

LO500007683

2005 FEB 21 A 11:45

SECRETARY OF STATE
TALLAHASSEE



900044185559

01/28/05--01039--006 **125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W05-6235

AL 1

Office Use Only



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

FILED

2005 FEB 21 A 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 7, 2005

ANTHONY LERIE
1034 VIRGINIA DR.
SARASOTA, FL 34234

SUBJECT: WHISPER CARDS
Ref. Number: W05000006235

We have received your document for WHISPER CARDS and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 905A00008434

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

2005 FEB 21 A 11:45

SUBJECT:

Whisper Cards

(Name of Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony Lerie

(Name of Person)

Whisper Cards

(Firm/Company)

1034 Virginia Dr.

(Address)

Sarasota, Fl. 34234

(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony Lerie

(Name of Person)

at

941

355 6293

(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)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Whisper Cards - L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

Whisper Cards
1034 Virginia Dr.
Sarasota, FL 34234

Mailing Address:

Whisper Cards
1034 Virginia Dr.
Sarasota, FL 34234

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:


The name and the Florida street address of the registered agent are:

Anthony Lerie
Name

1034 Virginia Dr.
Florida street address (P.O. Box NOT acceptable)

Sarasota FL 34234
City, State, and 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 608, F.S..


Registered Agent's Signature

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Anthony Lerie

1034 Virginia Dr.

Sarasota, FL 34234

MGRM

John Greske

5031 Winchester Dr.

Sarasota, FL 34234

FILED

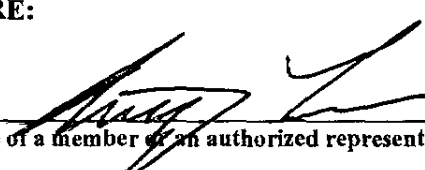
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(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.)

Anthony Lerie
Typed or printed name of signer

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)