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SECRETARY OF STATE

SIVISION OF CORPORATIONS

OF INM -6 PM 1: 02

COVER LETTER

TO: Registration Division of C					
SUBJECT: KI	KAZOOM DEN10, L	LC ed Liability Company)		•	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.			
Please return all corre	spondence concerning this matt	er to the following:			•
	GUILLERM	O J. ARGUELLO			
	1	(Name of Person)			
	MMM WIRELE	SS CORPORATIO	N		
		(Firm/Company)			
	169 EAST FLA	GLER STREET,	SUITE 637		
		(Address)			
		MI, FL 33131			
	(City	//State and Zip Code)		07	SIA!Q
For further information	n concerning this matter, please	call:		E	로움.
	O J. ARGUELLO	at (305) 379-46		07 JUN -6 PH 1: 02	ARY OF
(Nar	ne of Person)	(Area Code & Daytime T	elephone Number)		STAT STAT
Enclosed is a check	for the following amount:			02	SKOI
☐ \$125.00 Filing Fed	e \$\sqrt{\$130.00}\$ Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of Stat Certified Copy (additional copy is en	us &	
	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 Li	iability Company is:		
KIKAZOOM DEN10, LLC		ed Company" or their abbreviation "LLC," or	·"L.C.,")
ARTICLE II - Address: The mailing address and str	eet address of the p	rincipal office of the Limited Liabi	lity Company is:
Principal Office Address:		Mailing Address:	
	d Agent, Registered	169 EAST FLAGLER STREET SUITE 637 MIAMI, FL 33131 d Office, & Registered Agent's Sistered Agent. You must designate an individual	
business entity with an active Florida s The name and the Florida s	da registration.)	•	SECRETARY DIVISION OF CO
	GUSTAVO D. CEDENO		N-I
	Name		CORPORA CORPORA
199 E	199 EAST FLAGLER STREET #2102		ORA ORA
	Florida street address (P.O. Box NOT acceptable)		ORPORATIONS PH 1: 02
	MIAMI City, State,	FL 33131 and Zip	10 55
liability company at the	place designated in	accept service of process for the abo this certificate, I hereby accept the c	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. 637 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 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.)

GUILLERMO J. ARGUELLO

Name of Signee