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G. MCLEOD

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EXAMINER

LAW OFFICES

Reichstein and Lapat

an association of individual attorneys

3300 University Drive Suite 311 Coral Springs, Florida 33065 (954) 345-6442 (954) 344-0288 (Fax)

Please Reply to Florida Office

221 North La Salle Street Suite 1137 Chicago, Illinois 60601 (312) 425-2900 (312) 425-2901(Fax)

\$ 310.00

Michael Lapat admitted to Practice in: Florida, Illinois & New York mlapat@nysbar.com

January 30, 2008

Florida Secretary of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: APEX FUND MANAGEMENT, LLC

Including Certified Copy of LLC \$ 155.00

BK&A ADVISORS, LLC

IncludingCertified Copy of LLC \$ 155.00

Dear Sir or Madam,

Please find enclosed herewith entity formation documents for the above-referenced entities. Accompanying these submissions is a **check in the sum of \$310.00** representing the filing fees for these formations.

Please file the foregoing as appropriate and return to this office file-stamped/certified copies of same as receipt thereof.

Regards.

jh

enclosure

COVER LETTER

Division of Corporations		
SUBJECT: APEX FUND MANAGEMENT, LLC		
(Name of Limited Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
JULIE HANCOCK		
(Name of Person)		
LAW OFFICES OF MICHAEL LAPAT		
(Firm/Company)		
3300 UNIVERSITY DRIVE SUITE 311		
(Address)		
CORAL SPRINGS FL 33065		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
JULIE HANCOCKat (954) 345-6442		
(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)		
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
APEX FUND MANAGEMENT, LLC	•	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1680 MICHIGAN AVE, SUITE 700 MIAMI BEACH FL 33139	1680 MICHIGAN AVE, SUITE 700 MIAMI BEACH FL 33139	
(The Limited Liability Company cannot serve as its own Registration.) The name and the Florida street address of the re KYRIAKOS KALKET Name	egistered agent are:	
1680 MICHIGAN AVE, SUITE 700 Florida street address (P.O. Box NOT acceptable)		
MIAMI BEACH City, State, a	FL 33139 글로 있습니	
liability company at the place designated in to registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S	

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	KYRIAKOS KALKETENIDIS
	1680 MICHIGAN AVE, SUITE 700
	MIAMI BEACH FL 33139
MGRM	RICHARD BOOKSTAVER
	1680 MICHIGAN AVE, SUITE 700
	MIAMI BEACH FL 33139
MGRM	ALLAN APPLESTEIN
	1680 MICHIGAN AVE, SUITE 700
	MIAMI BEACH FL 33139
(Use attachment if necessary) ARTICLE V: Effective date, if other than the	e date of filing: (OPTIONAL)
(If an effective date is listed, the date must be to or 90 days after the date of filing.)	be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	

Signature of a member of an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

KYRIAKOS KALKETENIDIS, MANAGER

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)