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DIVISION OF CORPURATIONS

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: KIKAZ	OOM LAX05, LLC			
SUBJECT.		d Liability Company)		
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	condence concerning this matte	er to the following:		
	GUILLERM	D J. ARGUELLO		
	(Name of Person)		
	MMM WIRELE	SS CORPORATION	NC	
	((Firm/Company)		
	169 EAST FLAGI	LER STREET, SL	JITE 637	
		(Address)		_ =
		l, FL 33131		or J
	(City	/State and Zip Code)		是是
For further information	concerning this matter, please	call:	·	SION OF CORPORATIONS SION OF CORPORATIONS
	J. ARGUELLO	at (305) 379-460		1: C
(Name	of Person)	(Area Code & Daytime T	elephone Number)	33 %
Enclosed is a check for	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 Certificate of Statu Certified Copy (additional copy is enc	ıs &
	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 1 - Name: The name of the Limited Liability Company	is:		
KIKAZOOM LAX05, LLC			
(Must end with the words "Limited Liability Company, "Li	mited Company" or their abbreviation "LLC," of	or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liab	oility Company is:	
Principal Office Address:	Mailing Address:		
169 EAST FLAGLER ST.	169 EAST FLAGLER ST.		
SUITE 637	SUITE 637		
MIAMI, FL 33131	MIAMI, FL 33131		
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	red Office, & Registered Agent's S egistered Agent. You must designate an individu	al or another	
The name and the Florida street address of the registered agent are:		SECRETARY SECRETARY OF JUN -6	
GUSTAVO D. CEDEÑO		宝 荒	
Name		FILE OF ST	
199 EAST FL/	199 EAST FLAGLER ST. #2102		
Florida street	Florida street address (P.O. Box NOT acceptable)		
MIAMI	idress (P.O. Box NOT acceptable)		
City, Stat	te, and Zip		
Having been named as registered agent and			

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) 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 at 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

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