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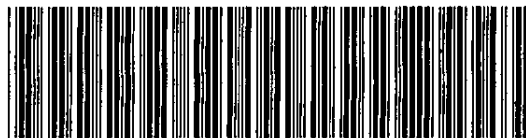
(Business Entity Name)

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DIVISION OF CORPORATIONS
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J. BRYAN

AUG 28 2008

EXAMINER

08/28
O.K. Per BT.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KALEX & ASSOCIATES, 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:

FRITZGERALD FRANCOIS, ESQ

(Name of Person)

LAW OFFICES OF FRITZGERALD FRANCOIS, P.A.

(Firm/Company)

600 SOUTH DIXIE HWY, SUITE 209

(Address)

BOCA RATON, FLORIDA 33432

(City/State and Zip Code)

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For further information concerning this matter, please call:

FRITZGERALD FRANCOIS

(Name of Person)

at (561) 417-7131

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED COMPANY

ARTICLE I- NAME

The name of the Limited Liability Company shall be: KALEX & ASSOCIATES, LLC.

ARTICLE II- PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
17791 SW 140 Court
Miami, Florida 33177

ARTICLE III- PURPOSE(S)


The purpose for which this Limited Liability Company is organized:

ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV- INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the registered agent is:
Stanley Calixte
17791 SW 140 Court
Miami, Florida 33177

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 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.


Registered Agent Signature

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ARTICLE V- MANAGER MEMBER

Title:

MGRM, President

Name and Address:

Stanley Calixte
17791 SW 140 Court
Miami, Florida 33177

MGRM, Secretary

Jasmine Calixte
17791 SW 140 Court
Miami, Florida 33177

Signature of a member or an authorized representative of a member


Stanley Calixte