CERTIFICATE	OF ORGANIZATION
	ABILITY COMPANY FILED EFFECTIVE
	on back of application)
1. The name of the limited lial	10 JAN 15 PM 2: 03
	Kent Capital Ventures LLC, STATE OF IDAHO
2. The complete street and ma	ailing addresses of the initial designated/principal office:
21	56 W. Tahoe Ridge St. Eagle, ID 83616
(Street Address)	
(Mailing Address, if different than street	
3. The name and complete str	reet address of the registered agent:
Corey Kent	2156 W. Tahoe Ridge St.
(Name)	(Street Address)
4. The name and address of a	at least one member or manager of the limited liability
company:	
Name	Address
Corey Kent	2156 W. Tahoe Ridge St. Eagle Id 83
	·
	±14
5 Mailing address for future c	correspondence (annual report notices):
	ove "
Contric us up	
6. Future effective date of filin	ng (optional):
Signature of organizer(s). (An org acting in behalf of a member or mem	
\sim	Secretary of State use only
Signature	R. Kent W 89819
Typed Name: Corey	
Ciencture	IDAHO SECRETARY OF STATE 01/15/2010 05:00 05:00 05:00 01 01:00 05:00 05:00 02 02:00 02:00 05:00 03 01:00 09:00 00:00 05 01:00 09:00 00:00 05 01:00 09:00 00:00 05 01:00 09:00 00:00 05 01:00 09:00 00:00 05 01:00 09:00 00:00 05 01:00 00:00 00:00 05 01:00 00:00 00:00 05 01:00 00:00 00:00 05 01:00 00:00 00:00 05 01:00 00:00 00:00 05 01:00 01:00 00:00 05 01:00 01:00 01:00 05 01:00 01:00 01:00
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Signature	
Typed Name:	

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