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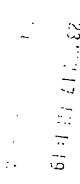
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COVER LETTER

то:	Registration Section Division of Corporations	
SUBJE	CT: _ Belgian Yummies LLC	
	Name of Limited Lia	bility Company
Dear Sir	r or Madam:	
The enc	losed Statement of Authority and fee(s) are submitted	for filing.
Please re	eturn all correspondence concerning this matter to the	following:
	Stephen N. McGuire II, Esq.	
	Name of Person	
	McGuire Law & Title, P.A.	
	Firm/Company	
	PO Box 60205	
	Address	
	Fort Myers, FL 33906	
	City/State and Zip Code	
	smcguire@cmw.law	
	E-mail address: (to be used for future annual report r	otification)
For furth	ner information concerning this matter, please call:	
_	Stephen N. McGuire II at (2	239) 939-2222
	Name of Person Ar	ea Code Daytime Telephone Number
	Mailing Address:	Street Address:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the follow authority:	ving statement of
FIRST: The name of the limited liability company is: Belgian Yummies LLC	
SECOND: The Florida Document Number of the limited liability company is: L2300019756	59
THIRD: The street address of the limited liability company's principal office is:	
7970 Summerlin Lakes Dr 101	
Fort Myers, FL 33907	_
	_
The mailing address of the limited liability company's principal office is:	<i>\</i> 23
PO Box 60205	
Fort Myers, FL 33906	:
person on the following: 1. May execute an instrument transferring real property held in the name of the compan a. Granted to: Not applicable	y. -
b. No authority granted to: Not applicable	
May enter into other transactions on behalf of, or otherwise act for or bind, the comp	Janv
a. Granted to: Stephanie M. McGuire	 ,
Stephen N. McGuire II	•
b. No authority granted to: Carlo Pannekoecke	
Stephanic M. McGuire Stephanie M	4. McGuire
Signature of authorized representative Typed or printed name of Filing Fee: \$25.00	f signature

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)