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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: EMERALD COAST RESTAURANT GROUP, 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:		
Name of Person)		
EMERALD COAST RESTAVEANT GROUP		
4006 LAUREN COURT, (Address)		
(Áddress)		
OESTIN FL. 32541 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
TIM CREEHAN at 850 259 - 8044 (Name of Person) (Area Code & Daytime Telephone Number)		
(Name of Person) (Area Code & Daytime Telephone Number)		

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 23, 2004

JOHN HALL EMERALD COAST RESTAURANT GROUP, LLC 4006 LAUREN COURT DESTIN, FL 32541

SUBJECT: EMERALD COAST RESTAURANT GROUP, LLC

Ref. Number: W04000015718

We have received your document for EMERALD COAST RESTAURANT GROUP, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 804A00026920

Michelle Hodges Document Specialist

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:	
EMERALD COAST RES	MAURANT GROUP, LLC
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4006 LAVREN COURT DESTIN FL. 3254	4006 LAUREN COURT
DESTIN FZ. 3254	DESTIN, FE. 32541
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the registered TOHN HALL Name HOO 6 LAJREN CO Florida street address (P.O. Box No. 1987) City, State, and Zip To been named as registered agent and to accept service of the street address (P.O. Box No. 1997) The street address	ORIDA 32541

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

Page 1 of 2 (CONTINUED)

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) 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.) Typed or printed name of signee

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

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)