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PICK-UP	. WAIT MAIL	
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(Docum	nent Number)	
Certified Copies	Certificates of Status	
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SECRETARY OF STATE

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Whispers, LLC WHISPERS OF WAPLES, 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:
Kenneth J. Dupuis
Name of Person
Whispers, LLC WHISPERS OF NAPLES, LLC Firm/Company
566 108th Avenue N
Address
Naples, FL 34108 City/State and Zip Code
DUPUISKEN@GMAIL.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kenneth J. Dupuis _{at (} 239) 292-1766
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$155.00 Filing Fee & \text{Certified Copy} & \text{(additional copy is enclosed)}\$\$
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



July 27, 2012

KENNETH J. DUPUIS 566 108TH AVENUE NORTH NAPLES, FL 34108

SUBJECT: WHISPERS, LLC Ref. Number: W12000039707

We have received your document for WHISPERS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

Please return 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) 245-6051.

Leslie Sellers Regulatory Specialist II

Letter Number: 412A00019790

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	any ic	
The name of the Limited Liability Comp	•	
Whispers, LLC WHISA (Must end with the words "Limi	DERS OF NAPLES ted Liability Company, "L.L.C.," or "LLC.")	s, LLC
(,	•
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limite	d Liability Company is:
Principal Office Address:	Mailing Address:	
566 108th Avenue N	566 108th Avenue N	
Naples, FL 34108	Naples, FL 34108	
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address	wn Registered Agent. You must designate an	
	-	
Kenneth J. Dupu	Name	
500 400th A.		
566 108th Av		
	street address (P.O. Box <u>NOT</u> acceptable)
Naples,	_{FL} 34108	
	City, State, and Zip	
Having been named as registered agent liability company at the place designa		
registered agent and agree to act in this c		
statutes relating to the proper and comp accept the obligations of my position		
uccept the outgutions of my position	as registered agent as provided for	in Chapter 000, 1 .s
Land A	Muss	7
Registered Agent	s Signature (REQUIRED)	12 AL SECR
	V	AUG CRETA
(CC	ONTINUED)	ARY ARY
_	1.60	
Pa	age 1 of 2	LISI D
		AH 2: 24 OF STATE E. FLORID

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Mana	er aging Member	
MGRM		Kenneth J. Dupuis
•	_	566 108th Avenue N
		Naples, FL 34108
MGRM		Andrea K. Ellis
		566 108th Avenue N
		Naples, FL 34108
	_	
	_	
(Use attachment i	f necessary)	
I F V. Effective d	late if other than the	date of filing: (OPTIONA
Ele V. Eliccuve u	ed, the date must be	e specific and cannot be more than five business day
Tective date is list		•
ffective date is list days after the da	** or	
nective date is fist	vv	
nective date is fist	0,	

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Kenneth J. Dupuis

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)