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COVER LETTER

TO:	Registration Se Division of Co			
SUBJE	KikaZoo	om PHX04, LLC		
50501	~	(Name of Limite	d Liability Company)	
The end	closed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please 1	return all corresp	ondence concerning this matte	er to the following:	
		Guiller	mo J. Arguello	
•		(Name of Person)	
		MMM W	ireless Corporation	_ =
•		(Firm/Company)	THE SECOND
		169 East	Flagler Street, Suite 702	FEB-
•			(Address)	-
		Mi	ami, Florida 33131	PH 3:
-		(City	/State and Zip Code)	57
For furt	her information	concerning this matter, please	call:	
	Guillermo	J. Arguello	at (305) 606-6239	
	(Name	of Person)	(Area Code & Daytime Telephone Number)	
Enclose	ed is a check fo	or the following amount:		
_		\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 F Certified Copy (additional copy is enclosed) Certificate of Certified Co (additional copy	Status &
		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 Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
KikaZoom PHX04, L	LC				
(Must end with the words "Li	mited Liability Company,	"Limited Company" or their abbreviation "LLC," or "L.C.,")			
ARTICLE II - Addre The mailing address at		the principal office of the Limited Liability Company is:			
Principal Office Add	ress:	Mailing Address:			
169 East Flagler Street, Ste. 702 Miami, Florida 33131		169 East Flagler Street, Ste. 702 Miami, Florida 33131			
(The Limited Liability Compa business entity with an activ	iny cannot serve as its own e Florida registration.) rida street address of Gustavo	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual Granoffic STATE of the registered agent are: D. Cedeno Name			
	199 East Flagle				
		reet address (P.O. Box <u>NOT</u> acceptable)			
	Miami, City,	FL 33131 State, and Zip			
liability company of registered agent and of statutes relating to the	at the place designate agree to act in this can be proper and completons of my position as	nd to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as appacity. I further agree to comply with the provisions of allete performance of my duties, and I am familiar with and is registered agent as provided for in Chapter 608, F.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 arranthorized 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 signee

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