

3/15/21 ✓



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 13, 2021

MARK B. WHALEY  
5825 BEAUREGARD DRIVE  
NASHVILLE, TN 37215

SUBJECT: WHALEY RHODES LLC  
Ref. Number: W21000019499

We have received your document for WHALEY RHODES LLC 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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Yvette Scott  
Document Specialist II

Letter Number: 221A00003272

*6:45am 2/24/21 Attempted to reach via phone*

RECEIVED  
MAR 15 2021

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **WHALEY RHODES LLC**

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

**Mark B. Whaley**

Name of Person

**WHALEY RHODES LLC**

Firm/Company

**5825 Beauregard Drive**

Address

**Nashville, TN 37215**

City/State and Zip Code

**Doc@WhaleyDDS.com**

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

2021 MAR 17 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

For further information concerning this matter, please call:

**Mark B. Whaley**

Name of Contact Person

at (

**615**

Area Code

**330-0442**

Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

pd. 4/1/21  
v \* 1002

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. WHALEY RHODES LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. TENNESSEE 3. 45-4198262  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. APRIL 1, 2020  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5825 Beauregard Drive 6. 5825 Beauregard Drive  
(Street Address of Principal Office) (Mailing Address)  
Nashville, TN 37215 Nashville, TN 37215

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2021 MAR 47 PM 4:47  
SECRETARY OF STATE  
TALLAHASSEE, FL

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents Inc.  
Office Address: 7901 4th St N STE 300  
St. Petersburg, Florida 33702  
(City) (Zip code)

Registered agent's acceptance:  
*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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Bill Hume  
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:                      Name and Address:

☒ Manager                      Name: Mark B. Whaley

☐ Member                      Address: 5825 Beauregard Drive

☐ Authorized                      Nashville TN 37215

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: Holly H. Whaley

☒ Member                      Address: 5825 Beauregard Drive

☐ Authorized                      Nashville TN 37215

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

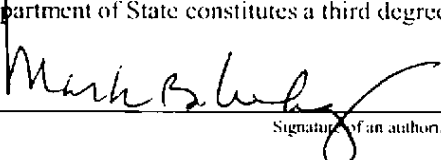
Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

  
\_\_\_\_\_  
Signature of an authorized person

Mark B. Whaley  
\_\_\_\_\_  
Typed or printed name of signer



Tre Hargett  
Secretary of State

**Division of Business Services  
Department of State**

State of Tennessee  
312 Rosa L. Parks AVE. 6th FL  
Nashville, TN 37243-1102

**MARK B. WHALEY**  
5825 BEAUREGARD DRIVE  
NASHVILLE, TN 37215

February 24, 2021

**Request Type: Certificate of Existence/Authorization**

Request #: 0404523

Issuance Date: 02/24/2021

Copies Requested: 1

**Document Receipt**

Receipt #: 006092159

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3799960757

\$20.00

**Regarding: Whaley Rhodes, LLC**

Filing Type: Limited Liability Company - Domestic

Formation/Qualification Date: 12/15/2010

Status: Active

Duration Term: Perpetual

Business County: DAVIDSON COUNTY

Control #: 646432

Date Formed: 01/01/2011

Formation Location: TENNESSEE

Inactive Date:

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**Whaley Rhodes, LLC**

\* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has filed the most recent annual report required with this office;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

*Tre Hargett*

Tre Hargett  
Secretary of State

Processed By: Cert Web User

Verification #: 044669636