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(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bus	iness Entity Name)	
(200	mess Endry Name,	
	ument Number)	
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0-46-4 0-4-	0.47	
Certified Copies	Certificates of Stat	us
Special Instructions to F	iling Officer:	
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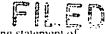
2021 OCT 12 AH 9: 04
SECRETARY OF STATE

COVER LETTER

	ision of Corporations		
SUBJECT:	Pastry Boutique LLC		
SOBSECT.	Name of Lim	ited Liability Comp	any
Dear Sir or M	fadam:		
The enclosed	Statement of Authority and fee(s) are su	bmitted for filing.	
Please return	all correspondence concerning this matt	er to the following:	
Christina S.	Woods, Esq.		
	Name of Person		
Grant Fridk	in Pearson, P.A.		
	Firm/Company		
5551 Ridge	wood Drive, Suite 501		
	Address		
Naples, FL	34108		
	City/State and Zip Code		
E-n	nail address: (to be used for future annua	l report notification)
For further in	oformation concerning this matter, please	call:	
Christina S.	Woods, Esq.	239 at ()	514-1000
	Name of Person	Area Code	Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303



STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

autnority:		Pactry B	outique LLC	2021 OCT 12 AM 9:1
FIRST: The name o	f the limited liability company	15:	ounque bbe	SECRETARY OF STA
SECOND: The Flor	ida Document Number of the l	imited liability	company is: L210002	
	address of the limited liability or rial Road, Suite 1	company's pri	ncipal office is:	
Bonita Sprit	ngs, FL 34135			
	ng address of the limited liabili		principal office is:	
Bonita Sprii	ngs. FL 34135			
position of a person i person on the followi	ement of authority grants or se n a company, whether as a men ng:	ets limitations on mber, transfero	e, manager, officer or o	therwise or to a specific
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Certified Copy: \$30.00 (optional)