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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

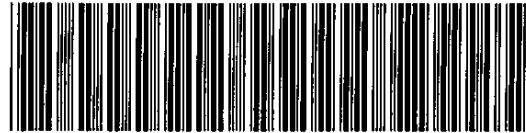
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KIKAZOOM PDX05, 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 702

(Address)

Miami, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Guillermo J. Arguello

(Name of Person)

at (305) 379-4607

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KIKAZOOM PDX05, 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, Suite 702

Miami, FL 33131

Mailing Address:

169 East Flagler Street, Suite 702

Miami, FL 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)

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ARTICLE IV – Manager(s) or Managing Member(s):

The management of the limited liability company is reserved for the Members.

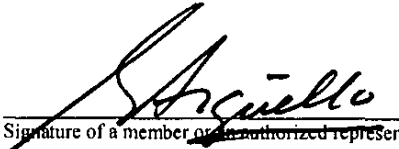
The name and address of the member of the Limited Liability Company is:

Managing Member – MMM Wireless Corporation
169 East Flagler Street, Ste. 702
Miami, Florida 33131

ARTICLE V – Duration:

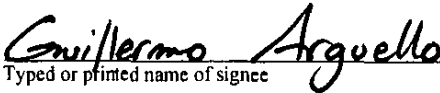
The duration of the Limited Liability Company shall be: 12/31/2046.

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.)



Typed or printed name of signee

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