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(City/State/Zip/Phone #)

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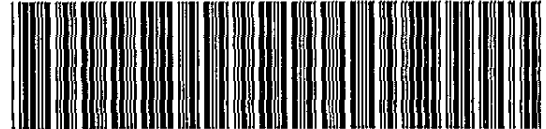
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 MAY -11 P 3:06

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STURGILL CAPITAL CONSULTANTS, 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:

J. SCOTT STURGILL
(Name of Person)

STURGILL CAPITAL CONSULTANTS, LLC
(Firm/Company)

119 CROWN COLONY WAY
(Address)

SANFORD, FL 32771
(City/State and Zip Code)

For further information concerning this matter, please call:

J. SCOTT STURGILL at (407) 399-0717
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

STURGILL CAPITAL CONSULTANTS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

119 CROWN COLONY WAY

SANFORD, FL 32771

Mailing Address:

119 CROWN COLONY WAY

SANFORD, FL 32771

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

J. SCOTT STURGILL

Name

119 CROWN COLONY WAY

Florida street address (P.O. Box **NOT** acceptable)

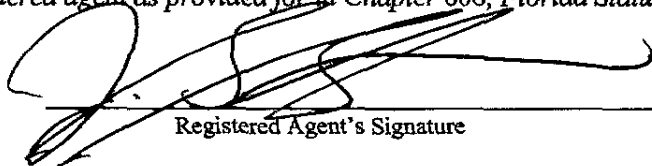
SANFORD, FLORIDA 32771

City, State, and Zip

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TALLAHASSEE, FLORIDA

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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, Florida Statutes..


Registered Agent's Signature

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

J. SCOTT STURGILL

119 CROWN COLONY WAY

SANFORD, FL 32771

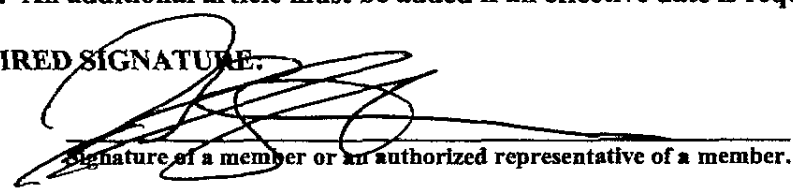
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NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE.



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

J. SCOTT STURGILL

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)