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### TRANSMITTAL LETTER

SUBJECT: BEACHWAIK @ BLUE MOUNTAIN ASSOCIATES, LIC		
(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:		
W. DONALD RUTLAND		
(Name of Person)		
BEACHWAIK EBLUE MTN. ASSOC., LLC. (Firm/Company)		
(Firm/Company)		
10065 EMERICO CONST PRWY, W. SUITE C-201		
(Address)		
DESTIN, 72 32550 (City/State and Zip Code)		
(City/State and Zip Code)	<del>1</del> 0	
For further information concerning this matter, please call:  W. DONALD RUTLAND at (850) 654-0933  (Name of Person) (Area Code & Daytime Telephone Number)	01 AUG 18	
W. DONALD RUTLAND at 850 654-0922	8 PM 1:38	1
(Name of Person) (Area Code & Daytime Telephone Number)		
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STREET ADDRESS:

Registration Section
Division of Corporations

TO:

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:	
BEALHWALK @ BLUE MOUNTAIN	ASSOCATES, LIC
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10065 EMERICO CONST PRWY, W.	StME
SUITE C-201	
DESTIN, 72 32550	
ARTICLE III - Registered Agent, Registered C The name and the Florida street address of the reg	
W. DONALD RUT. Name	
10065 GMERALD CO	NST PKWY, W. C-201 Box NOT acceptable)
	Box NOT acceptable)
DESTIN	Box NOT acceptable)  FLORIDA 32550  IZip
Having been named as registered agent and to accept service 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 and complete performance of my duties, and I am familiar to	
registered agent as provided for in Cha	
WDoald A	Putland
Registered Agent's S	ignature

Page 1 of 2 (CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGAM	EMERIUS CONST RESTAURANT GROUP, LLC 4006 LAUREN COVET DESTIN, FL 32541
	- PACE OF
(Use attachment if necessary)	added if an effective date is requested.
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	Putlon
Signature of a member or an au	thorized 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.)

W. DONALD RUTHAND
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)