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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE OIVISION OF CORPORATIONS

COVER LETTER

234

TO: Registration Solution of Co					
SUBJECT: KikaZoo	om COS02, LLC				
SUBJECT:	(Name of Limited	d Liability Company)	•		
The enclosed Articles of	of Organization and fee(s) are so	ubmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
	Guillerr	no J. Arguello			
	()	Name of Person)			
	MMM W	ireless Corporation			
	(Firm/Company)				
	169 East	Flagler Street, Suite 702	2		
		(Address)			
	Mia	ami, Florida 33131			
<u> </u>	(City	/State and Zip Code)			
For further information	concerning this matter, please	call:			
Guillermo	J. Arguello	at (305606-62	39		
(Nam	e of Person)	(Area Code & Daytime To	elephone Number)		
Enclosed is a check f	or the following amount:				
☐ \$125.00 Filing Fee	✓ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited	l Liability Company is:		
KikaZoom COS02, LL Must end with the words "Limi		ed Company" or their abbreviation "LLC,"	or"L.C.,")
ARTICLE II - Address	5.		
		incipal office of the Limited Lia	bility Company is:
Principal Office Addre	<u>'88:</u>	Mailing Address:	
69 East Flagler Stree Miami, Florida 33131	t, Ste. 702	169 East Flagler Street, Ste. Miami, Florida 33131	702
	cannot serve as its own Regist	l Office, & Registered Agent's tered Agent. You must designate an individ	
The name and the Florid	la street address of the r	registered agent are:	
	Gustavo D. Ce	edeno	-
	Name		
<u></u>	199 East Flagler Stre	eet # 2102	
	Florida street add	iress (P.O. Box NOT acceptable)	
	Miami, City, State, a	FL 33131 and Zip	
liability company at registered agent and ag statutes relating to the	the place designated in t ree to act in this capacit proper and complete pe	accept service of process for the a this certificate, I hereby accept the y. I further agree to comply with a erformance of my duties, and I am stered agent as provided for in Ch cure (REQUIRED)	e appointment as the provisions of all familiar with and

(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 audiorized 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