

L19000171536

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000218789 3)))



H190002187893ABCC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : SUPERBIZ.COM, INC.
Account Number : 120070000160
Phone : (800) 494-3124
Fax Number : (305) 675-2811

SECRETARY OF STATE
TALLAHASSEE, FL

2019 JUL 19 AM 10:18

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
CAKE-A-LICIOUS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

15 JUL 19 PM 4:51

Electronic Filing Menu

Corporate Filing Menu

N CULLIGAN Help

JUL 22 2019

#19000218789.3

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I NAME**

The name of the Limited Liability Company is:

CAKE-A-LICIOUS LLC

ARTICLE II ADDRESS

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

403 SW 103RD AVENUE, STE 112

PEMBROKE PINES, FLORIDA 33025

ARTICLE III REGISTERED AGENT

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

A1A REGISTERED AGENT INC.

5647 110TH AVENUE N

ROYAL PALM BEACH, FLORIDA 33411

SECRETARY OF STATE
TALLAHASSEE, FL

2019 JUL 19 AM 10:18

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 605, F.S.

X /s/ Tina Maki

TINA MAKI / Registered Agent's signature

H-19020218 789.3

PAGE 2 CAKE-A-LICIOUS LLC

ARTICLE IV AUTHORIZED PERSON(S)

The name and address of each person authorized to manage and control the Limited Liability Company:

AUTHORIZED MEMBER**IRIS N REAGOR****403 SW 103RD AVENUE, STE 112****PEMBROKE PINES, FLORIDA 33025****AUTHORIZED MEMBER****DEREK REAGOR****403 SW 103RD AVENUE, STE 112****PEMBROKE PINES, FLORIDA 33025**

2019 JUL 19 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FL

X /s/ Iris Reagor**IRIS N REAGOR / Authorized Representative's signature**

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)