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TALLAHASSEE, FLORIDA

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M. THOMAS

JUL 14 2008

EXAMINER

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEACH WORK L.L.C.
(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:

SCOTT CLAUD

(Name of Person)

BEACH WORK L.L.C.

(Firm/Company)

1511 W.A. DELUNA DR.

(Address)

PENSACOLA BEACH, FL 32561

(City/State and Zip Code)

For further information concerning this matter, please call:

SCOTT CLAUD

(Name of Person)

at (850) 529 0008

(Area Code & Daytime Telephone Number)

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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:

BEACH WORK LLC.

ARTICLE II - Address:

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

Principal Office Address:

1511 VIA DELUNA DR.
PENSACOLA BEACH, FL 32561

Mailing Address:

1511 VIA DELUNA DR.
PENSACOLA BEACH, FL 32561

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

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

SCOTT CLAUD

Name

1511 VIA DELUNA DR.

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

PENSACOLA BEACH FLORIDA 32561

City, State, and Zip

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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..

Scott Claud

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:

MGR

SCOTT CLAUD
1511 VIA DELUNA DR.
PENSACOLA, BEACH, FL 32561

MGRM

~~MGRM~~ MIKE BAILLIE
1511 VIA DELUNA DR.
PENSACOLA BEACH, FL 32561

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Scott Claud
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.)

SCOTT CLAUD
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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)