

4/9/24, 1:31 PM

Division of Corporations

**L24000162720**

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.

(((H24000129663 3)))



H240001296633ABC0

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

FD

2024 APR -9 PM 2:41

To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305)444-4994  
Fax Number : (305)328-4774

S. CHATHAM  
APR 10 2024

**\*\*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.  
PARTY CAKE BAKERY DISTRIBUTION, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2024 APR -9 PM 5:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION  
OF  
PARTY CAKE BAKERY DISTRIBUTION, LLC

ARTICLE I

The name of the limited liability company is **PARTY CAKE BAKERY DISTRIBUTION, LLC**

ARTICLE II

The address of the principal office and the mailing address of the limited liability company is:

13475 SW 128 Street  
Miami, Florida 33186

ARTICLE III

The purpose for which this Limited Liability Company is organized is any and all lawful business.

ARTICLE IV

The name and the Florida street address of the registered agent of the limited liability company is:

ARAGON REGISTERED AGENTS, INC.  
255 ALHAMBRA CIRCLE  
SUITE 500B  
CORAL GABLES, FL 33134

*Having been named as the 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.*

Date: 4/9/2024

  
\_\_\_\_\_  
Registered Agent's Signature

2024 APR -9 PM 5:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**ARTICLE V**

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

**Title:****Name and Address:**

Manager

Alejandro Montano  
13475 SW 128 Street  
Miami, Florida 33186

*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.*

Authorized Signee:

Alejandro Montano

2024 APR -9 PM 5:41  
CLERK OF STATE  
TALLAHASSEE, FL

FILED