

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.

(((H22000230731 3)))



H220002307313ABCU

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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019

Phone : (305)552-5973

Fax Number

: (305)675-5944

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

Fmail	Address:	_		

	_
ొ	≕(•) -
11	Š
_i.	H
• !	ڣ
	1
.'_	=
r_	2022
	7

FLORIDA LIMITED LIABILITY CO. **CAKE EMPORIO LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The hame of the Limited Liability Company is: (Musi and with the words *Limited Mability Company, *LL.C., * or *LL.C.
CAKE EMPORIO LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 175 FONTAINEBLEAU BLY
STE 16-6
MIAMI FL 33172
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (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.)
NORDAN FERNANDEZ
NORDAN FERNANDEZ 15077 SW 117 Way
MIAHI FL 33194
ARTICLE IV- The name and title of each person authorized to manage and control the Limited Liability Company:
MGR- NORDAN FERNANDEZ
15077 Sw 117 Way
15077 Sal 117 Way MIAHI FL 33196 28 2
AE P
HGR - IGABEL C. VALENTUELA
MIAMI FL 33196

Required Signatures:

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

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.

Nonday Fernandez
Typed or printed name of signee

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)

PILEO 22 JUL-6 PHI2: 35 SECRETARY OF STATE