

5/19/2021

Division of Corporations

L 21000236207

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : H & R TAX ADVISORS LLC  
Account Number : I20200000057  
Phone : (786)857-6652  
Fax Number : (786)204-3320

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

Email Address: jannett@hrtaxadvisors.com

**FLORIDA LIMITED LIABILITY CO.  
CAKEOLOGY BY ERIKA LLC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: CAKEOLOGY BY ERIKA 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:

Jannett A Rodriguez

\_\_\_\_\_  
Name of Person

H&R Tax Advisors LLC

\_\_\_\_\_  
Firm/Company

12741 SW 38 Ter

\_\_\_\_\_  
Address

Miami, FL 33175

\_\_\_\_\_  
City/State and Zip Code

jannett@hrtaxadvisors.com

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

For further information concerning this matter, please call:

Jannett A Rodriguez

786

857-6252

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

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

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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SECRETARY OF STATE  
TALLAHASSEE, FL 32303

21 MAY 19 AM 5:21:01

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

CAKEOLOGY BY ERIKA LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "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:185 SW 7TH STREET APT 2209  
Miami, FL 33130185 SW 7TH STREET APT 2209  
Miami, FL 33130

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

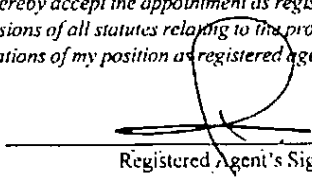
ERIKA ALONSO

Name

77 NW 99th St.Florida street address (P.O. Box **NOT** acceptable)

<u>Miami Shores</u>	<u>FL</u>	<u>33150</u>
City	State	Zip

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.

  
 Registered Agent's Signature (REQUIRED)

(CONTINUED)

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 TALLAHASSEE, FLORIDA

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

ERIKA ALONSO

77 NW 99th St.

Miami Shores, FL 33150

MGR

GLORIA J GABALDON

185 SW 7TH STREET APT 2209

Miami, FL 33130

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 5/19/2021 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statute.  
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.

ERIKA ALONSO

Typed or printed name of signee

**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)

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 SECRETARY OF STATE  
 FILING OFFICE  
 TALLAHASSEE, FLORIDA

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