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DIVISION OF CORPORATIONS
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TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Kylei, LLC

Certificate of Status	0
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FAX AUDIT # H090001724453

**ARTICLES OF ORGANIZATION
OF
Kylei, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Kylei, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 1
Antioch Ave, Ft Lauderdale, Florida 33304.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Jeffrey Corlew, 711 Antioch Ave,
Ft Lauderdale, Florida 33304. Located in the County of Broward.

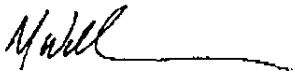
ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and
address of the member of the Limited Liability Company is:

Jeffrey Corlew, 711 Antioch Ave, Ft Lauderdale, Florida 33304



Business Filings Incorporated, Organizer
Mark Williams, A.V.P.
Authorized Representative
Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,
WI 53717
(608) 827-5300

Date: July 24, 2009

FAX AUDIT # H090001724453

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT # 4090001724453CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE
UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Kylei, LLC

The name and address of the registered agent and office is Jeffrey Corlew, 711 Antioch Fr
Lauderdale, Florida 33304. Located in the County of Broward.

Having been named as registered agent and to accept service of process for the above stated
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.

Signature:


Jeffrey Corlew

Date: 7-28-2009

FAX AUDIT # 4090001724453