

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L08000006803
FILED 8:00 AM
January 18, 2008
Sec. Of State
btadlock

Article I

The name of the Limited Liability Company is:
KENT'S CONSULTANTS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
822 NE 125 STREET
101
NORTH MIAMI, FL. US 33161

The mailing address of the Limited Liability Company is:
822 NE 125 STREET
101
NORTH MIAMI, FL. US 33161

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
MICHAEL KENT
822 NE 125 STREET
101
NORTH MIAMI, FL. 33161

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.

Registered Agent Signature: MICHAEL KENT

Article V

The name and address of managing members/managers are:

Title: MGR
MICHAEL KENT
822 NE 125 STREET SUITE 101
NORTH MIAMI, FL. 33161 US

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Article VI

The effective date for this Limited Liability Company shall be:

01/18/2008

Signature of member or an authorized representative of a member

Signature: MICHAEL KENT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 14, 2008

KENT'S CONSULTANTS, LLC
822 NE 125 STREET
101
NORTH MIAMI, FL 33161 US

SUBJECT: KENT'S CONSULTANTS, LLC
Ref. Number: L08000006803

Due to a system error, we have not received the fee payment for the document submitted on-line to form or incorporate the above referenced Florida business entity.

To correct this deficiency, we need the type of credit card used (i.e., Discover, Master Card, Visa, or AmericanExpress) and the last five digits of the account number used to make the payment. These two items will allow our office to access the funds and secure the required payment.

Please insert the type of credit card used and the last five digits of the account number in the space provided and return this letter to the attention of the examiner indicated below.

Type of Credit Card:

Last Five Digits of Account Number:

Please respond to this letter within the next 60 days to avoid any negative administrative action. Failure to comply within the required timeframe will result in the administrative dissolution of this entity on the records of the Florida Department of State.

We sincerely apologize for this error and the inconvenience this matter may cause you or your staff.

Sincerely,

Brenda Tadlock
Senior Section Administrator
(850) 245-6911