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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Glass Tech Inc.

Name of corporation - must include suffix

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kristina DeFelice

Name of Person

Glass Tech Inc.

Firm/Company

8828 206th St. SE, Suite C

Address

Snohomish, WA 98296

City/State and Zip code

support@glasstechnologiesllc.com

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

For further information concerning this matter, please call:

Kristina DeFelice

Name of Person

at (425) 770-7878

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. **Glass Tech, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Glass Tech Group, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Washington**

(State or country under the law of which it is incorporated)

3. **46-5136908**

(FEI number, if applicable)

4. **04/10/14**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **N/A**

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **8828 206th St. SE, Ste. C, Snohomish, WA 98296**

(Principal office address)

8828 206th St. SE, Ste. C, Snohomish, WA 98296

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Kristina DeFelice**

Office Address: **9350 Loyala Ave**

Englewood

(City)

34223

(Zip code)

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TALLAHASSEE, FLORIDA

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9. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Kristina DeFelice

Address: 8828 206th St. SE, Ste. C, Snohomish, WA 98296

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Kristina DeFelice

Address: 8828 206th St. SE, Ste. C, Snohomish, WA 98296

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Kristina DeFelice

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Kristina DeFelice

(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, **KIM WYMAN**, Secretary of State of the State of Washington and custodian of its seal,
hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION
OF
GLASS TECH, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit
Corporation was formed under the laws of the State of WA and was issued a Certificate Of
Incorporation in Washington on 4/10/2014.

I FURTHER CERTIFY that as of the date of this certificate, GLASS TECH, INC. remains
active and has complied with the filing requirements of this office.

Date: April 30, 2014

UBI: 603-393-432



Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

May 28, 2014

Glass Tech, Inc.
8828 206th St. SE, Ste. C
Snohomish, WA 98296

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: Glass Tech, Inc.

To Whom It May Concern:

I am submitting an application to register as a foreign corporation in the state of Florida. Enclosed, please find the original certificate of existence, original company's articles of incorporation and cover letter for Glass Tech, Inc. The Federal Tax ID (EIN) is 46-5136908. The registered agent for Glass Tech, Inc. is currently living in the state of Florida and the information is as follows:

Kristina DeFelice
8012 Grand Estuary Trail, #103
Bradenton, FL 34212

This will also be the address where all correspondence can be sent.

If you have any questions, please don't hesitate to call me at 425-770-7878 or email me at support@glasstechnologiesllc.com.

Thank you,

A handwritten signature in black ink that reads "Kristina DeFelice". The signature is written in a cursive, flowing style.

Kristina DeFelice



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2014

KRISTINA DEFELICE
8828 206TH STREET SE
SUITE C
SNOHOMISH, WA 98296

SUBJECT: GLASS TECH, INC.
Ref. Number: W14000035446

We have received your document for GLASS TECH, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The alternate name is unavailable also, you will need to add a corporate suffix to the alternate name also.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call

(850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 914A00012310