Brian P. Kemp
Secretary of State

STATE OF GEORGIA
2015 Corporation Annual Registration

OFFICE OF THE SECRETARY OF STATE
Annual Registration Filing
P.O. Box 23038
Columbus, Georgia 31902-3038

RECEIVED
2015
SECRETARY OF STATE

Information on record as of: March 24, 2015

Entity Control No. 07037185 **Amount Due: $30.00** **Amount Due AFTER April 01, 2015: $55.00**

MADISON RESIDENTIAL ASSOCIATION,
INC.
41 MACON ST
MCDONOUGH , Georgia 30253

Each business entity registered or filed with the Office of Secretary of State is required to file an annual registration. Amount due for this entity is indicated above and below on the remittance form. Annual fee is $30.00. If amount is more than$30.00, the total reflects amount(s) due from previous year(s) and any applicable late fee(s). **Renew by April 01, 2015** Your Annual Registration must be postmarked by 4/1/2015. If your registration and payment are not postmarked by 4/1/2015, you will be assessed a $25.00 late filing penalty fee.

For faster processing, we invite you to file your Annual Registration online with a credit card at Http://www.sos.ga.gov/corporations/ The Corporations Division accepts Visa, MC, Discover, American Express and ATM/Debit Cards with the Visa or MC logo for online filings only. Annual Registrations not processed online require payment with a check, certified bank check or money order. **We cannot accept cash for payment.**

You may mail your registration in by submitting the bottom portion of this remittance with a check or money order payable to "Secretary of S t a t e " . **All checks must be pre-printed with a complete address in order to be accepted by our offices for your filing. Absolutely, no counter or starter checks will be accepted. Failure to adhere to these guidelines will delay or possibly reject your filing.** Checks that are dishonored by your bank are subject to a $30.00 NSF charge. Failure to honor your payment could result in a civil suit filed against you and/or your entity may be Administratively Dissolved by the Secretary of State. [See O.C.G.A. § 13-6-15 and Title 14, respectively.]

Officer, address and Agent information currently of record is listed below. Please verify "county of registered office." If correct and complete, detach bottom portion, sign, and return with payment. Or, enter changes as needed and submit. Complete each line, even if the same individual serves as Chief Executive Officer, Chief Financial Officer, and Secretary of the corporation.
Note: Registered Agent address must be a street address in Georgia where the agent may be served personally. A mail drop or P.O. Box does not comply with Georgia law for registered office. P.O. Boxes may be used for principal office and officers'addresses.

Any person authorized by the entity to do so may sign and file registration (including online filing). Additionally, a person who signs a document submits an electronic filing he or she knows is false in any material respect with the intent that the document be delivered to the Secretary of State for filing shall be guilty of a misdemeanor and, upon conviction thereof, shall be punished to the highest degree permissible by law. [O.C.G.A. § 14-2-129.]

Please return ONLY the original form below and applicable fee(s). For more information on Annual Registrations or to file online, visit Http://www.sos.ga.gov/corporations/ Or, call 404-656-2817.

Cut at perforation and return renewal coupon below with payment.

Date Received: 3/24/15
Check No.: 1173
Date Paid: 3/24/15
Approved By: [illegible]

CORPORATION NAME	ADDRESS	CITY	STATE	ZIP
MADISON RESIDENTIAL ASSOCIATION, INC.	41 MACON ST	MCDONOUGH	Georgia	30253
MADISON RESIDENTIAL ASSOCIATION, INC.	41 MACON ST	MCDONOUGH	Georgia	30253
CEO: GARRY SIMONS	726 LATROBE WAY	MACON	GA	31220
CFO: DIPESH PATEL	104 MADISON DORLTH DR	MACON	GA	31220
Secretary: REBECCA MENZIE	343 IVY STONE	MACON	GA	31220
RA:				
RA:				

IF ABOVE INFORMATION HAS CHANGED, TYPE OR PRINT CORRECTIONS BELOW:

Bus Addr:				
CEO:				
CFO:				
Secretary:				
RA: L.S. Management & Associates 41 Macon St. McDonough GA 30252				

I CERTIFY THAT I AM AUTHORIZED TO SIGN THIS FORM AND THAT THE INFORMATION IS TRUE AND CORRECT.	P.O. BOX NOT ACCEPTABLE FOR REGISTERED AGENT'S ADDRESS	COUNTY OF REGISTERED OFFICE:	COUNTY CHANGE OR CORRECTION
AUTHORIZED SIGNATURE:		Date: 3-23-15	Total Due:
Title: Agent	Email: lsmanagementassociates@gmail.com		$30.00