## 121000463072

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Priorie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Chity Name)
(Document Number)
Certified Copies Certificates of Status
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## COVER LETTER

TO:	New Filing Sec Division of Co					
	ICEON GI	asstech LLC				
SUBJ	ECT:					
		Nam	e of Limi	ited Liabili	ty Company	
The er	nclosed Articles of	Organization and f	ee(s) are	submitted	for filing.	
Please	return all correspo	ondence concerning	this mat	ter to the f	ollowing:	
	Yongguo Wu	1				
			<u></u>	Name of	Person	
	ICEON Glas	stech LLC				
				Firm/Co	npany	
	1317 Edgew	ater Dr. Suite 5818				
		-		Addro	ess	<del></del>
	Orlando, FL	32804				
	ywu@iceongl	asstech.com	Cit	ty/State and	1 Zip Code	
		E-mail address: (to	be used f	or future a	nnual report notificat	ion)
For furt	her information co	ncerning this matte	r, please	call:		
	Yongguo Wu		706	)	589-4287	
			_at (		)	
	Nam	e of Person	Arc	ea Code	Daytime Telephor	e Number
Enclos	sed is a check for t	he following amour	it:			
□\$12	5.00 Filing Fee	■\$130.00 Filing Certificate of Sta		Certific	i.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mailir</u>	ng Address			Street Address	

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

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

ICEON Glasstech LLC			·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·
(Must cont	ain the words "Limited Lial	bility Company,	'L.L.C.,'' or "LLC.")
LE II - Address:			
iling address and street a	ddress of the principal offic	e of the Limited	Liability Company is:
Princip	al Office Address:		Mailing Address:
1317 Edgewater Dr. Su	te 5818	1317	Edgewater Dr. Suite 5818
Orlando, FL 32804  LE III - Registered Agmited Liability Company	ent, Registered Office, & I	Registered Agen	t's Signature: You must designate an individual
Orlando, FL 32804  CLE III - Registered Agmited Liability Company business entity with an a	ent, Registered Office, & I cannot serve as its own Re active Florida registration.) address of the registered ag	Registered Agent. Segistered Agent. Segistered Agent. Segustered Agent. Segustered Agent. Segustered Agent are:	t's Signature: You must designate an individual (
Orlando, FL 32804  CLE III - Registered Agmited Liability Company business entity with an a	ent, Registered Office, & I cannot serve as its own Re active Florida registration.) address of the registered ag Rand	Registered Agent	t's Signature: You must designate an individual (
Orlando, FL 32804  CLE III - Registered Agmited Liability Company business entity with an a	ent, Registered Office, & I cannot serve as its own Reactive Florida registration.) address of the registered ag	Registered Agent. Y egistered Agent. Y gent are: y Milliken lame	t's Signature: You must designate an individual (
Orlando, FL 32804  CLE III - Registered Agmited Liability Company business entity with an a	ent, Registered Office, & I cannot serve as its own Reactive Florida registration.) address of the registered ag	Registered Agent of the second	t's Signature: You must designate an individual (
Orlando, FL 32804  CLE III - Registered Agmited Liability Company business entity with an a	ent, Registered Office, & I cannot serve as its own Reserve Florida registration.) address of the registered ag  Rand N	Registered Agent of the second	t's Signature: You must designate an individual of the signate and individual of the signate and individual of the signature.

further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Memb "MGR" = Manager	21
2	
AMBR	Yongguo Wu
	10253 Austrina Oak Loop Winter Garden, FL 34787
	Winter Claudell, P.C. 19787
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e date of filing.)	nust be specific and cannot be more than five business days prior to or 90 days at does not meet the applicable statutory filing requirements, this date will not be listed
RTICLE VI: Other provisions, if any.	
This documer I am aware the	re of a member or an authorized representative of a member. t is executed in accordance with section 605.0203 (1) (b), Florida Statutes, t any false information submitted in a document to the Department of State aird degree felony as provided for in s.817.155, F.S.
Yongguo <sup>1</sup>	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)