BUSINESS RES

Application for Authority to Transact Business - Foreign Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilinglnOregon.com - Phone: (503) 986-2200

FILED

REGISTRY NUMBER:

MAR 11 2011

ecordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record.

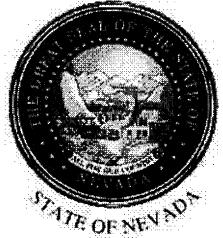
OREGON SECRETARY OF STATE

must release this information to all parties upon request and it will be	e posted on our		SCOTE IATE OF SPORTICE USE OTHER
ase Type or Print Legibly in Black Ink. Attach Additional Si		sary.	
NAME: Madison Management Service NOTE: (Must contain the words "Limited Liability Company" or the	S, LLU	"I I C" or "I I C ") Must be identical to the n	ame on the Certificate of Existence, See #3.
	C appreviacono		
TATE OR COUNTRY OF ORGANIZATION:		7) REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS: (Must be an Oregon Street Address, which is identical to the registered agent's	
Nevada		business office.)	
Date of Organization: 10/09/2007		890 N. River Street, Loft 206	
CERTIFICATE OF EXISTENCE:		Portland, OR 97227	
A certificate of existence, current within 60 days of delivery to this		sion, 8) ADDRESS OF PRINCIPAL OFFICE OF THE BUSINESS:	
authenticated by the official having custody of the organization		126 Route 10, Suite	5
4) DURATION: (Please check one.)		Succasunna, NJ 07876	
		9) ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:	
Latest date upon which the entity is to dissolve is		- 126 Doute 10 Suite	5
Or		126 Route 10, Suite 5 Succasunna, NJ 07876	
Duration shall be perpetual.			
 THIS FOREIGN LIMITED LIABILITY COMPANY SATISFIES THE REQUIREMENTS OF ORS 63.714(3). 	łE	10) How Will This Limited Liabili	TY COMPANY BE MANAGED?
6) Name of Oregon Registered Agent:		This LLC will be member-man	
Incorp Services, Inc.		This LLC will be manager-ma	inaged by one or more managers.
Signature: (1) EXECUTION: (At least one member or manager must sign.) By my signature, I declare as an authorized authority, that correct, and complete. Making false statements in this do Signature:	cument is aga Printed	ainst the law and may be penalized by t	pest of my knowledge and belief, true, ines, imprisonment or both. Title: Manager
ONTACT NAME: (To resolve questions with this filing.)		MADISON MANAGE	MENT SERVICES, LL
Eric Wolz	,		
HONE NUMBER: (Include area code.)			

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303.655.9659

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CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, MADISON MANAGEMENT SERVICES, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 9, 2007, and is in good standing in this state.

Electronic Certificate
Certificate Number: C20110310-1997
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 10, 2011.

ROSS MILLER Secretary of State