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**EXAMINER** 

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#### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: WHISPERING SHORES FLORIDA, LLC (Name of Limited Liability Company)				
	ability Company for Authorization to Transact Business in ubmitted to register the above referenced foreign limited			
Please return all correspondence concerning this n	natter to the following:			
STEPHANIE WATKINS				
(Name of Person)				
WHISPERING SHORES FLORIDA, LLC				
(Firm/Company)				
625 WALTHAM AVE				
(Address)				
ORLANDO, FL 32809				
(City/State and Zip Code)				
For further information concerning this matter, ple	ease call:			
STEPHANIE WATKINS	at ( 407 ) 855-1136			
(Name of Person)	(Area Code & Daytime Telephone Number)			
MAILING ADDRESS:	STREET ADDRESS:			
Division of Corporations	Division of Corporations			
P.O. Box 6327 Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount:  \$\sum{125.00 Filing Fee}\$ \$\sum{130.00 Filing Fee & Certificate of}\$	\$155.00 Filing Fee & \$\Bigs\\$160.00 Filing Fee, Certificate  Status Certified Copy of Status & Certified Copy			

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIIVII I COMPAN	II TO TRAINSACT BUSINESS IN THE S	TATE OF FLORIDA:	
, WHISPERING	SHORES FLORID	A, LLC	
(Name of Foreign Lim	ited Liability Company; must include	e "Limited Liability Company," "L.L.C.," o	or "LLC.")
WHISPERING:	SHORES GROUP (	OF FLORIDA, LLC	
(If name unavailable, enter al	ternate name adopted for the purpose anaging members adopting the altern	of transacting business in Florida and attac ate name. The alternate name must include	h a copy of the written "Limited Liability
DELAWARE	2	20-8892728	
<b>~</b> .	of which foreign limited liability	( FEI number, if applicable	)
4. 4/27/07	5	2065	
(Date of Org		(Duration: Year limited liability companexist or "perpetual")	y will cease to
6. <b>N/A</b>		exist of perpetual)	
(Se	Date first transacted business in Florice sections 608.501 & 608.502 F.S. to	da, if prior to registration.) o determine penalty liability)	<del></del>
<sub>7.</sub> 625 WALTHA			
ORLANDO, F	L 32809		
	(Street Address of	Principal Office)	
<ol> <li>If limited liability con</li> </ol>	npany is a manager-managed co	ompany, check here	
· ·			
		ging members or managers are as fol	lows:
LAWRENCE	E WHITE AS TRUS	STEE U/A LWWST3	
625 WALTHA	M AVE		
ORLANDO, F	L 32809		
he jurisdiction under the law or ranslation of the certificate und	f which it is organized. (A photocopy is ler oath of the translator must be submit	·	gn language, a
1. Nature of business of	r purposes to be conducted or p	promoted in Florida: ANY LEGA	··—•
			<u> </u>
	distant	*	E B
Sid	mature of a member or an auth	orized representative of a member.	55€ <b>7</b> F
(In	accordance with section 608.408(3), F.S.,	, the execution of this document constitutes	
an	affirmation under the penalties of perjury	that the facts stated herein are true.)	71 11
	Lawrence (	White	B: 41" STATE
	Typed or printed n	ame of signee	<del>ب</del> ساخت

### WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

Members of WHIS	PERING SHO	RES FLOI	RIDA, LLC
	(Name of Limited	Liability Company)	
a limited liability com	oany duly organized a	nd existing under	the laws of
DELAWARE			
(State or Co	untry of Organization)	<b></b> ·	
Because the name of the	nis foreign limited lial	oility company do	es not satisfy the
requirements of the s.	608.406. F.S., the lim	ited liability com	oany hereby adopts the
•	,	•	any nervey adopts an
following name to tran			
			LORIDA, LLC
Name to be used by limited I Company, L.L.C., or LLC.)	ability company in Florida.	NOTE: Name must end	with Limited Liability
Date: 12/14/09			
Signature(s) of Manag	er(s) and/or Managing	Member(s):	
Signature(s) of Manag	er(s) and/or Managing	g Member(s):	
Signature(s) of Manag	er(s) and/or Managing	Member(s):	
Signature(s) of Manag	er(s) and/or Managing	Member(s):	
Signature(s) of Manag	er(s) and/or Managing	Member(s):	
Signature(s) of Manag	er(s) and/or Managing	Member(s):	
Signature(s) of Manag	er(s) and/or Managing	Member(s):	
Signature(s) of Manag	er(s) and/or Managing	Member(s):	
Signature(s) of Manag	er(s) and/or Managing	Member(s):	TA.
Signature(s) of Manag	er(s) and/or Managing	Member(s):	TALLAN
Signature(s) of Manag	er(s) and/or Managing	Member(s):	TALLAHAS
Signature(s) of Manag	er(s) and/or Managing	Member(s):	TALLAHASSEE F

#### **CERTIFICATE OF DESIGNATION OF** REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

#### WHISPERING SHORES FLORIDA, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

#### WHISPERING SHORES GROUP OF FLORIDA, LLC

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

LAWRENCE E. WI	HITE			
(Name)				
625 WALTHAM AVE				
Florida Street Address (P.O. Box NOT ACCEPTABLE)				
ORLANDO,	FL	32809		
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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

**Designation of Registered Agent** \$ 25.00

**Certified Copy (optional)** \$ 30.00

5.00 Certificate of Status (optional)

## Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "WHISPERING SHORES FLORIDA, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF DECEMBER, A.D. 2009.

091037044

You may verify this certificate online at corp.delaware.gov/authver.shtml

AUTHENTICATION: 7681385

DATE: 12-07-09

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