

(Req	uestor's Name)
(Add	ress)
(Add	ress)
(City)	/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busi	ness Entity Name)
(Doca	ument Number)
Certified Copies	Certificates of Status
Special Instructions to Fi	ling Officer:
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	1181
	Office Hed Only



01/17/07--01025--001 **2210.00

COVER LETTER

	istration Section islon of Corporations					
SUBJECT:	KIKAZOOM SJC	001, LLC.				
SCHOLCT.	(Name of Limited Liability Company)					
The enclose	d Articles of Organization and fee(s) a	are submitted for filing.				
Please return	all correspondence concerning this m	natter to the following:				
	(Guillermo J. Arguello				
		(Name of Person)				
	MMI	M Wireless Corporation	31年1			
	(Firm/Company)					
	169 Eas	st Flagler Street, Ste. 702	題			
		(Address)	T.O			
	Miar	mi, Florida 33131	- SEE			
-	((City/State and Zip Code)				
For further	nformation concerning this matter, ple	ease call:				
(Guillermo J. Arguello	at (305) 403-4108 Ext. 2				
	(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclosed is	a check for the following amount:					
\$125.00	Filing Fee \$130.00 Filing Fee Certificate of Status	e & \$\insigma\$\$ \$155.00 Filing Fee & \$\insigma\$\$ \$160.00 Filing Certificate of Statu Certified Copy (additional copy is encoded)	is &			
	Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Clifton Building				

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Lin	e: nited Liability Compan	y is:		
KIKAZOOM SJC01	<u> </u>	Limited Comm	pany" or their abbreviation "LLC," or "L.C.,")	-
(iviusi ciia witii die words	Limited Liability Company,	cumed Comp	many of their appreviation LLC, or E.C., J	
ARTICLE II - Add The mailing address		ne principa	l office of the Limited Liability Com	panyls:
Principal Office Ad	dress:	<u>Mai</u>	ling Address:	是二
169 East Flagler Si Miami, Florida 331			East Flagler Street, Ste. 702 mi, Florida 33131	THE PLANT
	pany cannot serve as its own		e. & Registered Agent's Signature: ent. You must designate an individual or another	
The name and the Fl	orida street address of	the register	red agent are:	
Gustavo D. Cedeno				
Name				
199 East Flagler Street #2102				
Florida street address (P.O. Box NOT acceptable)				
	Miami	FL	33131	
_	City, St	ate, and Zip		
liability company registered agent and	at the place designated agree to act in this cap	l in this cer acity. I fu	service of process for the above stated tificate, I hereby accept the appointment thereby accept the appointment there agree to comply with the provision we of the duties and I am familiar we	ent as ons of all

egistered 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 as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

The management of the limited liability company is reserved for the Members.

The name and address of the member of the Limited Liability Company is:

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

ARTICLE V - Duration:

The duration of the Limited Liability Company shall be: 12/31/2046.

SIGNATURE:

Signature of a member of an authorized representative of a member

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

Typed or printed name of signer