company	
2520 NW 97 ME; #110	
Address	
MIMI 15 33172	
City/State and Zip code Conduction Coup. Com E-mail address: (to be used for future about report notification)	
For further information concerning this matter, please call:	<u>ت</u> تر
Adrew Tiller at (305) 406 1000- Name of Person Area Code & Daytime Telephone Number	10.7 do 2015.17 SECRETARY 3.11-1
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	OF STATE
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certified Copy \$Certificate of Status & Certified Copy	

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.

	ISON RESOURCES,		
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"	1
	NIA		
(If name unavaila	able in Florida, enter alternate corporate nar	ne adopted for the purpose of transacting	business in Florida)
2.	AWARE	206-27-0437	\mathscr{A}
(State or country i	under the law of which it is incorporated)	(FEI number, if application	able)
4	A 20 2+105	5. Ouration: Year corp. will cease to ex	_
(Date	of incorporation)	(Duration: Year corp. will cease to ex	xist or "perpetual")
6.	SEV7 20	012 - OPERATIONS NOT	YET STARTED
	(Date first transacted busines	s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)	·
7		NATIONAL, 2520 NW	
·	(Principal office a	ddress)	11 110
	Mith	M FL 33172	
	(Current mailing a		·
		رم مرماسه م	20.
8.		JAC EXP IMPOLI 7K	
(Purpose(s)	of corporation authorized in home state or	country to be carried out in state of Florid	1a) ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹
9. Name and street	t address of Florida registered agent: (P	O. Box NOT acceptable)	AL SECR
Name:	ANDREW TITLEY		
Office Address:	2520 NW 97" AVE		CORR
	MIBMI	, Florida <u>33172</u>	OR'S
	(City)	(Zip code)	STATE PRATTO
10. Decision dec	4}		ÛNS
10. Registered age	ent's acceptance: ed as registered agent and to accept ser	vice of process for the above stated co	propration at the place
designated in this	application, I hereby accept the appoin	tment as registered agent and agree t	o act in this capacity. I
	mply with the provisions of all statutes with and accept the obligations of my p		erformance of my duties
ana i am jaminar	with and accept the obligations of the f	ostion us registereu agent.	
	- / / / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1	
_	(Registered agent's signature	e)	_
11. Attached is a co	ertificate of existence duly authenticate	/ 1. not more than 90 days prior to deliv	ery of this application to
	State, by the Secretary of State or other		

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:	SECRETARY	Y OF STATE
A. DIRECTORS	DIVISION OF C	
Chairman: ANDLOW TITLEY	12 AUG -6	PM 1: 45
Chairman: ANDLEW TITLEY Address: 2520 NW 971 AVE \$110, MIMI FZ	33172	
Vice Chairman: N1A	<u> </u>	
Address:		
Director:		
Address:		
Director:		
Address:		
B. OFFICERS President: ANDLEN TITLEY Address: Dabbe		
Vice President: NA Address:		
Secretary: AWDIAN TITLEY		
Address: As above		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional of	fficers and/or direc	tors.
13.	 —	 .
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affir are true and that he or she is aware that false information submitted in a document to the I third degree felony as provided for in s.817.155, F.S.	ms that the facts st Department of State	ated herein e constitutes a
14. ANORON D. TITLEY		
(Typed or printed name and capacity of person signing application	on)	



PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MADISON RESOURCES, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF

JULY, A.D. 2012.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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AUTHENTY CATION: 9730196

DATE: 07-24-12

You may verify this certificate online at corp.delaware.gov/authver.shtml