## Florida Department of State

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### FLORIDA/FOREIGN LIMITED LIABILITY CO.

KikaZoom SFO01, LLC

Certificate of Status	0
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FAX AUDIT # HX 1000 3843023

#### ARTICLES OF ORGANIZATION OF KikaZoom SFO01, LLC

ARTICLE I

NAME

The name of the limited liability company shall be: KikaZoom SFO01, LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 169 East Flagler Street, Ste. 702, Miami, Florida 33131.

**ARTICLE III** 

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Brent Klein, 701 Brickell Avenue, Ste. 1900, Miami, Florida 33131. Located in the County of Dade.

ARTICLE IV

**DURATION** 

The duration for the limited liability company shall be: 12/31/2046.

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:

MMM Wireless Corporation, 169 East Flagler Street, Ste. 702, Miami, Florida 33131

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,

Madison, WI 53717

(608) 827-5300

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## FAX AUDIT # 404000 2843023

# CERTIFICATE 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: KikaZoom SFO01, LLC

The name and address of the registered agent and office is Brent Klein, 701 Brickell Avenue, Ste. 1900, Miami, Florida 33131. Located in the County of Dade.

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:

Date: 11 /28 / 66

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SECRETARY OF STATE