

4/24/23, 9:52 AM

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Division of Corporations
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.

(((H23000151423 3)))



H230001514233ABCV

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To:

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

From:

Account Name : ARMANDO TAXES LLC
Account Number : I20200000170
Phone : (305)803-4427
Fax Number : (305)402-6230

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

Email Address: armando@armandotaxes.com

RECEIVED

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CORPORATIONS
COMMERCIAL
REGISTRARS

FLORIDA LIMITED LIABILITY CO. D'Angel Cakes LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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TALLAHASSEE, FL

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4/25/2023 2:37:32 PM PAGE 1/001 Fax Server



April 25, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ARMANDO TAXES LLC

SUBJECT: D'ANGEL CAKES LLC
REF: W23000060115

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

If you have any further questions concerning your document, please call (850) 245-6052.

Crystal S Hightower
Regulatory Specialist II
CoT

FAX Aud. #: H23000151423
Letter Number: 823A00009223

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TALLAHASSEE, FL

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COVER LETTER

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

SUBJECT: D'Angel Cakes 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:

ARMANDO VASQUEZ

Name of Person

ARMANDO TAXES LLC

Firm Company

5721 NW 112 AVE APT 112

Address

DORAL, FL 331278

City/State and Zip Code

ARMANDO@ARMANDOTAXES.COM

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

For further information concerning this matter, please call:

ARMANDO VASQUEZ

305

803-4427

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

STATE OF FLORIDA
TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

D'Angel Cakes 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:839 BRANDON PRESCOTT LANE # 109
WEST PALM BEACH, FL 33401Mailing Address:839 BRANDON PRESCOTT LANE # 109
WEST PALM BEACH, FL 33401

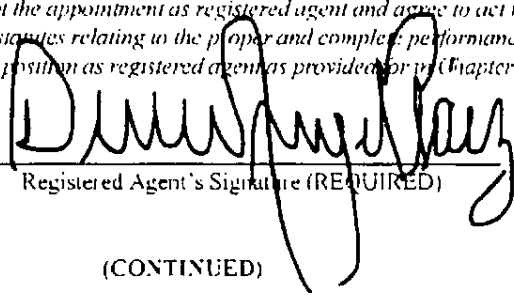
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

DENISSE, ANGEL PAEZNone839 BRANDON PRESCOTT LANE # 109Florida street address (P.O. Box **NOT** acceptable)WEST PALM BEACH FL 33401CityStateZip

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 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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\$ 5.00 Certificate of Status (Optional)

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CLERK OF DISTRICT COURT
TALLAHASSEE, FL
This will not be listed as
for 90 days after