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COVER LETTER

TO: Registration Section **Division of Corporations** Babel Software, 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: W. Rodgers Moore, Esq. W. Rodgers Moore, P.A. 1900 Glades Road, Suite 401 Boca Raton, FL 33431 City/State and Zip Code wrmoorelaw@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: W. Rodgers Moore Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: □\$155.00 Filing Fee & □ \$160.00 Filing Fee, ■\$130.00 Filing Fee & □\$125.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street/Courier Address Mailing Address Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

| ARTICLE I - Name: | OR FLORIDA LIVILIED LIABILITY COMPANY | |
|--|--|--|
| The name of the Limited Liability Comp | any is: | |
| Babel Software, LLC | | |
| | ted Liability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: | | |
| | f the principal office of the Limited Liability Company is: | |
| Principal Office Address: | Mailing Address: | |
| 1100 Holland Dr. | 1100 Holland Drive | |
| Boca Raton, FL 33487 | Boca Raton, FL 33487 | |
| business entity with an active Florida registration.) The name and the Florida street address | of the registered agent are: | |
| | • | |
| W. Rodgers Moore, P. | Name | |
| | | |
| 1900 Glades Road, Su Florida s | uite 401 street address (P.O. Box <u>NOT</u> acceptable) | |
| Boca Raton | Br 33431 | |
| | City, State, and Zip | |
| liability company at the place designate registered agent and agree to act in this all statutes relating to the proper and c | and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of complete performance of my duties, and I am familiar with on as registered agent as provided for in Chapter 608, F.S | |
| - Paris Annual A | A Cinches (DECLUDED) | |
| (AC) | Signature (REQUIRED) Polycus Movore, present Extended to the state of the state o | |
| (60 | INTENTION TO THE TOTAL TO THE TOTAL TO THE TOTAL | |
| (60 | ONTINUED) Age 1 of 2 Age 1 of 2 | |
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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Carlos Cagin 151 NE 5th, Apt. 314 Delray Beach, FL 33483 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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. 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.) Carlos cagin, Manager 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)