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SECRETARY OF STATE STATE OF CORPORATIONS

COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: KIKAZ	OOM SEA01, LLC		
(Name of Limited Liability Company)			
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Guillern	no J. Arguello	
	(I	Name of Person)	07 MAY 18 PM 2: 06
		ess Corporation	
	(Firm/Company)	18 6
169 East Flagler Street 702 全			7
		(Address)	2:5
	Miami,	, FL 33131	56
	(City)	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Guillermo	J. Arguello	at (305) 379-46 (Area Code & Daytime To	607
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check fo	r 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 Corporatio Clifton Building 2661 Executive Center	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: KIKAZOOM SEA01, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")				
ARTICLE I - Name: The name of the Limited Liability Company	y is:			
KIKAZOOM SEA01, LLC (Must end with the words "Limited Liability Company, "I	Limited Company" or their abbreviation "LLC," or "L.C.,")			
ARTICLE II - Address:	ne principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
169 East Flagler Street, Suite 702 Miami, FL 33131	169 East Flagler Street, Suite 702 Miami, FL 33131			
	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another			
The name and the Florida street address of t	the registered agent are:			
	D. CEDENO ame			
199 East Flagler Street, #2102 Florida street address (P.O. Box NOT acceptable)				
Miami	FL 33131			
·	rate, and Zip			
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as vacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S			
Registered Agent's S	ignature (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.

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SIGNATURE:

Signature of a member of an approprized representative of amember

(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