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OCT 2 5 2013

T. BROWN

(850) 245-6051

## **COVER LETTER**

TO: **Registration Section Division of Corporations** 

**Empty Ramekins, 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:

Mark T Grigsby		
Name of Person		
Firm/Company		
10427 Old Cutler Road Apt. 107		
Address		
Cutler Bay, FL. 33190		
City/State and Zip Code		
Markgrigsby86@gmail.com		

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark T Grigsby Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

**Mailing Address** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Name:</b> The name of the Limited Liability Company is:	FAST TO THE
Empty Ramekins, LLC	
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ADDICE DAY	mg Z O
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability in page is:
Principal Office Address:	Mailing Address:
10427 Old Cutler Road Apt. 107	10427 Old Cutler Road Apt. 107
Cutler Bay, FL. 33190	Cutler Bay, FL. 33190
The name and the Florida street address of the real Mark T Grigsby	egistered agent are:
Name	
10427 Old Cutler Road Apt. 107	
Florida street add	ress (P.O. Box NOT acceptable)
Cutler Bay,	<sub>FL</sub> 33190
City, Sta	ite, and Zip
liability company at the place designated in the registered agent and agree to act in this capacital statutes relating to the proper and complete and accept the obligations of my position as regional acceptance.	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of e performance of my duties, and I am familiar with existered agent as provided for in Chapter 608, F.S
$\iota$	

(CONTINUED)

Page 1 of 2

## 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 Men	Name and Address:
MATO	
14174	Mark T Grigsby  10427 Old Cutler Road Apt. 107
	Cutler Bay, FL. 33190
	Outer Day, 1 E. 66156
	<del></del>
	<del></del> .
<del></del>	
(Use attachment if necessary	y)
	er than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business day f filing.)
REQUIRED SIGNATURE	E:  of a member or an authorized representative of a member.
Signature	of a member or an authorized representative of a member.
(In accordance with constitutes an affirm I am aware that any	section 608.408(3), Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.)
Mark T Gri	gsby

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee