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LIMITED LIABILITY COMPANY

STOCKTON ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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**ARTICLES OF ORGANIZATION
OF
STOCKTON ENTERPRISES, LLC
a Florida Limited Liability Company**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME** The name of the Limited Liability Company is STOCKTON ENTERPRISES, LLC (the "Company").
2. **MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE** The mailing and street address of the principal office of the Company is: 1810 Alt. Hwy. 19 N., Suite G, Tarpon Springs, Florida 34689.
3. **REGISTERED AGENT** The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: Charlynn Stockton-Slone, 1810 Alt. Hwy. 19 N., Suite G, Tarpon Springs, Florida 34689.

The undersigned has executed these Articles of Organization on the 4th day of

February, 2004.

STOCKTON ENTERPRISES, LLC

By: Charlynn Stockton-Slone
Charlynn Stockton-Slone, Managing Member

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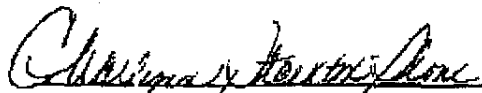
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**CERTIFICATION OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: STOCKTON ENTERPRISES, LLC.
2. The name and address of the registered agent and office is: Charlynn Stockton-Slone, 1810 Alt. Hwy. 19 N., Suite G, Tarpon Springs, Florida 34689.

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 its 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.


Charlynn Stockton-Slone, Registered Agent


(Date)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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