

P14000064814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

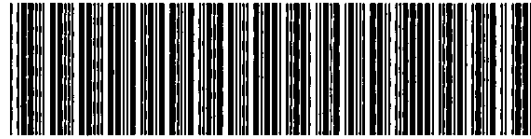
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 AUG -1 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: kailex Management Group, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

Handwritten: M/Order R106156542184

FROM: Marie Wallace
Name (Printed or typed)

8761 North Crescent Drive
Address

Miramar, Florida 33025
City, State & Zip

954-394-6490
Daytime Telephone number

C2lekail@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be: Kailex Management Group, Inc

ARTICLE II PRINCIPAL OFFICE
Principal street address
8761 North Crescent Drive
Miramar, Florida 33025

Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Kailex Management Group, Inc.,
provides program, project, management and consulting services to
business entities.

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Marie Wallace, President</u>	Name and Title:	_____
Address	<u>8761 North Crescent Dr.</u>	Address:	_____
	<u>Miramar, Florida</u>		_____
	<u>33025</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

(cont.)

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Marie Wallace
 Address: 8761 North Crescent Drive
Miramar, Florida 33025

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marie Wallace
 Address: 8761 North Crescent Driv
Miramar, Florida 33025

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Marie Wallace
 Required Signature/Registered Agent

7/25/14
 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Marie Wallace
 Required Signature/Incorporator

7/25/14
 Date