# 607000006460

(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)
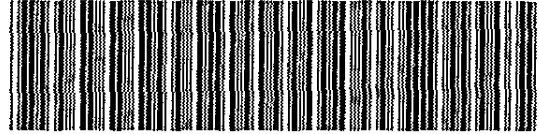
☐ PICK-UP      ☐ WAIT      ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____  _Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

# COVER LETTER

**TO:** Registration Section
Division of Corporations

**SUBJECT:** _____ KIKAZOOM SJC04, LLC _____

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Guillermo J. Arguello**

(Name of Person)

**MMM Wireless Corporation**

(Firm/Company)

**169 East Flagler Street, Ste. 702**

(Address)

**Miami, Florida 33131**

(City/State and Zip Code)

For further information concerning this matter, please 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 &    ☐ $155.00 Filing Fee &    ☐ $160.00 Filing  Fee,
                          Certificate of Status      Certified Copy            Certificate of Status &
                                                     (additional copy is enclosed)   Certified Copy
                                                                              (additional copy is enclosed)

**Mailing Address**            **Street/Courier Address**
Registration Section           Registration Section
Division of Corporations       Division of Corporations
P.O. Box 6327                  Clifton Building
Tallahassee, FL 32314          2661 Executive Center Circle
                               Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

### KIKAZOOM SJC04, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

169 East Flagler Street, Ste. 702
Miami, Florida 33131

**Mailing Address:**

169 East Flagler Street, Ste. 702
Miami, Florida 33131

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Gustavo D. Cedeno
Name

199 East Flagler Street #2102
Florida street address (P.O. Box **NOT** acceptable)

Miami          FL    33131
City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability 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 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
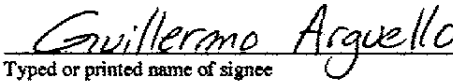
## ARTICLE V – Duration:

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

SIGNATURE:

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

_____Guillermo Arguello_____
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 JAN 17 PM 12:01

FILED