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To:

Division of Corporations

Fax Number

: (850)617~6383

From:

Account Name : KOEPPEL LAW GROUP, P.A.

Account Number : 120070000064 Phone : (561)659-6455

Fax Number : (561) 659-7006

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO. BABYLON FINANCIAL, LLC

Certificate of Status	0
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Page Count	02
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J. HARRIS



June 19, 2014

FLORIDA DEPARTMENT OF STATE Division of Corporations

KOEPPEL LAW GROUP, P.A.

SUBJECT: BABYLON FINANCIAL, LLC

REF: W14000038128

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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.

Jenna D Harris Regulatory Specialist II FAX Aud. #: H14000145691 Letter Number: 214A00013283

RECEIVED
14 JUN 19 AM 11: 54
SECRETARY OF STATE

DIVISION OF CHAPUNACIONS

14 JUN 19 AN IO: 21

ARTICLES OF ORGANIZATION FOR I	FLORIDALLIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	·
BABYLON FINANCIAL LLC (Must end with the words "Cimited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	ffice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
658 W INDIANTOWN ROAD #208 JUPITER, FL 33458	658 W, INDIANTOWN ROAD #208 JUPITER, FL 33458
ARTICLE III - Registered Agent, Registered Office, of The Limited Liability Company cannot zerve as its own another business entity with an active Florida registration. The name and the Florida street address of the registered	Rogistered Agent. You must designate an individual or n.)
•	agent are;
Donald G. Thorpe Name	
914 Club Drive Florida street address (P.O. Box	NOT acceptable)
·	,
Palm Beach Gardens City	FL 33418 Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob-	rvics of process for the above stated limited liability company the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performanc ligations of my position as registered agent as provided for in ter 605. P.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1022

SECUETARY OF SHALL DIVISION OF CONFORMATIONS

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	•
MGR	Donald G. Thorpe
	914 Club Drive
	Palm Beach Gardens, FL 33418
MGR	Stephen H. Fagan
	222 Cherry Lane Palm Beach, Ft. 33480
	Palm Beach, Ft, 33480
	
	
Use attachment if necessary) V: Effective date, if other than the date citive date is listed, the date must be sp (filing.)	of filing:
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V: Effective date, if other than the date crive date is listed, the date crust be sp [filing.] VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60)	ember or an authorized representative of a member.
V: Effective date, if other than the date crive date is listed, the date crust be sp [filing.] VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with scotton 60 constitutes an affirmation under the constitutes are affirmation under the constitutes and the constitutes are affirmation under the constitutes are	ember or an authorized representative of a member. 25.0203 (1) (b), Florized Statutes, the execution of this document or the penalties of perjury that the facts stated become are true.
CV: Effective date, if other than the date rive date is listed, the date must be sp filing.) CVI: Other provisions, if any. Signature of a me (In accordance with scotion 60 constitutes an affirmation under I am aware that any false infor	ember or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Denartment of State
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