

M24000008931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

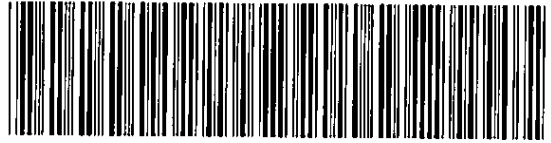
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W24-78667

Office Use Only



000428171550

000428171550 000428171550

RECEIVED

APR 22 2024

APPROVED
AND
FILED

2024 JUL -9 PM 3:15

RECEIVED
IN THE
CLERK'S OFFICE

JUL 15 2024

K Brumley



6/25/2024 - corrected again
& mailed back

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2024

KIMBERLY DEVENEY
4325 S. STONE CANYON DR.
BLUE SPRINGS, MO 64015

SUBJECT: WHISPERING PALMS LLC
Ref. Number: W24000078667

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

You failed to make the correction(s) requested in our previous letter.

The business name in line 1 must be listed how it is filed in the home state and the alternate name for Florida is to be listed in the line below.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 824A00012916

RECEIVED

JUL - 9 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Whispering Palms 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:

Kimberly Deveney

Name of Person

Whispering Palms LLC

Firm/Company

4325 S Stone Canyon Drive

Address

Blue Springs, MO 64015

City/State and Zip Code

kimdeveney2020@gmail.com

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

For further information concerning this matter, please call:

Kimberly Deveney

816

6824962

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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. Whispering Palms LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Whispering Palms Rentals 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. Missouri
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 99-2303494
(FEI number, if applicable)

4. 06/01/2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4325 S Stone Canyon Drive
(Street Address of Principal Office)

Blue Springs, MO 64015

6. 4325 S Stone Canyon Drive
(Mailing Address)

Blue Springs, MO 64015

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

Name: Kimberly Deveney

Office Address: 982 Rotonda Circle

Rotonda West, Florida 33947
(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.

Kimberly Deveney
(Registered agent's signature)

APPROVED
AND
FILED
2024 JUL -9 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

No Check

06/10/24 S.L.

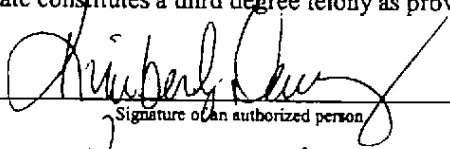
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

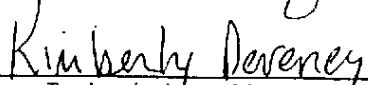
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Deveney Trust Dated November 19, 2009	<input type="checkbox"/> Manager	Name: Kristy McHenry
<input checked="" type="checkbox"/> Member	Address: 4325 S Stone Canyon Drive	<input type="checkbox"/> Member	Address: 1003 NW Pecan Drive
<input type="checkbox"/> Authorized	Blue Springs, MO 64015	<input checked="" type="checkbox"/> Authorized	Grain Valley, MO 64029
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Mark McHenry	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 1003 NW Pecan Drive	<input type="checkbox"/> Member	Address:
<input checked="" type="checkbox"/> Authorized	Grain Valley, MO 64029	<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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


Typed or printed name of signer

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CERTIFICATE OF ORGANIZATION

WHEREAS,

WHISPERING PALMS LLC
LC014535481

filed its Articles of Organization with this office on the 19th day of March, 2024, and that filing was found to conform to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, John R. Ashcroft, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do certify and declare that on the 19th day of March, 2024, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri.
Done at the City of Jefferson, this 19th day of March, 2024.

Effective Date: March 20, 2024


Secretary of State

