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# **COVER LETTER**

TO: Registration Division of	on Section f Corporations	*	
	KIKAZOOM SJC02	LLC.	
SUBJECT:	· · · · · · · · · · · · · · · · · · ·	ed Liability Company)	
The enclosed Artic	les of Organization and fee(s) are s	submitted for filing.	
Please return all con	rrespondence concerning this matte	er to the following:	
	Gu	illermo J. Arguello	
	(	Name of Person)	
	MMM \	Wireless Corporation	
		(Firm/Company)	<u> </u>
	169 East F	Flagler Street, Ste. 702	
		(Address)	
	Miami,	Florida 33131	07
	(City	/State and Zip Code)	JAN
For further informa	tion concerning this matter, please	call:	07 JAN 17 PH 12: 02
Guiller	mo J. Arguello	at ( 305 ) 403-4108 Ext. 2	52
(1)	Name of Person)	(Area Code & Daytime Telephone Number)	02
Enclosed is a chec	ck for the following amount:		
☐ \$125.00 Filing I	Fee \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee Certified Copy (additional copy is enclosed)  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	

2661 Executive Center Circle Tallahassee, FL 32301

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	ne:		
The name of the Li	mited Liability Compar	ny is:	
KIKAZOOM SJC(	02, LLC.		
(Must end with the words	s "Limited Liability Company, "	"Limited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Ad	dress:		
The mailing addres	s and street address of t	the principal office of the Limited Liability Com	pany is:
Principal Office A	ddress:	Mailing Address:	
169 East Flagler S	Street, Ste. 702	169 East Flagler Street, Ste. 702	
<u> Miami, Florida 33</u>	131	Miami, Florida 33131	_
	***	<b>≥</b> G	07
		tered Office, & Registered Agent's Signature:	J.A.
	ompany cannot serve as its own active Florida registration.)	Registered Agent. You must designate an individual or another	FIL NAV 17
•	,		17 PM
i ne name and the r	rionga street address of	the registered agent are: ਸੁੱਧ	PH 12: 02
Gustavo D. Cedeno			0
	I	Name	1/0
	199 East Flag	pler Street #2102	
	Florida stre	eet address (P.O. Box NOT acceptable)	
	Miami	<sub>FL</sub> 33131	
	City, S	State, and Zip	
Having been name	ed as revistered avent an	nd to accept service of process for the above stated	limited
		d in this certificate, I hereby accept the appointme	
		pacity. I further agree to comply with the provisio	
_		ete performance of my duties, and I am familiar wi	
accept the oblig	zanons oj my posmon as	registered agent as provided for in Chapter 608, .	F.D.

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 of a member or 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 penalty of perjury that the facts stated herein are true.)

Typed or printed name of signee

Page 2 of 2