

1/4/2021

Division of Corporations

**L2100001298**

Florida Department  
Division of  
Electronic Filing

**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.**

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H210000028873ABC

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

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

From: Account Name : POWELL, JACKMAN, STEVENS & RICCIARDI, P.A.  
Account Number : I20170000034  
Phone : (239)689-1096  
Fax Number : (239)791-8132

2021 JAN -4 PM 4:51

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

Email Address: Legal@your-advocates.org

2021 JAN -4 AM 9:10  
FILED  
STATE OF FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
ICON CAPITAL GROUP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

JAN 05 2021

T. SCOTT

**COVER LETTER**

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

**SUBJECT: ICON CAPITAL GROUP, 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:

RITA JACKMAN  
Name of Person  
Firm/Company  
12381 S. CLEVELAND AVE  
Address  
FORT MYERS, FL 33907  
City/State and Zip Code  
LEGAL@YOUR-ADVOCATES.ORG  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RITA JACKMAN at ( 239 ) 699-8604  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ICON CAPITAL GROUP, 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:

Mailing Address:

2919 63rd Street W.

2919 63rd Street W.

Lehigh Acres, FL 33971

Lehigh Acres, FL 33971

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:

RITA JACKMAN

Name

12381 S. CLEVELAND AVE

Florida street address (P.O. Box NOT acceptable)

FORT MYERS

FL

33907

City

State

Zip

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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

[Handwritten Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 JAN -4 AM 9:10  
STATE  
FLORIDA  
REC'D

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

SETH THOMPSON  
1141 SW. HELLER STREET, UNIT B  
OAK HARBOR, WA 98277

AMBR

WILLIE WEBB  
2919 63RD STREET W.  
LEHIGH ACRES, FL 33971

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

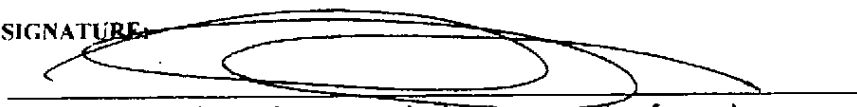
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any 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.

RITA JACKMAN  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)