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C. LEWIS

Apr. 20 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 15, 2010

RICHARD L. WEST WEST LAW FIRM, LLC 50 VANDERBILT AVE., NO. 45 NEW YORK, NY 10017

SUBJECT: MADISON FAMILY OFFICE SERVICES, LLC

Ref. Number: W10000012859

We have received your document for MADISON FAMILY OFFICE SERVICES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 710A00006304

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	ECT: Madison	Family Office Services, LLC	
		Name of Limited Liability Company	
Existen	ice, and check are submitted to register t	Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida	
Please	return all correspondence concerning thi	is matter to the following:	
		Richard L. West	
		Name of Person	
		West Law Firm, LLC	
		Firm/Company	
50 Vanderbilt Ave., No. 45			
		Address	
		New York, NY 10017 City/State and Zip Code	
		City/State and Zip Code	
		mail@richardwestesq.com	
		ss: (to be used for future annual report notification)	
For fur	ther information concerning this matter,	please call:	
	Richard L. West	at (917) 647-8894 Area Code & Daytime Telephone Number	
	Name of Person	Area Code & Daytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle	
Enclos		Filing Fee & S155,00 Filing Fee & S160.00 Filing Fee, Certificate	
	Certifica	ate of Status & Certified Copy of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Madison Family Office Services, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")				
COI	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written isent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability mpany," "L.L.C," "LLC.")				
2	Delaware 3				
- (Delaware Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)				
4.	November 2, 2009 (Date of Organization) 5. perpetual (Duration: Year limited liability company will cease to				
••	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")				
6.					
6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)					
7.	490 Sawgrass Corporate Parkway, Suite 200				
	Sunrise, FL 33325-6254 (Street Address of Principal Office) [Street Address of Principal Office] [Street Address of Principal Office]				
	(Succet Address of Frincipal Office)				
8.	If limited liability company is a manager-managed company, check here				
9.	The name and usual business addresses of the managing members or managers are as follows:				
	Barry Gurland, 20620 NE 22, North Miami Beach, FL 33180-1325				
	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in				
	jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.)				
11	. Nature of business or purposes to be conducted or promoted in Florida:				
	offering multi-family office services				
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)				
	Richard L. West, Esq.				
	Typed or printed name of signee				

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	f the Limited Liability Company is:	
	Madison Family Office Services, LLC	
If unavailable,	the alternate to be used in the state of Florida is:	
2. The name as	nd the Florida street address of the registered agent and office are:	7010 72010
	CT Corporation System	EG TO
	(Name)	2010 APR 19 TALLAHAS
	1200 South Pine Island Road	सिन् स
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	FLORES STATES
	Plantation, FL 33324	96
	City/State/7 in	•

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Assistant Secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE I

The First State

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

DELAWARE, DO HEREBY CERTIFY "MADISON FAMILY OFFICE SERVICES,

LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND

IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF APRIL, A.D.

2010.

4740356 8300

100356192

Jeffrey W. Bullock, Secretary of State **AUTHENT CATION:** 7915335

DATE: 04-06-10

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