

L 25000017582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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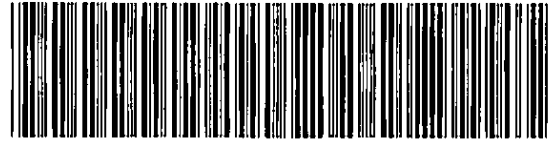
(Business Entity Name)

(Document Number)

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01/08/25--01013--007 **160.00

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SECRETARY OF STATE
DIVISION OF REVENUE
JAN 10 2025
TREASURY

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: England 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:

For future correspondence:

Leah Sieck

Name of Person

Clemens LLC

Firm/Company

500 Westover Dr #34647

Address

Sanford, NC 27330

City/State and Zip Code

lsieck@gmail.com

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

For further information concerning this matter, please call:

Leah Sieck at (317) 2130088
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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUL 10 2008

Please send certificate of status + certified copy to Indiana address.

Leah Sieck
to: 2802 Mac Pherson Ave.
Indpls. IN 46205
call 317-213-0088
Thank you!

Please send certificate of status + certified copy

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

England I.L.C.

(Must contain the words "Limited Liability Company," "L.L.C.," or "I.L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

500 Westover Dr #24647

Sanford, NC 27330

500 Westover Dr #24647

Sanford, NC 27330

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:

James Shin

Name

9424 Pouder Lane

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

Navarre

FL

32566

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATIONS
JAN 14 2014

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

James Bumshik Shin
500 Westover Drive #24647
Sanford, NC 27330

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/01/2025 (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:

James Bumshik Shin

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.

James Bumshik Shin

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)

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DIVISION OF CORPORATIONS
2025 JAN -6 PM 4:10